

**EFFECT OF LAUGHTER THERAPY ON STRESS
MANAGEMENT AMONG SECURITY GUARDS AT IBM
SECURITY SERVICES, COIMBATORE.**

REG. NO. 30091431

A Dissertation submitted to
The Tamilnadu Dr. M.G.R. Medical University,
Chennai.

In partial fulfillment of the requirement for the
Award of the Degree of

MASTER OF SCIENCE IN NURSING

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STRESS MANAGEMENT AMONG SECURITY GUARDS

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Abstract

An interventional study was undertaken to evaluate the effect of laughter therapy on stress among security guards at IBM security services, Coimbatore. A purposive sample of 48 security guards were selected for the study. One group pretest and post test design was adopted. Weiman Occupational Stress Scale (1978) was used to assess the level of stress. After assessing the level of stress laughter therapy was administered to the participants for 28 days. The data collected were analyzed with descriptive and inferential statistical methods. Paired 't' test was used to evaluate the effect of laughter therapy on stress. The study shows that there is a significant difference in the level of stress among security guards before and after laughter therapy. Hence, it can be concluded that laughter therapy is an effective mechanism in reducing stress.

Effect of Laughter Therapy on Stress Management among Security Guards at IBM Security Services, Coimbatore.

Healthy citizens make a healthy nation. Health is now recognized as fundamental right of every human being. Health includes basic concepts of physical, mental and social well being. An employed person seeks satisfaction in all these spheres. The needs like salary, working environment, job satisfaction, good interpersonal relationship, higher authority, self esteem which range from basic to self actualization are based on Maslow's Hierarchy of needs. These leads to mostly contentment in physical need and a few social needs. The role of family and community in the well being of each other is mutual. When long work has affect, the role in family and community in turn affect ones journey towards self - actualization which results in conflicts, role confusion and stress.

Occupation is very important for all individuals, some jobs are less challenging or less rewarding than others. Stress is defined in terms of its physical and physiological effects on a person. Occupational stress occurs when there is a discrepancy between the demands of environment or workplace and an individuals ability to carryout and complete these demands. Occupational stress is a term used to define ongoing stress that is related to the stress at work place (Amagada, 2009).

Two third of Americans reported they are likely to seek help to overcome stress. Fifty four percent of Americans are concerned about the level of stress in their everyday lives (American Psychology Association (APA) Survey, 2004).

About 62 percent of Americans reported that work has a significant impact on the stress level. 50 percent are more stressed because of greater work load at work place than at home. 45 percent of workers reported that job insecurity has a significant impact on work stress (APA Survey, 2004).

The stress level is high among businessman in Malaysia, Taiwan, China, Philippines, Botswana, Hong Kong and Singapore. Among these countries Taiwan is on top of the list (World Wide Survey, 2001).

In 2003, approximately one million security guards were employed in the United States. In 2001 the Security guard numbers have increased in certain sectors. Although overall employment of security guards in US has declined in the last five years because of heavy workload, low salary and burnout in their workplace (Bush 2004).

Stress is an inherent fact in any type of vocation or career. The presence of stress can be a motivator that urges the individual to strive for excellence. However, excess amounts of stress can lead to lack of productivity, a loss of confidence and an inability to perform routine tasks. As a result quality employees lost their interest in their work and eventually withdrew from the company (Health Action, 2010).

Segle (1976) suggested that stress is not simply the external event that causes stress but also an internal event and one can perceive it. Stress is a condition in which the person experiences changes in the normal balanced state.

A study was conducted to assess the stressors in their work and their levels of stress and burnout. Results show that security guards employed in prisons experiences

high level of stress and burnout in their work. The reason was, more stressful factors were working extra shifts without compensation, low salary, and heavy workload (Giora Keinan, 2003).

Existing research shows that both male and female shift workers report high level of stress and a sense of conflict between the demands of work and family life. For instance, male shift workers are frustrated by their inability to protect the family and provide companionship to their spouses, while female shift workers are less satisfied with time spent with their family than women working regular dynamic hours. Lack of control over time is as a primary cause of stress for both male and female shift workers. Shift work therefore not only negatively affects the shift workers themselves, but also seems to threaten their spouses their perceived quality of life and happiness (Lien, et al., 1974).

Modern life style is becoming stressful. In trying to ensure substance and keep pace with the growing demand, people are overloaded with work. Since they are too tied up with work, most people are unable to maintain a work life balance (Health News India, 2008).

Children smile or laugh 400 times per day, whereas adult smile or laugh 15 or less times per day approximately, and adult think negative ideas three fourth of the times. This shows that adults get more stress (Bhuvaneswari, 2009).

About 70 to 90 percent of adults in India visit doctors for stress related problems. They suffer from stress related problems such as headache, insomnia, backache, frequent cold, fatigue, eating disorder and irritable bowel syndrome. A

report published in the online edition of British Broadcasting Corporation (BBC) News concludes that stress related problems are increasing rapidly in India, China, Russia, Turkey and central European States (Sanjay Chugh, 2008).

Many alternative methods are used for stress reduction like yoga, exercise, acupuncture, meditation, listening to music and good laughter therapy along with stress tranquilizers, anti-depressants and anti-anxiety drugs. Laughter is a wonderful stress reducer and an antidote to upsets. It is clinically proven to be effective in combating stress. One of the important methods of eliminating stress is laughter. It is a type of therapy which can be called as humor relief. Laughter is the best medicine for stress reduction. Laughter therapy is believed to reduce stress and anxiety and boost the immune system (Nawaz, 2009).

A study reveals that humor and laughter are tools to promote and maintain health, as well as an intervention and rehabilitation tools for upset and illness related to stress and life style. Laughter has many clinical benefits like promotion of physiological changes and an overall sense of well being. Laughter therapy can help relieve stress associated disease and illness. Humor and laughter is a natural healing component for care givers trying to cope up with stress (Seaward, 1998).

1.1. NEED FOR STUDY

Stress can have both a positive and negative aspect, when it is positive it can act as a motivating force for growth and change, but when negative it can also be a cause of illness. High stress and anxiety can impair concentration, memory, communication and problem solving ability and individual performance. In addition to this a number of degenerative diseases are believed to be triggered by stress like

coronary thrombosis, rheumatoid arthritis, peripheral vascular disease, ulcers, asthma and essential hypertension (Hnney Avarchan, 2010)

(2008/09) Survey of self reported information on the prevalence of work-related stress are high in Britain, around 4,20,000 individuals believed that they are experiencing work-related stress at a level that is making them ill.

33 percent of Americans suffer from job burnout. The National Institute for Occupational Safety and Health (NIOSH, 2009) in India reports work related stress statistics. Stress is one of the leading causes of absenteeism from the work place. About 70 percent of workers are unhappy in their current employment due to work related stress (APA survey, 2004).

A survey conducted by India's Industry Body Association in 2009 has revealed that "the stress and mental fatigue has been identified in recent times at the top and middle position of the sectors comprising construction, shipping, banks, government hospital, trading houses, electronic and print media, courier companies, small industries, retail and card franchise companies.

These sectors are becoming prone high stress level like the business process outsourcing (BPO), call centres and information technology (IT) companies because of deadlines, demand for high performance, shortage of staff and threats from competitors, Nearly 200 Indian employees in top executive positions such as civil engineers, architects, contractors, marketing managers, quality controllers, editors and reporters and those working in banking both private and public tend to get more stressed.

Today shift work has become a routine feature in industries, hospitals and many other essential sectors. Shift workers very often suffer from sleep-wake disorders, gastrointestinal problems and stress related disorders (Harrington, 1994).

The international agency for research on cancer (IARC, 2007) has shown that shift work could induce cancer because circadian rhythm disruption act as a probable carcinogen. “Shift workers have been found to have 40 percent greater cardiovascular disease and 20 percentage of people with arthritis, asthma and back problems reported symptoms of insomnia. 23 percent people who described their days as extremely stressful and reported insomnia” (Global Insomnia Statistics, 2006).

Poor health and safety conditions mean that many security workers suffer from high levels of work-related stress. Working in isolation, the risk of violence or threats, long working hours and inadequate rest and hygiene facilities can all contribute towards stress among security workers (Choi & Chin, 2009).

The Assocham has suggested that rest rooms, be set up in offices and relaxation techniques like meditation, deep-breathing exercise or yoga be practiced during working hours.

The benefit of humour include reducing stress and aggression, building relationships, enhancing problem solving, improving negotiating personal survival, physical and emotional healing, in the nurse manager’s personal life as well as the work environment (Castro, 1999).

A study reveals that the experience of laughter lowers stress enhancing hormones like serum cortisol, epinephrine, dopamine and growth hormones and increases the amount of health enhancing hormones like endorphins and neurotransmitters (Berk & Stanly, 2007).

