DISSERTATION ON

"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING AT INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI-10".

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In partial fulfillment of the requirement for the award of degree of

MASTER OF SCIENCE IN NURSING

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“A STUDY TO ASSESS THE EFFECTIVENESS OFMUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING AT INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI-10”.

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CERTIFICATE

This is to certify that this dissertation titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING AT INSTITUTE OF MENTAL HEALTH, KILPAUK CHENNAI-10",**is a bonafide work done by **JAYANTHY. K, M.SC,(N)II**year student, College of Nursing, Madras Medical College, Chennai submitted to the **Tamil Nadu Dr.M.G.R. Medical University**, Chennai. In partial fulfillment of the requirements for the award of degree of Master of Science in Nursing, Branch **V- Mental Health Nursing,** under our guidance and supervision during the academic period from 2017 – 2019.

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Certificate of Plagiarism

This is to certify that the dissertation work titled, **"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING AT INSTITUTE OF MENTAL HEALTH, KILPAUK,CHENNAI-10"**

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*"**Success is an acknowledgement honored by a group who values your actions in the specificity of the venture they cherish."***

..RejeanNantel

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ABSTRACT

Nursing has been identified as an occupation that contains high levels of pressure. It has been found that job pressure brought about hazardous impacts not only on nurses health but also in their abilities to cope with job demands. It impairs seriously for the provision of quality care and the efficiency of health services delivery. Nursing has been identified by the number of studies as a Pressure full occupation.

Occupational pressure is a recognized problem in health care workers. Occupational pressure is a common work place, problem experienced by all professionals, irrespective nature of work. Occupational pressure has been cited as a significant health problem. Among the staff nurses, the prevalence of job stress was 78% of the staff nurses are having frequent stress and 22% of the nurses are having neutral stress, none of them having no stress or occasional stress or extreme stress. A Complementary therapy like music therapy is effective for reducing stress among staff nurses.

TITLE: "A study to assess the effectiveness of music therapy in reducing occupational pressure among nurses working at Institute of Mental Health, Kilpauk, Chennai-10".

OBJECTIVES: To assess and compare the pre test and post test level of occupational pressure among nurses working at institute of mental health,kilpauk,to evaluate the effectiveness of music therapy on reducing occupational pressure among nurses working at institute of mental health, and to associate the post-test of music therapy among nurses and selected demographic variables.

MATERIALS AND METHODS: This study was conducted with 100 samples [nurses] in quantitative approach. Pre experimental one group pre test and post test design, sample selection was done by Non-Probability Purposive Sampling technique method. Occupational pressure was assessed by using Standardized Arbor Job Stress

Scale questionnaires. After the pre-test, administration of Music therapy was given to nurses working at Institute of Mental Health, Kilpauk, Chennai -10. After 14 days post test was conducted by using same tool.

RESULTS: The findings of the present study revealed that the pre test mean pressure score were 38.58, after administration of music therapy the post test pressure score were 22.55 with mean difference is 16.03 which is statistically significant. Statistical significance was calculated by using student's paired't'test.Thesignificantat**p**<0.001*** level.

CONCLUSION: The present study concluded that, nurses working at Institute of Mental Health have significant reduction in occupational pressure levels after administration of music therapy. Hence, administration of music therapy was found to be effective on reduction of occupational pressure levels among the nurses and can be implemented in all settings to promote physiological as well as psychological health.

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LIST OF ABBREVIATION

Abbreviation	Expansion
AHA	American Heart Association
AIS	American Institute of Stress
ANOVA	Analysis of variance
B.Sc. (N)	Bachelor of Science in Nursing
CI	Confidence Interval
DF	Degrees of Freedom
GNM	General Nursing Midwifery
IHC	Integrative health care model
IMH	Institute of Mental Health
IPD	In Patient Department
MT	Music Therapy
N	Total Number of Sample
NS	No Significant
NSS	Nursing Standard Scale
P	Probability (Level of Significance)
P.B.BSc	Post Basic Bachelor of science in Nursing
R	Coefficient correlation
S	Significant
SAJSS	Standardized Arbor Job Stress Scale
SD	Standard Deviation
SES	Socio Economic Status
UK	United Kingdom
WHO	World Health Organization

CHAPTER – I

INTRODUCTION

INTRODUCTION

"The aim and final end of all music should be none other than the glory of God and the refreshment of the soul". -John Cage

Health is a resource for life, not the object of living. It is a positive concept emphasizing social and personal resources, as well as physical capacities. All communities have high variable. Unique strengths and health need are a common theme in most cultures. Health is multi dimensional and is the condition of being sound in body, mind or spirit especially freedom from physical disease or pain. Health is the outcome of a large number of determinants. The list of health determinants is quite long. The factors affecting health may be classified as agent, host and environment. The presence and interaction of these factors initiate the disease process in man. But nurses frequently report tension, work load, pressure, sleeping problems, etc.

Mental health may include an individual ability to enjoy life and creating a balance between life activities and efforts to achieve psychological aspects successfully. Mental health is a level of psychological well-being or an absence of mental illness, the state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment. Mental health can affect daily life, relationship and physical health also. The term mental health sometimes used to mean an absence of a mental disorder. **"WHO**" (World Health Organization) that pressures in mental health "is not just the absence of mental disorder".

According to the World Health Organization (WHO) mental health includes "subjective well- being, perceived self- efficacy, autonomy, competence, inter-generational dependence and self- actualization of one's intellectual and emotional potential, among others.

Pressure is an unavoidable part of life, but there are some things you learn best in be quiet, the quickening of your heart beat and the heightening of your senses that

you experience with normal pressure is just your body preparing and respond to pressure. Situations which may lead to burnout in the work place are: an excessive workload, which is increasing with the faster work tempo; intense and complex work; in sufficient or strict supervision of work, an inadequate remuneration system, a lack of honesty, value conflicts, hindering professional development. Pressure is the wear and tear of the body. It results from disequilibrium in the various elements of the human body.

Most people can cope with pressure for short periods but chronic pressure produces prolonged changes in the physiological state. The issues of job pressure, coping, and burst out among nurses are the universal concern to all managers and administrators in the area of health care. All these pressures can be modified in a positive way by the use of appropriate pressure management skills. **The main nurse's occupational pressure was working the overload of attitude, posting in busy departments (emergency/ICU), inadequate pay, too much of confusions** and so on.

All over the world the Women are playing a vital role in the economic and social development of the nations. Women have to play a role as a wife, a mother and a bread winner. On an average, women work more hours than men. They have to manage their career while maintaining traditional roles. It means the two set of overlapping responsibilities. Working women have a whole set of problems involving both family and professional life. Women are still considered responsible for the majority of house hold works and managing children, care of the older, outside works (paying of EB bill, water bill, etcand employed women equivalent of full-time job. It makes employing women experience of stress on their time and energy.

In addition, women those who do not get their spouse support in household management are also experience in high level of pressure. Therefore, in addition to their traditional role, professional role seems to be one of the major sources of pressure that working women have to face. Women have a lot of balancing to do between home and work place and balancing between social and personal

requirements. Women's involvement in multiple roles had a deterious effect on their mental as well as physical health.

Nurses are the most frequent interact with patients. Nurses must have the physical and mental events healthy in order to maintain the quality of health services. Pressure is one of the factors that affect the performance of nurses. Pressure is a part of all work which helps to keep one motivated and urges the individual to strive for excellence, but excessive pressure leads to pressure which undermines performance makes it costly to employers and can make people ill. Occupational pressure is recognized problem in health care workers.

Nurses, as a part of health care may exposed to frequent deadliness, high pressure and no room for error. Patient on one hand and the demand for quality health care services on the other. They begin to show emotional signs of pressure. (despair, concern, irritability, angry out bursts, dissatisfaction, over sensitivity, lack of self-respect and energy, fear, depression, etc) as well as intellectual and mental signs of pressure (feeling of incompetence, incompletion of tasks, trouble concentrating, inability to think clearly, irrationality, unreasonable decisions. Pressure causes your body to release pressure hormones, which stimulates your brain and body.

Burnout and psychological stress of nurses in two- and three- shift work was analysed. The study concerned 124 mental health nurses and 162 nurses of mentally handicapped persons; half of the nurses were women. 50% were in three- shift work and the other half worked in two shifts. Female nurses in three- shift work reported more stress symptoms and had to enjoy their work more often than women in two-shift system. Male nurses experienced the same amount of burnout and stress in two and three- shift. Besides shift work, occupational demands and passive stress coping strategies contributed to the experience of burnout and stress. Family demands did not correlate with burnout of the nurses. Male nurses have experienced more job stress than female nurses and there was difference in the area of job stress between male and female nurses.

1.1. BACKGROUND OF THE STUDY

Pressure is a state of tension experienced by individuals facing extra ordinary demands, constraints and opportunities. Pressure has a cost for individuals in terms of health, wellbeing and job satisfaction. Pressure affects us and is very common in organizations within the health care system, particularly those who experience rapid changes and have a poor communication network. Pressure at work is one of the factors that can cause a decline in performance on almost all types of jobs. Certain types of work are recognized as being more likely to induce pressure. It is happening particularly in service industry such as nurses, police force, the ambulance service and professionals.

Occupational pressure is a recognized mental health problem in health care workers. Occupational pressure is an experienced by all professionals, irrespective nature of work. Occupational pressure has been cited as a significant mental health problem.

Work pressure in nursing was first assessed by" MENZIES" who identified four sources of anxiety among nurses, patient care, decision making, taking responsibility and change. The nurse's role has been long regarded as pressure-oriented based on the physical labour suffering, working hours, staffing and interpersonal relationship that are centre to the work pressure has been escalating due to the increasing use of technology, continuing rises in health care costs, and turbulence, within the work environment.

Due to this, a woman is constantly under pressure either at home or at work place. An average, women lost 2 hours of sleep per day and up to 14 hours sleep per week. If it happened in a highly pressurized environment, then they will do the additional work in their homes and little hours to getting sleep. It is not reduced sleep, but their changed by getting pressure such a lifestyle builds pressure.

American Heart Association's Scientific Sessions (2014) reported that 90% of women's risk for heart attack is due to high levels of occupational pressure. **In India, Regus (2018)** carried out a study about the pressure level in work place provider and identified that Indian workers are getting more pressure and the survey

also showed that 15% of workers experienced pressure in work and 50% of workers experienced pressure in personal finances. According to **National Statistics (2014), 60% of** nurses were reported being forced to work **"Voluntary Overtime". 78% of** the staff nurses are having frequent job stress at state level. **K. Srinivasan (2014) conducted a** descriptive research study and found that 86% of them had high level of stress in working environment.

Nursing has been identified as an occupation that contains high levels of pressure. It has been found that job pressure brought about hazardous impacts not only on nurses physical, but mainly affected the mental health. It is seriously impairing the provision of quality care and the efficiency of health care delivery. Nursing has been identified by a number of studies as a stress full occupation.

ShefalePaiVernekar et al (2018) investigated a cross-sectional study and identified that **59.3**% of nurses experienced moderate, 36.8% of nurses experienced severe pressure and 2.4% experienced very severe pressure.

Though various quantitative research studies have been conducted on occupational pressure among staff nurses, none of the studies have been conducted on staff nurses working under psychiatric unit. Since mental well-being of staff nurses working in psychiatric unit are prime importance to provide care to mentally ill persons, the investigator selected this topic.

1.2. NEED FOR THE STUDY

Soak yourself in music, Once or twice a week for several years,
And you will see that music is to the soul as water is to the body.

- Olivier Wendell Holmes

Nature of occupation, plays an important role in person's daily life. Every occupation has various aspects, an employee may be satisfied with something and something may be induced stress full for him/ her. Pressure is a nonspecific reaction to everything the body needs. In World Wide Occupational pressure, a common occurrence among various professions. It can be seen with more frequently

and intensely amongst those occupations related to human health professionals especially nurses.

In Working place there is a pressure and associated mental ill- health is a fact that every employer and employee survey on a daily basis. Work place pressure is defined by the **WHO** as the "the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope and elaborated that can be caused by poor work organization.

"**WHO" (WORLD HEALTH ORGANIZATION)** has outlined key factors related to pressure at work place and advocated guidelines will redeem be reduced stress of them. Some factors that cause increased pressure by workload (both excessive and insufficient work), lack of participation and control in the work place, monotonous. The government should also monitor how different sectors are performing with respect to work place pressure and have additional strategies in place to address issues related to sectors which have specifically higher level of physical or psychological pressure such as mines, factories, professional work and health sector among others. The surrounding environment of the work place plays an important role in the health and well- being of an employee. Nurses deal with the complaints of patients, most common being out patient and their pain sufferings hospitalized patients due to various causes of post operative patients.

High Level of occupational pressure may increase women's risk of heart attack by 90% this finding was presented at the **American Heart Association's Scientific Sessions 2010.Research for the past years shows that, signs of occupational pressure** appear to be raising among nurses which has been referred to several factors ranging from downsizing, restructuring, and merging to role boundary and responsibility.

According to Chapman (2018) occupational pressure reduces productivity, increases management pressures and makes people sick in many ways, evidence of which is still increasing. Nurses pressure is defined as the emotional and physical

reactions resulting from the interactions between the nurse and her/his work environment where the demand of the job exceeds capabilities and resources. Work pressure is recognized world-wide as a major challenge to workers' health and the healthiness' of their organizations.

Pressure is a prevalent and costly problem in today's workplace. Pressure levels seem to be high in India compared to other countries, both developed and emerging, says a **survey conducted by Cigna, TTK Health Insurance.** About 89% of the population in India say they are suffering from pressure compared to the global average of 86% nearly 75% of respondents here do not feel comfortable talking to a medical professional about their pressure and cite cost as one of the barriers. Almost 1 in 5 Americans experiences mental health problems each year 18.5%. In the United States in 2015, an estimated 9.8 million adults (over 18) had a serious mental disorder. That equates to 4.8% of all American adults.

American Institute of Pressure (2017), states work place pressure40% of workers reported their job was very or extremely stress full, 25% view their jobs as the number one pressure in their lives. 75% of employees believe that workers have more on the job pressure, 29% of workers felt extremely pressure at work, 26% of workers, 26% of workers said they were often or very often burned out or pressure by their work. Job pressure is more strongly associated with health complaints financial or family problems.

Pressure has a tangible impact on the vast majority of UK adults (2017) (81%). 83% actively try to alleviate their own pressure, with the most common methods of doing exercising 33% , discussion their problems with friends and family 28% and sleeping 27%.flexi-time(21%), allowing staff to work from (18%), and organizing social events(12%) are the most common things workers say their employees currently do to help alleviate their pressure. just 8% offer pressure management and or resilience training and 9% arrange regular one-to one with managers.

Occupational Pressure are believed responsible for American Institute of Pressure (2017), as 30% of workers suffering from back pain, 28% complaining of pressure, 20% feeling fatigued, 13% with headaches. **Global Organization for pressure April, 2019, American Psychological Association** 75%, of adults reported experiencing moderate to high levels of pressure in the past month and nearly half reported that their pressure has increased in the past year. Approximately 1 out 75 people may experience panic disorder is given by **National Institute of Mental Health.**

Pressure level rise in India, the latest research by work place provider Regus shows (2018) that Indian **workers are getting more pressure. The survey reveals that work (15%) and personal finances (50%)** are the contributing factors for the increased pressure. India has focused on increasing the number of nurses in the health system. However, the nursing sector is affiliated by other, significant problems including the low status of nurses in the hierarchy of health care professionals, low salaries and out- dated system of professional governance, all affecting nurses' leadership potential and ability to perform.

Nurses form the backbone of INDIA'S HEALTH SYSTEM representing 30.5% of all health workers in India. It is estimated that India needs an additional 2.4 million nurses to reach their optimal number in the health system. The working environment is one of the most important resources of occupational pressure. Nurse's environment includes an enclosed atmosphere, time, pressures, excessive noise, sudden swings from intense to mundane tasks, no second chance, unpleasant sights and sounds and standing for long hours.

Nurses are trained to deal with these factors but pressure takes a toll when there are additional pressures. Pressure is known to cause emotional exhaustion to nurses and this leads to negative feelings toward those in their care. Pressure is acknowledged to be one of the main causes of absence from work. Anxiety, frustration, anger and feelings of inadequacy, helplessness or powerlessness are emotions often associated with pressure. If these challenges are presented by a nurse,

then the routine accomplishments of daily routine would be difficult to cope with. Occupational pressure in nurses affects their health and increases absenteeism, attrition rate, injury claims, infection rates and errors in treating patient. Effective occupational pressure management among nurses is geared towards reducing and controlling nurses' occupational pressure and improving coping at work.

According to national statistics 2014 report from the department of professional employees, almost half a million registered nurses had already left their profession nationwide. Many of them cited high workloads and limited staffing as reasons for their departure, and more than 60% of the nurses surveyed reported being forced to work "voluntary overtime". In the same report, about one-third of nurses surveyed reported and emotional exhaustion score that qualified them as "high burnout". A massive analysis of nationwide survey data showed that rates of burnout and job dissatisfaction tends to be highest for nurses that were providing direct patient care in hospitals and nursing homes (34% of hospital nurses and 37% of nursing home) nurses reported feeling burned out.

Prevalence of Stress Statistics in India is represented below respectively.

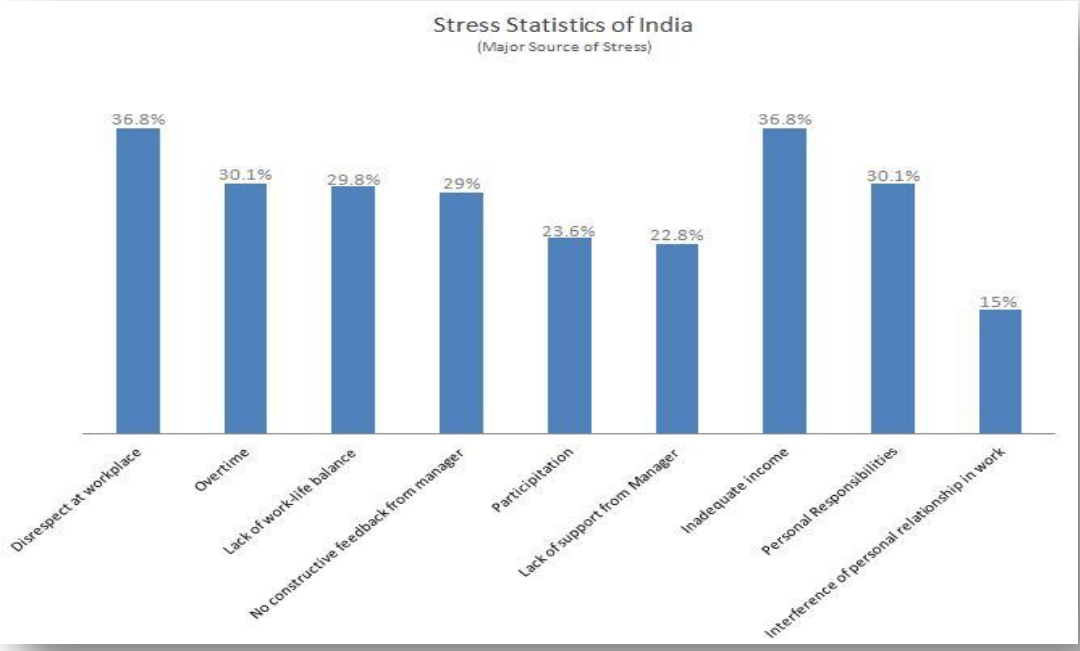

Figure. 1.1. Prevalence of stress statistics in India

Among the prevalence of stress statistics in India the figure shows that 36.8% of persons have disrespect at workplace. 30.1% of persons have worked at overtime, 29.8% of persons have lack of work –life balance, 29% persons no construction feedback from manager, 23.6%of persons have participation, 22.8% of persons have lack of support from manager, 36.8% of persons have inadequate income, 30.1% of persons personal responsibilities and 15% of persons have interference of personal relationship in work.

Job stress level among staff nurses in state level, Descriptive and inferential statistics were used for data analysis, result of the study revealed that on an average, 78% of the staff nurses are having frequent stress and 22% of the nurses are having neutral stress, none of them having stress free or occasional stress or extreme stress.

Job stress level among staff nurses in Tamil Nadu (2016), nearly half of the respondents experience high levels of stress in the dimension of individual, job, and organizational stressors. Only 36 % of the respondents experience high level of stress in the dimension of group stressors. Finally, 46% of the respondents experience overall high level of job stress.

K. Srinivasan (2014) a study to conduct on job stress prevailing among stress employed at Villupuram district of Tamil Nadu. A descriptive research study was carried out in 2 hospitals. The researcher selected 50 staff nurses by applying the two phase random sampling technique. The result findings 86% of them was female and was married. Majority (76%) of them from nuclear family setup and majority (78%) of them was Hindu. more than half (68%) of the respondents were from the backward community, and less than half (44%), of them were from rural background.

The time usage on an average working day for employed person's ages 25 to 54 with children spending hours is represented below

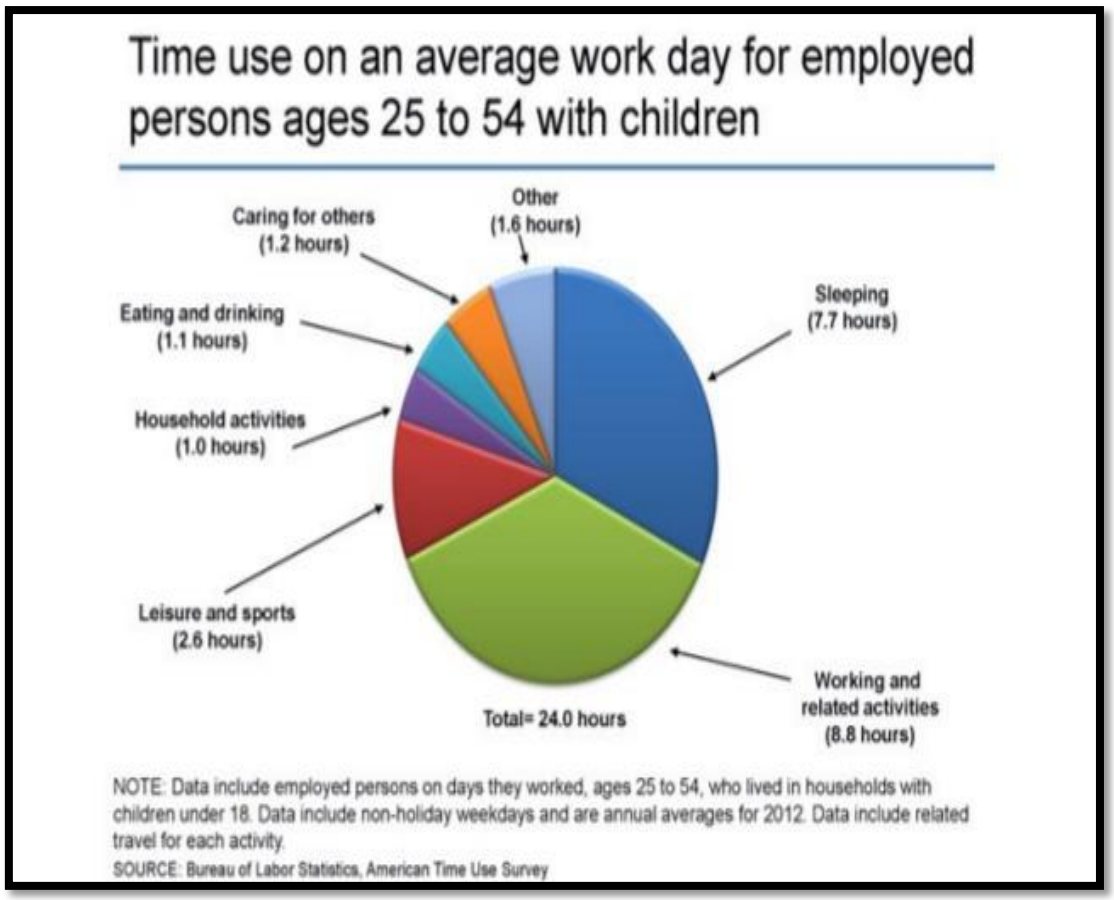

Figure.1.2. Distribution of time factor on an average working day for employed persons.

According to the distribution of time factor on an average working day for employed persons between the ages 25 to 55 years. The findings of the figure show that 8.8% hours of persons have working and related activities, 7.3% of persons were sleeping, 2.6% of persons have leisure time and sports, 1.0 of persons were doing household activities, 1.1% hours of persons were eating and drinking, 1.2% hours of persons were caring for others and 1.6% of others.

Research studies shows the music can be scientifically planned and composed not only to create any desired mood, emotion or pattern of behaviour, but also to control our physical processes and various types of diseases. Music therapy research and clinical practice have proven to be effective with people of all ages and abilities. Whether a person's challenges are physical, emotional, spiritual or psychological, music therapy can address a person's needs. Music therapy helps to

treat pressure in a variety of ways; namely it can improve mood, vitality, self-esteem and personality.

Most studies have noted that the cause of pressure and its incidence is due to overwork. In the United States, work place pressure has doubled since 1985. Approximately one third of all Americans considered job related pressure as their greatest source of pressure. This is confirmed by a worldwide poll where 82 % of respondents reported that work related pressure cause them to feel pressure on a regular basis and almost 1/3rd of respondents' experience pressure every day. **Lee and Graham stated** that poor management is the major cause of pressure. There has been increasing recognition of the pressure experienced by hospital nursing staff. Studies have demonstrated a great deal about the sources of pressure at work, about how to measure it and about the impact on a range of outcome indicators. What is lacking now is research that assesses the management of pressure to moderate, minimize or eliminate some of these pressures. This study seeks to fill this gap by accessing occupational pressure among nurses.

Music is the universal language. It can set the tone, create an atmosphere, change one's mood, and be a helpful remedy and therapeutic intervention for certain diagnoses and conditions. Studies have shown that music therapy can reduce anxiety, stress, pain and depression. Music is a therapy. It is a communication far more powerful than words, for more immediate, far more efficient.

Music is good for the spirit, of all age groups. Classical music is one such music genre that has the ability to create a positive aura around elderly. The rhythms harmonize with the vibrations present inside mind and feel intensely relaxed. Classical music is capable of mellowing down the agitated mind and soothing senses in a unique way. Music possesses an exceptional capability to mobilize the emotions which we can make use of in nursing care to help our patients. Some research results establish a link between music and the emotional state of certain subjects.

New Age music significantly increased a state of relaxation and diminished feelings of aggressiveness and tension. ***Specific music*** increased empathy, relaxation,

mental clarity and vigor while decreasing feelings of aggressiveness, fatigue, sadness and tension. Music is a very important part of our lives. Music therapy is found to be very effective in the recent years. Indian classical music has much impact on the individual mood and behavior.

Listening to music is an interesting intervention in the therapeutic nursing plan for patients suffering from various problems of physical or mental health. Healing power of music can be achieved from various kind of music like instrument, western, classical, Carnatic etc.

However, there is limited knowledge of nurse's awareness and intention to use music therapy in clinical practice. Certain ragas of Indian classical music like keerthanaiswararagasudha, maayamalavagowlaragam and sankarabaranam raga helps to reduce pressure and blood pressure. Thus, the use of listening to music is an economic, non-invasive and highly accepted interventional. **Current many alternative methods like Yoga, Meditation, Relaxation technique, Bio-feedback, Physical exercises** are considered to be the methods to reduce pressure. Among these methods a vital role that the music plays with reduction of pressure, days back to the ancient period. Staff nurses working in psychiatric unit faces legal and ethical issues in treating clients, they experience enormous amount of stress in their working environment which is need to be treated for promoting their health and well-being. Hence the above findings paved the way for the nurse investigator to proceed with the study.

The power of music to promote change in the human mind is not a new concept. The Bible, Greek and Roman literature, and Egyptian records discuss music as a therapeutic device. The poets have written about the power of music to calm or stir the emotions and to inspire or suppress desire. Even children doze off to sleep with a melodic lullaby. We respond affectivity to music. We can easily experiment the effect on different kinds of music, whether more stimulating or more nostalgic, on our own mood. Music therapy makes judicious use of all kinds of music. Moreover, it is

interesting to note that some research results, establish a link between music and the emotion state of certain subjects.

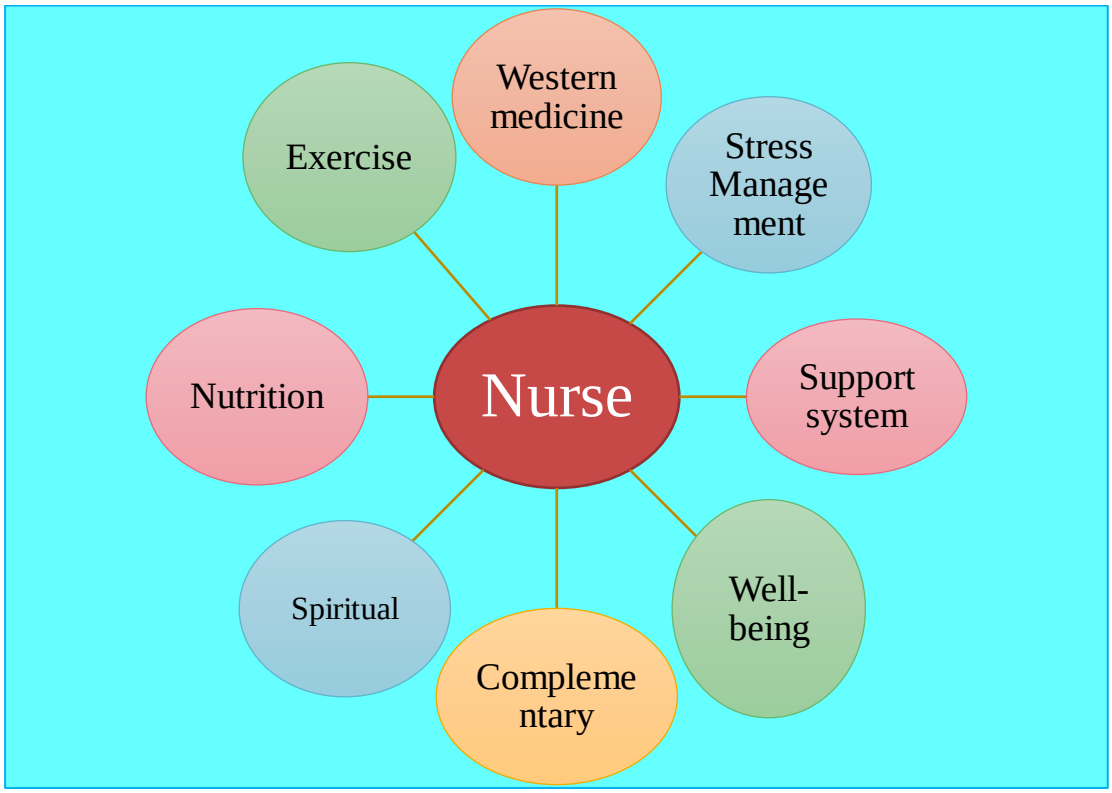

Figure 1. 3. INTERGATIVE HEALTH CARE MODEL

Nurses play a vital role in providing holistic quality care to the clients. It is found that nurses face tremendous amount of stress in their working environment. It is prime factor to relieve stress of the staff nurses who in-turn, work for the best outcome of the healthy wellbeing of the clients. Hence Nurse Investigator believed that music therapy as an extraordinary complementary component of the model and it is effective in reliving occupational stress. In the leisure time the nurses can hear the instrumental music through headphone to improve the mental and physical health. Nurses should have awareness and intention to use the music therapy in practice. Music therapy is an autonomous nursing intervention that can be used as a non- pharmacological intervention in reducing the stress levels. Evidence suggests that music therapy is beneficial for all individuals, both physically and mentally. Among the nursing professionals, music can influence the body, mind and spirit.