A study conducted to determine the effect of mirthful laughter on stress and natural killer of cell activity, it concludes that laughter may reduce stress and improve natural killer of cell activity. As low natural killer cell activity is linked to decreased disease resistance and increased morbidity in person with cancer and HIV disease, Laughter is used as cognitive-behavioral intervention to release stress (Bennett, et al., 2003).

More than 20 percent of workers including health care workers especially nurse, police personals, security guards, industrial workers were on the shift work. About 60-80 percent of shift workers of the security guards have stress (John Viktus, 2004).

The community health nurse is responsible for identifying and helping the clients to overcome the stress. To help clients, a nurse must understand stress. Clients require an individual approach based on their pattern of stress, as well as in particular problem influencing stress. Laughter therapy can be effective in resolving the stress. Hence, the researcher tends to find out the effect of laughter on stress among security guards.

1.2. STATEMENT OF THE PROBLEM

EFFECT OF LAUGHTER THERAPY ON STRESS MANAGEMENT AMONG SECURITY GUARDS AT IBM SECURITY SERVICES, COIMBATORE.

1.3. OBJECTIVES

- 1.3.1. To assess the level of stress among security guards.
- 1.3.2. To implement laughter therapy.
- 1.3.3. To assess the level of stress after laughter therapy.

1.4. OPERATIONAL DEFINITION

1.4.1. Effect

Effect referred to the reduction in level of stress after laughter therapy.

1.4.2. Laughter Therapy

Laughter therapy refers to the use of laughing exercise like Attahasya, Maunhasya, and Ashwahasya, and Saying ha!, ha!, ho!, ho!.

1.4.3. Stress Management

It refers to the administration of laughter therapy to security guards with stress score more than 15, given for 15 – 20 minutes every day for 28 days.

1.4.4. Security Guard

The persons working at IBM Security Services, Coimbatore.

1.5. CONCEPTUAL FRAMEWORK

Nursing theory is very important to the profession of nursing. Betty Neuman's, (1970) a progressive nursing leader is best known for her work in theory

development and public health nursing. Neuman systems model is based on the concepts of stress and reaction to stress. This theory views nursing as being responsible for developing interventions to prevent or reduce stress on the client. The model is applied to understand the individual's response to stressors.

Betty Neuman believed that there are four main elements to clinical nursing which includes nursing, person, health and environment. The art of nursing includes a holistic approach that considers all factors for a client's health that is physical, physiological, psychological, mental, social, cultural, developmental and spiritual well-being. A activity is centralized on prevention of physical and mental ill health related to recurrence or development of various stressors.

The community health nurse is responsible for identifying and helping the clients to overcome stressful situations. Laughter therapy can be effective in resolving and overcome stressful situations. Hence, the researcher tend to find out the effect of laughter therapy to reduce stress among security guards.

1.5.1. Prevention

Betty Neuman conceptualizes prevention in three levels like primary, secondary and tertiary to attain balance within the continuum of health. Here the researcher identified the stress of security guards and provided laughter therapy.

1.5.2. Work related stressors

Betty Newman stressors are forces that produce tensions, alterations or potential problems causing instability within clients system. In this study the

researchers categorized the stressors as mild, moderate and severe as per scale the stress scores of security guards.

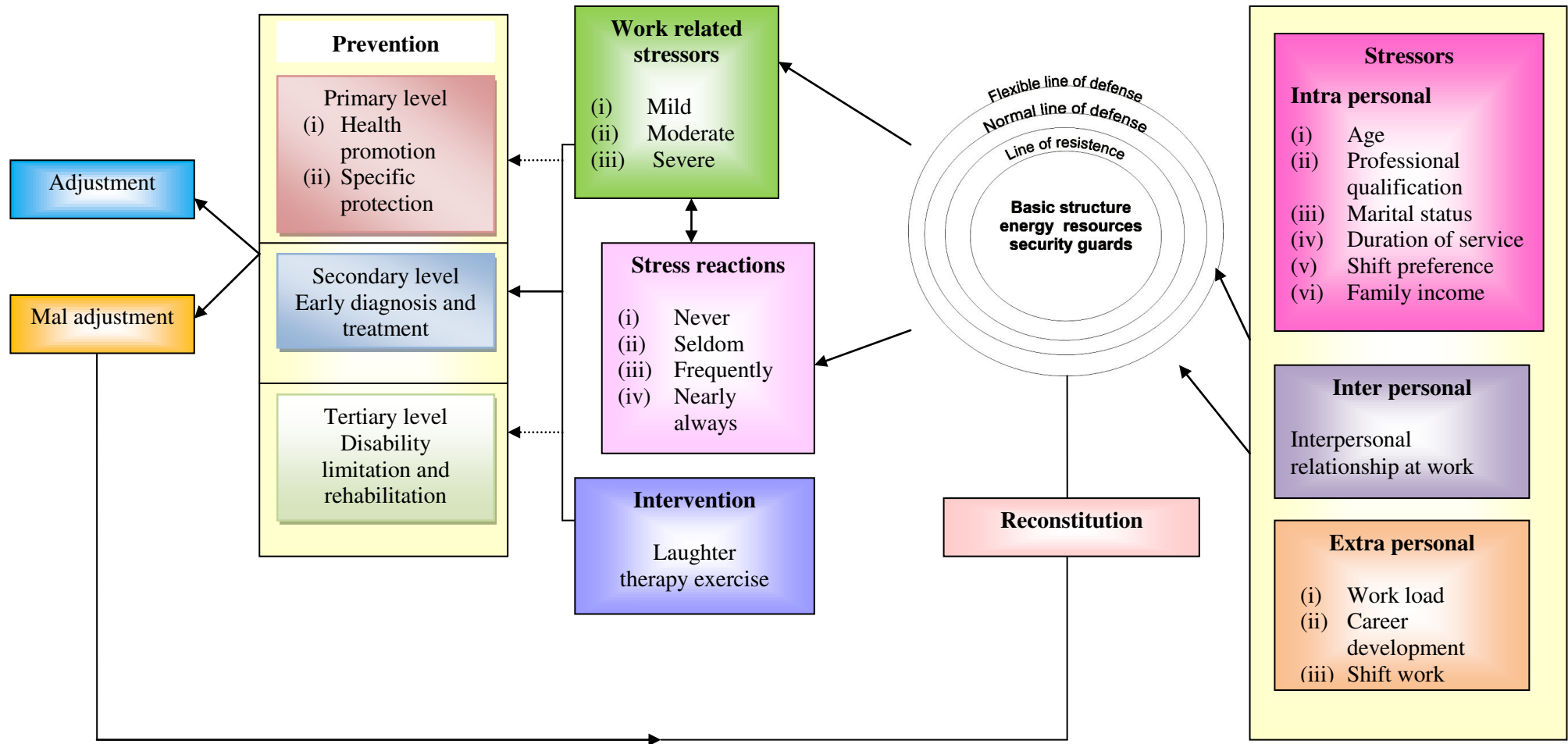
1.5.3. Stress reactions

Betty Newman refers stress reactions are in a client, as the outcomes are the produced results of certain stressors and actions of the lives resistance of a client. In this study the researchers categorized stress reactions occur among security guards into Never, Seldom, Frequently and Nearly Always.

1.5.4. Reconstitution

Betty Newman viewed reconstitution as a state of returning back to normal health. The researcher provided laughter therapy among security guards that reconstituted them to adjust or maladjust with stressful situations.

FIG . 1.1.
MODIFIED CONCEPTUAL FRAME WORK BASED ON BETTY NEUMAN'S SYSTEM THEORY (1970)



1.6. PROJECTED OUTCOME

Administering laughter therapy will reduce the level of stress among security guards.

REVIEW OF LITERATURE

Literature review is an essential component for the investigator to a greater understanding of the research problem and its major aspects. It provides the investigator with an opportunity to evaluate many different approaches to the problem.

First it is necessary to obtain the most current facts relevant to the problem, and secondly, a thorough literature review will assist the researcher with the selection or development of the theoretical and methodological approaches to the problem.

2.1. Literatures related to stress in security guards.

2.2. Literatures related to laughter therapy

2.3. Literatures related to laughter therapy on stress management.

As health is not merely the absence of disease or infirmity but a positive state of complete physical, mental and social well-being that is a healthy working environment, in which there is not only the absence of harmful conditions but an abundance of health promoting ones (World health organization (WHO), 1986).

Stress is the non-specific response of the body to any demand made upon it. The 'demand' can be a threat, a challenge or any kind of change which requires the body to adopt. The response is automatic as well as immediate. Stress can be good (eustress) when it helps the individual perform better, or it can be bad (distress) when it causes upset or make the individual sick (Hans Selye, 1996).

2.1. LITERATURES RELATED TO STRESS AMONG SECURITY GUARDS

Poor health and safety conditions mean that many security workers suffer from high levels of work-related stress. Working in isolation, the risk of violence or threats, long working hours and inadequate rest and hygiene facilities can all contribute towards stress among security workers (Choi & Chin, 2009).

Many security guards having the duty of lifting and handling heavy loads, such as cash boxes and case bags, can lead to back and other strain injuries. Employees have a legal duty to avoid the need of manual handling where ever possible. They must assess the risk from manual handling and take some preventive pressures to reduce the risk of injury (Korean, 2009).

Security guards have very high stress jobs with low pay levels. Many security guards are also forced to work night shifts. Night shifts can disturb sleep patterns and the person develops depression, anxiety and stress (Phill Dotree, 2010).

A study about traumatic experience and post traumatic stress disorder (PTSD) among police in New Zealand states that, duties place many officers at risk of traumatic stress and subsequent development of symptoms of post-traumatic stress disorder. In a survey of 527 New Zealand police, the prevalence of PTSD and its relationship with traumatic experiences both on and off the job showed that the prevalence of PTSD in the Zealand police is comparable with other civilian population who have experienced trauma. The number of reported traumatic events is positively correlated with the intensity of PTSD symptoms (Christine Stephens, 1998).

The St. Paul and Marine Insurance Company conducted several studies on the effects of stress prevention programme in hospital settings. Program activities include Employee and management education on job stress, Changes in policies and procedures and establishment of employee assistance programme.

A study reports that, the frequencies of errors declined by 50 percent after prevention activities were implemented in a 700-bed hospital. Another study reports that, there was 70 percent reduction in malpractice claims in 22 hospitals that implemented stress prevention activities. In contrast, there was no reduction in claims in a matched group of 22 hospitals that did not implement stress prevention activities (Elizabeth Scott, 2007).

2.2. LITERATURES RELATED TO LAUGHTER THERAPY

Most illness today are stress related and chronic stress attacks. The immune system makes us vulnerable to infections, virus attack and cancer. Stress and depression as two major components of ill health. Most health benefits people get are because they are able to manage physical, mental and emotional stress with laughter yoga exercise.

A descriptive study was to explore the humour stimulus in a population of older adult, in that 130 hospital auxiliary personal aged 50 and older were asked the question what makes you laugh? The responses revealed in nine themes in two major categories are people or animal and situations or events. Children represented the highest (30%) and telling jokes represented the largest category of situation or events (50%). Humours can be used by nurses as an effective tool when caring for older

adults, the approximate sources of humour are identified and applied (Kruse Prazak, 2002).

Mahan (2008) states that over the past 30 years, there has been a plentitude of research into the health benefits of humour and laughter for healthy sick or depressed senior citizens. He states that medical research supports our humour instinct that people who smile and laugh are happy. Whereas those who are inexpressive are usually not happy. Research shows that humour stimulus results in mirth, which elicits a primarily emotional response with physiological effects. The many physiological benefits of laughter in elderly have been clearly demonstrated.

Lee Berk's (2009) recent study confirms that laughter therapy significantly helps to bring down the blood sugar levels thus controlling diabetes. A research study in Bhopal monitored some laughter club members suffering from diabetes and found that the laughter group had a better control of blood sugar than those doing other exercise.

Otto Warbug (2009) said that main reason for falling sick is because there is lack of oxygen in the body cells. Hence, it was suggested that laughter yoga exercise and breathing from yoga brings more oxygen to the body and brain and good supply of oxygen is the key for maintaining good health as well as healing a variety of illness and also important for people suffering from cancer and chronic respiratory disease like bronchitis and others.

A study of 20 men and women conducted at the University of Maryland School of medicine found that 95 percent of the volunteers experienced lower blood

pressure while watching funny movies. The benefits lasted for about 12 to 24 hours. Hence, the researcher suggested that there is a strong connection between laughter and cardiovascular health (Michael Miller, 1979).

2.3. LITERATURES RELATED TO LAUGHTER THERAPY ON STRESS MANAGEMENT

Humour and laughter can be effective tools to cope with stress. They can improve the function of the body, the mind, and the spirit. Humour and laughter can foster a positive and hopeful attitude. Both are useful for reducing the emotions and perceiving of our problems.

A study was conducted among nurses working in stressful environment based on the demands of their physical, emotional and spiritual well being. The researcher suggested the use of humour as a powerful medication to reduce the stress level among nurses working in stressful environment (Wooten, 2006).

A recently conducted study regarding laughter yoga session for the staff, family and military fellow reveals that, after the laughter yoga session all the participants experience to minimize the negative effects of stress and pressures (Lynn, 2010).

Bennett, et al (2003) conducted a study to determine the effects of mirthful laughter on stress and natural killer cell activity. The results show that stress decreased for subjects in the humor group, compared with those in the distraction group ($p=.004$). Amount of mirthful laughter correlated with post intervention stress measures for persons in the humor group ($P=.004$). Subjects who scored greater than

25 on the humor response scale had increased immune function post intervention ($P=.037$). Humor response scale scores correlated with changes in natural killer cell activity ($P=001$). Hence the researcher suggested humor may be a useful cognitive behavioral intervention in persons with cancer and HIV diseases.

Paul Ghee (2009) conducted a workshop on humor therapy as a stress remedy. It reveals that a good belly laugh reduces muscular tension, stress, improves breathing pattern, regulates heart rate and improve communication between two persons.

A study was conducted to examine the utility of coping humour scale as well as measures of humour appreciation and humour creativity among in 96 college students. Using correlation and multiple regression analyses, results showed that humour was associated with lower loneliness, lower depression and stress and higher self-esteem. However, these relationships differed according to the sex of the subject and the frequency with which subjects used humour to cope with stress. Results support the notion that sense of humour plays an important role in the psychological adjustments of some subjects (Jamer & Overholser, 2002).

Martin and Letcourt (1983) conducted a study to determine whether humour moderates the impact of life stress on physical illness. 95 male and 125 female undergraduates completed questionnaire measuring sense of humour, negative life events, depressive and physical symptomatology. The results suggested that sense of humour directly mitigates depression, independent of the effects of stress. It is concluded that the ability of sense of humour to buffer life stress has yet to be demonstrated with confidence.

Janine Geobler (2007) conducted a laughter study in US shows that, daily laughter session among 33 employed in a behavioral health centre laughed together daily for 15 minutes for 15 days. After the session for all participants self-competency scores more than doubled, relational competencies increased by almost 50 percent and role competency also doubled during the study and stress was reduced more than 50 percent.

Berka, et al (2001) conducted a study among 52 healthy men in the school of medicine and public health at Loma Linda University, United States of America. It reveals that viewing of humour video for 1 hour, the blood samples were taken 10 minutes before, 30 minutes into and 12 hours after the intervention. The results shows that modulation of neuro immune parameters during and following the humour associated eustress of laughter may provide beneficial health effects for wellness and a complementary adjunct to whole-person integrative medicine therapies.

A study was conducted on exposure to humorous movies during hemodialytic sessions decreases blood levels of stress hormones. 9 patients were studied in 3 sessions at the same time of day. In the first baseline data, adrenocorticotropic (ACTH) hormone, beta endorphin and cortisol were measured through four different blood samplings from pre to post hemodialytic treatment. Results revealed a reduction of the stressogenic responses due to viewing the humour material. The expected interactions were highly significant for all the dependent variables considered. Researcher suggested that viewing of a humour video modifies the pattern of the stress hormone response (Bertini, et al., 2010).

A study was conducted at a computer company in Denmark. The researcher selected 4 persons randomly and practiced laughter yoga exercise throughout the month of May. The results shows that the body stress levels are significantly reduced after the laughter yoga exercises (Anders Lonedal, 2004).

Healy and Mckay (2000) conducted a study on the effects of coping strategies and job satisfaction among 129 sample of qualified Australian nurses by using completed questionnaires including nursing stress scale. The study reveals that there is a possible buffering effect of using humour is coping with stress and the effect of job satisfaction on the stress mood relationship.

Chinery and Winifred (2007) conducted a study in order to experience a concept of humour in a theatre settings, which reviewed that the staff working in theatre has the high level of stress as it was endured in nature of the work including major injuries, emergency situation and death, with this he also correlated with the health care settings in USA revealed that the stress level is similar. Hence, it was suggested that it is important to provide humour therapy to reduce the stress level among theatre staffs.

METHODOLOGY

This chapter deals with the description of the research approach, design, setting, population, criteria for sample selection, sample and sampling technique, development and description of tools, procedure for data collection and plan for data analysis.

3.1. RESEARCH APPROACH

The present study is aimed at determining the effect of laughter therapy on stress management among security guards. Hence, an evaluate research approach was considered to be appropriate for the study.

3.2. RESEARCH DESIGN

The research design selected for the study was Quasi Experimental One Group Pretest and Posttest Design selected to identify the effect of laughter therapy on stress management among security guards.