1.3. STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of music therapy in reducing occupational pressure among nurses working at Institute of Mental Health Kilpauk, Chennai-10".

1.4. OBJECTIVES

- To assess the pre test level of occupational pressure among nurses working at Institute of Mental Health, Kilpauk, Chennai-10".
- To assess the effectiveness of music therapy on reducing occupational pressure among nurses working at Institute of Mental Health, Kilpauk, Chennai-10".
- To compare the pre test and post test level of occupational pressure among nurses working at Institute of Mental Health, Kilpauk, Chennai-10".
- To find out the association between effectiveness of music therapy among nurses with their selected demographic variables.

1.5.OPERATIONAL DEFINTION

1. Effectiveness: It refers to the extent to which the selected music therapy has helped in achieving the desired effect in reducing occupational pressure.

2. **Music Therapy:** It refers the process, nurses hear a selected Indian classical, instrumental music regularly for one time per day for 30 minutes up to 4 weeks and helps the nurses to relax and attain a state of calmness.

3. ***Occupational Pressure/ stress:*** It refers as the harmful physical and emotional response experiences in working environment among nurses measured by using Standardized Arbor Job Stress Scale.

4. ***Nurses:*** It refers that nurses working after completion of professional training DGNM / PB.B.Sc (N) and B.Bsc(N) qualified and registered to render a comprehensive care to the mentally ill clients at Institute of Mental Health, Kipauk, at Chennai-10.

1.6. RESEARCH HYPOTHESES

1. **H_1**There will be significant difference between pre-test and post-test in the level of occupational pressure, after administered music therapy.
2. **H_2** There will be significant association between post test level of occupational pressure and selected demographic variables.

1.7. ASSUMPTIONS:

- Nurses working at Institute of Mental Health may have occupational pressure.
- Music therapy may enhance in reducing occupational pressure.

1.8. DELIMITATIONS:

1) The study is limited to the selected nurses working at Institute of Mental Health.
2) To the period of 4 weeks.
3) To the sample size of 60.

1.9. CONCEPTUAL FRAME WORK

A visual or symbol is representation of theoretical framework helps to express abstract ideas in a more readily understandable or precise form than the original conceptualization. Systematic representation of these types can be useful in the research process in clarifying concepts and their association, an enabling the researcher to plan the specific problem in an appropriate content and revealing areas of inquiry. The present study was based on general system theory with input process, output and feedback, as introduced by **KATZ AND KAHN MODIFIED OPEN SYSTEM MODEL.**

According to this theory a system is a group of elements that interact with one another, in order to achieve a goal. An individual is a system because he or she receives input from the environment. This input then processed provides an output.

All living system is open, in that there is a continual exchange of matters, energy and information. This system is cyclical in nature and continuous.

To be so as long as the four parts (input, output, process and feedback). Keep interacting. If there is change in any part there will be change in all the parts. Feedback from within the system are from the environment provides information, which helps the system to determine whether it is meeting its goal or not.

INPUT

An input consists of information, material or energy that enters the system. In the present system, the nurses working at IMH with input from itself and those acquired from outside. The inputs are their background like age, gender, education, professional qualification, etc. Assessment of occupational pressure among nurses with the standardized Arbor job stress scale.

PROCESS

After the input is observed by the system, it is processed in a way useful to the system. Process refers to the administration of musical therapy for four weeks to the nurses working at IMH to achieve the desired output. Preparation of protocol of music therapy.

OUTPUT

Output from a system is energy, matter of information disposed of the system as a result of its process. In the present study, it refers to the change in the stress level as a result of administration of music therapy continuously for four weeks. This is assessed through the comparison of pre test and post test scores.

The product which result from the system through put. In the present study output refers to effectiveness of music therapy finding.

- Cop able
- Mild

- Moderate
- Severe

In this study job stress scale is used to determine the level of stress among nurses working at Institute of mental health, Kilpauk, Chennai-10

FEEDBACK

Feedback is the process that enables a system to regulate itself and provides information about the systems output and its feedback as input. Accordingly, the level of scores obtained by the subjects in the post test, the more effective is the administration of musical therapy. As the feedback the nurses will be motivated to hear the music therapy for two weeks.

A schematic representation of the theoretical framework of the present study based on **KATZ AND KAHN MODIFIED OPEN SYSTEM MODEL.**

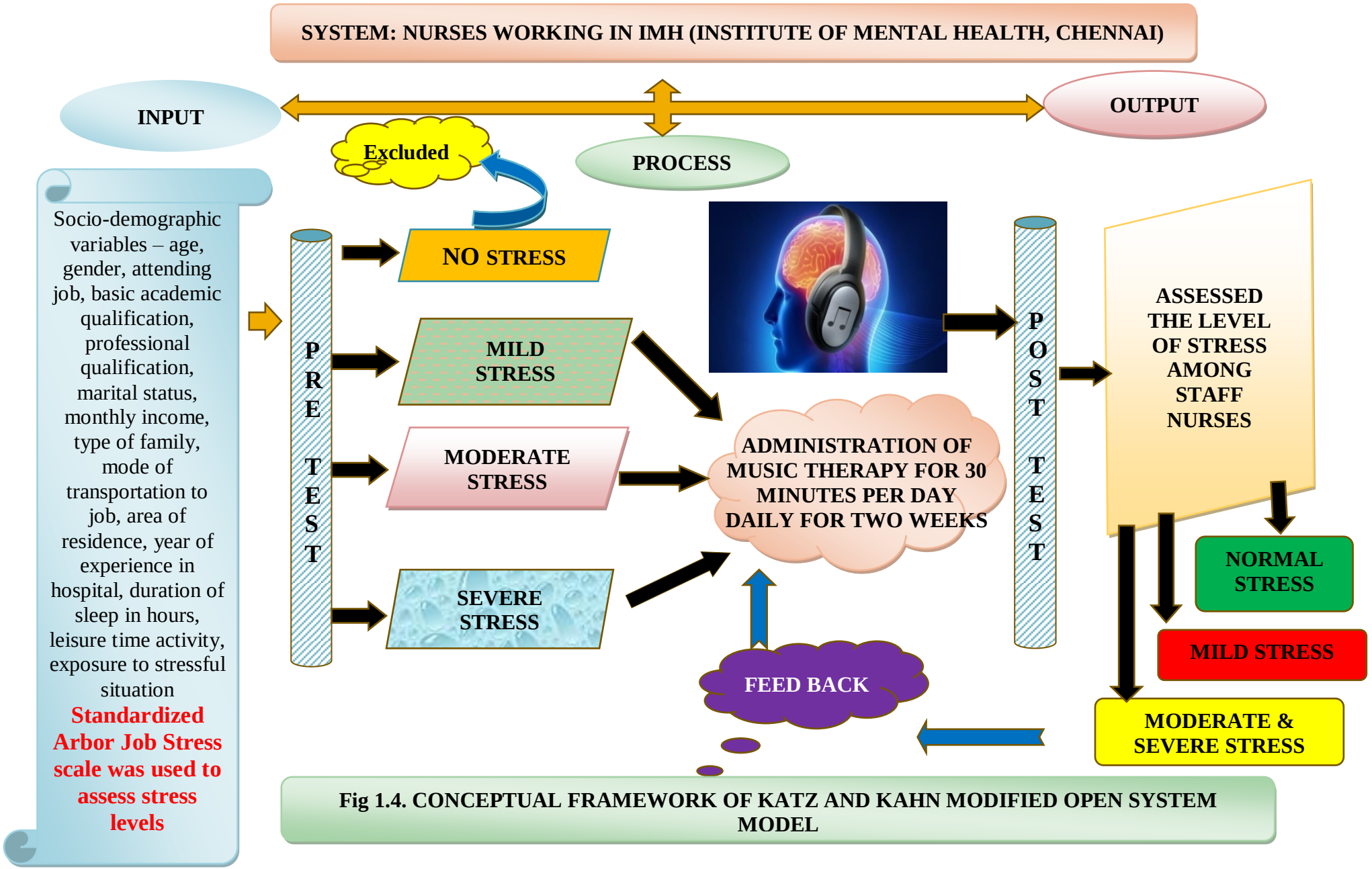

Fig 1.4. CONCEPTUAL FRAMEWORK OF KATZ AND KAHN MODIFIED OPEN SYSTEM MODEL

CHAPTER -II

REVIEW OF LITERATURE

CHAPTER –I

REVIEW OF LITERATURE

This chapter deals with review of literature related to effectiveness of music therapy in reducing occupational pressure.

Review of literature is an essential component of the research process. This chapter deals with studies related to research literature that will review to understand the replication, throws light on the feasibility of the study, indicates constraints of data collection and helps to relate the findings from one study to another with a view to establish a comprehensive body of scientific knowledge in a profession discipline.

2:1. IN THIS STUDY, REVIEW OF LITERATURE WAS CLASSIFIED:

2.1.1. Section A-Studies related to occupational pressure among nurses.
2.1.2. Section B - Studies related to music therapy.
2.1.3. Section C- Studies related to music therapy reducing occupational pressure

2.1.1 STUDIES RELATED TO OCCUPATIONAL PRESSURE AMONG NURSES

R.Sasikala et al (2018) conducted a cross –sectional study at two tertiary care teaching hospitals of Tiruvarur. The study was carried 265 registered nurses, and Convenient Non- Probability method was used, after taking consent, semi-structured and pre-tested occupational pressure questionnaire was used to obtain the data. The study results show that majority of nurses 125(47.2%) were between 25 to 30 years of age. Maximum ratio of nurses was female 160(60.4%) and out of them 148(55,8%) were married. Two hundred and one (75.8%) were diploma holders in nursing while only 2(0.8%) had done their master in nursing. The study participants reported to suffer with job related pressure, mild pressure 2.0%, moderate pressure 36.5% and severe 61.5%.

FazelRajabi et al (2018)conducted a study to assess the occupational pressure among nurses and pre- hospital emergency staff. The study was used as qualitative cross-

sectional study at first occupational pressure in nursing and pre –hospital emergency staff and data collected by job pressure questionnaires. Among the occupational pressure factors in nurses, the highest scores were related to Incompatibility between work schedule and life conditions" (0.03986) and being criticized by supervisors (0.03723) respectively. The most common pressure factors in pre-hospital emergency staff were related to "Care of patients with critical health conditions" (0.07258). Higher number of missions (0.07056) respectively.

ShefalePaiVernekar et al (2018) investigated a cross-sectional study was conducted among registered nurses working in wards of a tertiary care hospital in Goa, wherein Expanded Nursing Pressure scale was used to assess level and sources of pressure among them. As a result, findings **59.3**% of nurses experienced moderate. 36.8% of nurses were experienced severe pressure and 2.4% experienced very severe pressure. Highest mean score was in the area of death and dying subscale (2.35□0.61) and workload subscale (2.11□0.53). Nurses working in casualty and general wards were more pressure. Also, younger nurses were more pressure in dealing with death of a patient.

Aditi Prasad Chaudhari et al (2018) reported a study about stress can impact the health of the nurses leading to somatic complaints. A cross-sectional design is used in this study. 97 staff nurses without any pre existing psychiatric illness were evaluated for occupational pressure using the Expanded Nursing Pressure Scale. The extent of somatisation was measured using the Patient Health Questionnaire – 15. Cronbach's alpha, analysis of variance, and Spearman's correlation co-efficient test were applied to the data. The results reveal that internal consistency of 0.945 was noted using Cronbach's alpha. 51.5% of nurses were experienced mild pressure, 34% of nurses were experienced moderate pressure and 2.10% of nurses were experienced severe pressure. Conflicts with supervisors, patients, and their families and workload were the main causes of occupational pressure while discrimination was the least affected domain. Nurses with 6–10 years of experience had maximum pressure.

Godwin Adzakpah et al (2017) investigated a study to assess the prevalence of occupational pressure among nurses in a hospital setting in Ghana. The study design was descriptive design and Non-Probability Purposive Sampling technique. A self – administered questionnaire were used. Weiman Occupational pressure scale and other measuring tools on occupational were used to measure the pressure level of the nurses and descriptive statistics was used to analyzed. The results found that the nurses of the hospital were found to experience above average levels with the mean score and individual average score of 37.0 and 2.47 indicating a 10% higher than the established Weiman Occupational Pressure Sale mean score of 33,75 and individual average of 2.25. The study also found that the most common pressure were workload, inadequate resources and conflicting demands whilst the common strategies the workers used for managing pressure were resorting to hobbies.

Dr.Prabhat kumarpani et al (2016) did a study about occupational pressure among nurses. A systematic and scientific methodology which was used for the research design. The data collection has been collected by scanning literature, various professional magazines, works carried out by other research scholars, various research agencies reports. A sample of 115 nurses from different hospitals in Jamshedpur, Jharkhand was selected in the age group of 29-56 years. Occupational stress index was used. The scale consists of 46 items each to be rated on 5point scale. Simple random sampling technique was used for the study. The statistical tools used were descriptive statistics and one-way ANOVA. The overall findings of the study revealed that the total occupational stress among nurses belonging to different age groups differed significantly at 'P' Value =<0.05 and 'F' Value= 24.85.

Qamraalomani et al (2016) investigated a study about the causes and effects of occupational stress in nursing. A Qualitative research design and exploratory approach to explore and describe employee's experiences of the main causes and effect of occupational stress, by applying the methodology of the post- positivism paradigm. Data collection was through semi-structured interviews with a sample of (N= 15) medical –surgical ward nurses from three Ministry of Health hospital in Riyadh city.

As a result, findings work load (22%), emotional demands (34%) and work- home conflict (44%) are the major sources of stress.

Ridharestile et al (2015) conducted a study about the occupational pressure and related factors among hospital nurses. This systematic review research aimed at exploring factors related to occupational pressure among hospital nurses involved 16 researches. As a result, findings the difference in the average number of research samples in the Indonesian research and international research (p value= 0.04). Total number of variables studied was 70 independent variables. The number of variables studied ranged from 4-25 per study. Promotion variable has a significant percentage of the highest p value while the gender variable has no significant. Reference number used ranged from 7-59 references. No difference reference amount between Indonesian research and international research (p value= 0.0806).

Gibert Roland et al (2014) undertook a study on occupational pressure among Mauritian nurses, the purpose of the project is to measure the level of pressure among the nursing professionals working in Dr. A. G. Jeetoo Hospital. This project used cross sectional survey with the help of questionnaires based upon Likert approach and open ended approach. The sample of the study was selected from Dr. A. G. Jeetoo Hospital. As a results findings significant number of participants reported that they are working in a stressful environment within clinical settings. It can be concluded that the nursing professionals usually face occupational pressure while working in clinical settings. Occupational pressure is also associated with the poor performance regarding the delivery of health care. As a result, findings show that 77.06 % agreement were recorded for the subscale physical work environment and it is significant number of participants reported that they are working in a stressful environment within settings.

OnasogaOlayinka et al (2014*)* investigated a study about occupational pressure management strategies among nurses in selected Hospital Benin City. A 45-item questionnaire was developed and administered. Non-Probability Purposive sampling technique was used to select 100 nurses in the selected Hospital. Descriptive and

inferential statistics were used to analyze the data generated. Result of the study reveals that majority of the nurses were females, of senior cadre and were married. It was also revealed that the major causes of pressure identified by the nurses were poor salary (82%), handling a large number of patients alone, lack of incentives (83%) and job insecurity among others. The major types of pressure experienced were, headache (49%) as physical pressure; anger as emotional pressure; lack of concentration and forgetfulness were the most psychological pressure experienced in the ward. The major occupational pressure management strategies were identification of the sources of pressure and avoidance of unnecessary pressure (90%), altering the situation, expressing their feelings instead of bottling them up, managing their time better (94%), and adjusting their standard and attitude. They sometimes exercise and relax. There was no statistical relationship between age, sex, salary earned and types of pressure experienced as p-value > 0.05, but there was relationship between rank and the type of pressure experienced as P<0.05 for the emotional type of pressure experienced. It is recommended that nurses should adapt a positive way of managing pressure to keep up optimal care of the clients/patients and nurses' executives should help create an adequate stress -free environment for nurses.

Rahul Bansal et al (2014) did a study about occupational pressure among staff nurses Controlling the risk to health**,** Institutional-based cross-sectional study conducted on GNM qualified nurses. Predesigned and pre-tested questionnaire covering their socio demographic variables in part I and professional life pressure scale by David Fontana in part II. Analysis used was Chi-square test and logistic regression for various factors. Results Risk for professional pressure due to poor and satisfactory doctor's attitude was found about 3 and 4 times more than with excellent attitude of doctors toward the staff nurses. A statistically significant association (*P*< 0.024) between department of posting and level of pressure. Nurses reported that they had no time for rest, of whom 42% were suffering from moderate-to-severe pressure. The nurses who felt that the job was not tiring were found to be less pressure as those who perceived job as tiring (OR = 0.43).

2.1.1 STUDIES RELATED TO MUSIC THERAPY

Anita Sharma et al (2018) conducted a study to evaluate the effects of pre-operative music intervention on changes in mean arterial pressure (MAP), HR, anxiety, and serum catecholamine levels in patients undergoing surgery. A total of 100 patients were included of which 50 were assigned to the music intervention group and the control group. Patients in the intervention group listened to music during the pre-operative period. Serum catecholamine levels were assessed in 10 patients from each group due to the high cost of the test. The result findings were a statistically significant decrease in the HR, MAP, and anxiety score (two- tailed significance 0.00), in the intervention group as compared to those in the control group. In addition, there was statistically significant decrease in the serum epinephrine levels (two- tailed significance 0.039), but nor epinephrine levels were not declined significantly in the control group.

Santosh kumarilohar et al (2018)reported an Experimental study to assess effectiveness of music therapy in Labour pain Reduction among Primigravida Mothers in First Stage of Labour in selected Hospital at Udaipur. The sample consist of 60 primigravida mothers selected for 30 experimental group and 30 mothers were selected for control group who are in first stage of labour was selected by using Simple Random Sampling technique. The Visual analogues scale was used. Music therapy was given to the level of pain perception in primigravida mothers during the first stage of labour. As a result, findings the mean score of post test in experimental group 7.23 (24.01%) was apparently lower than the mean score of post test in control group 9.7 (32.33%), suggesting that the music therapy was effectively in labour pain reduction. The mean difference 8.23% between experimental and control group was found to be significant.

Syed Imran et al (2017) conducted an experimental group were assigned to receive 60 minutes of music therapy and control group had normal routine care. Patients in experimental group listened to relaxing music by using iPod connected to the musical pillow. Subjected and string instruments. As a result6, the music therapy was more effective in decreasing state anxiety in experimental group (P< .01). Significant differences were observed in blood pressure and respiratory rate at the end of the

music therapy in experimental group. Music therapy is an effective nursing intervention in decreasing anxiety in patients undergoing chemotherapy.

Fatemeh Shoberi et al (2017) investigated a study to assess the effectiveness of music therapy in decreasing anxiety in patients undergoing chemotherapy for the first time being diagnosed to have cancer. A pre-post control group design was used. Twenty patients with cancer were recruited for the study. Patients in experimental group were assigned to receive 60 minutes of music therapy and control group had normal routine care. Patients in experimental group listened to relaxing music by using iPod connected to the musical pillow. Subjects selected the music of their choice from a selection including light and after instrumental music of wind and string instruments. The Sielberger's State –Trait Anxiety Inventory was before the intervention and after the intervention.

Manju Chapagin et al (2017) reported a study among the effectiveness of music therapy on hypertension among neurological patients in selected of Guwahati. A pre-test –post test control group design was used in this study. Non- Probability Purposive Sampling technique was used for this study. Study was undertaken on 30 neurological patients with hypertension aged <_30_> 51 years of selected hospitals. As a result, findings the mean of pre test blood pressure score of control and experimental were 144.8 and 153.1. The mean of post test blood pressure of control and experimental were 139.7 and 139 respectively. The music therapy was proved effective as tested by difference between mean "t'' test at 0.01 level of significance as the calculated value of "t'' was 12.62 which greater then tabulated value (2.46) so, was highly significant at 0.01% level.

Louisa Hohmann et al (2017) investigated study to assess the effects of music therapy and music-based interventions in the treatment of substance use disorders. The study was conducted a systematic review and found 34 quantitative and 6 qualitative studies by least semi-structured interviews, video –tapping or questionnaires. The results were inconsistent across studies. Furthermore, many RCTs focused on effects of single sessions. No published longitudinal trials could be found. The analysis of the

qualitative studies revealed 4 themes. Emotional expression, group interaction, development of skills, and improvement of quality of life. Considering these issues for quantitative research, there is a need to examine social and health variables in future studies.

Meenakshi Sharma et al (2016) did a quasi experimental study to assess the effectiveness of music therapy on stress and blood pressure among antenatal mothers with pregnancy Induced Hypertension at selected hospitals of Punjab. Among different complementary therapies like music therapy is found to be very effective in the recent years. Sample was collected by using Non- Probability Purposive Sampling technique with sample size of 50. Study was conducted in Guru Go bind Singh medical college and Hospital. Music therapy was provided to experimental group for 20 minutes in morning and evening for 2 consecutive days to the antenatal mother with PIH. Structured interview was used to assess the stress by Modified Perceived Stress scale. As a result findings revealed in experimental group the values of mean and SD during pre- intentional assessment is 6.04+-2.05 and during post-interventional assessment is 3.8 +-1.38 respectively. In control group, values of mean +-SD during pre- interventional assessment are 5.4 and 1.8 and during post-interventional assessment are 5.12 +- 1.81 respectively. In paired t- test the experimental group showed significant decrease in level of stress and blood pressure at 0.05 level of significance after 2 days. According to value of chi square, blood pressure is significantly associated with demographic variable Education and occupation at 0.05 level of significance.

Ms.Donit John et al (2016) conducted a study to assess the effectiveness of music therapy on level of pressure among elderly in selected old age homes. The study was used as an evaluator approach with non-randomized control group research design. The participants were divided into experimental and control group consisting of 50 samples each by purposive sampling in selected old age homes. A Standardized tool of perceived pressure among elderly was used. The findings reveal that the music therapy was very effective in reducing pressure of elderly in Old Age Homes. The statistical analyses were found that there is Positive relationship between music

therapy and pressure level. And music therapy can be administered as an alternative treatment for the treating of pressure in patients involved in long-term care.

Ms.P. Padmapriya et al (2015) undertook a study to assess the effectiveness of music therapy on the level of depression among elderly in volontarai thome, oupalam, puducherry. A Quantitative Quasi Experimental study (pre- experimental –one group pre and post test design) done among 40 elderly people. Data were collected using Hamilton Depression Scale. Data analysis was done using inferential and descriptive statistics. As a result findings majority of subjects resided for 3-5 years at the old – age home. Majority of the sample had normal and mild level of depression. The mean pre test values of depression score had significant difference during post test measurement of mean depression score which proved that was significant reduction in the level of depression among Elderly due to music therapy. The obtained "t '' value 7.5287 was highly statistically significant (0.0001) at p< 0.001 level.

Jini Varghese et al (2015) conducted a study to assess the effect of music therapy on blood pressure and anxiety in haemodialysis patients. Two group pre test and post test design was used in this study. Population was who are hypertensive and are anxious during the procedure of haemodialysis and simple random sampling (lottery method). The sampling size was 60 (30experimental and 30 in control group). the consist of three sections, socio demographic variables, clinical variables, blood pressure assessment and the scale was used as Standardized Beck Anxiety Inventory –I for anxiety assessment total 21 items. Findings of the study revealed that the mean post test blood pressure score in experimental group was 2.075 and the pre test score was 32.74 which was statistically at t29= 4.840 at the level p< 19.32 at the level p< 0.01. The values revealed that there is a significant change in blood pressure as well as anxiety level after the administration of music therapy.

Yu-Shiun Chang et al (2015) investigated a study about the efficacy of music therapy for people with Dementia. The research design was Meta- analysis of Randomised control trials was used to calculate the overall effect sizes of music therapy on outcome indicators. Quantitative studies were retrieved from Pub Med,

Medline, Cochrane Library Database, CINAHI, SCOPUS and psy INFO. As a result findings Music therapy significantly improved disruptive behaviours [Hedges g==-0.66; 95% confidence interval (CL=-0.44 to -0.88] and anxiety levels {Hedges g=-0.51; 95% CL =-0.02 to -1.00] in people with dementia. Music therapy might affect depressive moods [Hedges g=-0.39; 95% CL =0.01 TO -0.78], and cognitive functioning [Hedges g=0.19; 95% CL0.45 to -0.08].

DR. Indra.S et al (2014) conducted a study to assess the Efficacy of music therapy on pressure reduction among spinal cord injury patients. A quasi experimental approach was selected to conduct the study among 35 male patients who are suffering with spinal cord on the 5th day of the admission, without complications at the paraplegic unit of orthopaedic department, Government General Hospital, Chennai. Samples were selected by convenience sampling technique. The diastolic pressure is significantly at 0.01 level reduced after music therapy with't' value 9.61 which is highly significant at 0.01 level. These findings fully support that diastolic pressure is reduced after music therapy. Music therapy reduced the physical parameters, like systolic pressure and diastolic pressure and further it increases the oxygen saturation level which was low. Moreover, the music therapy reduced the physiological- pressure signs among the spinal cord injury patients.

Masoumeh Forooghi et al (2014) reported a study about the effects of music therapy on physical-psychological outcomes in coronary Angiography. Systematic review was used in this study. The instrumental relaxing music with 60 to 80 beats per minute, concentrated by headphones or better audio equipment such as sound pillows. The music therapy is a safe and effective measure in reducing and improving psychological outcomes and anxiety in patients undergoing angiography. As a results 217 articles, 10 totally relevant articles in English were chosen according, depending on the type, duration, repetition frequency and patient selection the use of music therapy increases the relaxation and reduces

pressure and anxiety in patients and also reduces the need for sedative in patients undergoing heart invasive procedure.

Sivanpillai Kalaivani et al (2014) conducted a study to evaluate the effectiveness of music therapy on pressure among pregnant mothers in selected areas of Madurai District. Quasi experimental Non-equivalent control group pre test and post test design was adopted. By Convenience Sampling technique 60 samples were selected. Perceived stress Scale tool was used to assess the level of pressure status of pregnant mothers. Music therapy was administered via walkman to each individual mother for 40 minutes session for 6 days. The data was collected, organized and analyzed in terms of both descriptive and inferential statistics. The major findings of the study were, the mean post test pressure score of experimental groups was significantly (t-6.19, $p<0.05$) lower than the control group. The mean post-test pressure score of experimental groups was significantly (t-10.48, $p<0.05$) lower than the mean pre test pressure score.There was no significant association between the posttest pressure score and demographic variable of pregnant mothers.

2.1.3 STUDIES RELATED TO MUSIC THERAPY AND REDUCING OCCUPATIONAL PRESSURE:

Samara Berry et al (2017) conducted a study an analysis of burnout and music therapy methodologies, Quantitative survey design was employed for the study. The measures were chosen in order to examine professional burnout in music therapist in relation to the music therapy method and level of structure they employ in their practices. The researcher collected data from Survey Monkey and exported it on an encrypted file. This was stored by the research personal, password-protected laptop that was only accessible by the researcher. Mann-Whitney U test was utilized. Results indicate the first email recruitment sent out 400 surveys and had 50 total responses, which is 12.5% response rate. Of the 50 total responses, six were partially completed surveys. The second email recruitment sent out 400 more surveys and had a total of 57 responses, which is 14.25% response rate. Of the 57 response, eight were partially

completed surveys. Third email recruitment sent out 835 more surveys and had 93 total responses, which is 11.4% response rate. Of these 93 % responses, 11 were partially completed surveys.

Dhanraj PrakashKharat et al (2017) investigated a study about the effectiveness of instrumental music on level of pressure among parents of the neonates admitted in neonatal intensive care unit, tertiary care hospital. The research approach adopted for this study was an evaluative approach, and research design was a one-group pre-test and post test research design. The sample consists of 60 parents of neonates admitted in NICU. A Convenient Sampling technique was used to select the sample, parents were allowed to listen instrumental music two times a day for 5 days, and each session lasted for 30 minutes. The data were collected by structured questionnaire. The data were analyzed were using descriptive and inferential statistics. The results show that the mean pre test pressure score was 22.68, the mean post-test pressure was 12.86, and the mean difference of pre-test and post-test pressure score was 9.82. The reduction in the pressure score was found statistically significant at the level of $p<0.01$.

OppenheimLaurie et al (2016) conducted a study related to occupational pressure or burnout among music therapists. The demographic data from 239 randomly selected registered music therapists and correlated these data with degrees of occupational or burnout as measured by Maslach Burnout Inventory. Degree of burnout was analyzed according to hours worked / week, number of years as an RMT, type of institution, sex, age and years at present job. Results indicate that no relationship existed between the predictor variables and the Maslach Burnout Inventory subscales. Most prevalent criticism concerned insufficient pay, lack of respect and support from administrators, and having to perform activities outside their field.

SonayBaltaci, Goktas et al (2016) reported a study to assess the hospital based survey on the perception of music therapy among nurses and midwives. The study conducted a cross- sectional hospital – based hospital-based survey performed on 225 nurses and midwives with a self-completed study questionnaire. The questionnaire consists of five sections, each having 4–20multiple-choice questions on socio

demographic and professional characteristics, patterns of listening to music, knowledge and opinions on music therapy, the effect of music therapy on vital signs, and applicability of music therapy. Results Of the participants, 194 (87.8%) were nurses and 27 (12.2%) were midwives. Almost all the participants (99.1%) stated that they like music. Of the participants, 70.6% had knowledge on the health-related effects of music and believe that music positively affects patients. Over 90% had not received any education on music therapy during formal or in-service training. Only 7.7% use music therapy in patient care and 36.2% have never thought of using music therapy. Although 67.4% of participants think that music therapy is easy to apply, 52.0% have working conditions which is not appropriate for the application of therapy. The reasons preventing participants from applying music therapy were insufficient physical conditions, shortage of time, and unsupportive approach of hospital management.

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R. Priyanka et al (2015) investigated a study about the effectiveness of relaxation technique (music therapy) to reduce pressure among drivers; the research approach

used in the study was quantitative approach by using Quasi experimental research design. The study was conducted at Saveetha University with 30 samples. The sample were identified and selected by using Non-Probability Convenience Sampling method. Demographic variables were collected from the sample. Pre test was conducted and music therapy was given for 15 minutes each day for next five consecutive days. After that post test pressure score was assessed after seven days. The data were analyzed by using descriptive and inferential statistics. As a Result findings shows that out of 30 samples in pre test 14(47%) are suffering from moderate pressure and 14(47%) are suffering from mild pressure and 2(6%) are normal. Out of 30 samples 4(13%) are suffering from mild pressure and 26(87%) are normal. The pre test mean value was 38.03 with 6.63 SD and post test mean value of 20.86 with 3.339 SD.

Modeme et al (2014) conducted a study about music performance as a therapy for managing pressure amongst the academics. The design was a descriptive survey research. A descriptive survey was one which attempts to collect data from members of a population in order to determine the current status of that population. The target of the population consisted of all the lectures in the 2 faculties of education and humanities of the two out of 5 federal universities numbering 618. This number was made up of 358 male lectures and 260 female lectures from the two faculties in the two federal universities selected for the study. Stratified Random Sampling technique based on balloting was used to select the universities. The instrument for data collection was 45-item questionnaire developed by researchers. The results show that the awareness level of signs and symptoms which music performance as therapy could manage. The findings of this study revealed that the awareness level of the university academics was a low extent. The identified factors to this situation was discovered to be tight duty schedules of the academics which preventing them from attending seminars on pressure management.