3.3. SETTING

The study was conducted in IBM Security Services of Coimbatore. This is an authorized private agency situated in Gandhipuram. It consists of 260 security guards. Duties for the security guards were assigned to different localities of Coimbatore such as Sri Ramakrishna Institute of Technology in Vattamalapalayam, Sri Ramakrishna Hospital, Flow Link System Private Limited Company in Thennampalayam, Jayakrishna Maruthi in GN mills and Ganga Hospital. Rules and regulations of this agency were included, educational qualification of security guards was a minimum of

5th standard. They were being assigned day and night shift every fortnightly on a regular basis.

3.4. POPULATION

3.4.1. Population

The population included security guards of IBM Security Service who are assigned to work in Sri Ramakrishna Engineering College, Vattamalpalayam and Thennampalayam.

3.5. CRITERIA FOR SAMPLE SELECTION

3.5.1. Inclusion Criteria

1. Security guards with stress
2. Security guards who are working under IBM security services in Thennampalayam and Vattamalpalayam.

3.5.2. Exclusion Criteria

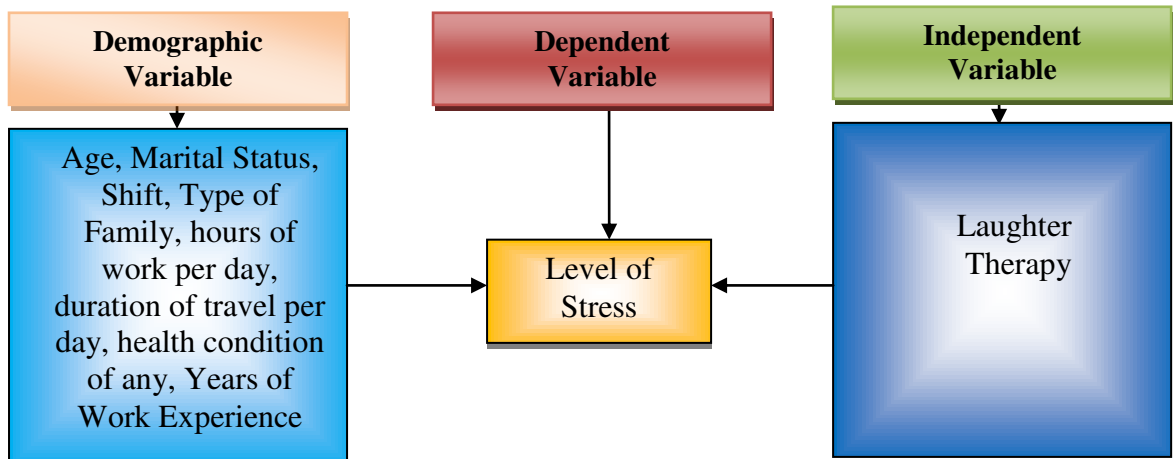
1. Those who are suffering from these problems like angina, piles, fissures and hernia.

3.6. SAMPLING

Among 61 security guards , 48 security guards were selected purposively by using Weiman Occupational Stress Scale.

3.7. VARIABLES OF THE STUDY

The independent variable in the present study was laughter therapy exercise and dependent variable was stress



3.8. MATERIALS

The following materials were used for data collection.

1. Baseline data
2. Weiman occupational stress scale (1978)
3. Laughter therapy

3.8.1. Part – A: Baseline data

Demographic data profile for security guards which include age, education status, type of family, number of family members, and duration of travel per day and years of experience.

3.8.2. Part – B: Weiman Occupational Stress Scale (1978)

This scale was developed by Weiman in 1978, which measures the work related stress. It consists of 15 questions and the components and scoring includes never=1, seldom=2, sometimes=3, frequently=4 and rarely all time=5.

The maximum possible score is 75 which indicate high stress and minimum score is 15 which indicate no stress. The total obtained scores are interpreted in 1- 15 indicates no stress, 16-35 indicates moderate stress and 36-75 indicates severe stress.

3.8.2.1. Validity and Reliability

The WOSS (1978) has internal consistency and the reliability obtained for this tool is 0.90 and yielded high predictive validity (Greenberg, 1990; Steber, 1998).

3.8.3. Laughter Therapy

It is one of the important methods for reducing the stress level. This exercise was done for 20 minutes daily up to 28 days.

Step: 1

Researcher asks person to practice the following instructions while doing this exercise.

- i. Researcher arranged the participants in a group.
- ii. Researcher explained the benefits of laughter therapy.
- iii. Researcher asked the person to wait for 10 minutes after the meals.

Step: 2

Sit or stand in a comfortable position.

1. In the warming up process, the hands are raised high and the sounds – ha, ha, ho, ho, are given out harmoniously seven times.

The main laughing exercises are

- (i) Attahaysa (loud laughter) – laughs freely and loudly.
- (ii) Maunahaysa (silent laughter) – laughs without sound with closed mouth.
- (iii) Ashwahasya (horse laughter) – one pours out loud out bursts of laughter through the throat like neighing of horse.

2. While the fifth, the sixth and the seventh mode of the warming up process are performed, the key person gives signals by saying 'one, two and three' when the main laughing exercise is performed.
3. After the laughing exercise is completed, the key person gives signal of deep breathing and then the cooling down process is done. In the cooling down process, one takes deep breathes as in pranayam and gradually raises arms. Then while breathing out arms are gradually lower.

The different laughter exercise is performed three times and the cooling down exercise are performed three times. One complete cycle in 15-20 minutes.

3.9. HYPOTHESIS

There is a significant decrease in the level of stress among security guards after laughter therapy.

3.10. PILOT STUDY

The pilot study was conducted to check the feasibility, practicability, validity and reliability of the tool. The study was conducted in IBM Security Services, at Sri Ramakrishna Hospital, Coimbatore. Data collection period was for 10 days. Purposive sample of 10 subjects were selected for the study. Weiman Occupational Stress Scale was administered to assess the stress level before and after the laughter therapy. The intervention was given for 20 minutes daily up to 8 days on the tenth day stress level was reassessed with same scale. The data collected was carefully analyzed and there was a significant reduction in stress level of security guards which was found to be feasible.

3.11. MAIN STUDY

The data was collected for a period of 30 days. The study was conducted in IBM Security Services, Vattamalapalayam, Sri Ramakrishna Institute of Technology, Flow Link System Pvt Limited Company in Thennamplayam, Coimbatore from June 10 to July 10. The first two days assessments of 61 security guards were done with Standard Weiman Occupational Stress Scale. From the 61 security guards 48 samples with stress score more than 15 were selected for the study. Laughter therapy was given for 20 minutes daily for the period of 28 days. Laughter therapy was clearly explained and demonstrated to the security guards. After the intervention stress level were assessed with same scale on the last day.

3.12. TECHNIQUES OF DATA ANALYSIS AND INTERPRETATION

A frequency table was formulated for all significant information. Paired 't' test used to find the significance of intervention. Karl Pearson's coefficient of correlation was used to determine the degree of relationship between selected variables and stress level among security guards.

DATA ANALYSIS AND INTERPRETATION

The present chapter deals with the method of data analysis and interpretation. Stress of security guards was assessed and laughter therapy was given to security guards. The data collected were grouped and analyzed using descriptive and inferential statistics and presented in the form of tables and figures.

The study was intended to find the effectiveness of laughter therapy on stress management among security guards. The study was conducted in IBM Security Services of Coimbatore. A total of 48 samples were enrolled in this study.

SECTION I

4.1. BASELINE DATA PRESENTATION

Data collected from 48 samples were tabulated, analyzed and interpreted to study the effect of laughter therapy on stress management among security guards. Age, educational qualifications and years of experience were the baseline data selected for descriptive analysis.

TABLE 4.1
AGE DISTRIBUTION OF SECURITY GUARDS

Age in years	No. of Respondents	Percentage (%)
31 – 40	6	13
41 – 50	21	44
51 – 60	17	35
61 – 70	4	8
Total	48	100

The above table on age distribution reveals that majority of the respondents that is 44 percent of security guards were between 41-50 years of age, 35 percent were between 51-60 years of age, 13 percent were between 31-40 years of age and 8 percent were 61-70 years of age.