CHAPTER –III

RESEARCH METHODOLOGY

CHAPTER –III

RESEARCH METHODOLOGY

This chapter deals with the methodology adopted for this study and includes the research approach, research design, and variables under the study setting, population, and sample, sampling technique, criteria for selection the sample section and instruments for data collection.

3.1. RESEARCH APPROACH:

Quantitative research approach.

3.2. STUDY DESIGN:

Pre experimental one group pre test and post test research design.

Table 3.1. Description of the Study Design

PRE-TEST	INTERVENTION	POST TEST
0_1	X	0_2

KEY NOTES

O_1: Pre-test to assess the level of occupational pressure among nurses by using Standardized Arbor Job Stress Scale.

X:Music Therapy.

O_2: Post test to assess the level of occupational pressure by using Standardized Arbor Job Stress Scale among the nurses.

3.3. RESEARCH VARIABLES

3.3.1. Independent variable:

Music therapy conducted among nurses working at Institute of Mental Health, Kilpauk, Chennai-10.

3.3.2 Dependent variable:

Occupational pressure among nurses working at IMH.

3.3.3. Demographic variables:

Demographic variables such as such as age in years, gender, attending as a job, basic academic qualification, professional qualification, marital status, monthly income, type of family, mode of transportation to job, area of residence, year of experience in hospital, duration of sleep in hours, leisure time activity, exposure to stressful situation.

3.4 STUDY SETTING

The study was conducted at Institute of Mental Health, Kilpauk, and Chennai.10. Hospital consists of sanction bed was 1800 and bed occupancy was greater than 100%. Wards like acute male wards, acute female wards, chronic male wards and chronic female wards. Hospital has good physical facilities like ventilated wards, drinking water supply. The total number of nurses in IMH is 140. The rationale for selecting the IMH is feasibility and availability of adequate samples.

3.5 DURATION OF THE STUDY

The duration of data collection was four weeks 28 days from 02-02-19 to 04-03-19.

3.6. STUDY POPULATION:

3.6.1. Target population:

Nurses working in IMH.

3.6.2. Accessible population:

Nurses with occupational pressure working at IMH.

3.7. STUDY SAMPLE

Sample includes nurses within the age group 25-50 years of age working at IMH, Kilpauk,Chennai-10

3.8. SAMPLE SIZE

The sample for the study consists of 100 working nurses within the age group 25-50 years of age working at IMH, Kilpauk,Chennai-10

3.9. SAMPLING TECHNIQUE

Non–Probability Purposive Sampling technique.

3.10. CRITERION FOR SAMPLE SELECTION

3.10.1. Inclusion criteria:

1).Nurses working in Institute of Mental Health,Kilpauk, Chennai.10.

2). Nurses aged between25 – 50 years.

3).Nurses who are willing to participate in the study.

4). Nurses who are available during the period of study.

3.10.2. Exclusion Criteria:

1) Nurses those who can have stress managing ability.

2) Intensive care nurses are excluded.

3) Nurses those with are hardness of hearing problems.

3.11. DEVELOPMENT AND DESCRIPTION OF THE TOOL:

3.11. 1.Development of Tool:

The data collection was done through demographic data and Standardized Arbor Job Stress Scale for assessing the level of occupational pressure.

The tool was developed based on the research problems, reviews of literature, suggestion from guide and experts in the field of psychiatry. The tool is considered as the most appropriate instrument to elicit the response.

The following source was used for the development of tool:

1. Review of literature.
2. Consultation and discussion with nursing experts, psychologists and psychiatrist.
3. Personal experiences and discussion with colleagues.

3.11.2 DESCRIPTION OF TOOL:

The tool consisted of section of A and B

Section A:Socio – Demographic Profile - such as age in years, gender, attending as a job, basic academic qualification, professional qualification, marital status, monthly income, type of family, mode of transportation to job, area of residence, year of experience in hospital, duration of sleep in hours, leisure time activity, exposure to stressful situation.

Section B: Standardized questionnaire: Consist of Standardized Arbor Job Stress Scale having 20 items used to assess the level of occupational stress such as I feel little enthusiasm for doing my job, I feel tired even with adequate sleep, I feel frustrated in carrying out my responsibilities at work, I am moody irritable (a) impatient over small inconveniences, I want to withdraw from the constant demand on my true and energy, I feel negative futile (or) depressed about my job, My decision making ability seems less than usually, I think that I am not as efficient as I should be, The quality of my work is less than it should be, I feel physically, emotionally (or) Spiritually depleted,

My resistance to illness is lowered, I am eating, drinking more or less coffee, tea, alcohol, drugs in order to cope with my job, My communication with my boss, co-workers, friends, family, seems stained, I am feeling emotionally upset about the problems & needs of others, I am forget full, I am having difficulty in concentration, I am easily bored, I feel sense of dissatisfaction of something wrong (or) missing, When I ask myself why I get up & go to work, the answer that occur is my pay check, I am upset because of something that happened unexpected.

3.11.3. SCORING PROCEDURE

The Standardized Arbor Job Stress Scale consist of 20 items to be there are five alternatives response with scores such as never (0), almost never (1), Sometimes (2), Fairly often (3), very often (4).

The total score range for 1 – 80

Table 3.2.-Interpretation of Score

S.No	Stress level	Scoring Interpretation
1.	Cope able Stress	1 – 25
2.	Mild Stress	26 – 40
3.	Moderate Stress	41 – 55
4.	Severe Stress	56 – 80

3.12. CONTENT VALIDITY

Content validity of the tool was obtained from one psychiatrist, one clinical psychologist and three nursing experts in the field of psychiatric nursing and research statistics. They suggested certain modifications, the expert's suggestions were incorporated and the tool was finalized and used for the main study.

3.13. RELIABILITY OF THE TOOL

The reliability of the tool was determined by using Test Retest method. There was significant correlation with the Test and Retest according to Karl Pearson correlation coefficient. The reliability of the tool was **0.81** which indicates high correlation. Hence the tool was found to be reliable to conduct the main study.

3.14. ETHICAL CONSIDERATION

Permission was obtained from the Institutional Ethics Committee, Director, Institute of Mental Health, Kilpauk, Chennai. All the respondents were carefully

informed about the purpose of the study and their part during the study and how privacy of information will be guarded. Researcher explained the procedure and obtained written consent from the respondents before interviewed. The freedom was given to the participants to leave the study without assigning any reason. The study information is kept confidential. Routine activities of the nurses were not disturbed, and the investigator followed the ethical guidelines during the data collection procedure.

3.15. PILOT STUDY

Pilot study is a small scale trial version done in preparation for a major study. A pilot study was conducted in outpatient department in Institute of Mental Health, Kilpauk, and Chennai from 06.08.2018 to 12.08.2018. A formal informed consent was obtained from Director, Institute of Mental Health, Kilpauk, and Chennai for a period of one week. A sample of 7 nurses was selected by using purposive sampling technique. During pre- test, the demographic variables and standardized Arbor job stress scale was used to assess the stress level among nurses working in IMH. Music therapy was given for one week for 30 minutes duration daily and then post-test was done. The result showed that music therapy was effective. The experience of the pilot study assured the investigator's confidence to proceed with the main study.

3.16. DATA COLLECTION PROCEDURE

The entire data collection procedure was spread out over a period of four weeks from 4.02.19 to 4.03.19.There are 140 nurses working in IMH (institute of mental health) Kilpauk, Chennai. Initially the investigator approaches each nurse after getting permission from the Nursing Superintendent grade -I. The IMH consists of 140 nurses working in which 44 male nurses and 96 female nurses .In which 5 of them medical leave and 5 of them deputation to other hospitals, 10 of them not willing to participate

in this study, 6 of them dropped out and 3 of the were sick and unable to attend 11 nurses were cop able stress.

The investigator selected 100 nurses were selected as per the inclusion and exclusion criteria. The nurses were introduced with the whole programme after an introduction and then a written informed consent was obtained from them for willingness to participate in the study. They were assured that their responses and details will be kept confidential and will be used only for the research purpose. Before the tool was administered some informal discussion were made with participants to establish rapport so that they would be relaxed.

The pre test questionnaire was administered to100 nurses and they were asked to give appropriate answers for all statements to find out the occupational pressure level by standardized Arbor job stress scale. First the investigator made the100 nurses to hear the music therapy with the help of mobile through headphone for 30 minutes at once for each day up to 14 days. The data was collected in four stages.

3.17. STAGES OF DATA COLLECTION PROCEDURE

Stage I (Assessment first week)

Informed written consent was obtained to select the sample to conduct music therapy. The samples were informed about the purpose and procedure of the study and an informed written consent from the sample were also collected. Investigator established rapport with the samples and the purpose of the interview was explained to the study samples.

Pre test was administered to nurses working at IMH who are willing to take part in the study. Standardized Arbor Job stress scale was used to assist the level of occupational pressure among nurses working at IMH. Purposive sampling was done to select the sample.

Stage II (Intervention Second and Third week)

The investigator encouraged the samples to hear music with the help of mobile through headphone for 30 minutes over a period of 2 weeks under the supervision of the investigator.

Step 1. Assessment & Evaluations

During the first two or three sessions with the nurses, the investigator uses instruments and a basic session design (greeting& closing songs) that is Sankarabharanam music to collect the data. After the data has been collected, individual or group goals and objectives are chosen.

Step 2. Sessions

After the goals and objectives are defined, the investigator meets the nurses on a fixed weekly schedule in an agreed upon location. The duration is from morning 10 AM to 12 Noon and 2 PM to 4 PM. Music therapy sessions are individually designed to reach the goals stated and the investigator uses music Maaya Malava Gowla Raagam, Keerthanaiswara Raga Sudha,Sankarabharanam, instrumental music, improvisation and movement to support the nurses in meeting those goals. Nurses become active and central participants in music making at whatever level they are currently able. After every session, the investigator takes notes to track the progress of the therapy.

Through the process of tracking the nurses' progress, the investigator might re-adjust the goals and objectives either because the first goals have been met or because other more important needs arise. However, music therapy can be used as an on-going therapy for nurses who respond positively and have on-going needs.

Stage III (Reassessment second and third week)

An immediate post test to the study samples is done to evaluate the changes in the level of occupational pressure that were having under gone music therapy.

Stage IV (Evaluation fourth week)

With the closure of the music therapy the nurses are assembled in one room. The investigator thanked everyone for cooperating for the study and also insisted about the importance of hearing music for reducing occupational pressure.

Intervention protocol:

Place	:	IMH (Institute of Mental Health, Kilpauk, Chennai)
Intervention	:	Music therapy
Tool	:	Standardized Arbor Job Stress Scale
Frequency	:	Once a day
Duration	:	30 minutes
Time	:	Morning 10 AM to 12 Noon
	:	Evening 2PM to 4 PM
Administered	**:**	The Investigator
Recipient	**:**	Nurses working in IMH
Procedure	:	Instrumental music was given through mobile with headphone.

Sl. No.	Name of Player	Instrument	Time	Name of Raga	Effect of Raga
1.	Dr. N. Ramani	Flute	5 mts	Keerthanaiswara Raga Sudha	Mood elevator
2.	Manoharan	Carnatic classical keyboard	10 mts	MaayaMalavaGowlaRaagam	Bring relaxation for individual
3.	Sahana Music Trope	Violin	5 mts	Sankarabaranam	Physical and emotional tension relief
4.	M.C.Audio	Carnatic Violin	5 mts	Sankarabaranam	Help to restrain the emotional outburst
5.	Ilayaraja	Flute, violin	5 mts	Sankarabaranam	Sense of freedom

3.3. DESCRIPTION OF INDIAN INSTRUMENTAL MUSIC AND ITS RAGA'S

Followed by administration of instrumental music through mobile with headphone for 30 minutes. The same process was followed for each nurses and post –test was conducted after two weeks by using Standardized Job Stress Scale.

3.1.STAGES OF COLLECTION PROCEDURE

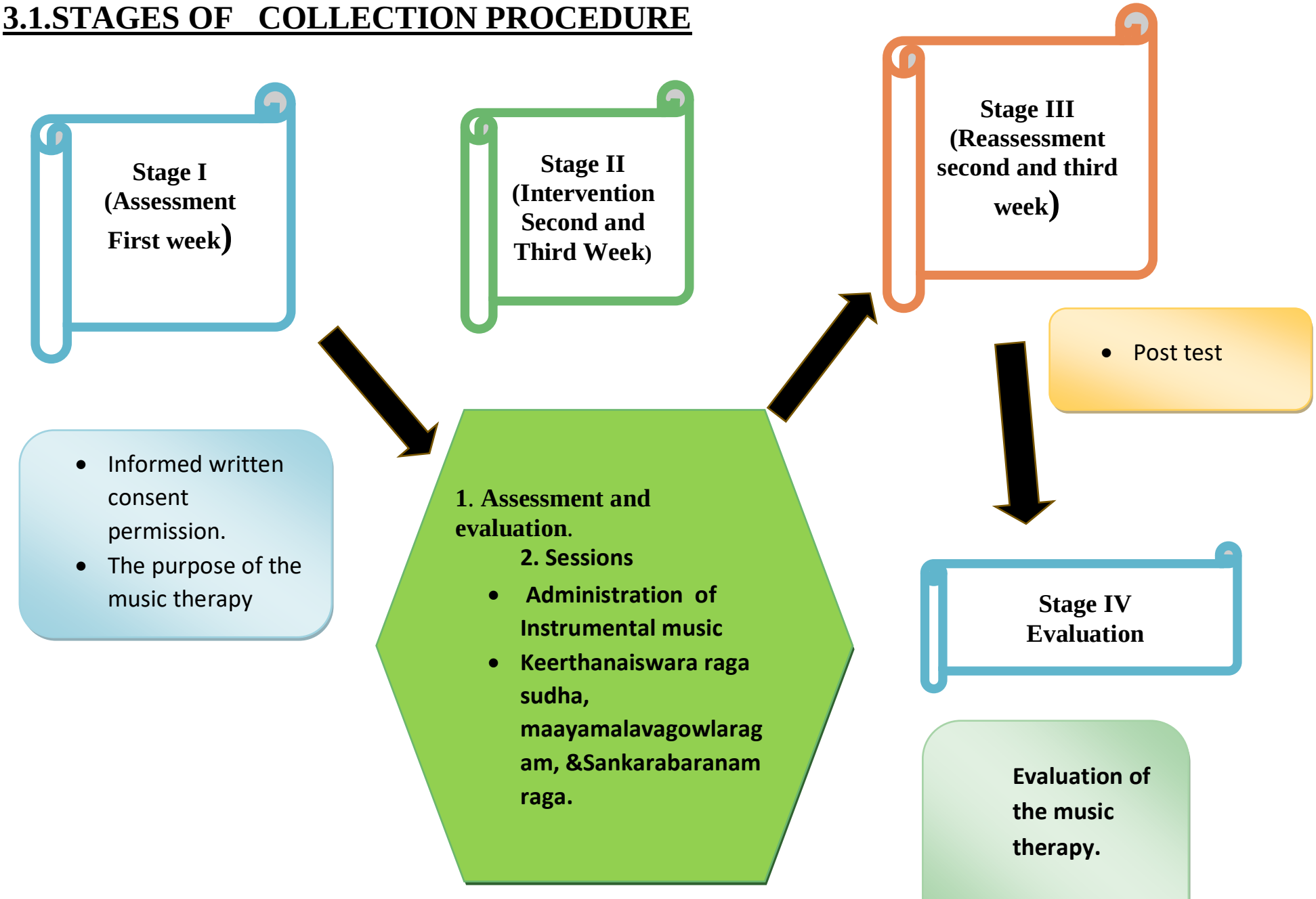


Table 3.4. Schedule of data collection procedure

Number of nurses: 100

S.No	DATE	
1.	04.02.19	Pre test
2.	05.02.19	Pre test
3.	06.02.19	Pre test
4.	07.02.19	Pre test
5.	08.02.19	Pre test
6.	09.02.19	Pre test
7.	10.02.19	Group I- Introduction, explaining music therapy benefits, and music therapy
8.	11.02.19	Group II- - Introduction, explaining music therapy benefits, and music therapy
9.	12.02.19	Group II- - Introduction, explaining music therapy benefits, and music therapy
10.	13.02.19	Group I—feedback
11.	14.02.19	Group II —feedback
12.	15.02.19	Group III—feedback
13.	16.02.19	Intervention
14.	17.02.19	Intervention
15.	18.02.19	Intervention
16.	19.02.19	Intervention
17.	20.02.19	Intervention
18.	21.02.19	Intervention
19.	22.02.19	Intervention
20.	23.02.19	Intervention
21.	24.02.19	Intervention
22.	25.02.19	Intervention
23.	26.02.19	Intervention
24.	27.02.19	Intervention
25.	28.02.19	Post test
26.	01.03.19	Post test
27.	02.03.19	Post test
28.	03.03.19	Post test
29.	04.03.19	Post test

3.18. PLAN FOR DATA ENTRY AND ANALYSIS

- The collected data was arranged and tabulated to represent the findings of the study. Both descriptive and inferential statistics were used.

- Descriptive statistics (frequency and percentage distribution, mean and standard deviation) and inferential statistics (student's paired t- test, student's independent t –test, chi square test) were used to test the research hypotheses.

- Demographic variables in categories are given in Frequencies with their percentages

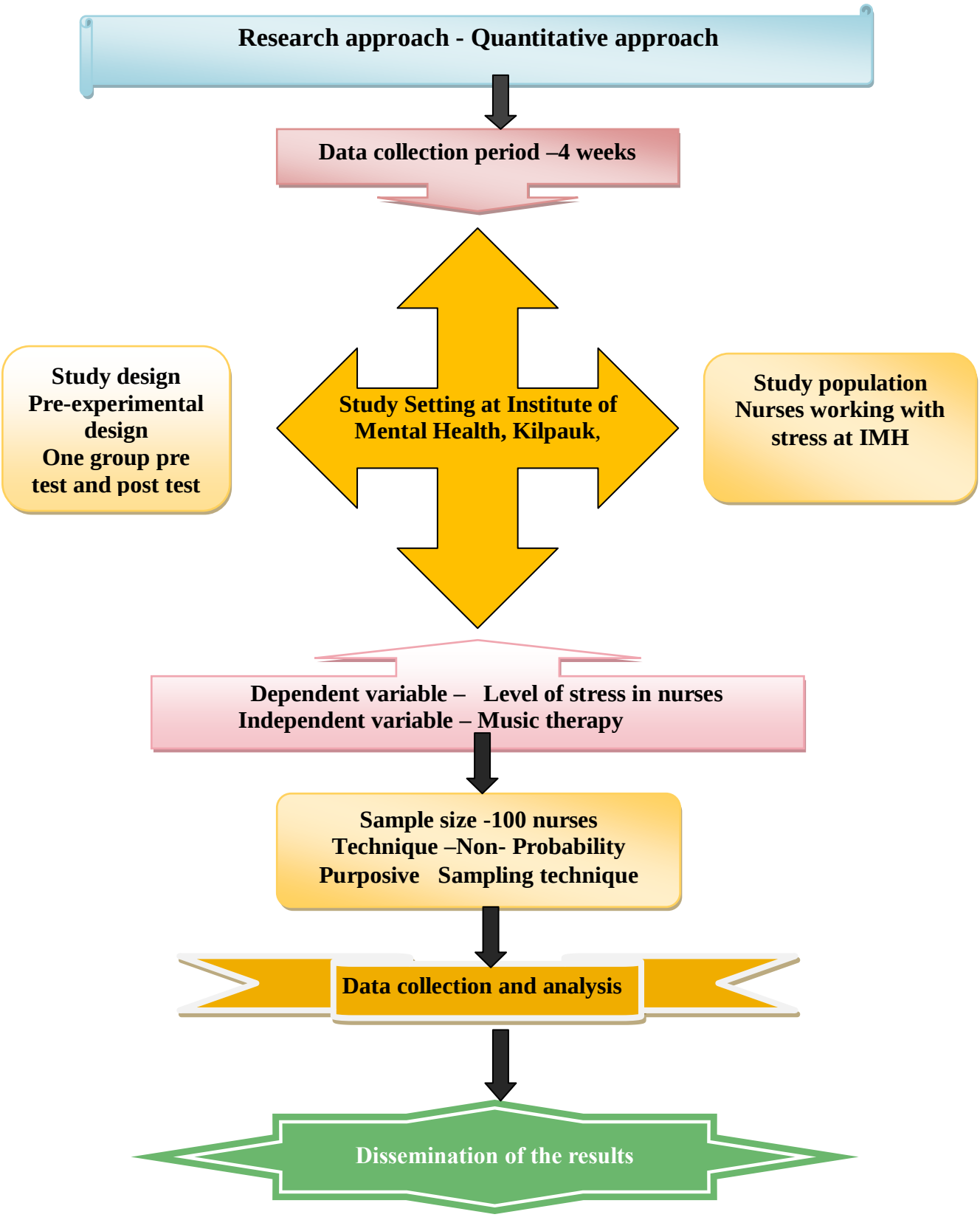
- Stress score were given in mean and percentage of mean score. Both pre-test and post test overall mean stress score were compared by Generalised Mc Nemar's test.

- Statistical difference between pre-test and post-test level of stress were analysed using Student's paired t- test.

- Association between levels of stress reduction score with demographic variables were analysed by using chi square test.

- Difference and generalizations of stress reduction score between pre- test and post- test on effectiveness of music therapy was analysed using mean difference with 95% CI P= 0.05 was considered statistically significant.

FIGURE 3.2: SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



CHAPTER-IV
DATA ANALYSIS AND INTERPRETATION

CHAPTER –IV

DATA ANALYSIS AND INTERPRETATION

This chapter presents the analysis and interpretation of data collected from 100 nurses using a standardized scale to assess the level of stress in Institute of Mental Health, Kilpauk, Chennai. The data was analysed according to the objectives and hypothesis formulated for the purpose of this study.

Analysis is the process of organizing and synthesizing the data in such a way that research questions can be answered and hypotheses tested. The purpose of analysis is to reduce the data in an intelligible and interpretable form, so that relation of research problem can be studied and tested. Analysis and interpretation of data collected from 100 nurses is done based on the objectives and hypotheses of the study using descriptive and inferential statistics.

ORGANIZATION OF DATA

The analysis of the data has been organized and presented under the following headings.

Section-A: Description of frequency and percentage distribution of demographic variables among nurses.

Section- B: Assessment of pre-test level of occupational pressure among nurses working at IMH.

Section-C: Assessment of post -test level of occupational pressure among nurses working at IMH.

Section-D: Comparison of pre-test and post -test level of occupational pressure among nurses working at IMH.

Section-E: Comparison of overall mean occupational pressure score among nurses working at IMH.

Section-F: Association between the post–test levels of stress with demographic variables among nurses.

STATISTICAL ANALYSIS

- Demographic variables in categories were given in frequency with their percentages.
- Occupational pressure score was given in mean percentage of mean and standardized deviation.
- Association between demographic variables and post test level of Occupational pressure score analysed by using Pearson chi square.
- Occupational pressure score was given in mean and percentage of mean score both pre test and post test overall mean occupational pressure score were compared by student's independent t-test.
- Statistical difference between pre-test and post test level of Occupational pressure were analysed using student's paired t-test.
- Difference and generalization of occupational pressure score between pre- test and post- test score was calculated using and mean difference with **95%** CI and proportion with **95%** CI.
- Bar diagram, multiple bar diagram, Pie diagram, Doughnut diagram and Box plot were used to represent the data.
- $P<0.05$ was considered statistically significant. All statistical tests are two tailed tests.

SECTION-A:DESCRIPTION OF DEMOGRAPHICVARIABLES OF THE STUDY PARTICIPANTS

Table -4.1: Reveals distribution of demographic variables of nurses working at IMH, Kilpauk, Chennai. ***N=100***

Demographic variables		No. of nurses	In %
Age	25- 35 years	32	32.00%
	36- 45 years	65	65.00%
	46- 55 years	3	3.00%
Gender	Male	24	24.00%
	Female	76	76.00%
Attending job as a	Day Scholar	84	84.00%
	Hostler	11	11.00%
	Family quarters	5	5.00%
Basic Academic qualification	Higher secondary education	97	97.00%
	Graduate	3	3.00%
	Post graduate	0	0.00%
Professional qualification	DGNM	97	97.00%
	PB.BSc (N)	3	3.00%
	BSc (N)	0	0.00%
Marital Status	Married	87	87.00%
	Single	13	13.00%
	Others	0	0.00%
Monthly income	Up to Rs.50000	32	32.00%
	Above Rs.50000	68	68.00%
Type of family	Nuclear	52	52.00%
	Joint	44	44.00%
	Extended	4	4.00%
Mode of transportation to job	Two wheelers	47	47.00%
	Car	8	8.00%
	Bus	18	18.00%
	Train	14	14.00%
	By walk	13	13.00%
Area of residence	Urban	94	94.00%
	Rural	6	6.00%
Year of experience in hospital	1- 5 years	7	7.00%
	6- 10 years	77	77.00%
	11- 15 years	12	12.00%
	> 15 years	4	4.00%
Duration of sleep in hours	< 8 hours	41	41.00%
	8 hours	38	38.00%
	> 8 hours	21	21.00%
Leisure time activity	Reading books	34	34.00%
	Watching TV	59	59.00%
	Games	4	4.00%
	Others	3	3.00%
Exposure to stressful situations	Occasionally	65	65.00%
	Frequently	35	35.00%

TABLE 4.1 FINDINGS BASED ON DEMOGRAPHIC VARIABLES

- **In analysing age group of the nurses** - 32.00% of nurses were 25-35 years of age, 65.00% of nurses were 36-45 years of age, and 3.00% of nurses were 46-55 years of age.
- **In considering gender wise distribution of the nurses**, - 24.00% of nurses were male, 76.00% of nurses were female.
- **In assessing nurses attending job**- 84.00% of nurses are came by day scholar, 11.00% nurses are coming by hosteler, and 5.00% of nurses are came by family quarters.
- **In considering basic academic qualification** _ 97.00% of nurses are higher secondary, 3.00% of nurses were graduate and none of them were post graduate.
- **Regarding the professional Qualification of nurses-** 97.00% of nurses were undergone DGNM, 3.00% of nurses were undergone PB.Bsc (N) and 0.00% of nurses were undergone Bsc (N).
- **In viewing marital status of the nurses** - 87.00% were married, 13.00% were single, and 0.00% was others.
- **Among monthly income among nurses working in IMH**- 32.00% are up to Rs 50000 and 68.00% are above Rs.50000.
- **In viewing type of family**- 52.00% were nuclear family, 44.00% were joint family and 4.00% were extended family.
- **Regarding area of residence among the nurses living in urban area**- were94% and rural area 6%.
- **Regarding Mode of transportation to job**- 47.00% were came by two wheelers, 8.00% were came by car, 18.00% were came by bus, 14.00% came by train and 13.00% came by walk.
- **In viewing Experience in the hospital among nurses**- 7.00% were 1-5 years, 77.00% were 6-10 years, 12.00% were 11-15 years and 4.00% were > 15 years.
- **In viewing Leisure time activity among the nurses** - 34.00% of nurses were reading books, 59.00% of nurses were watching TV, 4.00% nurses were playing games and 3.00%) were doing others.

- **In considering Exposure to stressful situation-** 35.00% were frequently, 65.00% were occasionally.
- **In viewing Duration of sleep among nurses** - 38.00% were 8 hours of sleep, 41.00% were< 8 hours and 21.00% were hours.

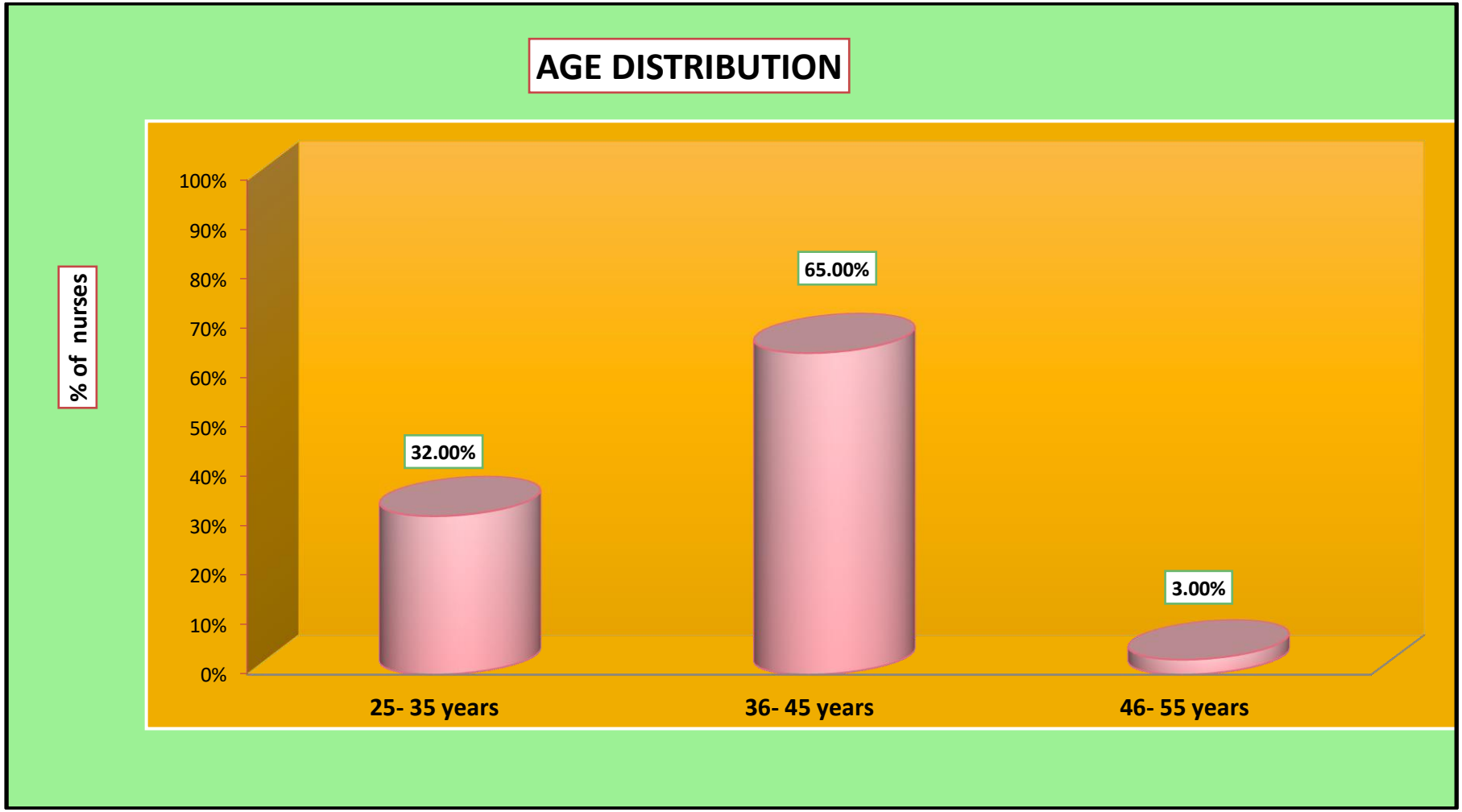


Figure 4.1. Cylindrical diagram shows age wise distribution of the nurses

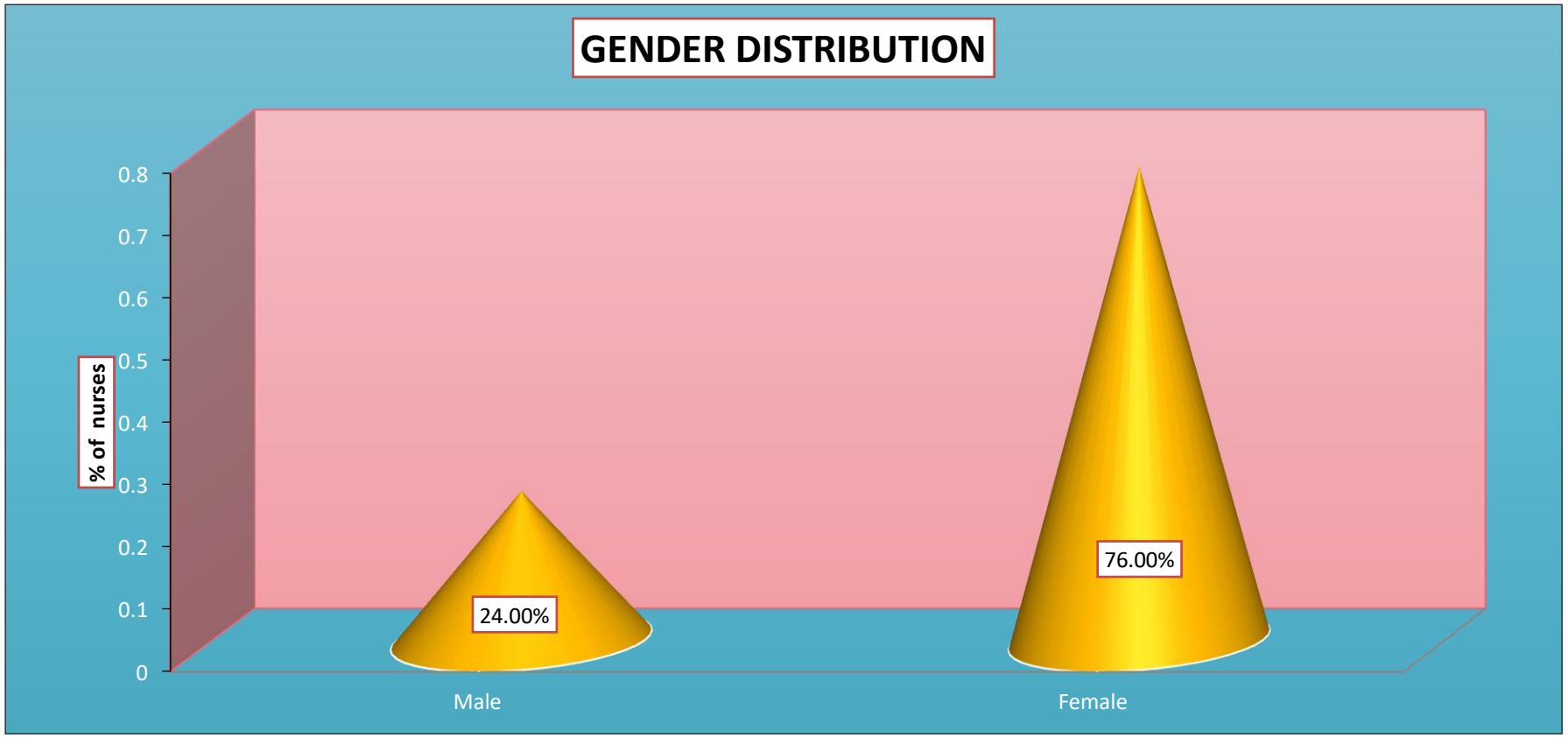


Figure 4.2. Cone diagram shows Gender wise distribution of the nurses

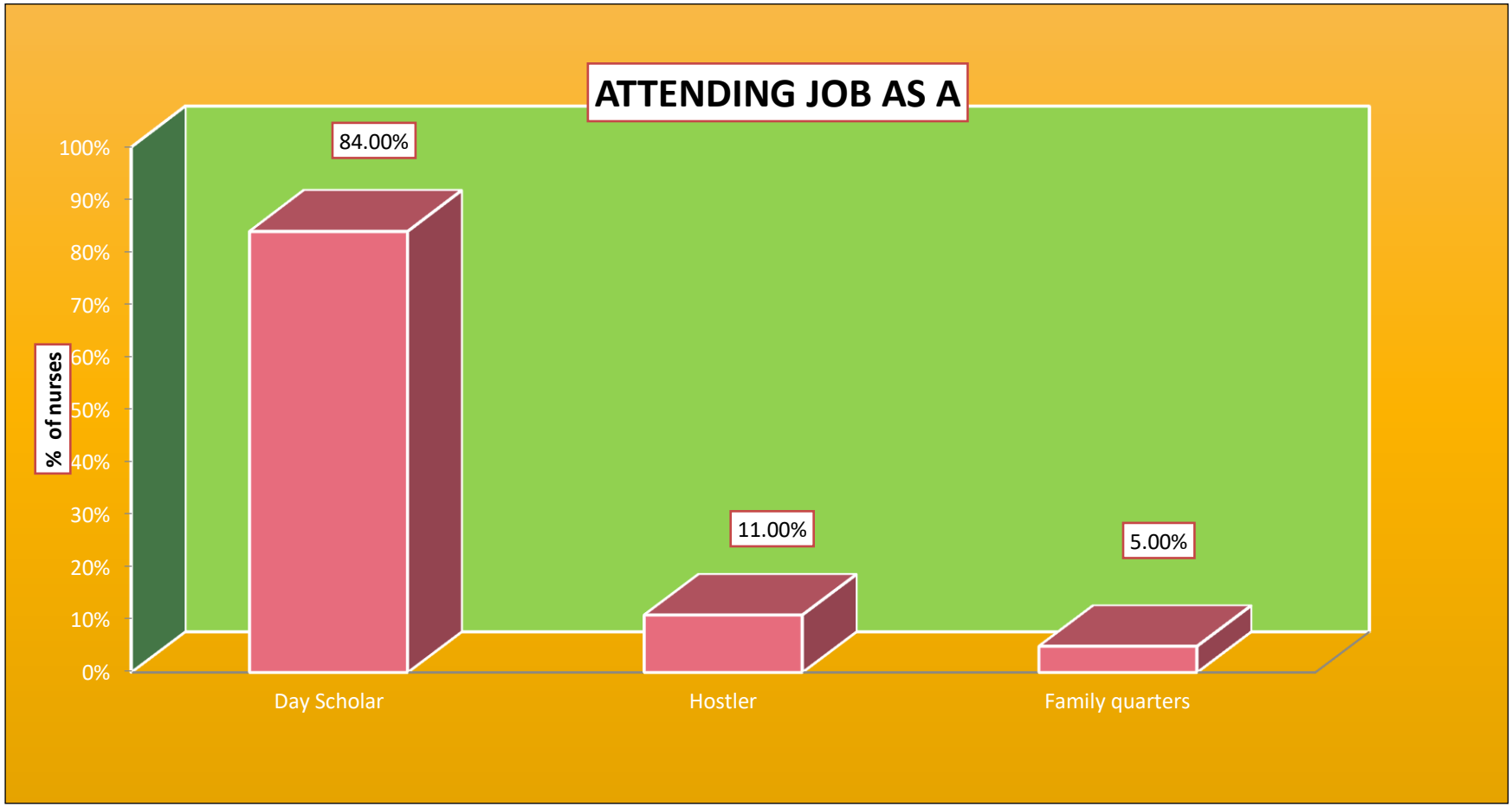


Figure 4.3. Bar diagram shows distribution of attending job of the nurses

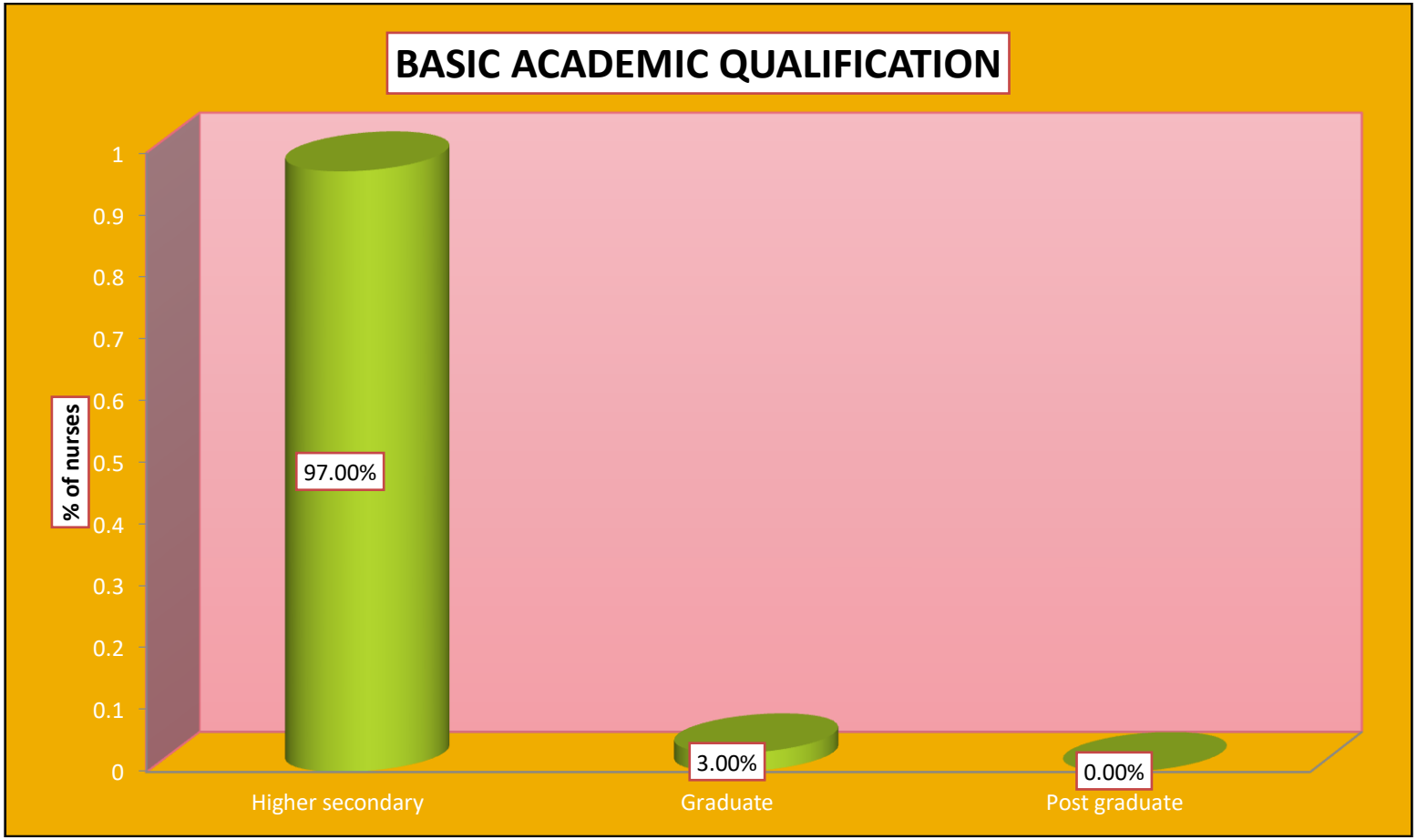


Figure 4.4. Cylindrical diagram shows distribution of basic academic qualification

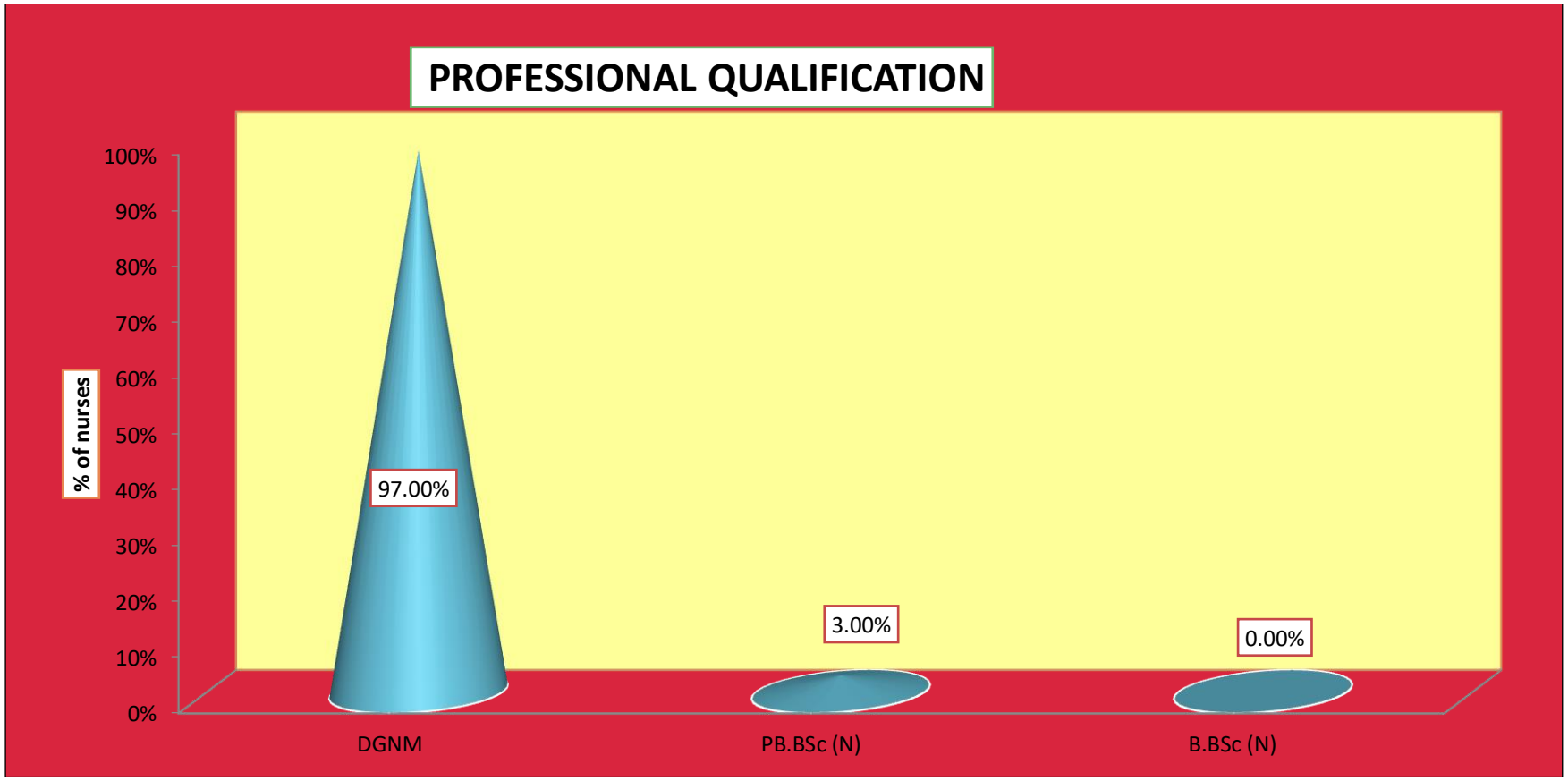


Figure 4.5 Cone diagram shows the distribution of professional Qualification

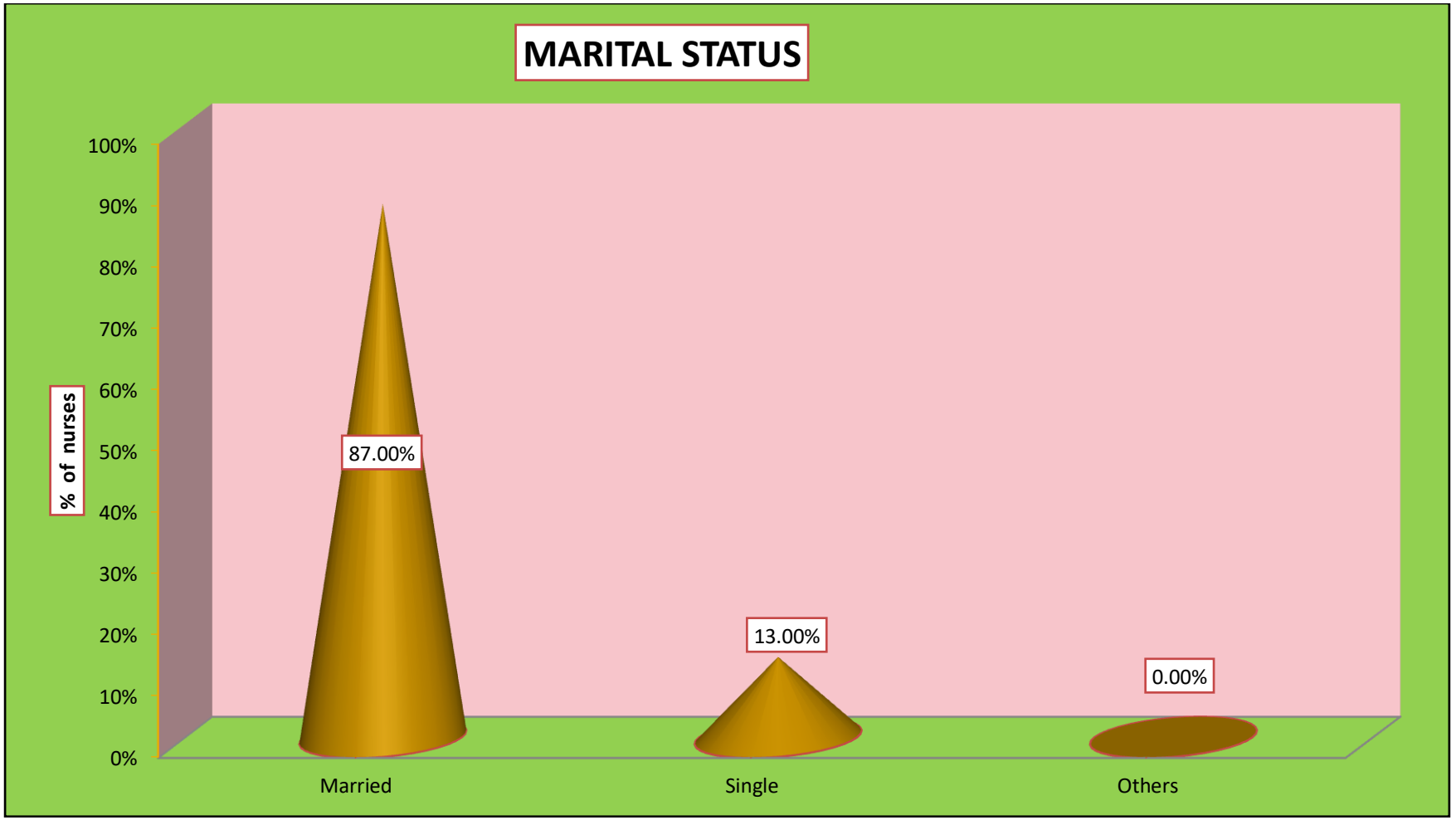


Figure 4.6.Cone diagram shows marital status of the nurses working in IMH.