FIG. 4.1.
AGE DISTRIBUTION OF SECURITY GUARDS

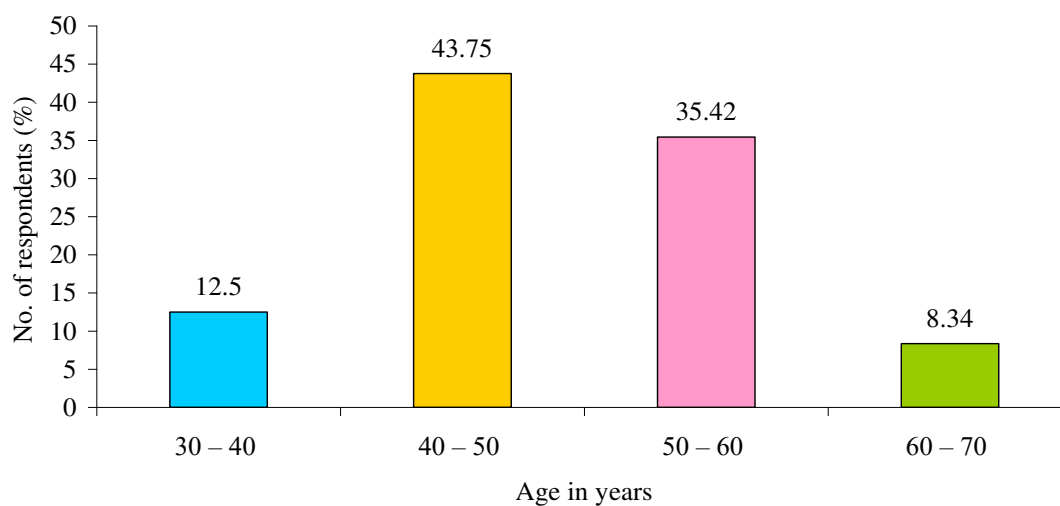


TABLE 4.2
DISTRIBUTION ON EDUCATIONAL STATUS
OF SECURITY GUARDS

Level of Education	No. of Respondents	Percentage (%)
Primary	8	17
Secondary	38	79
Graduates	2	4
Total	48	100

The above table reveals that majority had secondary level education 79 percent and 17 percent had primary education and graduates were 4 percent.

FIG. 4.2.
DISTRIBUTION ON EDUCATIONAL STATUS
OF SECURITY GUARDS

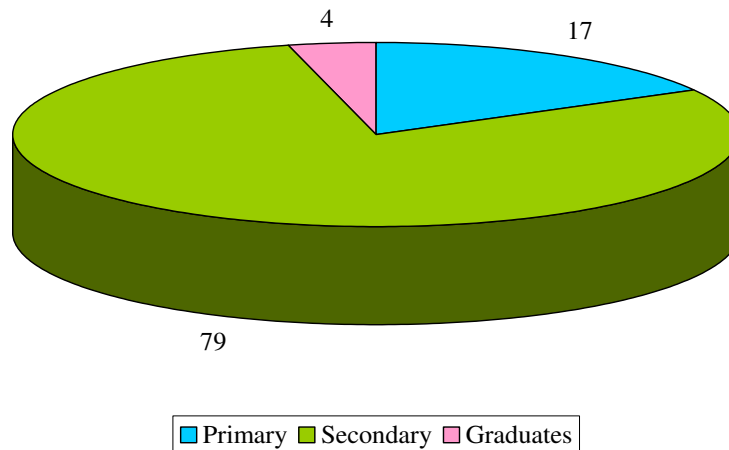
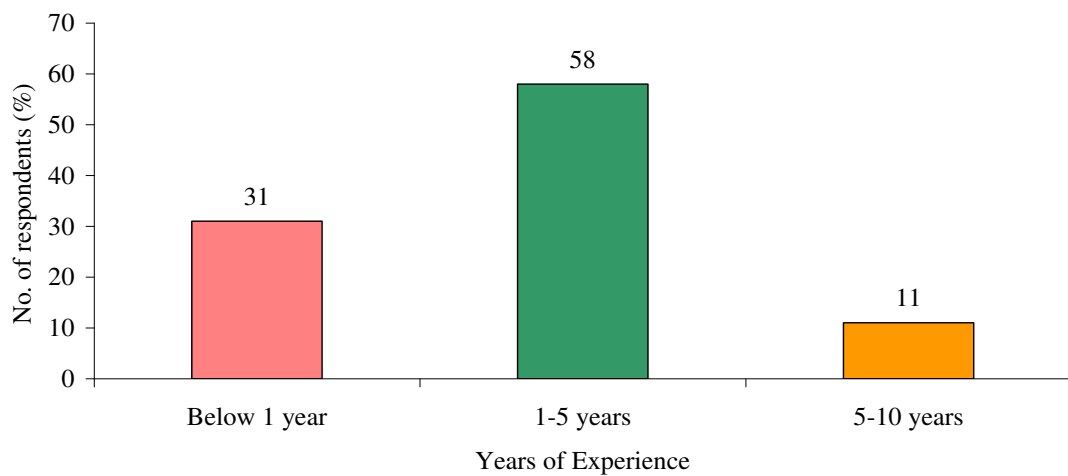


TABLE 4.3.
DISTRIBUTION ON YEARS OF EXPERIENCE
OF SECURITY GUARDS

Experience (in years)	No. of Respondents	Percentage (%)
Below 1 year	15	31
1-5 years	28	58
6-10 years	5	11
Total	48	100

The table shows that 58 percent of security guards had 1-5 years of experience, 31 percent of security guards had less than 1 year experience and 11 percent of security guards had 6-10 years of experience.

FIG. 4.3.
DISTRIBUTION ON YEARS OF EXPERIENCE
OF SECURITY GUARDS



SECTION II

4.2. ANALYSIS ON EFFECTIVENESS OF LAUGHTER THERAPY

Paired 't' test was used to analyze the effectiveness of laughter therapy.

TABLE 4.4
COMPARISON ON THE STRESS SCORES BEFORE
AND AFTER THERAPY

(N=48)

Group	Mean score	SD	Mean percentage	Mean difference	't' value
Before therapy	27.18	8.402	36.24		
After therapy	18.22	3.402	24.29	8.96	11.575**

**** significant at 0.01 level**

Table shows the computed mean and respective standard deviation of score obtained before and after applying the laughter therapy to the security guards. The data shows that from a pretest mean score of 27.18, the post test score decreased to 18.22 with a mean difference of 8.96. This proves that the laughter therapy has shown positive difference in the level of stress.

The calculated 't' value 11.575 was greater than the table value (2.326) at 47 degree of freedom at 0.01 level of significance. So, the research hypothesis is accepted. This shows that a significant difference exist between the mean scores before and after the therapy. Thus the difference is statistically significant and it confirms that laughter therapy was effective in reducing stress level among security guards.

SECTION - III

4.3. RELATIONSHIP BETWEEN SELECTED DEMOGRAPHIC VARIABLES AND THE LEVEL OF STRESS BEFORE THERAPY

Karl Pearson's co-efficient of correlation was used to find out the influence of selected demographic variables on stress level before laughter therapy.

TABLE 4.5.
INFLUENCE OF DEMOGRAPHIC VARIABLES
ON STRESS LEVEL

Demographic variables	'r' value
Age	-0.418
Years of experience	0.309

The computed 'r' value infers that age has an inverse relation on the level of stress before the intervention and there is a positive correlation between years of experience and the level of stress.

RESULTS AND DISCUSSION

The present chapter reveals the results and discussion in detail. The analyzed data is being discussed under various sections. The Section-A deals with the baseline data, Section-B about the effect of laughter therapy, Section-C deals with the comparison of before and after therapy score in terms of reduction of stress and Section-D tells the relationship between selected demographic variables and stress level of security guards.

5.1. FINDINGS RELATED TO BASELINE DATA

In the present study out of 48 samples, 44 percent of them were 41-50 years old, 35 percent them were 51-60 years old, 13 percent of them 31-40 years old and 8 percent of were 61-70 years old. Based on the educational qualification 79 percent of the security guards were secondary level, 17 percent of them were primary level and 4 percent of them were graduates. Based on years of experience, 58 percent had 1-5 years of experience, 31 percent had below 1 year experience and 11 percent had 6-10 years of experience.

5.2. DISTRIBUTION OF LEVEL OF STRESS BEFORE LAUGHTER THERAPY

The level of stress among 48 security guards was assessed by using the Weiman Occupational Stress Scale. On assessment of stress level 30 percent of samples had moderate stress and 70 percent were having mild stress before giving laughter therapy.

5.3. AFTER LAUGHTER THERAPY SCORES IN TERMS OF STRESS LEVEL

The table (4.4) reveals that after administrating the laughter therapy among security guards, the results shows that pretest mean score of 27.18, the post test mean score decreased to 18.22 with a mean difference of 8.96. This proves that laughter therapy has shown positive difference in the level of stress. The calculated 't' value of stress score was much higher than the table value. The 't' value was obtained in order to find out the significance of laughter therapy on stress among security guards.

The calculated 't' value obtained for stress level are 11.575 and compared with the table value (2.326) at 47 degree of freedom with 0.01 level of significance. The calculated value was much higher than the table value. Thus alternative hypothesis was accepted. Hence, there exists, a highly significant effect of laughter therapy on stress among security guards. This proved that laughter therapy has its role in reduction of stress.

Janine Geobler (2007) conducted a laughter study in US shows that, daily laughter session among 33 employed in a behavioral health centre laughed together daily for 15 minutes for 15 days. After the session for all participants self-competency scores more than doubled, relational competencies increased by almost 50 percent and role competency also doubled during the study and stress was reduced more than 50 percent.

5.4. RELATIONSHIP BETWEEN SELECTED DEMOGRAPHIC VARIABLES AND STRESS

There was a positive correlation between years of experience and level of stress ($r = 0.309$) and there was a negative correlation between age and stress score ($r = -0.418$).