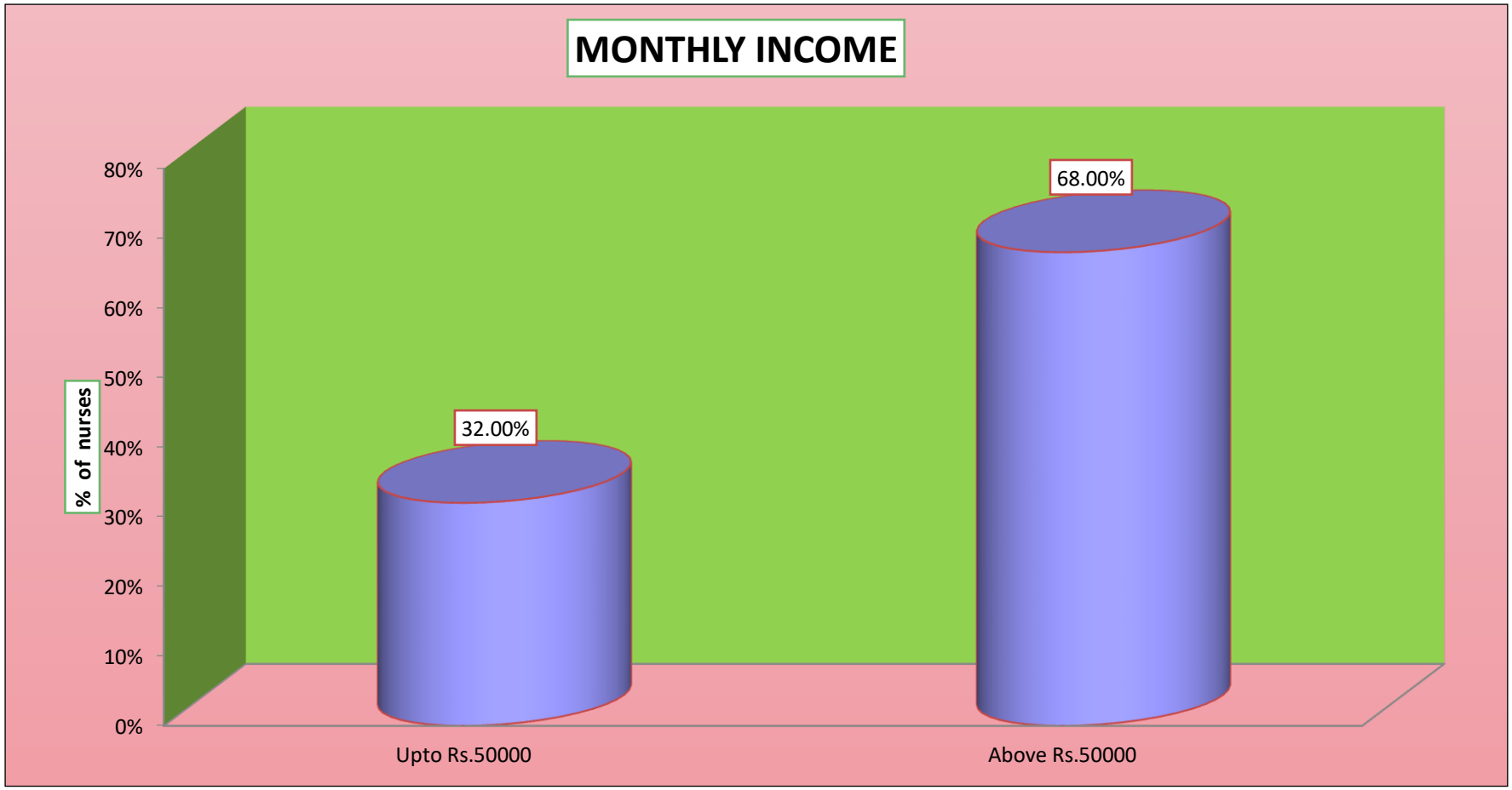


Figure 4.7 Cylindrical diagram shows monthly income of the nurses working in IMH

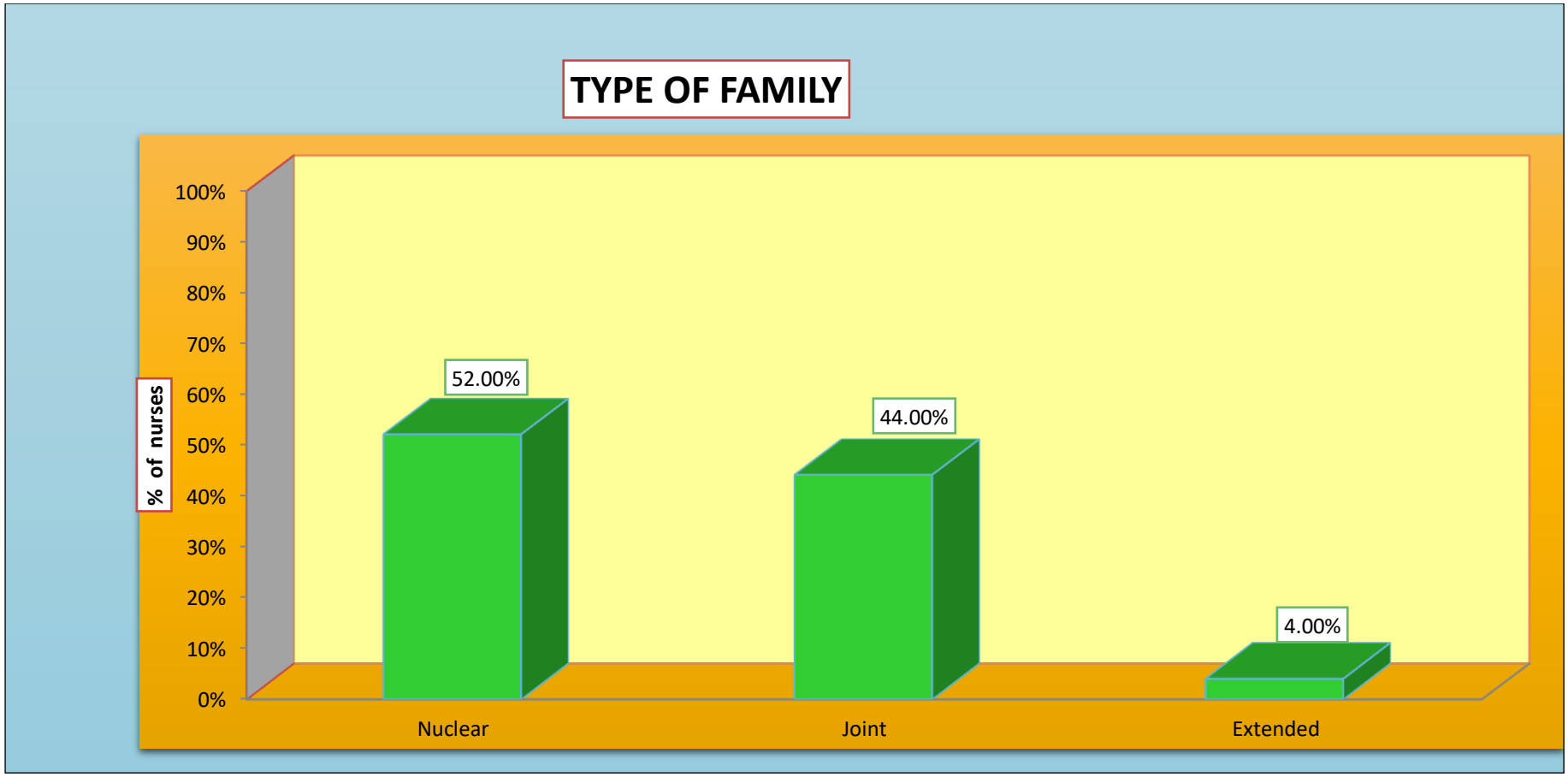


Figure4 .8 Bar diagram shows the type of family among the nurses

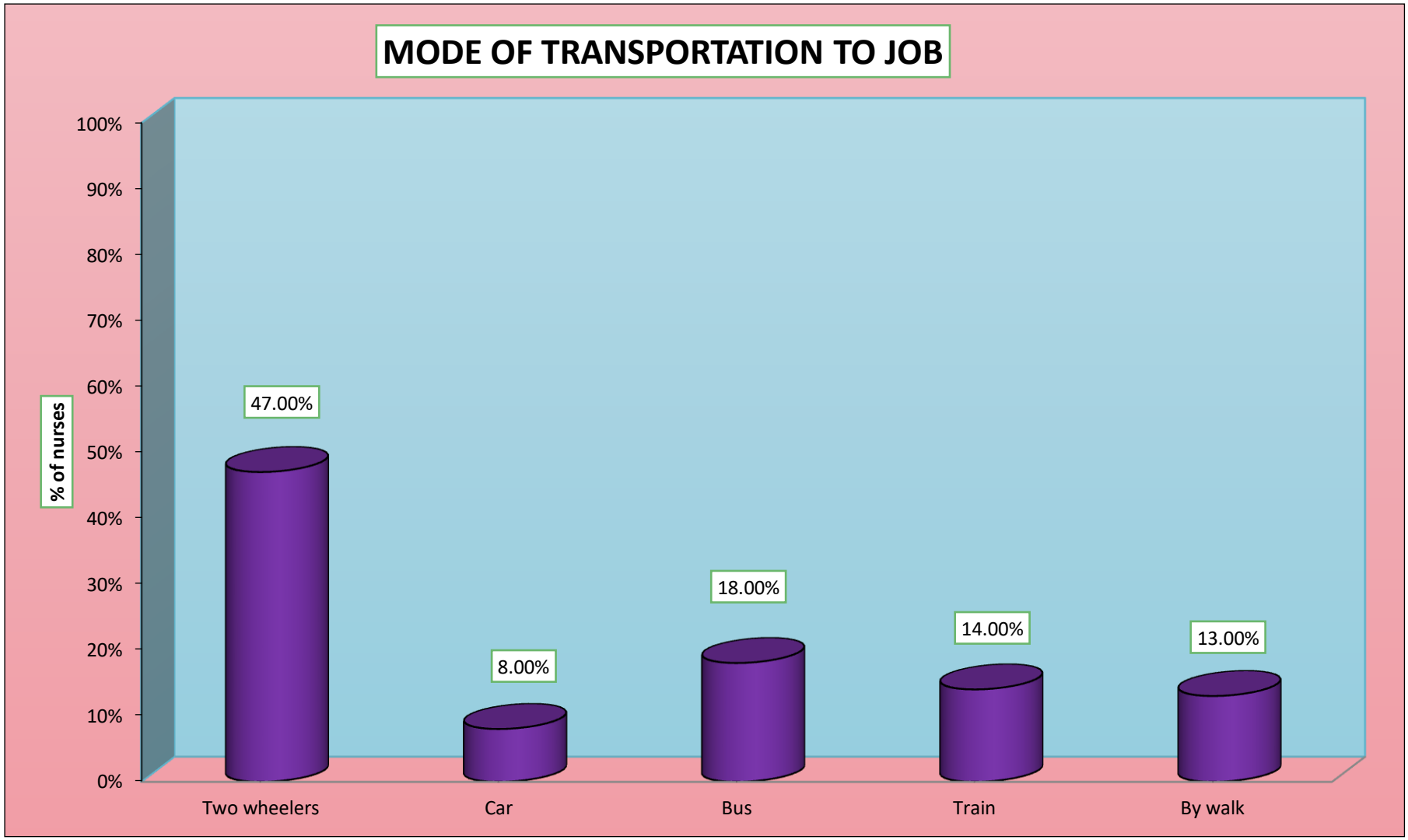


Figure. 4.9 Cylindrical diagram shows the mode of transportation to job

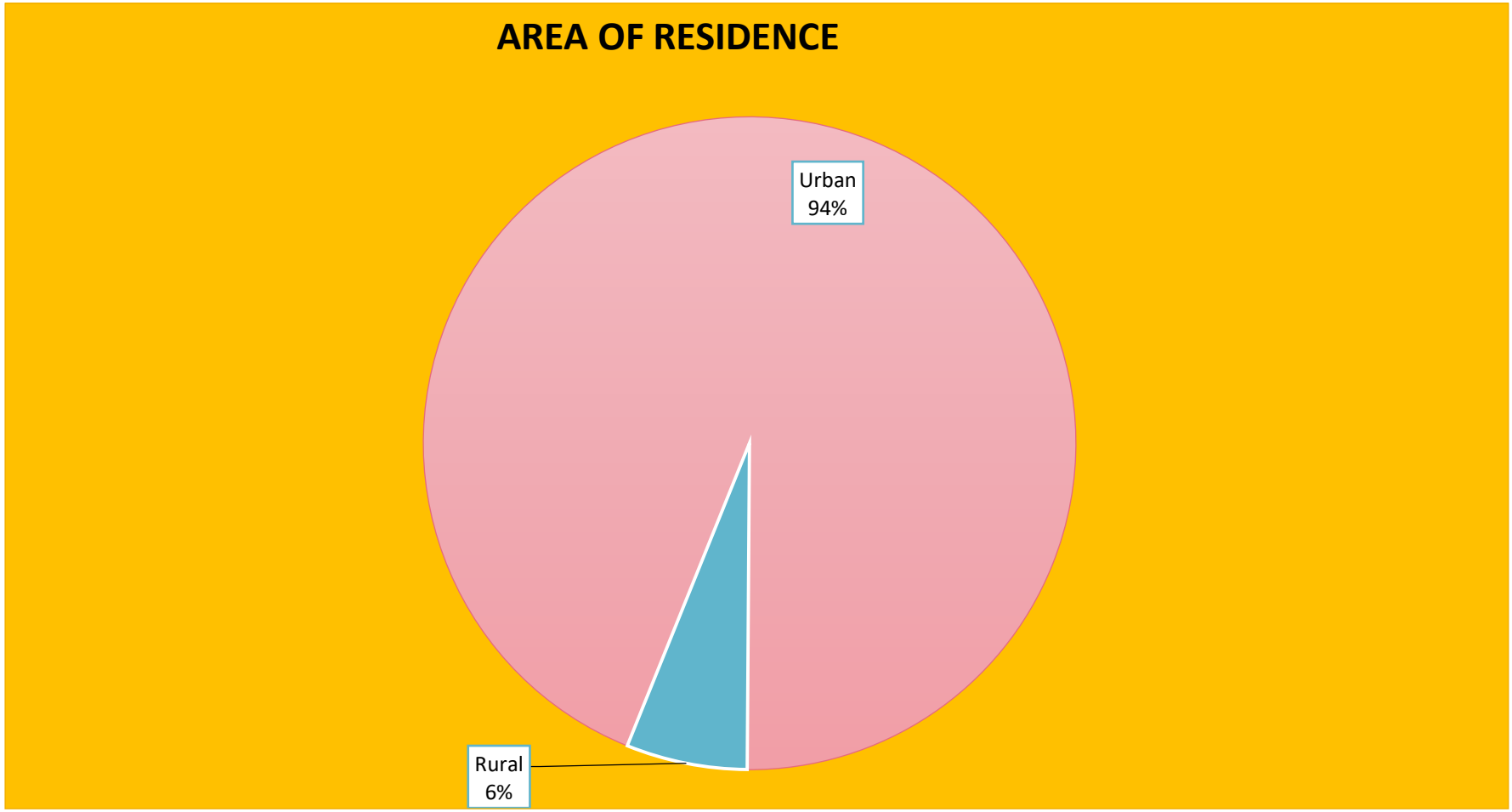


Figure 4.10 Circle diagram shows the area of residence among the nurses

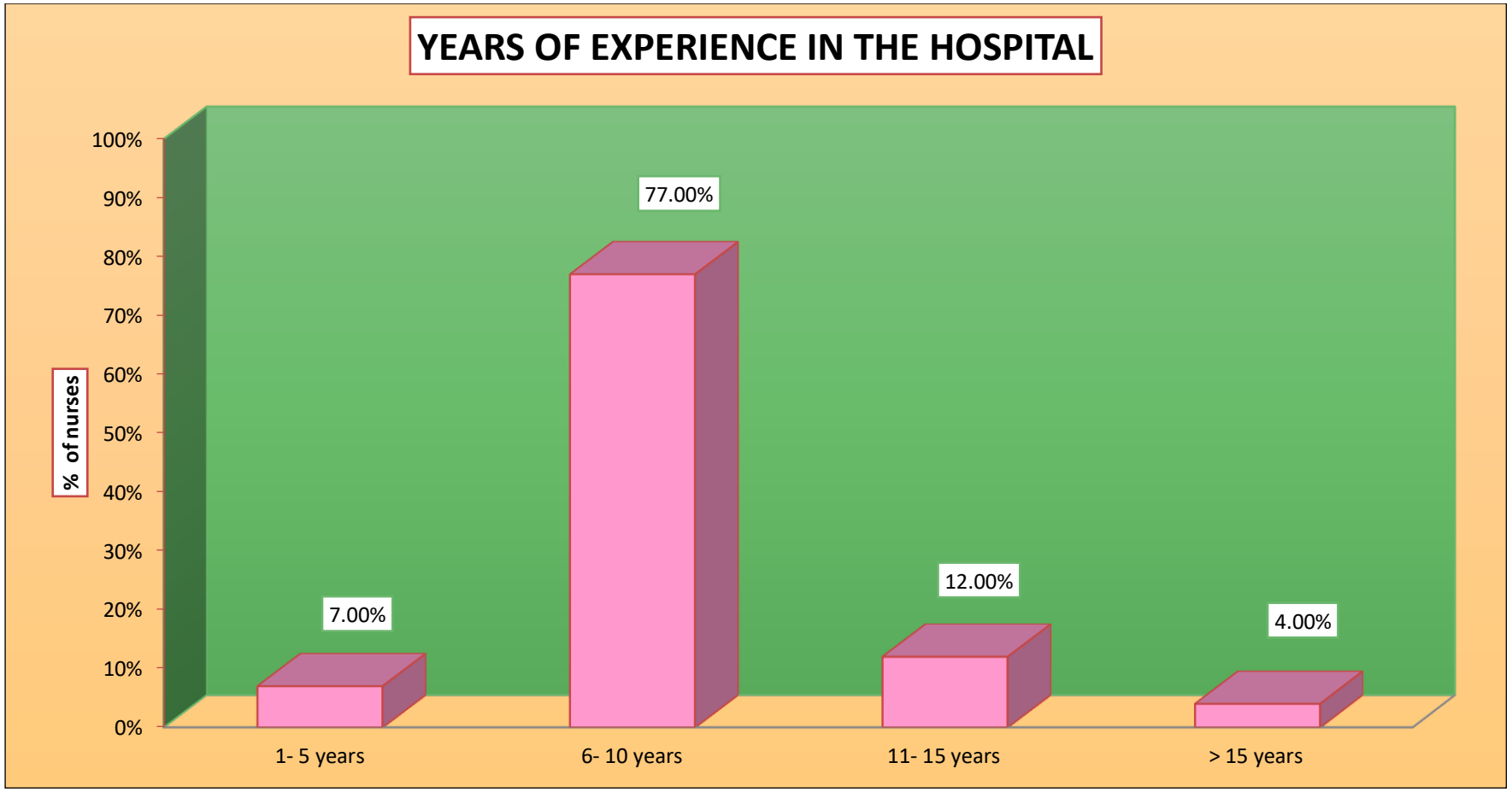


Figure 4.11. Bar diagram shows the years of experience in the hospital among nurses

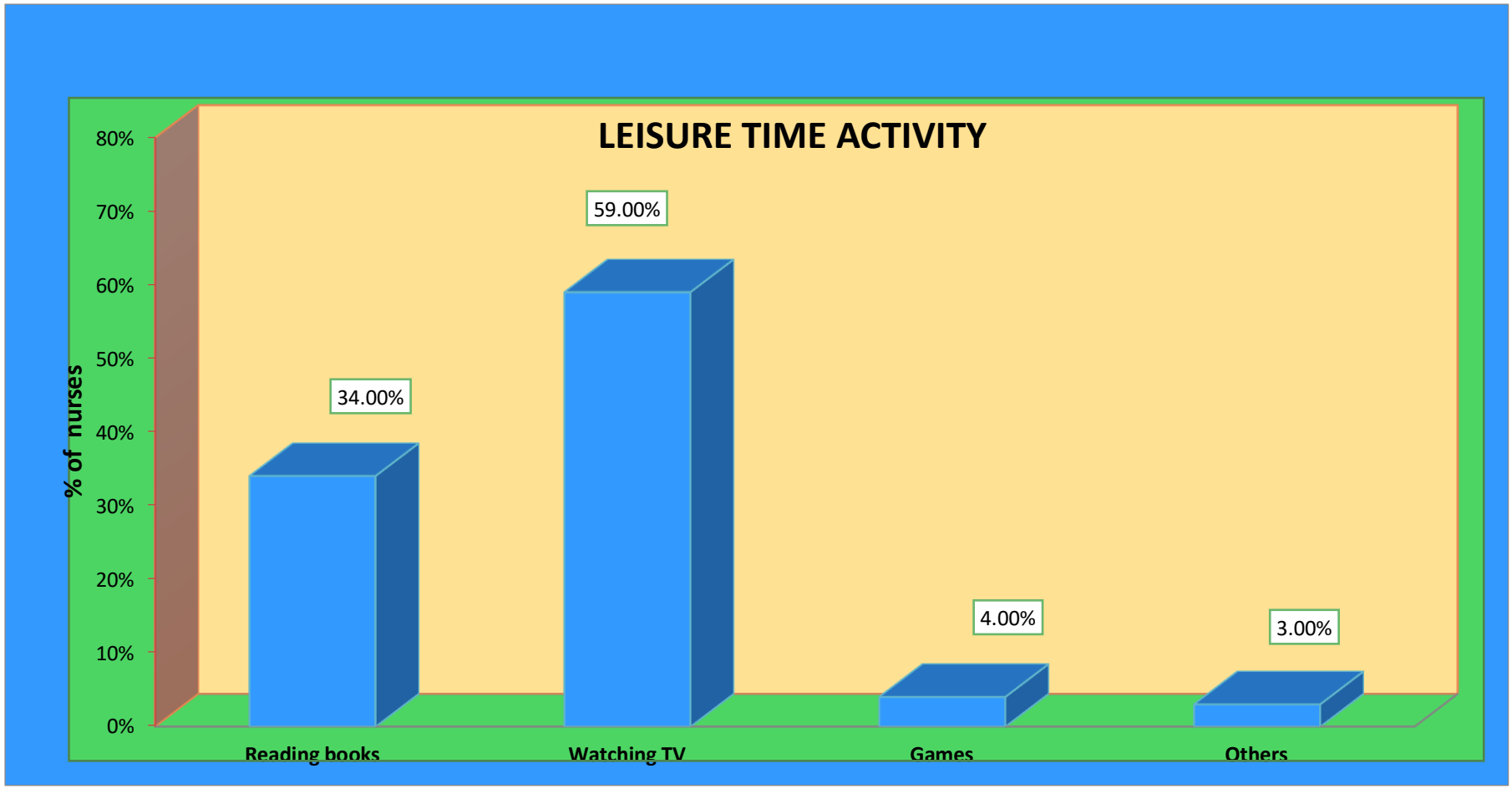


Figure. 4.12 Bar diagram shows the leisure time activity among nurses

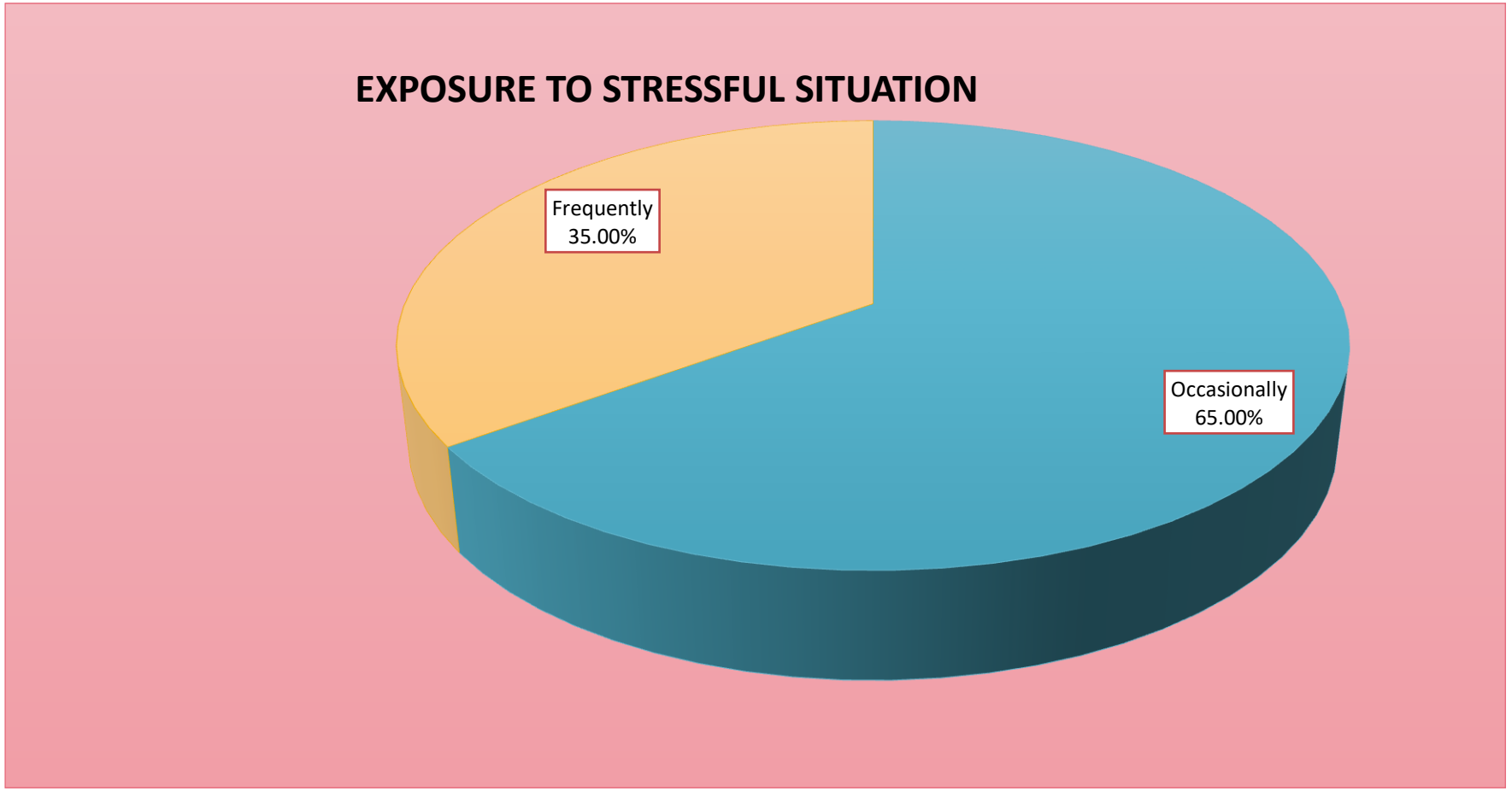


Figure 4.13 Distribution of exposure to stressful situation

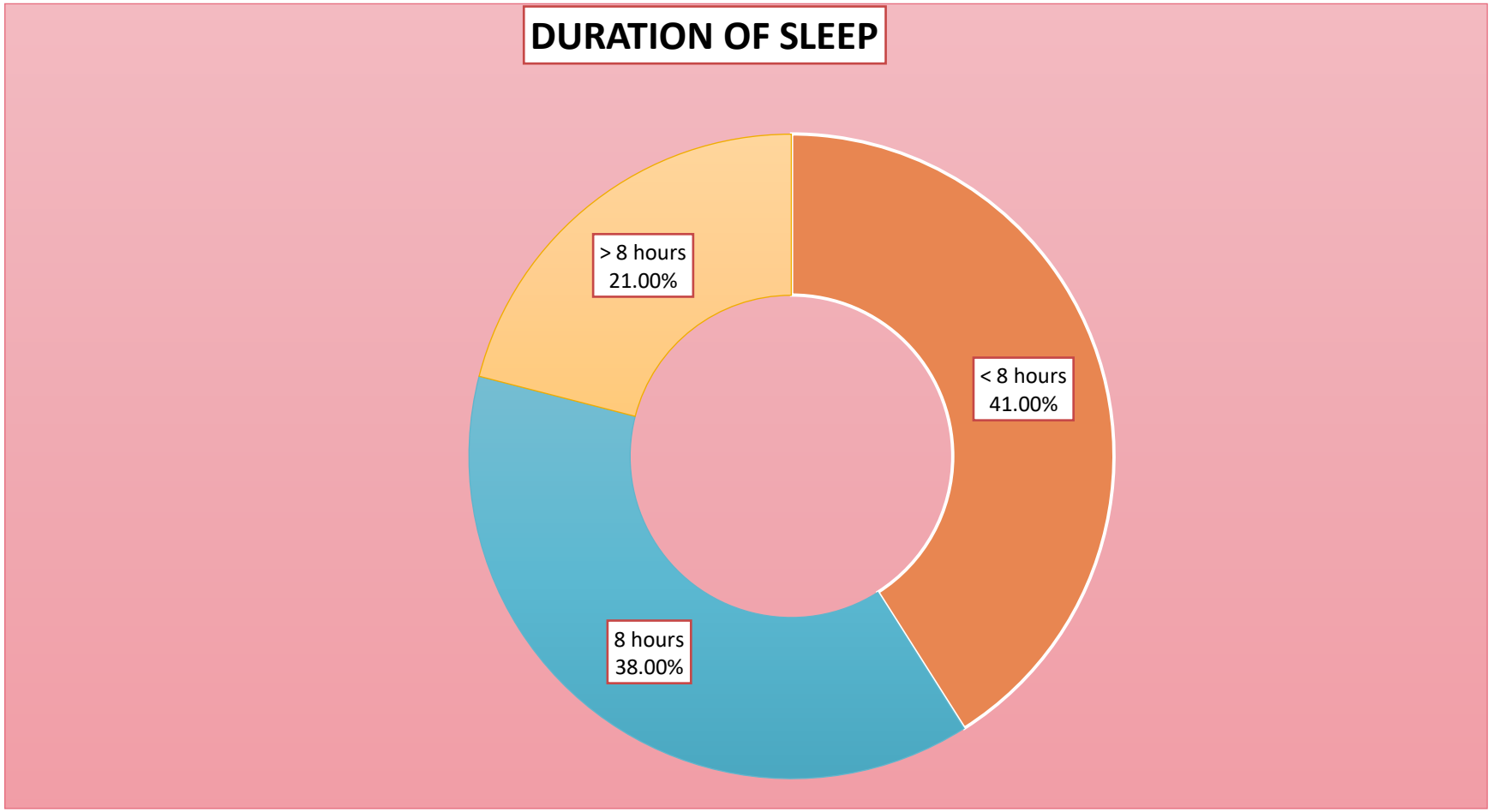


Figure 4.14 Circle diagram shows the duration of sleep among nurses

SECTION-B: ASSESSMENT OF PRETEST LEVEL OF STRESS AMONG NURSES IN IMH

Table - 4.2: Question wise percentage of pre-test stress scoring among nurses.

S.No	Statements	Stress score			
		Maximum score	Mean score	SD	% of Mean score
1	I feel little enthusiasm for doing my job	4	0.77	.78	19.25%
2	I feel tired even with adequate sleep	4	3.14	.91	78.50%
3	I feel frustrated in carrying out my responsibilities at work	4	2.25	.83	56.25%
4	I am mood, irritable, or impatient over small inconveniences.	4	2.06	1.01	51.50%
5	I want to withdraw from the constant demands on my time and energy	4	2.28	1.01	57.00%
6	I feel negative, futile, or depressed about my job.	4	1.83	1.04	45.75%
7	My decision-making ability seems less than usual.	4	1.76	.88	44.00%
8	I think that I am not as efficient as I should be.	4	1.71	.95	42.75%
9	The quality of my work is less than it should be.	4	1.74	.92	43.50%
10	I feel physically, emotionally or spiritually depleted.	4	3.71	.66	92.75%
11	My resistance to illness is lowered.	4	1.23	.97	30.75%
12	My interest in sex is lowered.	4	0.78	.79	19.50%
13	I am eating more or less, drinking more coffee, tea or sodas, smoking more cigarettes, or using more alcohol or drugs in order to cope with my job	4	1.52	.81	38.00%
14	I am feeling emotionally callous about the problems and needs of others.	4	2.29	.91	57.25%
15	My communication with my boss, co-workers, friends, or family seems strained.	4	1.33	1.09	33.25%
16	I am forgetful	4	1.23	.65	30.75%
17	I am having difficulty concentrating.	4	1.33	.68	33.25%
18	I am easily bored.	4	1.53	.76	38.25%
19	I feel a sense of dissatisfaction, of something wrong or missing.	4	2.81	.72	70.25%
20	When I ask myself why I get up and go to work, the only answer that occurs is “my pay check”.	4	3.28	.70	82.00%
	TOTAL	80	38.58	6.99	48.23%

Table 4.2. Shows the occupational pressure based on the results of score calculation from Standardized Arbor Job stress scale questionnaire. The findings indicate that

they are having maximum score for the question **I feel physically, emotionally or spiritually depleted** (92.00%) and minimum score for the question **I feel little enthusiasm for doing my job** (19.25%). Overall stress score is 48.23%.

Table.4.3: Description of pre test level of occupational pressure score among nurses

S.No	Level of Stress	No. of Nurses	%
1.	Normal	0	0.00%
2.	Mild	56	56.00%
3.	Moderate	40	40.00%
4.	Severe	4	4.00%
	Total	100	100.00%

The table 4.3: describes, None of the Nurses are having normal level of **stress** score**, 56%**of them are having **low level of stress score**, **40%** of them are having **moderate level of stress score,4%** of them are having **severe level of stress score**.

Stress score interpretation:

Min=0 Max=4 Total questions=20 Maximum marks= 80

4.4. Interpretation of Stress score

1.	0 – 25	Indicates normal level of stress
2.	26 – 40	Indicates mild level of stress
3.	41 – 55	Indicates moderate level of stress
4.	56 – 80	Indicates severe level of stress

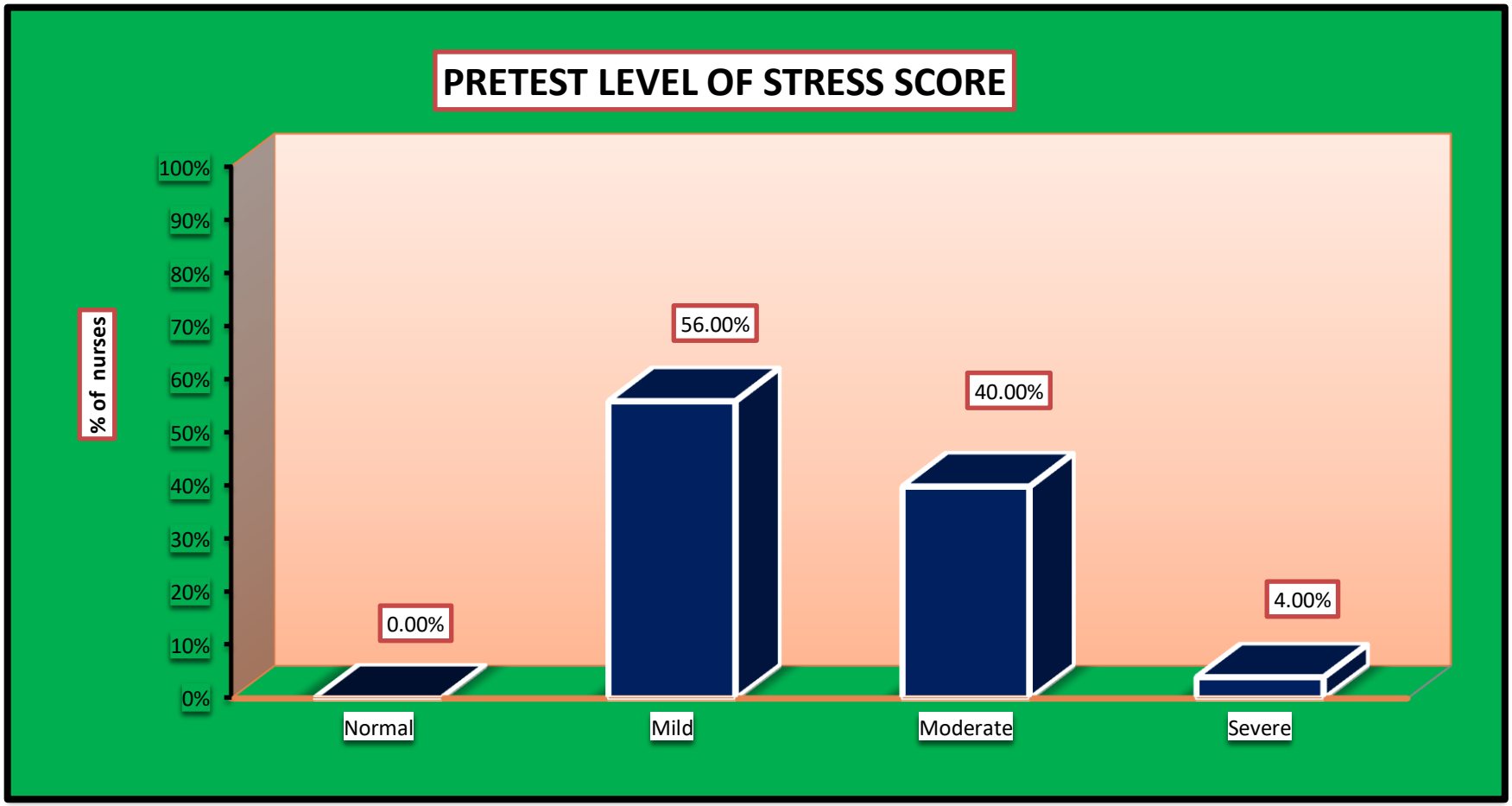


Figure 4.15 .Bar di

agram shows the pre test level of score among nurses

SECTION-C: ASSESSMENT OF POST TEST LEVEL OF OCCUPATIONAL PRESSURE AMONG NUSRSES.

Table-4.5: Question wise percentage of post –test level of occupational pressure score among nurses.

S.No	Statements	Stress score			
		Maximum score	Mean	SD	% of Mean score
1	I feel little enthusiasm for doing my job	4	0.58	.50	14.50%
2	I feel tired even with adequate sleep	4	2.13	1.03	53.25%
3	I feel frustrated in carrying out my responsibilities at work	4	1.27	.69	31.75%
4	I am mood, irritable, or impatient over small inconveniences.	4	1.63	.77	40.75%
5	I want to withdraw from the constant demands on my time and energy	4	1.31	.84	32.75%
6	I feel negative, futile, or depressed about my job.	4	1.52	.73	38.00%
7	My decision-making ability seems less than usual.	4	1.15	.80	28.75%
8	I think that I am not as efficient as I should be.	4	1.21	.80	30.25%
9	The quality of my work is less than it should be.	4	1.03	.80	25.75%
10	I feel physically, emotionally or spiritually depleted.	4	2.18	1.10	54.50%
11	My resistance to illness is lowered.	4	0.85	.54	21.25%
12	My interest in sex is lowered.	4	0.34	.50	8.50%
13	I am eating more or less, drinking more coffee, tea or sodas, smoking more cigarettes, or using more alcohol or drugs in order to cope with my job	4	0.97	.54	24.25%
14	I am feeling emotionally callous about the problems and needs of others.	4	1.01	.85	25.25%
15	My communication with my boss, co-workers, friends, or family seems strained.	4	0.69	.49	17.25%
16	I am forgetful	4	0.50	.50	12.50%
17	I am having difficulty concentrating.	4	0.08	.31	2.00%
18	I am easily bored.	4	1.25	.69	31.25%
19	I feel a sense of dissatisfaction, of something wrong or missing.	4	1.41	.85	35.25%
20	When I ask myself why I get up and go to work, the only answer that occurs is “my pay check”.	4	1.44	.94	36.00%
	TOTAL	**80**	**22.55**	**7.70**	**28.19%**

Table 4.5.shows that questionnaire wise post-test level of occupational pressure among nurses after administration of music therapy. It indicates that they are having maximum score for the question **I feel physically, emotionally or spiritually**

depleted (54.50%) and minimum score for the question **I am having difficulty concentrating** (2.00%). Overall stress score is 28.19%

Table 4.6: Description of post test level of stress score

S.No.	Level of Stress	No. of Nurses	%
1.	Normal	40	40.00%
2.	Mild	54	54.00%
3.	Moderate	6	6.00%
4.	Severe	0	0.00%
5.	Total	100	100.00%

.

The table 4.6 shows that after administering of music therapy. The findings showsthat40% of the Nurses are having normal level of stress score, 54% of them are having low level of stress score, 6% of them are having moderate level of stress score, and none of them are having severe level of stress score.

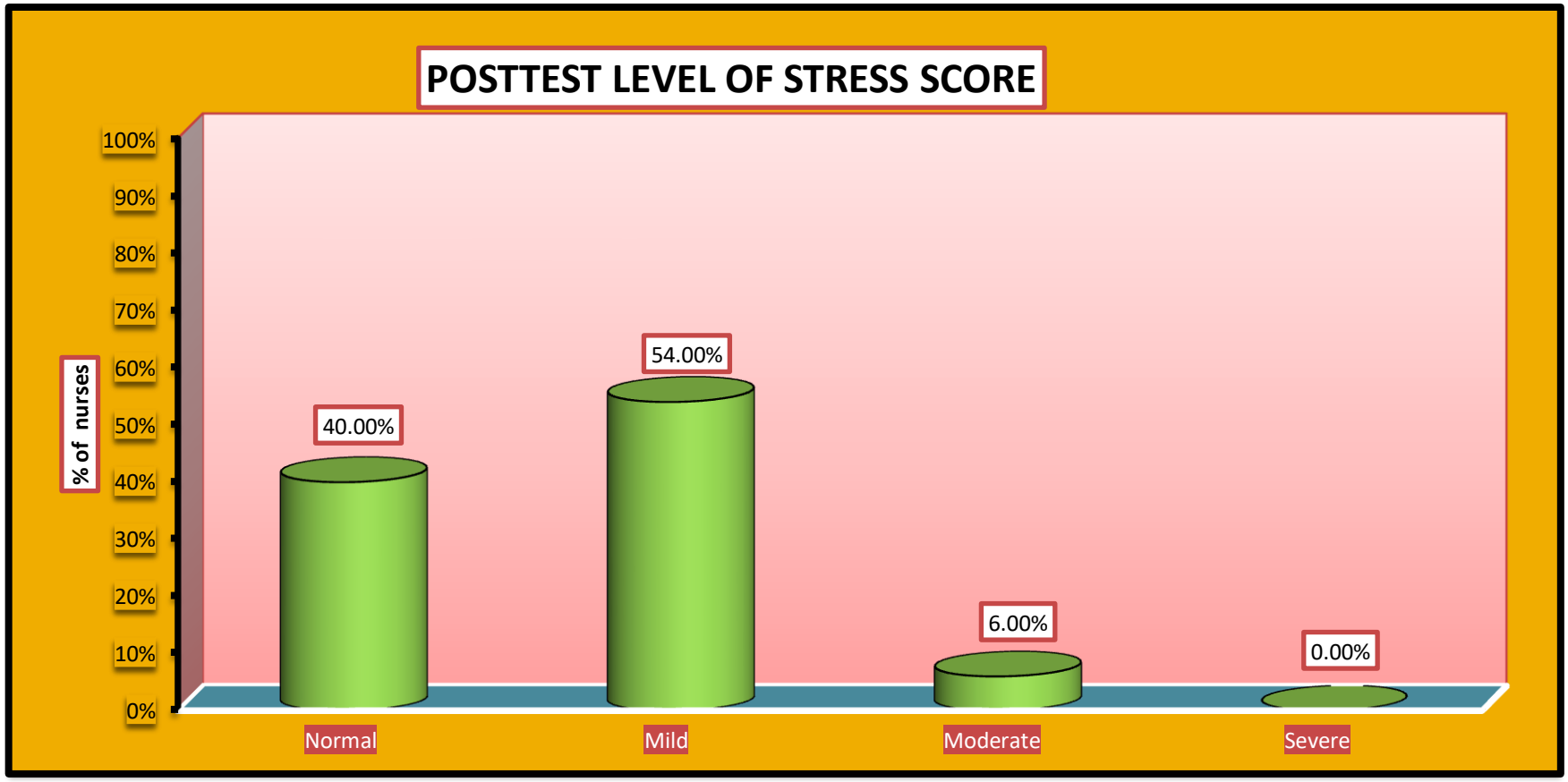


Figure4.16 Cylindrical diagram shows the post test level of score among nurses

SECTION- D: Comparison of pre-test and post -test level of stress among nurses working in IMH.