SUMMARY AND CONCLUSION

This chapter summarizes the major findings, limitations, recommendations and implications in the field of nursing education, nursing practice, nursing research.

This study is to identify the effect of laughter therapy on stress management among security guards. The study was conducted at IBM Security guards. Weiman Occupational Stress Scale was administered to assess the level of stress. Sample who scored more than 15 were selected for the study. The study design was quasi experimental pretest and post test design. The data was collected for a period of thirty days. Purposive sampling method was used to select the sample for the study. Total number of samples were selected during the study period was 48. Laughter therapy was administered as an intervention for a period of month and the level of stress was reassessed.

The conceptual frame work of this study was based on Betty Newman's stress theory (1970). An evaluative research approach has been used for the study. Review of literature brought at many facts about stress and laughter therapy on stress. And it also highlighted the effect of laughter therapy on stress management.

This study was conducted at IBM security services of Coimbatore in different areas like Sri Ramakrishna hospital, SRIT, Vattamalalayam, Flow link system Pvt Ltd Company in Thennampalayam. A quasi-experimental one group pretest and post test design was adopted for the study, purposive sampling method was used to select the samples for the study. Total numbers of samples were selected for the study period was 48. Paired 't' test was used to find out the relation before and after the

laughter therapy. This study indicates that the administration of laughter therapy reduced the level of stress among security guards. Karl Pearson's co-efficient of correlation was calculated to find out the influence of selected baseline data on stress of security guards. This study shows that there is a negative correlation between age and stress and there is a positive correlation between years of experience and stress level of security guards.

6.1. MAJOR FINDINGS OF THE STUDY

1. The stress level was found to be greater before the laughter therapy among security guards.
2. The stress level was found to be lesser after the laughter therapy among security guards.

6.2. LIMITATIONS

1. The study was limited to one setting only.
2. Size of the sample is small number of subjects and shorter period with limits generalization.
3. The study was carried out with male gender only.

6.3. RECOMMENDATIONS

1. The study can be replicated with a larger size for wider generalization of findings.
2. A similar study can be conducted among shift workers of various disciplines such as staff nurse, police personals and IT workers.
3. A similar long term study can be conducted to determine the association of demographic variables with stress.

4. A follow-up study can be conducted to determine the level of stress.

6.4. NURSING IMPLICATIONS

6.4.1. Nursing Education

Laughter therapy interventions have primary focus on stress and to cope with stressful situations. Laughter is a natural and simple method and can be used by a person aiming to reduce the level of stress and its implication needs wide knowledge and practice. This laughter therapy can be included in the nursing curriculum.

6.4.2. Nursing Administration

The nurse administrator can draw written policies regarding laughter therapy to reduce stress and cope with stressful situations. There by the staff nurses are kept in pace with the evidence based practice.

6.4.3. Nursing Practice

Laughter therapy helps us to cope with the stressful situations. Nurses are prone to have stress since the multivariate and multidimensional form of their profession can be practiced this technique as a routine and rest rooms be set up in offices and relaxation techniques like meditation, deep breathing exercise or yoga to be practiced during working hours.

6.4.4. Nursing Research

The effect of laughter therapy in reducing the level of stress of various disciplines such as staff nurses, factory workers, police personal's and social workers could be studied. And the relationship between stress and health consequences to be studied. The incidence and prevalence of stress in vulnerable populations like IT

professional also could be studied. Since importance to mental health is as important as physical health alternative methods like laughter therapy can be used to cope up with stressful conditions.

6.5. CONCLUSION

Modern life style is becoming more stressful and people are overload with stress. Occupation is very important to all the individual some jobs less challenging and less rewarding than the others. Shift work of the security guards suffer from many problems because of high stress level. Thus stress among the security guards must be managed in a timely manner using effective coping strategies like positive thinking, exercise, listening music and laughter therapy. The researcher adopted the laughter therapy among security guards to reduce the stress level. The result revealed in the present study is found with evidence that laughter therapy is effective mechanism in reducing the level stress.

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ANNEXURE - I

Paired 't' test

To test the hypothesis, 't' test was applied to findout the significant difference in before and after the laugher therapy

$$t = \frac{\bar{d}}{\frac{SD}{\sqrt{n}}}$$

$$SD = \sqrt{\frac{\sum (d - \bar{d})^2}{n}}$$

\bar{d} = Mean of difference between pretest and post test score

SD = Standard deviation of the pre-test and post test score

n = Number of samples

ANNEXURE – II

KARL PEARSON'S COEFFICIENT OF CORRELATION

This was calculated to find out the influence of independent variable on dependent variable. Influence of age and years of experience as assessed through Karl Pearson's Co-efficient of correlation in order to find the significance of relationship between the two variables.

$$r = \frac{\frac{\sum xy}{n} - \bar{x}\bar{y}}{SD_x \cdot SD_y}$$

$$\bar{x} = \text{Mean of pretest}$$

$$\bar{y} = \text{Mean of posttest}$$

$$\frac{\sum xy}{n} = \text{Average of pretest and post test score}$$

$$SD_x = \text{Standard deviation of pre test score}$$

$$SD_y = \text{Standard deviation of post test score}$$

FORMAT FOR CONTENT VALIDITY

Name of the expert : S. GIRISHA

Address : Asst Professor
Department of Psychology
K.G. College of Health Sciences
K.A. Hospital COIMBATORE

Total content for the tool : Adequate/ Inadequate ✓

Kindly validate each tool and tick wherever applicable.

Sl. No.	No. of tool selection	Strongly agree	Agree	Need modification	Remarks
1.	Section - 1		✓		
2.	Section - 2		✓		

No specific modification required

Date: 24/5/10

S. Girish
Signature of the Expert

8/10

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Name of the expert :

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Total content for the tool : Adequate/ Inadequate

Kindly validate each tool and tick wherever applicable.

Sl. No.	No. of tool selection	Strongly agree	Agree	Need modification	Remarks
1.	Section - 1				
2.	Section - 2				
3.	Section - 3				
4.	Section - 4				
5.	Section - 5				

MORE DETAILS REQUIRED FOR BASE LINE DATA

Date: 10/8/10



Signature of the Expert

T.S. MOHANRAJ M.A., M.P.Ed., M.Phil., P.G.D.Y.E
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EASY METHODS FOR DAILY PRACTICE

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Ref: 25 - 2010

Date: 18/4/2010

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Miss. U. Bhuvanesh, M.Sc (Nursing)** is eligible to provide Laughing therapy as she has undergone training for laughing therapy.

T.S. MOHANRAJ,
M.A., M.P.Ed., M.Phil., P.G.D.Y.E.,

APPENDIX – I

From
U. Bhuvanesh,
II year M.Sc (Nursing),
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -641044.

To
The manager.
IBM Security Guards
Coimbatore.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore - 641044.

Respected Sir/Madam,

Sub: Requisition of Permission for doing research

I, U. Bhuvanesh, II Year M.Sc (Nsg) student of Community Health Nursing speciality as part of my educational requirement, I wish to conduct a research study on "Effectiveness of humor therapy on stress management among Security Guards".

I will be thankful, if you allow me to conduct this research study in your institution. I will obey the rules and regulations of institutions.

Kindly grant me permission to do the study.

Thanking you

for 
PRINCIPAL
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore - 641044.

Yours faithfully,

Permitted to do the Research. 
(U. BHUVANESH)

Coimbatore

For IBM SECURITAS

Manager

FORMAT FOR CONTENT VALIDITY

Name of the expert : Dr. S.L. Ravi Shankar

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Kindly validate each tool and tick wherever applicable.

Sl. No.	No. of tool selection	Strongly agree	Agree	Need modification	Remarks
1.	Section - 1		✓		
2.	Section - 2		✓		

Date: 2-6-2010

S.L. Ravi Shankar
Signature of the Expert

APPENDIX – III

TOOLS

PART – A

1. BASE LINE DATA

1. Sample Number :
2. Age :
3. Gender :
4. Educational Status :
5. Type of work / Designation :
6. Time of shift :
7. Income per Month :
8. Marital Status :
9. Type of Family :
10. Number of Children :
11. Number of Family Members :
12. Food Preference / Diet :
13. Mode of Transport :
14. Distance Travelling (per day) :
15. Years of Work Experience :
16. Hours of working (per day) :
17. Break between the work in Minutes :
18. Activities during the break time :
19. Hobbies :
20. Health Problems (if any) :

PART – B
WEIMAN OCCUPATIONAL STRESS SCALE (1978)

The Weiman occupational stress scale (1978) was developed by Weiman. It is a standardized scale consists of fifteen Likert type question stated which measures work related stress. The responses of these fifteen items are ranged from Never, Seldom, Sometimes, Frequently and Nearly always.

The reliability co-efficient obtained for this tool is 0.90 and yielded high predictive validity (Greenberg,1990; steber,1998).

WEIMAN OCCUPATIONAL STRESS SCALE (1978)

S. No	Psychological symptoms	Never	Seldom	Sometimes	Frequently	Nearly all the time
1.	How often do you feel that have too little authority to carry out your responsibility?					
2.	How often do you feel unclear about just what the scope and responsibilities of your job are?					
3.	How often do you not know what opportunities for advancement or promotion exist for you?					
4.	How often do you feel that you have too heavy a work load, one that you could not possible finish during an ordinary workday?					
5.	How often do you think that you will not be able to satisfy the conflicting demands of various people around you ?					
6.	How often do you feel that you are not fully qualified to handle your job?					
7.	How often do you not know what your superior things of you, how he or she evaluates your performance ?					
8.	How often do you find yourself unable to get information needed to carry out your job ?					
9.	How often do you worry about decisions that affect the lives of people that you know?					
10.	How often do you feel that you may not be liked and accepted by people at work ?					
11.	How often do you feel unable to influence your immediate supervisor's decisions and actions that affect you ?					
12.	How often do you know just what the people you work with expect of you?					
13.	How often do you think the amount of work you have to do may interfere with how well it's done?					
14.	How often do you feel that you have to do things on the job that are against your better judgement?					
15.	How often do you feel that your job interferes with your family life ?					

SCORING :

The responses are scored in the following manner. The maximum possible score is 75 and Minimum is 15.

INTERPRETATION:

The total obtained scores are interpreted in the following way

1 – 15	=	No stress
16 – 35	=	Mild stress
36 – 55	=	Moderate stress
56 – 75	=	Severe stress

APPENDIX - IV

வினாத்தொகுப்பு

பகுதி - அ

பொதுவான விவரம்

மாதிரி எண்

1. வயது :
2. பாலினம் :
3. கல்வித்தகுதி :
4. வேலையின் வகை :
5. வேலை செய்யும் நேரம் - பகல் (அ) இரவு :
6. மாத வருமானம் :
7. திருமணத் தகுதி :
8. குடும்ப வகை :
9. குழந்தைகளின் எண்ணிக்கை :
10. குடும்ப நபர்களின் எண்ணிக்கை :
11. சரியான நேரத்திற்கு உணவுமுறை பற்றுதல் :
12. பயணத்திற்கு உபயோகிக்கும் வாகனம் :
13. பயணம் செய்யும் தூரம் (ஒரு நாளைக்கு) :
14. பணியில் இருக்கும் வருடங்கள் :
15. வேலையின் நேரம் (ஒரு நாளைக்கு) :
16. வேலையின் இடையே கிடைக்கும் ஓய்வு நேரம் :
17. இடைவெளியின் போது செய்யும் செயல்கள் :
18. பழக்கவழக்கங்கள் :
19. உடல்நலம் குறைபாடு :

குறிப்புகள் பின்வரும் கேள்விகள் உங்களுடைய மன அழுத்தத்தைக் குறிப்பது. எனவே அனைத்து கேள்விகளுக்கும் விடையளிக்கவும்

வினாத்திரள்

1. எத்தனை முறை உங்களின் ஆளுமை குறைவால் உங்களின் பொறுப்பிலிருந்து விலகிவிட்டீர்கள் என்று நினைக்கிறீர்கள்?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

2. உங்களின் வேலைக்கான பொறுப்புகளும், எதிர்கால முன்னேற்றங்களும் தெளிவாக இல்லை என்று எண்ணம் வருகிறதா?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

3. உங்கள் வேலைக்கான ஊக்க ஊதியம் மற்றும் பதவி உயர்விற்கான வாய்ப்புகளை பற்றி அறியாமல் இருக்கிறீர்களா?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

4. உங்களின் வேலைபளு அதிகமாகும் போது சாதாரண வேலை நாளில் முடிக்க முடியாது என்று தோன்றுகிறதா?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

5. உங்களை சுற்றியுள்ளவர்களுக்கு மாறுபாடுள்ள தேவைகளை பூர்த்தி செய்ய உங்களால் முடியவில்லை என்று நினைக்கிறீர்களா?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

6. உங்கள் வேலையை கையாள உங்களுக்கு போதுமான தகுதி இல்லை என்று நினைக்கிறீர்களா?
- (அ) இல்லை (ஆ) எப்போதாவது
- (இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்
7. உங்களின் மேலதிகாரிகள் உங்களையும் உங்கள் பணி விவரங்களையும் பற்றி மதிப்பிடுவதை அறியாமல் இருக்கிறீர்களா?
- (அ) இல்லை (ஆ) எப்போதாவது
- (இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்
8. உங்களின் பணியை தொடர தேவையான தகவல்கள் உங்களிடம் இல்லை என்று நினைத்ததுண்டா?
- (அ) இல்லை (ஆ) எப்போதாவது
- (இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்
9. உங்களின் முடிவுகள்;/ தீர்மானங்கள் மற்றவர்களின் வாழ்க்கையை பாதிப்பதை குறித்து கவலைப்படுகிறீர்களா?
- (அ) இல்லை (ஆ) எப்போதாவது
- (இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்
10. உங்கள் பணியிடத்தில் நீங்கள் மற்றவர்களால் ஏற்றுக் கொள்ளப்படாமல் இருப்பதை போல் உணருகிறீர்களா?
- (அ) இல்லை (ஆ) எப்போதாவது
- (இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்
11. உங்களின் மேலதிகாரியின் தீர்மானங்கள் உங்களை பாதிக்கும்போது அதை உங்களால் அவர்களிடம் மாற்றம் செய்ய வைக்க முடியாது என்று நினைக்கிறீர்களா?
- (அ) இல்லை (ஆ) எப்போதாவது
- (இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

12. உங்களுடன் பணிபுரிபவர்கள் உங்களிடம் வைத்துள்ள எதிர்பார்ப்புகளை பற்றி அறியாதிருக்கிறீர்களா?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

13. உங்கள் வேலையின் அளவு உங்கள் பணிகள் நன்றாக முடிவதற்கு தடையாக உள்ளதென்று நினைக்கிறீர்களா?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

14. உங்களின் சுய தீர்மானங்களுக்கு அப்பாற்பட்ட பணிகளை செய்கிறீர்கள் என்று நினைக்கிறீர்களா?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

15. உங்களின் வேலை உங்களின் குடும்ப வாழ்க்கையை பாதிக்கிறது என்று உணர்கிறீர்களா?

(அ) இல்லை (ஆ) எப்போதாவது

(இ) சில நேரங்களில் (ஈ) ஏறக்குறைய எல்லா நேரங்களில்

APPENDIX - VI

LESSON PLAN ON LAUGHTER THERAPY

Name of the student teacher : **U. BHUVANESH**

Name of the college : College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences

Name of the subject : Community Health Nursing

Topic : Laughter Therapy

Method of Teaching : Teaching cum demonstration

Group : Security Guards with Stress

Venue : IBM Security Services, Coimbatore.

Central Objective

The learner gains adequate knowledge about different types of laughter therapy and develop positive attitude and skills in practicing laughter therapy and able to practice in their day-to-day life.

Specific Objectives

On completion of this class the security guards will be able to

- i. Define laughter therapy
- ii. List out the benefits of laughter therapy
- iii. Explain the types of laughter therapy
- iv. Describe the general instructions and steps of laughter therapy

S. No	Time	Specific Objective	Content	Teachers Activity	Learners Activity	AV Aids	Evaluation
1.	1 mts 2 mts	The learners can able to define laughter therapy	<p>INTRODUCTION</p> <p>The laughter therapy is an excellent type of exercise which all, young and old, can do alone or in a group. Laughter is a wonderful stress – reducer and antidote to upsets. It is clinically proven to be effective in combating stress. Good laugh relaxes tense muscles, speeds more oxygen into your system and lowers blood pressure.</p> <p>DEFINITION</p> <p>“Laughter is the most effective wonder drug. Laughter is a universal medicine” (Bertarnad Russed).</p> <p>Laughter is nature’s stress buster. It lifts our spirits with a happy wish that makes us to feel good and improve our behavior towards others.</p>	The researcher define the laughter therapy	Listening and practicing	Pamphlet	Define laughter therapy

S. No	Time	Specific Objective	Content	Teachers Activity	Learners Activity	AV Aids	Evaluation
	3 mts	The learner can able to list out the benefits of laughter therapy	Benefits of Laughter Therapy <ol style="list-style-type: none"> i. Laughter is a great stress buster ii. Laughter strengthens your immune system iii. Laughter reduces blood pressure iv. Laughter is internal jogging v. Laughter relieves depression, anxiety and addictions vi. Laughter may help to prevent type II diabetes vii. Laughter alleviates bronchitis and asthma viii. Laughter enhances brain functioning ix. Laughter is an intense aerobic work out. 	Explaining	Listening	Pamphlet	List out the benefits
2.	15 mts	The learner can be able to explain the types of laughter therapy	Types of Laughter Therapy There are three types of laughter therapy <ol style="list-style-type: none"> 1. ATTAHASYA 2. MAUN HASYA 3. ASHWA HASYA 	The researcher explains the types of laughter therapy	Listening and practicing	Pamphlet	Explain the types of laughter therapy