Table 4.7: Each question wise pre test and post test percentage of stress score

S.No.	Items	Pre test Stress score	Post test stress score	% of stress reduction
1.	I feel little enthusiasm for doing my job	19.25%	14.50%	4.75%
2.	I feel tired even with adequate sleep	78.50%	53.25%	25.25%
3.	I feel frustrated in carrying out my responsibilities at work	56.25%	31.75%	24.50%
4.	I am mood, irritable, or impatient over small inconveniences.	51.50%	40.75%	10.75%
5.	I want to withdraw from the constant demands on my time and energy	57.00%	32.75%	24.25%
6.	I feel negative, futile, or depressed about my job.	45.75%	38.00%	7.75%
7.	My decision-making ability seems less than usual.	44.00%	28.75%	15.25%
8.	I think that I am not as efficient as I should be.	42.75%	30.25%	12.50%
9.	The quality of my work is less than it should be.	43.50%	25.75%	17.75%
10.	I feel physically, emotionally or spiritually depleted.	92.75%	54.50%	38.25%
11.	My resistance to illness is lowered.	30.75%	21.25%	9.50%
12.	My interest in sex is lowered.	19.50%	8.50%	11.00%
13.	I am eating more or less, drinking more coffee, tea or sodas, smoking more cigarettes, or using more alcohol or drugs in order to cope with my job	38.00%	24.25%	13.75%
14.	I am feeling emotionally callous about the problems and needs of others.	57.25%	25.25%	32.00%
15.	My communication with my boss, co-workers, friends, or family seems strained.	33.25%	17.25%	16.00%
16.	I am forgetful	30.75%	12.50%	18.25%
17.	I am having difficulty concentrating.	33.25%	2.00%	31.25%
18.	I am easily bored.	38.25%	31.25%	7.00%
19.	I feel a sense of dissatisfaction, of something wrong or missing.	70.25%	35.25%	35.00%
20.	When I ask myself why I get up and go to work, the only answer that occurs is “my pay check”.	82.00%	36.00%	46.00%
	OVERALL	**48.23%**	**28.19%**	**20.04%**

Table4.7. shows each question wise stress reduction score among the Nurses. On an average, in pre test they are having 48.23% of stress score and in post test they are having 28.19% of stress score.

Table 4.8: Comparison of pre test and post test level of stress score

Level of stress	**Pre test**		**Post test**		**Generalized McNemar's test**
	N	%	N	%	
Normal	0	0.00%	40	40.00%	$\chi 2$=44.12P=0.001***(S)
Mild	56	56.00%	54	54.00%	
Moderate	40	40.00%	6	6.00%	
Severe	4	4.00%	0	0.00%	
Total	**100**	**100.00%**	**100**	**100.00%**	

Fig. 17 Significant at p<0.001 level.

Table no 4.8. Shows the pre test and post-test level of stress score among Nurses.

Before **music therapy**, none of the Nurses are having normal level of stress score, 56% of them are having low level of stress score, 40% of them are having moderate level of stress score, and 4% of them are having severe level of stress score.

After **music therapy**, 40% of the Nurses are having normal level of stress score, 54% of them are having low level of stress score, 6% of them are having moderate level of stress score, and none of them are having severe level of stress score.

Level of stress score of between pre test and post test was calculated using Generalised McNemar's chi square test.

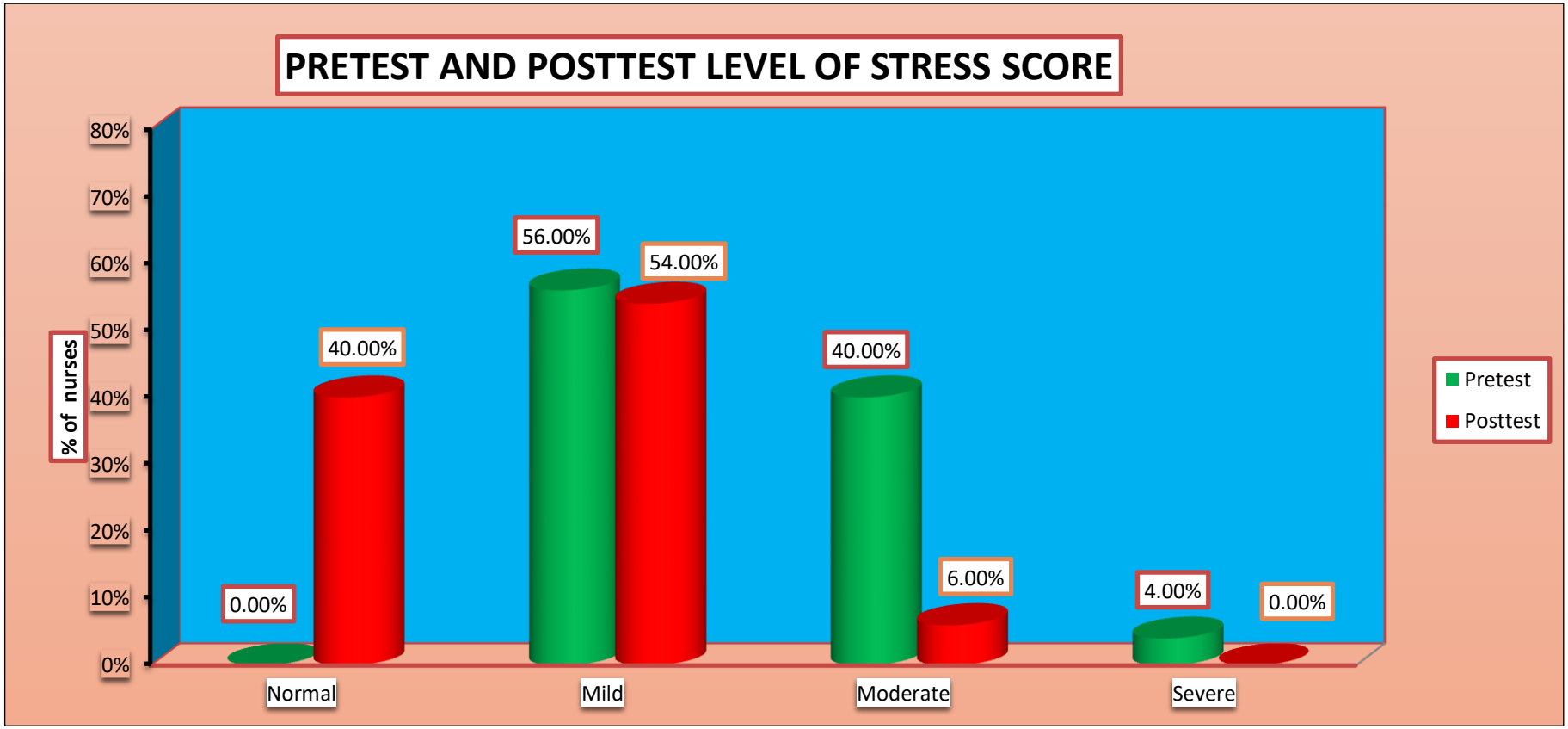


Figure 4.18 Cylindrical diagram shows the pre test and post test level of stress

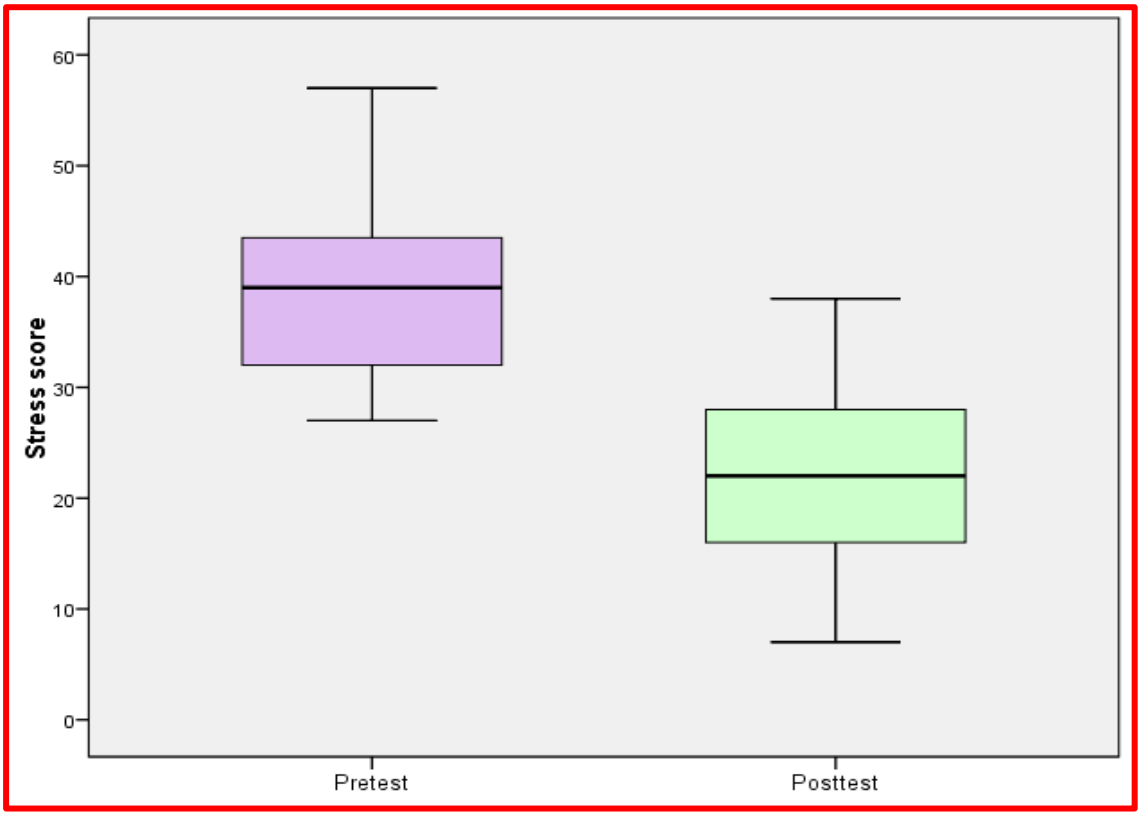


Fig 4.17: Box Plot which compares the pre-test and post-test among nurses

SECTION-E: COMPARISON OF OVERALL MEAN OCCUPATIONAL STRESS SCORE AMONG NURSES WORKING IN IMH.

Table 4.9: ***Comparison of overall stress score before and after music therapy***

	No.of Nurses	**Pre test Mean±SD**	**Post test Mean±SD**	**Mean difference Mean±SD**	**Student's paired t-test**
Overall Knowledge Score	100	38.58 ± 6.99	22.55 ± 7.71	16.03 ± 5.62	**t=28.52 P=0.001*** ** DF = 99, significant

Table no 4.9. Shows the comparison of overall stress score between before and after the administration of Music therapy on managing stress among Nurses.

On an average Nurses are reduced their stress score from **38.58 to 22.55** after the administration of Music therapy**.** This difference is statistically significant. Statistical significance was calculated by using student's paired 't'test.

Table no 4.10: Effectiveness music therapy and generalization of stress reduction score

	Max score	**Mean score**	**Mean Difference of stress reduction score with 95% Confidence interval**	**Percentage Difference of stress reduction score with 95% Confidence interval**
Pre test	80	**38.58**	**16.03(14.91 – 17.14)**	**20.03 % (18.63% – 21.42%)**
Post test	80	**22.55**		

Table 4.10. Shows that on an average, in post test after having music therapy, Nurses are reduced 20.03**%** stress score than pre test score.

Differences and generalization of stress reduction score between pre test and post test score was calculated using and mean difference with **95% CI** and proportion with **95% CI.**

SECTION-F: ASSOCIATION BETWEEN THE POST – TEST LEVEL OF STRESS WITH DEMOGRAPHIC VARIABLES AMONG NURSES .

Table 4.11 : Association between post test level of stress score and nurses demographic variables

Demographic variables		Post-test level of stress score								N	Chi square test
		Normal		Mild		Moderate		Severe			
		N	%	N	%	N	%	N	%		
Age	25- 35 years	12	37.50%	18	56.25%	2	6.25%	0	0.00%	32	χ2=0.46 P=0.98(NS)
	36- 45 years	27	41.54%	34	52.31%	4	6.15%	0	0.00%	65	
	46- 55 years	1	33.33%	2	66.67%	0	0.00%	0	0.00%	3	
Gender	Male	4	16.67%	16	66.67%	4	16.67%	0	0.00%	24	**χ2=11.22P=0.01**(S)**
	Female	36	47.37%	38	50.00%	2	2.63%	0	0.00%	76	
Attending job as a	Day Scholar	36	42.86%	45	53.57%	3	3.57%	0	0.00%	84	χ2=6.33 P=0.17(NS)
	Hostler	3	27.27%	6	54.55%	2	18.18%	0	0.00%	11	
	Family quarters	1	20.00%	3	60.00%	1	20.00%	0	0.00%	5	
Basic Academic qualification	Higher secondary education	39	40.21%	52	53.61%	6	6.19%	0	0.00%	97	χ2=0.31 P=0.85(NS)
	Graduate	1	33.33%	2	53.61%	0	0.00%	0	0.00%	3	
	Post graduate	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	
Professional qualification	DGNM	40	41.24%	52	53.61%	5	5.15%	0	0.00%	97	χ2=5.18 P=0.07(NS)
	PB.BSc (N)	0	0.00%	2	66.67%	1	33.33%	0	0.00%	3	
	B.BSc (N)	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	
Marital Status	Married	33	37.93%	49	56.32%	5	5.75%	0	0.00%	87	**χ2=8.63 P=0.01**(S)**
	Single	7	53.85%	5	38.46%	1	7.69%	0	0.00%	13	
	Others	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	
Monthly income	Up to Rs.50000	8	25.00%	21	65.63%	3	9.38%	0	0.00%	32	χ2=4.71 P=0.10(NS)
	Above Rs.50000	32	47.06%	33	48.53%	3	4.41%	0	0.00%	68	

Table no **4.11.** shows the association between post test level of stress score and Nurses demographic variables. Female Nurses, single Nurses are having more stress reduction than others. Statistical significance was calculated using Pearson chi square test.

Table 4.11: Association between pos test level of stress and nurses demographic variables.

Demographic variables		Post-test level of stress score								N	Chi square test
		Normal		Mild		Moderate		Severe			
		N	%	n	%	n	%	n	%		
Type of family	Nuclear	22	42.31%	25	48.08%	5	9.62%	0	0.00%	52	χ2=3.58 P=0.46(NS)
	Joint	17	38.64%	26	59.09%	1	2.27%	0	0.00%	44	
	Extended	1	25.00%	3	75.00%	0	0.00%	0	0.00%	4	
Mode of transportation to job	Two wheelers	19	40.43%	23	48.94%	5	10.64%	0	0.00%	47	χ2=11.15 P=0.19(NS)
	Car	2	25.00%	6	75.00%	0	0.00%	0	0.00%	8	
	Bus	8	44.44%	10	55.56%	0	0.00%	0	0.00%	18	
	Train	3	21.43%	11	78.57%	0	0.00%	0	0.00%	14	
	By walk	8	61.54%	4	30.77%	1	7.69%	0	0.00%	13	
Area of residence	Urban	39	41.49%	49	52.13%	6	6.38%	0	0.00%	94	χ2=2.26 P=0.32(NS)
	Rural	1	16.67%	5	83.33%	0	0.00%	0	0.00%	6	
Year of experience in hospital	1- 5 years	3	42.86%	3	42.86%	1	14.29%	0	0.00%	7	χ2=9.75 P=0.13(NS)
	6- 10 years	35	45.45%	37	48.05%	5	6.49%	0	0.00%	77	
	11- 15 years	1	8.33%	11	91.67%	0	0.00%	0	0.00%	12	
	> 15 years	1	25.00%	3	75.00%	0	0.00%	0	0.00%	4	
Duration of sleep in hours	< 8 hours	10	24.39%	28	68.29%	3	7.31%	0	0.00%	41	**χ2=10.15P=0.05*(S)**
	8 hours	18	47.37%	17	44.74%	3	7.89%	0	0.00%	38	
	> 8 hours	13	61.90%	8	38.10%	0	0.00%	0	0.00%	21	
Leisure time activity	Reading books	20	58.82%	13	38.24%	1	2.94%	0	0.00%	34	**χ2=14.01 P=0.03*(S)**
	Watching TV	19	32.20%	36	61.02%	4	6.78%	0	0.00%	59	
	Games	0	0.00%	4	100.00%	0	0.00%	0	0.00%	4	
	Others	1	33.33%	1	33.33%	1	33.33%	0	0.00%	3	
Exposure to stressful situations	Occasionally	23	35.38%	38	58.46%	4	6.15%	0	0.00%	65	χ2=1.68 P=0.43(NS)
	Frequently	17	48.57%	16	45.71%	2	5.71%	0	0.00%	35	

Table no 4.11. shows the association between post test level of stress score and Nurses demographic variables. Reading books Nurses, more hours sleeping Nurses are having more stress reduction than others. Statistical significance was calculated using Pearson chi square test.

Table 4.11 : Association between post test level of stress score and nurses demographic variables

Demographic variables		Stress reduction score						N	One way ANOVA F-test/t-test
		Pre test		Post test		Reduction = pre-post			
		Mean	SD	Mean	SD	Mean	SD		
Age	25- 35 years	38.22	6.96	23.03	8.23	15.19	38.22	32	F=0.85 P=0.42(NS)
	36- 45 years	38.58	7.16	22.28	7.55	16.31	38.58	65	
	46- 55 years	42.33	2.52	23.33	7.57	19.00	42.33	3	
Gender	Male	41.38	6.63	27.54	6.61	13.83	41.38	24	**t=2.24P=0.03*(S)**
	Female	37.70	6.91	20.97	7.38	16.72	37.70	76	
Attending job as a	Day Scholar	38.20	6.88	21.98	7.64	16.23	38.20	84	F=2.21 P=0.11(NS)
	Hostler	42.64	7.26	25.82	7.69	16.82	42.64	11	
	Family quarters	36.00	6.36	25.00	8.06	11.00	36.00	5	
Basic Academic qualification	Higher secondary education	38.58	7.04	22.49	7.51	16.08	38.58	97	F=0.53 P=0.59(NS)
	Graduate	38.67	6.66	24.33	15.04	14.33	38.67	3	
	Post graduate	0.00	0.00	0.00	0.00	0.00	0.00	0	
Professional qualification	DGNM	38.41	6.84	22.28	7.62	16.13	38.41	97	t=1.04 P=0.29(NS)
	PB.BSc (N)	44.00	11.27	31.33	5.51	12.67	44.00	3	
	BSc (N)	0.00	0.00	0.00	0.00	0.00	0.00	0	
Marital Status	Married	38.80	6.91	25.72	7.73	13.08	38.80	87	**t=1.96 P=0.05*(S)**
	Single	37.08	7.63	19.39	7.71	17.69	37.08	13	
	Others	0.00	0.00	0.00	0.00	0.00	0.00	0	
Monthly income	Up to Rs.50000	39.53	7.41	24.84	7.14	14.69	39.53	32	t=1.65 P=0.10(NS)
	Above Rs.50000	38.13	6.80	21.47	7.78	16.66	38.13	68	

Table no 4.11 shows the association between post test level of stress score and Nurses demographic variables. Female Nurses, single Nurses are having more stress reduction than others. Statistical significance was calculated using one way analysis of variance F-test and student independent t-test.

Table 4.11: Association between stress reduction score and nurses demographic variables.

Demographic variables		Stress reduction score						N	One way ANOVA F-test/t-test
		Pre test		Post test		Reduction = pre-post			
		Mean	SD	Mean	SD	Mean	SD		
Type of family	Nuclear	37.75	6.85	22.75	7.95	15.00	5.98	52	F=1.95 P=0.15(NS)
	Joint	39.34	6.99	22.09	7.55	17.25	5.21	44	
	Extended	41.00	9.38	25.00	7.53	16.00	2.16	4	
Mode of transportation to job	Two wheelers	39.02	7.33	23.53	8.29	15.49	5.68	47	F=0.83 P=0.50(NS)
	Car	40.00	7.84	24.87	5.22	15.13	6.06	8	
	Bus	37.61	7.08	20.11	7.34	17.50	5.87	18	
	Train	40.07	5.58	25.07	5.93	15.00	5.16	14	
	By walk	35.85	6.53	18.23	7.20	17.62	5.36	13	
Area of residence	Urban	38.54	7.08	22.50	7.88	16.04	5.78	94	t=0.01 P=0.93(NS)
	Rural	39.17	5.98	23.33	4.32	15.83	1.72	6	
Year of experience in hospital	1- 5 years	38.00	6.93	23.71	9.48	14.29	6.10	7	F=0.97 P=0.40(NS)
	6- 10 years	38.18	7.00	21.79	7.71	16.39	5.60	77	
	11- 15 years	38.67	5.47	24.58	5.12	14.08	5.04	12	
	> 15 years	47.00	8.29	29.00	9.35	18.00	6.98	4	
Duration of sleep in hours	< 8 hours	40.07	7.70	25.87	7.09	14.20	6.60	41	**F=3.15P=0.05*(S)**
	8 hours	37.87	6.51	21.66	8.52	16.71	5.01	38	
	> 8 hours	36.95	6.09	19.57	7.28	17.38	4.72	21	
Leisure time activity	Reading books	35.47	6.19	16.47	7.13	18.50	5.98	34	**F=2.95 P=0.04*(S)**
	Watching TV	39.80	7.09	23.78	7.53	16.02	5.24	59	
	Games	45.50	3.11	33.25	4.35	12.25	5.32	4	
	Others	40.67	2.31	28.33	11.93	12.33	9.71	3	
Exposure to stressful situations	Occasionally	38.92	7.22	23.31	7.58	15.62	5.72	65	t=1.01 P=0.31(NS)
	Frequently	37.94	6.61	21.14	7.84	16.80	5.42	35	

Table no 4.11. Shows the association between post test level of stress score and Nurses demographic variables. Reading books Nurses, more hours sleeping Nurses are having more stress reduction than others. Statistical significance was calculated using one way analysis of variance F-test and student independent t-test.

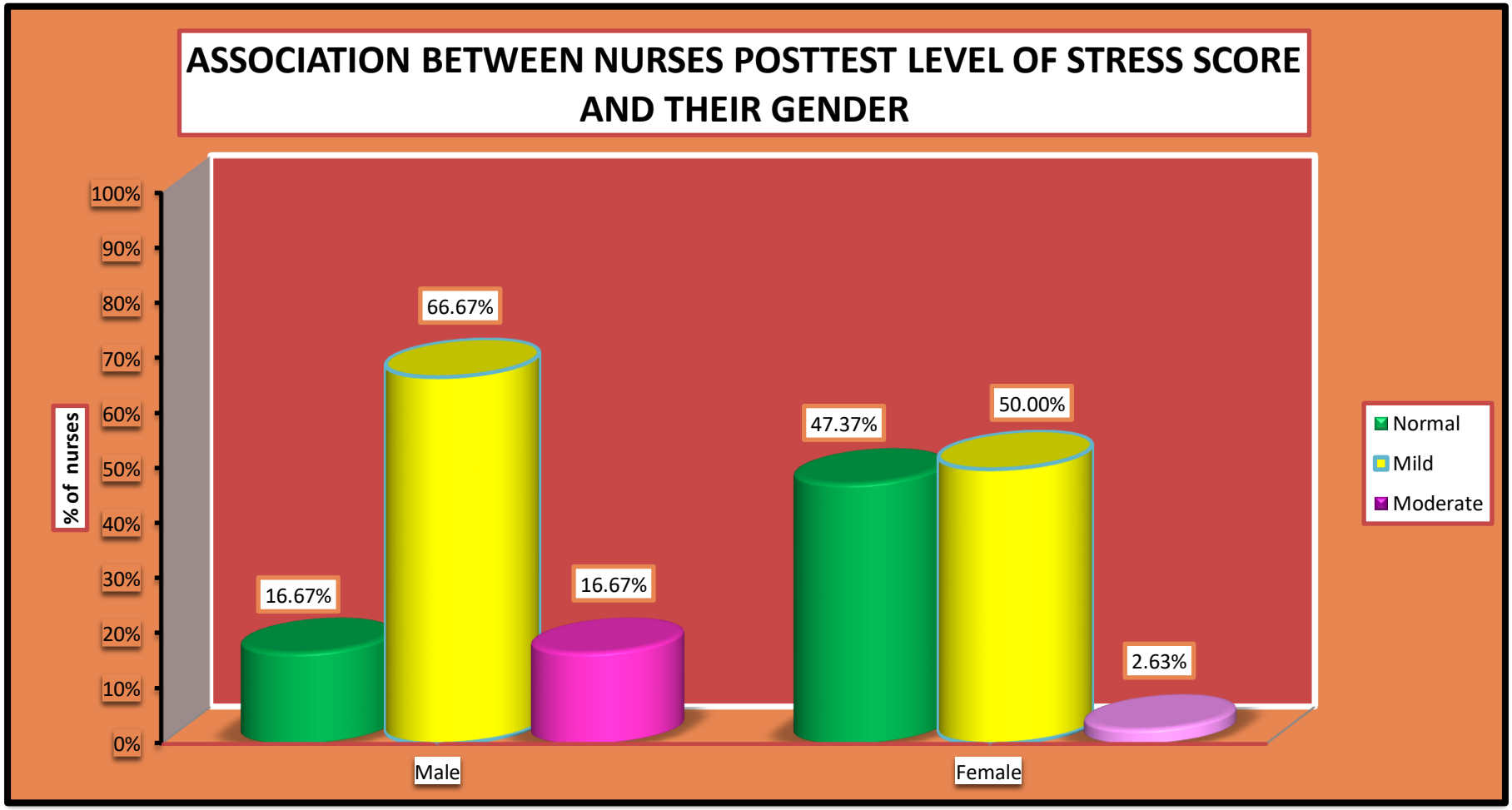


Figure 4.19 Cylindrical diagram shows the association between nurses post test level of stress score and their gender.