S. No	Time	Specific Objective	Content	Teachers Activity	Learners Activity	AV Aids	Evaluation
3.	10 mts	The learner can able to describe the general instructions for practice of laughter therapy and steps	<p>1. ATTAHASYA In the first type, one laughs and loudly with open mouth</p> <p>2. MAUN HASYA In the second type, one laughs with out any sound with closed mouth</p> <p>3. ASHWA HASYA In the third type, one pours out loud out bursts of laughter through the throat like neighing of horse</p> <p>General instructions of laughter therapy and steps</p> <ol style="list-style-type: none"> 1. Wait for 10 minute after meals 2. Sit or stand in a comfortable position 3. In the warming up process, the hands are raised high and the sounds – ha, ha, ha, ho are given out harmonically severe times 	The researcher describe the general instructions for practice of laughter therapy and steps	Listening and practicing	Pamphlet	Describe the general instructions of laughter therapy and steps

S. No	Time	Specific Objective	Content	Teachers Activity	Learners Activity	AV Aids	Evaluation
			<p>The main laughing exercises are</p> <ul style="list-style-type: none"> • Attahasya (loud laughter) laughs freely and loudly • Maunhasya (silent laughter) laughs without sound with closed mouth • Ashwahasya (horse laughter) one pours out loud out bursts of laughter through the throat like neighing of horse <p>3. While the fifth, the sixth and the seventh mode of the warming up process are performed. The key person gives signals by saying 'one, two and three' when the main laughing exercise is performed</p> <p>4. After the laughing exercise is completed, the key person gives signals of deep breathing and then the cooling down process is done. In the cooling down process, one takes deep breaths as in pranayam and gradually raises arms. Then while breathing out arms are gradually lower.</p>				

S. No	Time	Specific Objective	Content	Teachers Activity	Learners Activity	AV Aids	Evaluation
			<p>The different laughter exercise is performed three times and the cooling down exercise are performed three times. One complete cycle in 15 – 20 minutes.</p> <p>SUMMARY</p> <p>Till now we have seen about the definition, benefits, types, general instructions to follow and how to demonstrate it.</p> <p>CONCLUSION</p> <p>Laugh full heartily, it is an easy way to life long fitness. Bear it in mind that when you feel worried about your health. Laughing full heartedly is the best remedy. This has been scientifically proved.</p>				

சிரிப்பு பயிற்சியின் போது கடைப்பிடிக்க வேண்டிய பொதுவான வழிமுறைகள் சாப்பிட்ட பிறகு 10 நிமிடங்கள் கழித்து உடற்பயிற்சியில் ஈடுபடவும்.

நிலையான ஓர் இடத்தில் நின்றோ அல்லது உட்கார்ந்தோ கொண்டோ பயிற்சியை மேற்கொள்ளலாம்.



1. பயிற்சியை தொடங்கும் போது சுறுசுறுப்பான முறையில் கைகளை மேலாக உயர்த்தி ஹா, ஹா, க்கூ, க்கூ, என்று 7 முறை சொல்லவும். பிறகு மூன்று வகையான சிரிப்புகள் அதாவது அட்டஹாசியா, மௌன்ஹாசியா மற்றும் அஸ்வஹாசியா என்று பயிற்சியை மேற்கொள்ளவும்.

2. ஐந்தாவது ஆறாவது மற்றும் ஏழாவது பயிற்சியின் போது ஒவ்வொரு பயிற்சியின் முடிவின் போது, பொதுவான நபர் ஒருவர்,

ஒன்று, இரண்டு மற்றும் மூன்று என்று சைகையை காட்டவும்.

3. மூன்று பயிற்சிகளின் முடிவின் போது, பொதுவான நபர் சில சைகைகளை காட்ட வேண்டும். அதாவது, மூச்சை உள்ளே இழுத்து விடவும். இப்பயிற்சியினை 15-யிலிருந்து 20 நிமிடம் வரை தொடர்ந்து செய்ய வேண்டும்.

முடிவுரை

நாம் தெரிந்தோ, தெரியாமலோ வாய்விட்டு சிரித்து, உடல்திறனை அதிகப்படுத்தி, அதிக சக்தி பெறுவதுடன், நாள் முழுவதும் சுறுசுறுப்பு அடைகிறோம். அவற்றைப் பெறுவதுடன் நோய் இல்லாமல், மன அழுத்தம் குறைந்து, அமைதி அடைந்து, சந்தோஷமாக வாழ்க்கை நடத்த சிரிப்பு உதவி செய்கிறது.

APPENDIX - VII

சிரிப்பு பயிற்சி



உ. புவனேஷ்

செவிலியர் முதுநிலை
இரண்டாம் ஆண்டு,
செவிலியர் கல்லூரி,
இராமகிருஷ்ணா இன்ஸ்டிடியூட்ட்
ஆப் பாராமெடிக்கல் சயின்சஸ்,
கோயமுத்தூர்.

சிரிப்பு பயிற்சி

முன்னுரை

வாழ்க்கையில் ஓர் ஆனந்தம். இன்பம், மகிழ்ச்சி, சந்தோஷம், கொண்டாட்டம் இவை யாவற்றோடு உடல் நலமும், மன நலமும் கொண்டு, உடல் திறனோடு ஆரோக்கியத்தைப் பெற்று, செயல்படுத்த நினைக்கும் மனிதர்களுக்கு சிரிப்பு ஒரு வரப்பிரசாதம்.

வரையறை

சிரிப்பு என்பது இயற்கையாகவே மன அழுத்தத்தைக் குறைக்கக் கூடியதாகும். மேலும் நமது ஆத்மாவையும், பழக்க வழக்கத்தையும் ஒழுங்குபடுத்துவதாகும்.

சிரிப்பினால் ஏற்படும் நன்மைகள்

சிரிப்பது என்பது

- (1) மன அழுத்தத்தை குறைக்கக் கூடியது.
- (2) நோய் எதிர்ப்புச் சக்தியை உருவாக்கவும் மற்றும் நோய்களிலிருந்து உடனடியாக நிவாரணம் கிடைக்கவும்

உதவுகிறது.

- (3) இரத்த அழுத்தத்தைக் குறைக்கிறது.
- (4) தசை நார்கள் வலுப்பெறுவதுடன், வயிற்று தசை சுருங்கி விரிந்து ஜீரண சக்தியை அதிகப்படுத்துகிறது.
- (5) மனம் இறுக்கம் குறைந்து, லேசாக, அமைதியாக மனம் மாறுகிறது.
- (6) சர்க்கரை நோயை குணப்படுத்த உதவுகிறது (பிரிவு - ஐஐ).
- (7) ஆஸ்துமா நோயை குணப்படுத்துகிறது.
- (8) இரத்த நாளங்கள் இப்பயிற்சியின் போது விரிவடைவதால் இரத்த ஓட்டம் நுரையீரல், மூளை ஆகியவற்றை ஒருங்கிணைந்து நாடி, நரம்புகளை அதிக சக்தி கொடுத்து தூண்டுகிறது.
- (9) சுவாச நோய் உள்ளவர்களுக்கு சரியான பயிற்சியாகும்.

சிரிப்பு பயிற்சியின் வகைகள்

சிரிப்பு பயிற்சி மூன்று வகைப்படும்.

1. அட்டஹாசியா (வாய் விட்டு சிரித்தல்)

2. மெளன்ஹாசியா (மௌனமாக சிரித்தல்)

3. அஸ்வஹாசியா (கணைத்து சிரித்தல்)

1. அட்டஹாசியா

முதல் பயிற்சியின் போது வாயை திறந்து நல்ல சுத்தமாக சிரிப்பதாகும்.

2. மெளன்ஹாசியா

இரண்டாவது பயிற்சியின் போது வாயை மூடிக் கொண்டு சத்தமில்லாமல் சிரிப்பதாகும்.

3. அஸ்வஹாசியா

மூன்றாவது பயிற்சியின் போது குதிரை கணைப்பது போல் சிரிப்பதாகும்.



APPENDIX – VIII

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation, "Effect of Laughter Therapy on Stress Management among Security Guards at IBM Security Services, Coimbatore." done by U. Bhuvanesh II year M.Sc Nursing, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, has been edited for English language appropriateness.

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Designation : Assistant Professor
Name of the Institution : Hindustan College of Arts & science
Signature : Jessy Mathew

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APPENDIX – IX

CERTIFICATE OF TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation, "Effect of Laughter Therapy on Stress Management among Security Guards at IBM Security Services, Coimbatore." done by U. Bhuvanesh II year M.Sc Nursing, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, has been edited for Tamil language appropriateness.

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