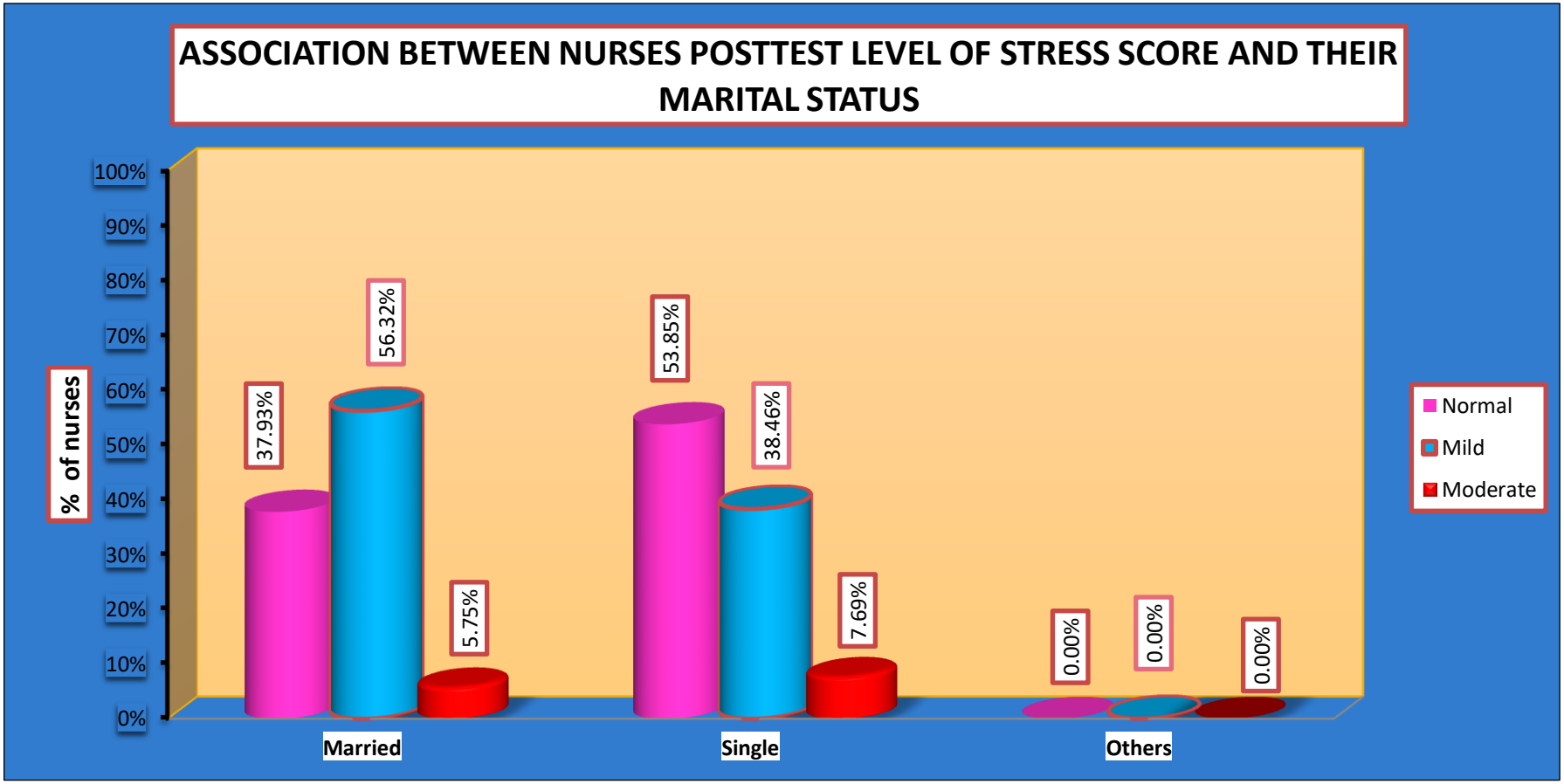


Figure 4.20 Cylindrical diagram shows the association between nurses post test level of stress score and their marital status

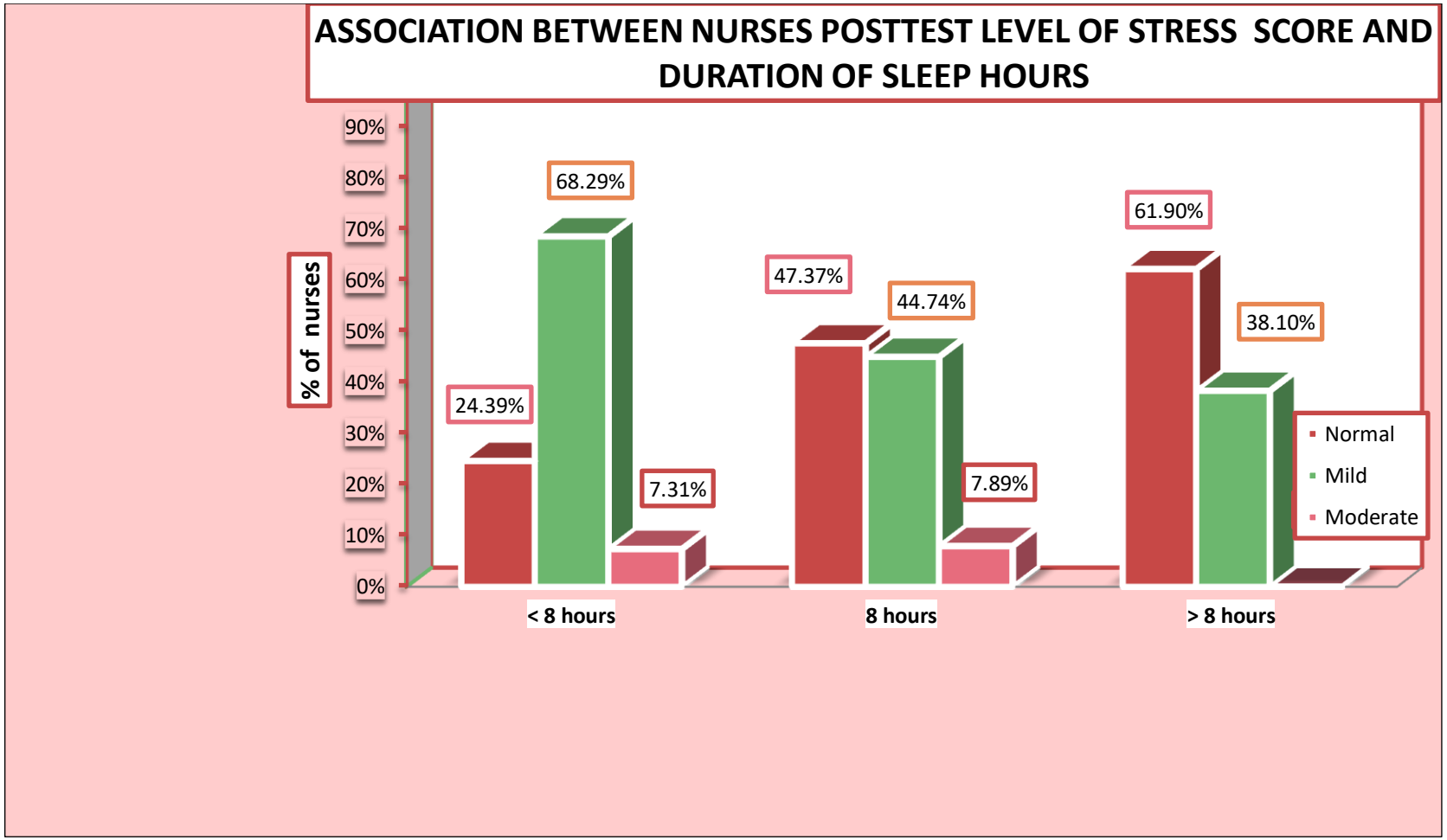


Figure. 4.21 Bar diagram shows that association between nurses post test level of stress score and their duration of sleep hours

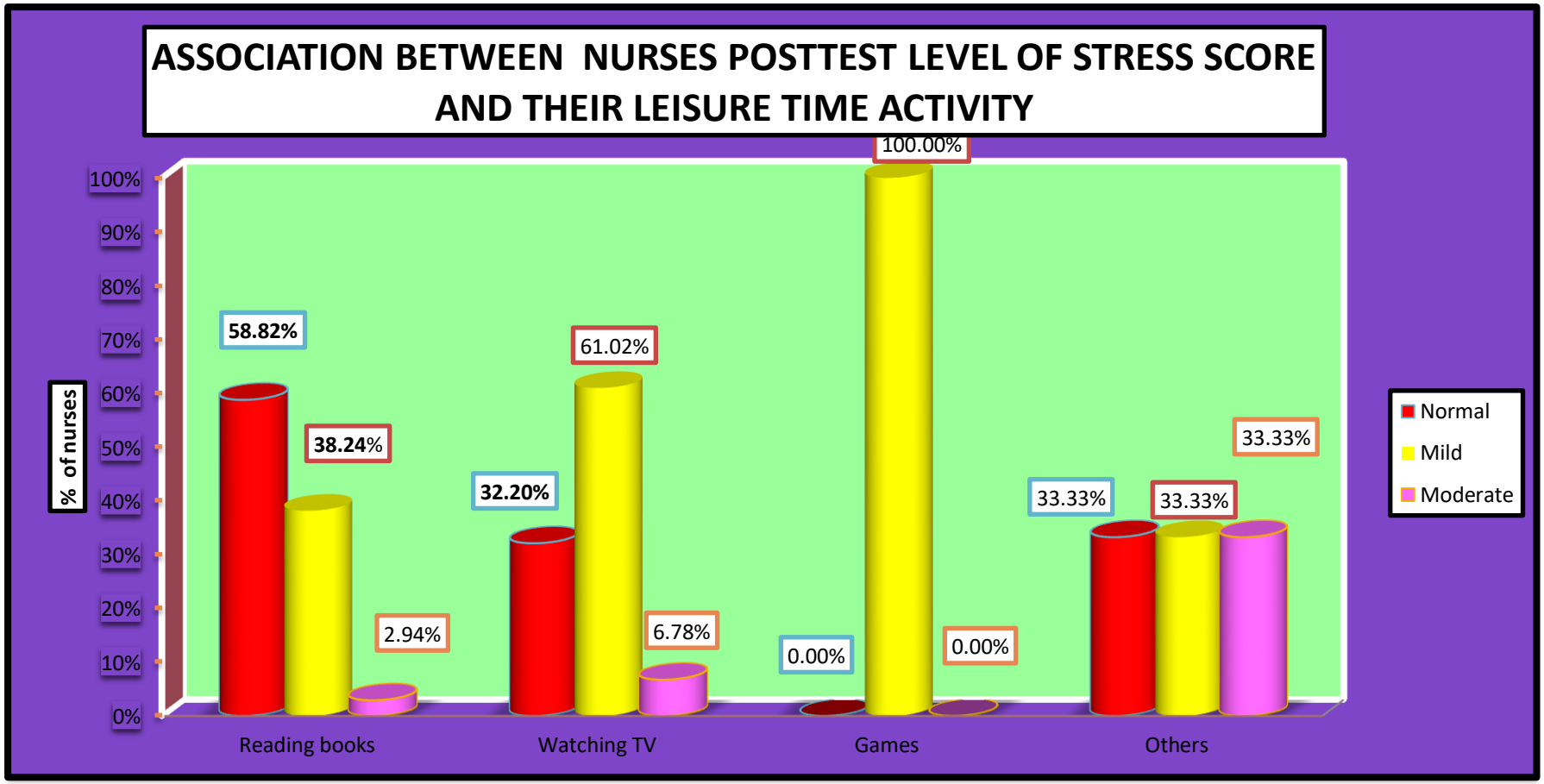


Figure. 4.22 Cylindrical diagram shows that association between nurses post test level of stress score and their leisure time activity

CHAPTER V

DISCUSSION

CHAPTER V
DISCUSSION

This chapter deals with the discussion of the results of data analyzed based on the objectives of the study and hypotheses of the study. The purpose of the study was to assess the effectiveness of music therapy in reducing occupational pressure among nurses working at Institute of Mental Health, Kilpauk, Chennai.

The purpose of the study was to evaluate the effectiveness of music therapy in reducing occupational pressure among nurses. The sample size for this study was 100 nurses. Pre test was conducted in each nurse by interview method using Standardized Arbor Job stress Scale. The samples were selected by using Non-Probability Purposive Sampling technique. The intervention protocol includes 30 minutes for administration of music therapy for 2 weeks. Post- test was conducted after 4 weeks of administration of music therapy.

The results of the study were based on the statistical analysis. The effectiveness of music therapy was assessed by McNemar test and association between the levels of stress with selected demographic variables was assessed by chi-square test. within the study, administration of music therapy found to be an effective tool in reducing occupational pressure among nurses **X2 =11.22, P=0.01.**The result was formulated according to the stated objectives.

5.1. MAJOR FINDINGS BASED ON DEMOGRAPHIC VARIABLES

- 65% of nurses were 36-45 years of age.
- 76% of nurses were female.
- 84% of nurses were come by day scholar.

- 97% of nurses were DGNM.
- 87% of nurses were married.
- 94% were of nurses were living in Urban area.
- 65% of nurses were occasionally.
- 77 % of nurses were experiences in hospital 6-10 years.
- 97% of nurses were higher secondary.

5.2. FINDINGS BASED ON OBJECTIVES

OBJECTIVE 1: To assess the pre test level of occupational pressure among nurses working at institute of mental health

The study illustrated that occupational pressure among nurses, before administration of music therapy the occupational stress levels among the nurses none of the Nurses are having normal level of stress score, **56%** of them are having low level of stress score**, 40%** of them are having moderate level of stress score**, 4%** of them are having severe level of stress score.

Each question wise pre test assessment shows that they are having maximum score for the question **I feel physically, emotionally or spiritually depleted (92.00%)** and minimum score for the question **I feel little enthusiasm for doing my job(19.25%).** Overall stress score is **48.23%.**

The present study was consistent with **ShefalePaiVernekar Hemangini Shah (2018**) conducted a cross-sectional study among reregistered nurses working in wards of a tertiary care hospital in Goa, wherein Expanded Nursing Pressure scale was used to assess the level and sources of pressure among them. As a result, finding shows that **59.3%** of nurses experienced moderate pressure, **36.8%**of nurses experienced severe pressure, **2.4%**of nurses experienced very severe pressure. Highest mean score was in

the area of death and dying subscale (2.35□0.61) and workload subscale (2.11□0.53). Nurses working in casualty and general wards were more pressure. Also, younger nurses were more pressure in dealing with death of a patient.

R.Sasikala et al (2018) conducted a cross-sectional study at two tertiary care teaching hospitals, study results shows that majority of nurses **125(47%)** were between 25 to 30 years of age, maximum ratio of nurses were female **160(60.4%),** out of them **148(55.8%)** were married and **201(75.8%)** were diploma holders in nursing.

Aditi Prasad chaudhari et al (2018) investigated a study about stress can impact the health of the nurses leading to somatic complaints. The study results show that **51.5%** nurses experienced mild stress, **34%** were experienced moderate and **2.10%**of nurses were experienced severe stress. Nurses with 6-10 years of experience had maximum pressure.

The present study was similarly with **Qamraalomani (2016**) investigated a study about the causes and effects of occupational stress in nursing. A Qualitative research design - exploratory approach explored and describes employee's experiences of the main causes and effect of occupational stress, by applying the methodology of the post- positivism paradigm. Data collection was through semi-structured interviews with a sample of (N= 15) medical –surgical ward nurses from three Ministry of Health hospital in Riyadh city. As a result findings work load (22%), emotional demands (34%) and work- home conflict (44%) are the major sources of stress.

Globally it was observed that the prevalence of occupational pressure was prominently present among the nurses and it is found to be clinically significant levels. Hence the results of the present study necessitate nurses to initiate complementary therapies like music therapy to reduce occupational pressure and improve their efficiency.

OBJECTIVE 2: To evaluate the effectiveness of pre test and post test music therapy on reducing occupational pressure among nurses working at institute of mental health.

The overall effectiveness, administration of music therapy Pre test mean score of occupational pressure is**38.58** and in post test**22.55** score. Mean Difference of reduction score with **95%.** Confidence interval is **16.03.** The difference is large and it is statistically significant difference. The effectiveness of administration of music therapy among nurses working at Institute of Mental Health, Chennai on an average, in post test after administration of music therapy among nurses are reducing **20. 03%** more occupational pressure score than pre test score.

The analysis revealed that there was significant difference in the pre-test and post test level, the effectiveness of music therapy in reducing occupational stress among nurses with the selected demographic variables. Hence hypothesis **H1** – there will be a statistically significant difference between the pre-test and the post test level of occupational stress among nurses before and after administration of music therapy is accepted.

The present study was consistent with **Dhanraj PrakashKharat et al (2017)** conducted a study about the effectiveness of instrumental music on level of pressure among parents of the neonates admitted in neonatal intensive care unit, tertiary care hospital. The results show that the mean pre test pressure score was **22.68**, the mean post-test pressure was 12.86, and the mean difference of pre-test and post-test pressure score was **9.82.** The reduction in the pressure score was found statistically significant at the level of **p<0.01.**

Meenakshi Sharma et al (2016) conducted a Quasi experimental study to assess the effectiveness of music therapy on stress and blood pressure among antenatal mothers with pregnancy Induced Hypertension. As a result findings revealed in experimental group the values of mean and SD during pre- intentional assessment was 6.04+-2.05 and during post-interventional assessment was 3.8 +-1.38 respectively. In

control group, values of mean +-SD during pre- interventional assessment were 5.4 and 1.8 and during post- interventional assessment were 5.12 +- 1.81 respectively.

In paired t- test the experimental group showed significant decrease in level of stress and blood pressure at 0.05 level of significance after 2 days. According to value of chi square, blood pressure is significantly associated with demographic variable Education and occupation at 0.05 level of significance.

R. Priyanka et al (2015) reported a study about the effectiveness of relaxation techniques (music therapy) to reduce pressure among drivers; the Result findings shows that out of 30 samples in pre test 14(47%) are suffering from moderate pressure and 14(47%) are suffering from mild pressure and 2(6%) are normal. Out of 30 samples 4(13%) are suffering from mild pressure and 26(87%) are normal. The pre test mean value was 38.03 with 6.63 SD and post test mean value of 20.86 with 3.339 SD.

The present study was similarly with **ManjuChapagin et al (2017)** conducted a study among the effectiveness of music therapy on hypertension among neurological patients in selected of Guwahati. A pre-test –post test control group design was used in this study. As a result findings the mean of pre test blood pressure score of control and experimental were 144.8 and 153.1. The mean of post test blood pressure of control and experimental were 139.7 and 139 respectively. The music therapy was proved effective as tested by difference between mean "t'' test at 0.01 level of significance as the calculated value of " t'' was 12.62 which greater then tabulated value (2.46) so, was highly significant at 0.01% level.

From above discussion, it was proved that complementary therapy like music therapy that was effective on reducing of stress among staff nurses. The same was reflected my study also.

OBJECTIVE 3: To comparing the pre test and post test level of music therapy on reducing occupational pressure among nurses working at institute of mental health.

The findings of the study determined that level of post-test percentage of occupational pressure among nurses working at Institute of Mental Health after administration of music therapy showed that 40.00% of nurses were normal stress levels, 54.00% of nurses were mild level of stress score, 6.00% of nurses were moderate stress levels and 0.00% of nurses were severe stress levels. Each question wise mean post –test occupational pressure among nurses in Institute of Mental Health after administration of music therapy was interrupted that maximum score was in, I feel physically, emotionally or spiritually depleted 54.50% and minimum score was in I am having difficulty concentrating 2.00%. Overall **occupational pressure score was 28.19%** and post- test **score X2 = 44.12 at P = 0.001 level.**

The present study was consistent with **Mohannad Aburuz et al (2014)** conducted a comparative study about the impact of stress on job satisfaction between Jordanian and Saudi nurses**.** A descriptive cross-sectional correlation design was used. Total of 150 nurses from a private hospital in Amman Jordan and 100 nurses from a self-operated hospital in Dammam,. There was a significant negative relationship between stress and job satisfaction for Jordanian nurses r (148) = -0.630, p<.05 and for Saudi nurses r(98)= -0.437, p<.05. Jordanian nurses were less satisfied with their jobs compared to Saudi nurses Z = -2.09, p < .05

Jolly Sabu et al (2017) investigated a comparative study of stress level of male and female nurses in ICU. The results findings shows that equal number of male **(50%)** and female (50%) staff nurses are participated in the study , the **66.7%** of the male and **76.7%** of female samples are in the age group of **21-25** years and remaining **33.3%** and **23.3%** are in the age group of **26-30** years , number of samples have age more than 30 years. Major findings of the male nurses and female staff nurses,**66.7%** are completed general nursing and **33.3%** are completed BSC nursing**, 50%** of the male staff nurses and **56.8%** of female staff nurses have experiences in between **0-2**

years. **26.7%** males and **30%** of females are in the **2-4**-year experiences group and **23.3%** of males have experiences in between **4-6** years. No one has experiences **> 6** years.

Jayalaxmi G Sirasangiet et al (2018)reported a comparative study of occupational stress, burnout self-efficacy and job satisfaction on secondary school physical education teachers in demographical features mean score is job satisfaction is highest in Unaided Government (216.46±10.19) and lowest in Aided (190.12±10.90) followed by Unaided (169.38±30.20**).**

Christopher Amalraj Vallaba et al (2018) conducted a comparative study to determine the occupational stress level and professional burnout in special school teachers working in private and government schools Stress level and burnout level are varies significantly between male and female Indian school. (Chi square value 26.27 and p Value 0.001 in male and chi square value 38.06 and p value 0.001 in female). Government schools (Least Likely 5±0.0, More Likely 10.82±1.99, Most Prone Stress 16.15 ±1.84 have significant difference among them) have higher stress level than Private schools (Least Likely 4.00±1.41, More Likely 9.86±2.29, Most Prone Stress 15.66±1.34 have significant difference among them). Governmental schools having more stress (14.33±3.24) compare to Private schools (13.34±3.51), (t=2.26, p =0.023). Similarly, the burnout also having the more in government schools (59.43±11.78) compare to private schools (48.61±11.94), (t=7.07, p=0.001).

The study findings suggested that music therapy is found to be effective in reducing occupational pressure levels. It is also evident that music therapy is effective for treating other mental illness such as depression, anger and reducing the negative psychotic symptoms.

OBJECTIVE 4: **To find out the association between effectiveness of music therapy among nurses and selected demographic variable**

The findings of the present study showed association between post test levels of occupational pressure with their selected demographic variables. Reading books Nurses, more hours sleeping of Nurses are having more stress reduction than others. Female Nurses, single Nurses are having more stress reduction than others. Statistical significance was calculated using Pearson Chi Square test. Statistical significance was calculated using one way analysis of variance F-test and student independent t-test.

Regarding the age of nurses, 40% of them normal, 56% of them mild stress score, 6% of them moderate level of stress score. This is statistically significant with**X2 = 0.46, p=0.**98.

Considering the gender of nurses, 40% of them normal, 54 % of them mild stress and 6% of them moderate level of stress score. This is statistically significant with**X2= 11.22, p=0.01.**

H1: there will be significant association between post levels of occupational stress after administration of music therapy among nurses working at IMH with the selected demographic variables.

The significant association were supported by Mr**. Abhishak Nair et al (2016**) conducted a study to assess the occupational stress among staff nurses at selected hospitals in Raipur. As a result findings shows that 78% of staff nurses are having frequent stress and 22% of nurses are having neutral stress and none of them having no stress or occasional stress or extreme stress. It was found that staff nurses are having an average 64.27% of stress in each domain, for inadequate preparation skill and knowledge 59.28%, workload and organization 63.36%, interpersonal conflict at work 63.56%, uncertainty in working environment 64.20%, working with patient and families 65.48% and safety and security 69.72%.

There is an **association between demographic variables and their level of stress**. Age, professional qualification, attending management programme and place of stay is significantly associated with their level of stress.

The present study was similarly with **Wolters Kluwer et al (2015),** investigated an institutional based cross-study on GNM qualified nurses. Pre designed and pre tested questionnaire. As a result findings shows that risk for professional stress due to poor and satisfactory doctors attitude was found about 3 and 4 times more than with excellent attitude of doctors toward the staff nurses. **A statistically significant association ($p<0.024$) between department of posting and level of stress**. Nurses reported that they had no time for resting of whom 42% were suffering from moderate to severe stress.

The analyses revealed that there was significant association in the post test level of occupational stress among nurses working at IMH with the selected demographic variables. Hence hypothesis.**H2:** there will be significant association between post levels of occupational stress after music therapy among nurses working at IMH with selected demographic variable is accepted**.**

The present study results highlight the effectiveness of music therapy for reducing occupational pressure levels among nurses. It is also evident that regular practice on hearing of music has indeed positive effects on health and psychological related outcomes such as quality of life, mood and affect and subjective well-being. It can be effectively decreasing the symptoms of stress, depression and anxiety also improves memory and concentration that results in reducing occupational Pressure. Nurses should initiate stress management at primary level to nurses and caregivers towards mentally healthy and prevent complications at an earlier stage.

CHAPTER – VI

SUMMARY, RECOMMENDATION AND CONCLUSION

CHAPTER –VI
SUMMARY, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

This chapter deals with the summary, implications, limitations, recommendations and conclusion of the study. It clarifies the limitations of the study and the implications: recommendations for the different areas of nursing profession like nursing education, administration and health care delivery system (nursing practice) and nursing research.

6.1. SUMMARY OF THE STUDY

The study was done to assess the effectiveness of music therapy on reducing occupational pressure among nurses working at Institute of Mental Health, Kilpauk, Chennai-10".

The conceptual frame work of the study was based on the Katz and Kahn modified open system model. A pre- experimental study with one group pre-test and post test design was used. The independent variable was music therapy and dependent variable was nurses working at Institute of Mental Health.

The study period was 4 weeks. Non- Probability Purposive Sampling technique was used to select the samples. The study consists of 100 samples selected from nurses working at Institute of Mental Health, Kilpauk, Chennai-10". The data was collected using socio-demographic questionnaire and Standardized Arbor job Stress Scale. Music therapy was administered with the help of mobile through headphone. The reliability of the tool was obtained by estimated by test retest method. Descriptive (mean, frequency and standard deviation) and inferential statistics (student's test and chi-square test) were used for data analysis and interpretation.

6.2. MAJOR FINDINGS OF THE STUDY

6.2.1. BASED ON DEMOGRAPHIC VARIABLES

- **Age group of the nurses:** 65.00% of nurse's were between 36-45 years.
- **Gender wise distribution of the nurses:** 76.00% of nurses were female.
- **Nurses attending job:** 84.00% of nurses are came by day scholar.
- **Basic academic** 97.00% of nurses are higher secondary.
- **Professional Qualification of nurses:** 97.00% of nurses were undergone DGNM.
- **Marital status of the nurses:** 87.00% were married.
- **Monthly income among nurses working in IMH:** 68.00% are above Rs.50000.
- **Type of family:** 52.00% were nuclear family.
- **Area of residence among the nurses:** 94%were living in Urban.
- **Mode of transportation to job:** 47.00% were came by two wheelers,
- **Experience in the hospital among nurses:**77.00% were 6-10 years
- **Leisure time activity among the nurses:** 59.00% of nurses were watching TV.
- **Exposure to stressful situation:** 65.00% were occasionally.
- **Duration of sleep among nurses**: 41.00% were< 8 hours.

The findings of the study revealed a highly statistically significance with demographic variables gender, marital status, leisure time activity and duration of sleep in comparing pre test and post test level of stress after receiving music therapy.

6.2.2. BASED ON THE STRESS SCORE OF NURSES WORKING AT INSTITUTE OF MENTAL HEALTH BEFORE AND AFTER MUSIC THERAPY

In the Pre- test level of stress among nurses working at IMH shows that none of the Nurses are having normal level of stress score, 56% of them are having low

level of stress score, 40% of them are having moderate level of stress score 4% of them are having severe level of stress score.

Standardized Arbor Job stress scale was used to assess the occupational pressure among nurses. It contains 20 questions. Question wise pre- test assessment shows that they are having maximum score for the question **I feel physically, emotionally or spiritually depleted*(92.00%)*** and minimum score for the question **I feel little enthusiasm for doing my job *(19.25%).*** Overall stress score is 48.23%

The level of Post test level of stress among nurses working at IMH shows that 40% of the Nurses are having normal level of stress score, 54% of them are and none of them are having severe level of stress score.

Question wise post test stress score of nurses working at IMH shows that they are having maximum score for the question **I feel physically, emotionally or spiritually depleted*(54.50%)*** and minimum score for the question **I am having difficulty concentrating*(2.00%).*** Overall stress score is 28.19%.

6.2.3. BASED ON COMPARISON OF PRETEST AND POST TEST MEAN OCCUPATIONAL PRESSURE SCORE AMONG NURSES WORKING AT IMH

The comparison of overall Standardized Arbor Job stress scale before and after the administration of Music therapy was determined by considering overall score of pre test among nurses 38.58 score and in post test they are having 22.55 score. Difference is 16.03. This difference is large and it is statistically significant difference.

6.2.4. FINDINGS BASED ON EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE

On an average considering, the pre-test mean and **standard deviation were 38.58 and 6.99 and the post-test mean and standard deviation 22.55 and 7.71,** so the

difference is respectively. This difference is large and it is significant. It was tested using Student paired t-test.

The effectiveness of administrating music therapy on reducing occupational pressure among nurses working at Institute of Mental Health, Chennai on an average in post-test after having music therapy among nurses had **reduced in 22.55 more** occupational pressure score than pre- test.

6.2.5 FINDINGS BASED ON ASSOCIATION BETWEEN POST TEST STRESS LEVELS

Association between post-test level of stress with their selected demographic variables of female nurses were (2.24), single nurses were (1.96),reading books of nurses were (2.95) and more sleeping hours of nurses were (3.15) have reduced stress score than others. None of the demographic variables are significantly associated with post-test level of stress. Statistical significance was calculated using Pearson chi square test.

6.3 NURSING IMPLICATIONS

The findings of the study have implication in different branches of nursing that in nursing service, nursing administration, nursing education, and nursing research by assessing the occupational pressure among nurses. The investigator received a clear picture regarding the administration of music therapy to be done in general settings to reduce the occupational pressure level.

6.3.1 IMPLICATIONS FOR NURSING PRACTICE

Nursing is a noble profession. Nurses when compared to other health care workers, have greater opportunities for unique and productive interaction with patients and care givers.

- Nurses can be encouraged to include music therapy as an adjuvant therapy in stress management.

- Music can be played on a routine basis, in hospitals such as general wards, ICU wards, neonate's wards, psychiatric hospitals etc.
- The clients with major problems or any surgeries can be allowed to use individual mobile with headphone to enhance their coping strategies by listening to music whenever they feel.
- By using the Arbor job stress scale the investigator can be utilized to measure the level of patients stress in various settings.
- Advance nursing practice is one of the evolving trends in nursing in which nurses' play several specified roles. The psychiatric nurse specialist plays a vital role to take care of mentally ill patients and providing quality of care.
- Adequate knowledge in music therapy by nurses will be helpful in practice in their clinical areas as it is a cost effective treatment in reducing stress levels.
- The study findings indicate that music therapy helps the nurses to become well-adjusted and emotionally stable, which in turn improves the quality of care this will help in improving the standards of profession.

6.3.2 IMPLICATIONS FOR NURSING EDUCATION

- Nursing is an art and science. The hands on skill can only be improved if the nurses have a sound knowledge. So, the nursing curriculum plays an important in moulding the future nurses.
- Relaxation training can be given to nurses those who are working in psychiatric units.
- Nurse educator can train and encourage the nurses to utilize music therapy as an alternative complimentary therapy to reduce Stress.
- Student Nurses can be trained to assess the level of stress of patient and their relatives.
- Conduct in service education (CNE) for update the knowledge of nurses and they can able to apply in specific area while handling the psychiatric patients.

- Nursing educators can conduct conferences (CNE/SDP) to strengthen the curriculum in such a way, in-service education and work shop to encourage nurses to learn about various alternative therapies to reduce stress among nurses and mentally ill patients.
- Music therapy is one of the physical activity based relaxation therapy can be included in all level of nursing programmes as an intervention to reduce stress.

6.3.3 IMPLICATIONS FOR NURSING ADMINISTRATION

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- The nurse administrator should take an active part in the policy making, developing protocol, standing orders related to health care measures.
- Conducting stress reduction program to relieve the stress levels.
- A Nurse administrator manages the client care and the delivery of specific nursing services within a health care agency.
- Administrator should come forward to conduct the health camps and mental health check up clinic in community settings.
- The findings of the study suggested that the nurse administrator should take active part in promoting the use of music therapy in various settings such as patients, college students, labour mothers, etc.,

6.3.4 IMPLICATIONS FOR NURSING RESEARCH

- Nursing research to be done to find out the various innovative methods adds greater value to the field of nursing service, nursing administration, nursing education, and nursing research.
- A similar study adopting the experimental design can be done to determine the efficacy of music.
- Further research using preferred music rather than a fixed one to reduce the stress can be done.
- An experimental study can be done with other health problems to determine the efficacy of music.

- Research on specific music therapy methods in oncology, including relaxation, improvisation, guided imagery, music choice and song writing, also highlight how music therapy can relax, improve mood and reduce stress and anxiety.
- The study findings will reveal the current knowledge status about the music therapy. Research exploring why nurses are unaware of music therapy as an intervention.

6.4 LIMITATIONS

- The researcher could not generalize the study findings as the sample size is small.
- The sample size is limited to 100 nurses working at Institute of Mental Health.
- The study is conducted on nurses working at Institute of Mental Health, kilpauk, Chennai. And the result can be generalized only to those areas.
- The study was limited to evaluate the effectiveness of administrating music therapy in reducing occupational pressure.
- Due to time limitation, more effectiveness on occupational pressure could not be elicited.

6.5 RECOMMENDATIONS

Based on the research findings the following recommendations can be made:

- The same study can be done on a larger sample and also general settings.
- A similar study can be conducted by using experimental and control group.
- A comparative study can be done to assess the stress level of women and men.
- The effect for music therapy can be assessed in combinations with other relaxation procedures like meditation, paced breathing, etc,

6.6 CONCLUSION:

Evidence based care gives opportunity for nurses to improve their ability and to use the theoretical knowledge in practice. Nurses play a vital role in preventive aspect

of pressure among nurses. The present study had been supported by a series of other studies which confirmed that the management of pressure is important to reduce the pressure among nurses. The occupational pressure among nurses reduced after administering music therapy. Data analysis and results showed that music therapy on reducing occupational pressure among nurses is a safe, cost effective intervention to prevent pressure among nurses. This chapter highlights the importance of this research and reveals that there was a significant association between the post test level of pressure with selected demographic variables like duration of sleep in hours and leisure time activity. **Overall comparison of results shows that Nurses are reduced their stress score from 38.58 to 22.55 after the administration of Music therapy. The‘t’test value is t=28.52 at P=0.001 level.** Nurses have reduced occupational pressure than others. Statistical significance was calculated using chi-square test and effectiveness was calculated using student’s **‘t’** test. So, music therapy has significant impact in the reduction of occupational pressure among nurses.

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APPENDIXES

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003

EC Reg.No.ECR/270/Inst./TN/2013
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To
K Jayanthy,
M.Sc. Nursing I Year
College of Nursing
Madras Medical College
Chennai 600 003

Dear K Jayanthy,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING AT INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI – 10." - NO.21072018.**

The following members of Ethics Committee were present in the meeting hold on **24.07.2018** conducted at Madras Medical College, Chennai 3

1. Prof.P.V.Jayashankar :Chairperson
2. Prof.R.Jayanthi,MD.,FRCP(Glasg) Dean,MMC,Ch-3 : Deputy Chairperson
3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3 : Member Secretary
4. Prof.N.Gopalakrishnan,MD,Director,Inst.of Nephrology,MMC,Ch : Member
5. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3 : Member
6. Prof.A.Pandiya Raj,Director, Inst. of Gen.Surgery,MMC : Member
7. Prof.Shanthy Gunasingh, Director, Inst.of Social Obstetrics,KGH : Member
8. Prof.Rema Chandramohan,Prof.of Paediatrics,ICH,Chennai : Member
9. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3 : Member
10. Prof.K.Ramadevi,MD., Director, Inst. of Bio-Chemistry,MMC,Ch-3 : Member
11. Prof.Bharathi Vidya Jayanthi,Director, Inst. of Pathology,MMC,Ch-3: Member
12. Thiru S.Govindasamy, BA.,BL,High Court,Chennai : Lawyer
13. Tmt.Arnold Saulina, MA.,MSW., :Social Scientist
14. Thiru K.Ranjith, Ch- 91 : Lay Person

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary – Ethics Committee

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **JAYANTHY.K** I year M. Sc (Nursing) student of College of Nursing, MMC, Chennai -03 which is to be used in her study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING IN INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI – 10"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

SIGNATURE WITH SEAL

Name: DR. V. Venkatesh Mathan Kumar

Designation: ASSOCIATE PROFESSOR OF PSYCHIATRY
MADRAS MEDICAL COLLEGE

College: CHENNAI-3.

Place:

Date:

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **JAYANTHY.K** I year M. Sc (Nursing) student of College of Nursing, MMC, Chennai -03 which is to be used in her study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING IN INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI – 10"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

SIGNATURE WITH SEAL

A.G.SHANTHI, M.A., M.Phil.
ASSISTANT PROFESSOR OF PSYCHOLOGY Cum
CLINICAL PSYCHOLOGIST,
INSTITUTE OF MENTAL HEALTH,
KILPAUK CHENNAI.

Name:

Designation:

College:

Place:

Date:

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **JAYANTHY.K** I year M. Sc (Nursing) student of College of Nursing, MMC, Chennai -03 which is to be used in her study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING IN INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI – 10"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

SIGNATURE WITH SEAL

Name: Dr. K. Vijayalakshmi

Designation: Professor.

College: Apollo College of Nursing

Place: Chennai.

Date: 9/1/2019

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **JAYANTHY.K** II year M. Sc (Nursing) student of College of Nursing, MMC, Chennai -03 which is to be used in her study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING IN INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI – 10"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

SIGNATURE WITH SEAL
Prof. & Head of the Department
MENTAL HEALTH NURSING.

Name: DR. HEMAVATHY. J

Designation: PROF CUM HOD.

College: OMAYAL ACHI COLLEGE OF NURSING

Place: CHENNAI

Date:

OMAYAL ACHI COLLEGE OF NURSING
No. 46, Ambattur Road, PUZHAL,
CHENNAI-600 066

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **JAYANTHY.K** I year M. Sc (Nursing) student of College of Nursing, MMC, Chennai -03 which is to be used in her study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING IN INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI – 10"** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

SIGNATURE WITH SEAL

PRINCIPAL
VENKATESWARA NURSING COLLEGE,
THALAMBUR
CHENNAI-600 130

Name: Dr. (Mrs). CIBY JOSE

Designation: PRINCIPAL

College: VENKATESWARA NURSING COLLEGE.

Place: THALAMBUR, CHENNAI.

Date: 04/02/2019.

Regn No.57/2012 BKIV

SANGAMITHRA

Music Fine Arts

No. 9, Thiruvalluvar Street, Valasaravakkam, Chennai – 600 087.
Mob. 70941 91290; E-mail id: sangamithra.chn@gmail.com

G. UMAMAGESWARI., M.A., M.Phil., Ph.D., (In Music)
Founder & Organizer

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the tool constructed by JAYANTHY. K. M,Sc (Nursing) II year student of College of Nursing, Madras Medical College, Chennai – 03 as part of fulfilments of studies in the research undertaken by her, to use the music resource materials and evolution tools provided by the undersigned, which is to be used in her study titled, "A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES WORKING IN INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI -10".

G. Umamageswari

Signature

REQUISITION FORM

From

30.01.19

K. Jayanthy,

M.sc.(N) II year, student,

College of nursing,

Madras Medical College,

Chennai-03

To

The Director,

Institute of Mental Health,

Kilpauk,

Chennai -10.

Through

The Principal,

College of Nursing,

Madras Medical College,

Chennai – 03.

Respected Sir / Madam,

Sub: Requesting permission to conduct Dissertation study in Institute of Mental health, Kilpauk, Chennai - Regarding

----------X----------

I am undergoing M.Sc. Nursing II year at College of Nursing Madras Medical College, Chennai-03 and has to conduct a study for the partial fulfillment of M.Sc (N) programme, My topic is **" A STUDY TO ASSESS THE EFFECTIVENESS OF MUSIC THERAPY IN REDUCING OCCUPATIONAL PRESSURE AMONG NURSES IN INSTITUTE OF MENTAL HEALTH, KILPAUK, CHENNAI"**. The data will be collected at Institute of Mental Health , Kilpauk, Chennai from 02.02.2019 to 04.03.2019 at 8 am-- 4pm. I assure that I will not disturb the routine activities of the nurses and there is no extra expenditure to the Government..

With due respect, I request your good self to kindly permit me to conduct this study.

Thanking You,

Yours Obediently,

K. Jayanthy

(K. Jayanthy)

Signature of HOD

Forwarded 30/01/19

PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

for

DIRECTOR
INSTITUTE OF MENTAL HEALTH,
KILPAUK,
CHENNAI - 600 010

QUESTIONNAIRE ON STRESS AMONG NURSES

DEMOGRAPHIC DATA OF NURSES

INSTRUCTION: This Section seeks information regarding the selected factors related to you. Kindly read each question and place a tick (√) mark in the appropriate choice which is acceptable to you.

1.Age in years

a. 25- 35 ( )
b. 36- 45 ( )
c. 46- 55 ( )

2.Gender

a. Male ( )
b. Female ( )

3. Attending job as a

a. Day Scholar ( )
b. Hostler ( )
c. Family quarters ( )

4. Basic Academic qualification

a. Higher secondary education ( )
b. Graduate ( )
c. Post graduate ( )

5. Professional qualification

a. DGNM ( )
b. PB.BSc (N) ( )
c. BSc (N) ( )

6. Marital Status

a. Married ( )
b. Single ( )
c. Others ( )

7. Monthly income

a. Upto 50000 ( )
b. Above 50000 ( )

8. Type of family

a. Nuclear ( )
b. Joint ( )
c. Extended ( )

9. Mode of transportation to job

a. Two wheelers (bike) ( )

b. Car ( )

c. Bus ( )

d. Train ( )

e. By walk ( )

10. Area of residence

a. Urban ( )

b. Rural ( )

11. Year of experience in hospital

a. 1- 5 years ( )
b. 6- 10 years ( )
c. 11- 15 years ( )
d. > 15 years ( )

12. Duration of sleep in hours

a. < 8 hours ( )
b. 8 hours ( )
c. > 8 hours ( )

13. Leisure time activity

a. Reading books ( )
b. Watching TV ( )
c. Games ( )
d. Others ( )

14. Exposure to stressful situations

a. Occasionally ( )
b. Frequently ( )

செவிலியர்களின்மனஅழுத்தத்தைகாணும்வினாத்தொகுப்புமற்றும்செவிலியர்களின் வாழ்க்கைப்பின்னணியிலுள்ளவிவரங்கள்

வழிமுறைகள்:

இந்தப்பகுதியில்உங்களின்சுயவிவரங்கள்பற்றியவினாக்களும்அதற்குறியவிடை களின்தொகுப்புகொடுக்கப்பட்டுள்ளது.அதைபடித்துசரியானவிடையைடிக்(√)செய்ய வும்.

1. வயது
   a).25-35 வருடங்கள ( )
   b). 36-45 வருடங்கள ( )
   c). 46-55 வருடங்கள ( )

2. பாலினம்
   a).ஆண் ( )
   b).பெண் ( )

3. பணிக்குசெல்லும்நிலை
   a).வீட்டிலிருந்து ( )
   b).விடுதியிலிருந்து ( )
   c). ஊழியர்குடியிருப்பிலிருந்து ( )

4. கல்வித்தகுதி
   a).+2 ( )
   b).பட்டதாரி ( )
   c).முதுநிலைபட்டதாரி ( )

5. தொழிற்கல்வித்தகுதி
   a).செவிலியர்பட்டயபடிப்பு ( )
   b).PB.இளநிலைபட்டப்படிப்பு(செவிலியர்) ( )
   c).B.இளநிலைபட்டப்படிப்பு(செவிலியர்) ( )

6. திருமணநிலை
   a).திருமணமாணவர் ( )
   b).தனிநபர் ( )
   c).மற்றவர் ( )

7. மாதவருமானம்
   a).50000 க்குள் ( )
   b).50000 க்குமேல் ( )

8. குடும்பத்தின்வகை
   a).தனிக்குடும்பம் ( )
   b).கூட்டுக்குடும்பம் ( )
   c).உறவுக்குடும்பம் ( )
   d).தனித்துஇருப்பது ( )

9. பணிக்குசெல்லும்போக்குவரத்து
   a).இருசக்கரவாகனம் ( )
   b).கார் ( )
   c).பேருந்து ( )
   d).ரயில் ( )
   e).நடந்துசெல்லல் ( )

10. வசிக்கும்பகுதி
   a).நகரம் ( )
   b).கிராமம் ( )

11. மருத்துவமனையில்பணிஅனுபவம்
   a).1-5 வருடம் ( )
   b).6-10 வருடம் ( )
   c).11-15 வருடம் ( )
   d).15 வருடங்களுக்குமேல் ( )

12. உறங்கும்நேரஅளவு
   a).8 மணிநேரத்திற்கும்குறைவு ( )
   b).8 மணிநேரம் ( )
   c).8 மணிநேரத்திற்கும்அதிகம் ( )

13. ஓய்வுநேரசெயல்பாடு
   a). புத்தகம்படித்தல் ( )
   b).TV பார்த்தல் ( )
   c). விளையாட்டு ( )
   d).மற்றவை ( )

14. மனஅழுத்தசூழ்நிலை
   a).எப்பொழுதாவது ( )
   b).அடிக்கடி ( )

S. No		0 Never	1 Occasionally	2 Some what often	3 Frequently	4 Almost always
1.	I feel little enthusiasm for doing my job					
2.	I feel tired even with adequate sleep					
3.	I feel frustrated in carrying out my responsibilities at work					
4.	I am mood, irritable, or impatient over small inconveniences.					
5.	I want to withdraw from the constant demands on my time and energy					
6.	I feel negative, futile, or depressed about my job.					
7.	My decision-making ability seems less than usual.					
8.	I think that I am not as efficient as I should be.					
9.	The quality of my work is less than it should be.					
10.	I feel physically, emotionally or spiritually depleted.					
11.	My resistance to illness is lowered.					
12.	My interest in sex is lowered.					
13.	I am eating more or less, drinking more coffee, tea or sodas, smoking more cigarettes, or using more alcohol or drugs in order to cope with my job					
14.	I am feeling emotionally callous about the problems and needs of others.					
15.	My communication with my boss, co-workers, friends, or family seems strained.					
16.	I am forgetful					
17.	I am having difficulty concentrating.					
18.	I am easily bored.					
19.	I feel a sense of dissatisfaction, of something wrong or missing.					
20.	When I ask myself why I get up and go to work, the only answer that occurs is “my paycheck”.					

Standardized Arbor job stress scale

SCORING INTERPRETATION

- ✓ 0 – 25 indicates normal level of stress
- ✓ 26 – 40 indicates mild level of stress
- ✓ 41 – 55 indicates moderate level of stress
- ✓ 56 – 80 indicates severe level of stress

பணிஅழுத்தஅளவீடு

வ. எண்	கேள்விகள்	ஒருபோதும்இல்லை 0	ஒருபோதும்இல்லாமல்இருக்கலாம 1	சிலநேரங்களில் 2	எப்போழுதாவதுஅடிக்கடி 3	மிகவும்அடிக்கடி 4
1.	நான்என்னுடையவேலையைசெய்யசிறிதளவுஆர்வமாகஇருக்கிறேன்.					
2.	நான்நன்றாகதூங்கினாலும்எரிச்சலடைவதுபோல்உணர்கிறேன்.					
3.	நான்வேலைசெய்யும்இடத்தில்என்கடமைகளைச்செய்வதில்விரக்திஉணர்வைஉடையவராய்உணர்கிறேன்.					
4.	நான்சிறுதொந்தரவுஏற்படும்பொழுதுகூடஅவ்வப்போதுஎரிச்சலடைகிறேன்.					
5.	எப்பொழுதும்உண்மையாகவும்மற்றும்உற்சாகமாகவும்இருக்கவேண்டுமென்பதிலிருந்துவிடுபடவிரும்புகிறேன்.					
6.	என்னுடையவேலையைக்குறித்தநான்எதிர்மறையானகண்ணோட்டத்திலும், மனஅழுத்தத்திலும்இருப்பதாகஉணர்கிறேன்.					
7.	என்னுடையமுடிவெடுக்கும்திறன்எப்பொழுதும்இருப்பதைவிடகுறைவாகஇருக்கிறது.					
8.	நான்எப்படிஇருக்கவேண்டுமோஅந்தஅளவுக்குதிறமைஇல்லைஎன்றுநினைக்கிறேன்.					
9.	என்னுடையவேலையின்தரம்எப்படிஇருக்கவேண்டுமோஅதைவிடகுறைவாகஇருக்கிறது.					
10.	உடல்நிலை, உணர்சிகளில்குறைவுபட்டவராய்இருப்பதாகஉணர்கிறேன்.					
11.	என்னுடையநோய்எதிர்ப்புத்தன்மைகுறைவாகஇருக்கிறது.					
12.	ஏதாவதுதவறுஏற்படும்போழுதுஅல்லாதுஅதைக்குறித்துஅதிருப்தியானஉணர்வுகொள்கிறேன்.					
13.	என்னுடையவேலையைசமா					

	ளிக்ககுறைவாகவும்அதிகமாகவும்காபி, டீ, மதுபானம், மருந்துகள்ஆகியவற்றைஎடுத்துக்கொள்கிறேன்.					
14.	மற்றவர்களின்பிரச்சனைகள் மற்றும்தேவைகளைக்குறித்து நான்உணர்வுபூர்வமாகவருத்தம்கொள்கிறேன்.					
15.	வேலைஅதிகாரி, உடன்வேலைசெய்பவர்கள், நண்பர்கள்மற்றும்குடும்பத்தினரோடுஎன்னுடையநட்புசரிவரஇல்லை.					
16.	நான்மறந்துவிடுகிறேன்.					
17.	கவனம்செலுத்துவதுஎனக்குகடினமாகஉள்ளது.					
18.	நான்எளிதாகசலித்துவிடுகிறேன்.					
19.	ஏதாவதுஒருசம்பவம்எதிபாராதவிதமாகநடக்கும்பொழுதுஅதைகுறித்துவருத்தம்கொள்கிறேன்.					
20.	நான்ஏன்எழுந்துவேலைக்குச்செல்கிறேன்என்றுஎன்னைநானேகேட்கும்பொழுதுஅதற்கானவிடைசம்பளத்திற்காகஎன்றுவருகிறது.					

MUSIC THERAPY PROCEDURE

INTRODUCTION

Music as a universal language assumes that everyone is in the same universe and on the same sheet of music in terms of cognitive perception .It is the ancient Greek god of music and medicine .It cure disease of the mind by using song and music and music therapy was used in Egyptian temples. Music affected the emotions and could influence the character of the individuals. It taught that music affect the soul and described music as a force that purified the emotions.

DEFINITION

MUSIC THERAPY is the clinical and evidence –based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.''

-American Music Therapy

Music therapy is allied health profession in which music is used within a therapeutic relationship to address physical, psychological, cognitive and social needs of individuals. Music therapy is the intervention to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program

Music therapy is the skillful use of a music and musical element by an accredited music therapist to promote, maintain and restore mental, physical, emotional and spiritual health.

Music has non-verbal, creative, structural and emotional qualities .these are used in the therapeutic relationship to facilitate contact interaction, self-awareness, learning, self-expression, communication and personal development Explaining.

ORIGINS OF MUSIC THERAPY

- Music has been used for healing purposes since the time of ARISTOTLE and PLATO.
- Music Therapy in the late 1700's through 1900's.
- Modern Music Therapy profession in US: post WWII.
- First University –Based Degree Program: 1944.
- Professionally organized in 1950.
- Currently over 5000 MT-BC's in the US**.**

BEFENITS OF MUSIC THERAPY

1. Establishs healthcare profession.

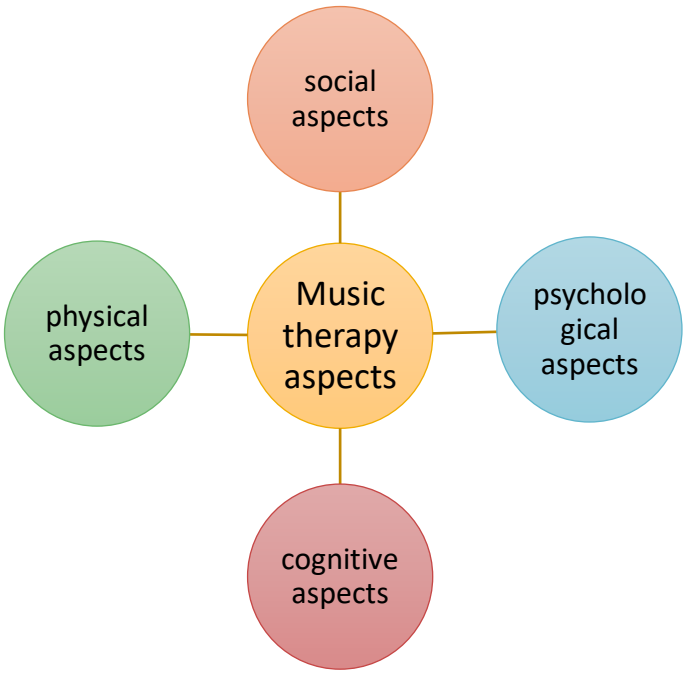
2. Music is used within a therapeutic relationship.

3. Provides avenues for communication.

4. Research supports effectiveness in overall physical rehabilitation, facilitating movement, increasing motivation to engage in treatment, providing emotional support, and an outlet for expression of feelings.

Music therapy can be used on four aspects.

SPECIFIC NEEDS



- Social aspect
- Psychological aspect
- Cognitive aspect
- Physical aspect

SOCIAL ASPECT:

- To reintegrate them who isolated and with draw into social relationship.
- To experience themselves as something orderly and subjective.
- To establish a meaningful relational ship between the inner rhythms of body, outer rhythm of personal interaction and broader pattern of cultural activity.

PSYCHOLOGICAL ASPECT

- Mood impairment
- Encouraging self expression
- Temporal coherence
- Disease related stress

COGNITIVE ASPECT:

- To improve communication
- To improve spatial reasoning
- To improve memory
- Increasing status of arousal
- Improving executive function.

PHYSICAL ASPECT:

- Sensory stimulation
- Motor integration
- Motor related physiologic response
- Decreasing pain
- Other-nausea, vomiting.

INDICATIONS:

- ❖ Children
- ❖ Adolescents.
- ❖ Adults.
- ❖ Elderly.
- ❖ Mental health.
- ❖ Development and learning disabilities.
- ❖ Alzheimer's disease and other aging related conditions.
- ❖ Substance abuse problems.
- ❖ Brain injuries.
- ❖ Physical disabilities.
- ❖ Acute and chronic pain, including mothers in labor.

CONTRAINDICATION AND PRECAUTION:

1) Acoustic induced epilepsy
2) Post traumatic stress disorder.

QUALITIES OF MUSIC:

- o Provides sensory stimulation that evokes and regulates motor responses.
- o Enhances emotional responses that are integral to learning and change.
- o Facilities social interaction essential to building relationships.
- o Provides opportunities for communication of feelings, needs, and desires.
- o Provides an enjoyable and nonthreatening of rehabilitation and recovery.
- o Evokes associations that contribute to increase quality of life and standard of living.
- o Provides diversion from in activity, discomfort, and daily routine to facilitate treatment.
- o It is flexible and can be adjusted to meet the needs of varying physical, communication, cognitive, social-emotional, and behavioral functioning levels.

- It is measurable and can be documented, assessed, analyzed, and validated to track progress in treatment.

TYPES OF MUSIC THERAPY:

Music therapy types:

1. Background music therapy
2. Contemplative music therapy
3. Combined music therapy
4. Executive music therapy
5. Executive latromusic therapy
6. Creative music therapy.

BACKGROUND MUSIC THERAPY:

It is a form of therapy in which music is heard for an average 8-12hrs/day of a hospital by

Audiotapes and radio.

THE AIM OF THIS THERAPY IS TO CREATE A CALM ENVIRONMENT IN THE HOSPITAL.

CONTEMPLATIVE MUSIC THERAPY:

It help patient appreciate the significance of music and act in general.

Before music is played for patients, they are given biography of the composer and other details about music .this may administered in

group setting or individually.

COMBINED MUSIC THERAPY:

Patient is asked to select music he likes as it will soothe him better, and here music is used as It is useful in combination with cerebral electro sleep therapy and behavior therapy.

EXECUTIVE MUSIC THERAPY:

It consists of individual or group singing and playing musical instrument.

Executive latromusic therapy:

In this, a musician performs in children's psychiatric units.

It is used in managing emotional disturbed, mental retarded and dyslexic children.

CREATIVE MUSIC THERAPY:

In this patients write songs compose music and play instrument as a form of catharsis. Greif over a decreased loved one, oppression and repressed feeling and fears are thought to be well expressed in music and song.

APPROACHES OF MUSIC THERAY:

After music therapist collect clients data from the chart or interview, they will approach their client included:

Explaining

Listening.

SUBJECTIVE DATA

• Problem and requirement

• Clients capacity of music

Listening or reception relaxation, medication, song ,discussion

RECREATING

• Melodic intonation therapy

IMPROVING:

• Creative music therapy

COMPOSING:

• Song writing

ADVANTAGES OF MUSIC THERAPY:

- **Music** is a core function in our brain.
- **Our** bodies entrain to rhythm.
- **We have** physiologic responses to music.
- Children, even infants, readily respond to music.
- Music taps into our emotions.

- Music helps improve our attention skills.
- Music uses shared neural circuits as speech.
- Music enhances learning.
- Music taps into our memories.
- Music is a social experience.
- Music is predictable, structured, and organized-and our brain likes it.
- Music is non –invasive, safe and motivating.

MUSIC THERAPY PROCESS:

DESCRIPTION OF INDIAN INSTRUMENTAL MUSIC AND ITS RAGA

Sl.No	**Name of Player**	**Instrument**	**Time**	**Name of Raaga**	**Effect of Raaga**
1.	Dr. N. Ramani	Flute	5 mts	Keerthanaiswara Raga Sudha	Mood elevator
2.	Manoharan	Carnatic classical keyboard	10 mts	MaayaMalavaGowlaRaagam	Bring relaxation for individual
3.	Sahana Music Trope	Violin	5 mts	Sankarab aranam	Physical and emotional tension relief
4.	M.C.Audio	Carnatic Violin	5 mts	Sankarabaranam	Help to restrain the emotional outburst
5.	Ilayaraja	Flute, violin	5 mts	Sankarabaranam	Sense of freedom

SESSION : 30 MINS MUSIC THERAPY IS GIVEN THROUGH MOBILE WITH HEADPHONE

HOW MUSIC THERAPY WORK:

Music therapy is the clinical and evidence based use of music intervention to accomplish individualized goal within a therapeutic relationship by a credentialed professional who has completed an approval music therapy .Music therapy services are delivered as part of an individualized treatment plan specific intervention may address cognitive ,physical ,communication ,emotional ,and social needs of individual across the life span.

SUMMARY:

Best practice includes matching music interventions with specific physical and emotional needs. Music therapy is useful in physical, emotional, social, psychology aspects. It helps the body to relax and focus the concentration for period of time. It provide pleasant mood to all age group. Music therapy shifts your unpleasant, irritable mood to pleasant, calm and quiet mood. So music can be useful to relieve occupational pressure.

INFORMED CONSENT

Investigator : K. Jayanthy
Name of Participant :
Age/sex :
Date :
Name of the institution : College of Nursing, Chennai.

Title: "A **study to assess the effectiveness of music therapy in reducing occupational pressure among nurses working at Institute of Mental Health, Kilpauk, Chennai".**

Documentation of the informed consent: (legal representative can sign if the participant is minor or competent).

- I _____have read/it has been read for me, the information in this form. I was free to ask any questions and they have been answered. I am over 60 years of age and exercising my free power of choice, hereby give my consent to be included as a participant in the study.
- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator.
- I agree to cooperate with the investigator
- I have not participated in any research study at any time.
- I am aware of the fact that I can opt out of the study at any time without having to give any reason
- I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the regulatory authorities, government agencies and Institutional ethics committee. I understand that they are publicly presented.
- My identity will be kept confidential if my data are publicly presented.
- I am aware that I have any question during this study; I should contact the concerned investigator.

Signature of Investigator
Date

Signature of Participants
Date

INFORMATION TO PARTICIPANTS

Title : "A study to assess the effectiveness of music therapy in reducing occupational pressure among nurses working at Institute of Mental Health, Kilpauk, Chennai".

Name of the Participant :

Date :

Age/sex :

Investigator : K. Jayanthy.
Name of the institution : College of Nursing, MMC, Chennai.
Enrolment No :

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to Cooperative in this study being conducted in selected Institute of mental health hospital at Chennai.

What is the Purpose of the Research (explain briefly)

This research is conducted to evaluate the effectiveness of music therapy in reducing occupational pressure among nurses working at institute of mental health, kilpauk, Chennai. We have obtained permission from the Institutional Ethics Committee.

Study Procedures

- Study will be conducted after approval of ethics committee
- A written formal permission will be obtained from authorities of College of Nursing, Madras Medical College, Chennai-3 to conduct study.
- The purpose of study will be explained to the participants.
- The investigator will obtain informed consent.
- The investigator will assess the job satisfaction and burn out of each participant before the procedure using a standardized scale.
- The investigator will undergo training for in training centre.
- It will be taught by the investigator daily.
- The procedure of will be explained to them with the help of lecture and video assisted and by demonstration.
- Following that the level of pressure reduction will be assessed after 10 days.

Possible benefits to other people

The result of the research may provide benefits to the anxiety disorder clients and also empathetic care to them by investigator.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

How will your decision not to participate in the study affect you?

Your decisions not to participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

Your Privacy in the research will be maintained throughout study. In the event of any publications or presentation resulting from the research, no personally identifiable information will be shared.

Signature of Investigator Signature of Participants

சுய ஒப்புதல் படிவம்

ஆராய்ச்சி தலைப்பு :இசை சிகிச்சை முறை மூலம் செவிலியர்களுக்கிடையே வேலையின் மன அழுத்ததை குறைக்கும் முறைகளை கற்றுகொடுத்த பின்பலன்களை பற்றியஆய்வு

ஆய்வாளர் பெயர் : க. ஜெயந்தி

பங்கேற்பாளர் பெயர் :

தேதி :

வயது/பால் :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில்பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடனும் சுயநினைவுடனும் சம்மதிக்கிறேன்.
- ஆய்வாளர் மேற்கொள்ள போகும் பரிசோதனைகளை மிக தெளிவாக விளக்கிக்கூறினார்.
- எனக்கு விருப்பமில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும்விலகலாம் என்பதையும் ஆய்வாளர் மூலம் அறிந்து கொண்டேன்.
- இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ளவிவரங்களை நன்குபுரிந்துகொண்டேன். எனது உரிமைகள்மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் விளக்கப்பட்டது.
- நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன்.எனக்கு ஏதேனும் உடல்நலகுறைவு ஏற்பட்டால் ஆராய்ச்சியாளரிடம் தெரிவிப்பேன்.
- நான் வேறு எந்த ஆராய்ச்சிலும் தற்சமயம் இடம்பெறவில்லை என்பதை தெரிவித்துகொள்கிறேன்.
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன்.அப்படி வெளியிடும்போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்.
- எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கபட்டது.

ஆய்வாளர் கையொப்பம் பங்கேற்பாளர்
கையொப்பம்

தேதி தேதி

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு :இசை சிகிச்சை முறை மூலம் செவிலியர்களுக்கிடையே வேலையின் மன அழுத்ததை குறைக்கும் முறைகளை கற்றுகொடுத்த பின்பலன்களை பற்றியஆய்வு

ஆய்வாளர் பெயர் :க. ஜெயந்தி தேதி:

பங்கேற்பாளர் பெயர் :

வயது/பால் :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில்பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடனும் சம்மதிக்கலாம். இதில் பங்கேற்பதன் நோக்கம்.
- இந்த ஆராய்ச்சியில் தகவல்களை தெரிந்து கொள்வதற்காகவும். அதனை பயன்படுத்துவதற்காக மட்டும் தான்.

- **ஆராய்ச்சி மேற்கொள்ளும் முறை**

இந்த ஆராய்ச்சியில்இசை சிகிச்சை முறை மூலம் செவிலியர்களுக்கிடையே வேலையின் மன அழுத்ததை குறைக்கும் முறைகளை கற்றுகொடுத்த பின்பலன்களை பற்றியஆய்வு.

- **இதனால் ஆய்வாளருக்கான பயன்**

இந்த ஆய்விற்குபின்இசை சிகிச்சை முறை மூலம் செவிலியர்களுக்கிடையே வேலையின் மன அழுத்ததை குறைக்கும் முறைகளை, உத்தியைகற்றுதந்ததன்பின்பலன்களை பற்றிஅறியலாம்.

- **இதனால் பங்கேற்பாளருக்கான பயன்**

❖ இந்த ஆய்வு இசை சிகிச்சை முறை மூலம் செவிலியர்களுக்கிடையே வேலையின் மன அழுத்ததை குறைக்கும் முறைகளை கற்றுதந்த பின்பயன்படுத்துவதினால் அவர்களுடைய உடலில் புத்துணர்ச்சிஏற்படுகிறதுமற்றும் களைப்புமற்ற விளைவுகள் குறைகிறது.

❖ ஆராய்ச்சியில்பங்கேற்கவில்லை என்றாலும், உங்களின் சராசரி வாழ்க்கைமுறையில் எந்த வித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கிறேன்.

❖ இந்த ஆராய்ச்சியில்பங்கேற்க விருப்பம்இல்லை என்றால் உங்களின் முழுமனதுடன் நீங்கள் இந்த ஆராய்ச்சியில்இருந்து விலகி கொள்ளலாம் என்பதை தெரிவிக்கிறேன்.

- இந்த ஆராய்ச்சியில் உங்களின் தகவல்களை பாதுகாப்பாக வைத்துகொள்கிறேன் என்பதை தெரிவிக்கிறேன்.
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிடும் போது, உங்களை பற்றிய அடையாளங்கள் வெளிவராது என்பதை உறுதி கூறுகிறேன்.

ஆய்வாளர் கையொப்பம் பங்கேற்பாளர் கையொப்பம்

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INTRODUCTION "The aim and final end of all music should be none other than the glory of God and the refreshment of the soul". -John Cage Health is a resource for life, not the object of living. It is a positive concept emphasizing social and personal resources, as well as physical capacities. All communities have high variable. Unique strengths and health need is a common theme in most cultures. Health is multi dimensional and is the condition of being sound in body, mind or spirit especially freedom from physical disease or pain. Health is the outcome of a large number of determinants. The list of health determinants is quite long. The factors affecting health may be classified as agent, host and environment. The presence and interaction of... (only first 800 chars shown)

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