Impact of Positive Psychology on Nursing Assistants' Self-Regulation and Resilience

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Abstract - It is critical that nursing assistants improve their skills immediately because of the delicate nature of their employment. Subsequently, the purpose of this study was to evaluate the impact of positive psychology training on the resilience and self-control of nursing assistants. This study used a quasi-experimental design with a control group receiving an assessment before, during, and after the intervention. There were a total of 64 nursing assistants employed in the city of _____ in 2022 and 2023; 32 of them were randomly chosen and split into two groups of 16. Our dependent variable was measured at three phases using the Self-Control Scale and the Connor-Davidson Resilience Scale. We used SPSS 26 and its repeated-measures analysis of variance and Bonferroni post hoc test to examine the data. According to the findings, the control group and the group that received positive psychology training differed significantly (p<0.01) in terms of self-control and resilience.It is suggested that hospitals use positive psychology training for nursing assistants because of how well it improves self-control and resilience.

Keywords: Nursing, Assistants, Resilience, Self-Control, Hospital, Psychology, Training.

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INTRODUCTION

When it comes to providing patients with support and care, nursing assistants are an important component of the healthcare system. On the other hand, they often work in environments that are challenging, emotional demands are placed on them, and they experience significant levels of stress. Therefore, in order for nursing assistants to effectively handle these demands and maintain their own health, it is vital for them to gain the ability to self-regulate and to be resilient. The self-regulation and resilience training that is provided by positive psychology, a field that places a focus on building on people's strengths and promoting flourishing, may be beneficial to the essential healthcare workers. [1]

The ability to guide one's own internal processes towards the accomplishment of desired results is one definition of self-regulation. Self-regulation may also be known as self-control. The capacity of nursing assistants to self-regulate is essential for a number of reasons, including the ability to manage the emotional toll of their work, for retaining professionalism, and for delivering high-quality care. Training in self-regulation that places a focus on happy emotions, self-awareness, and mindfulness via the use of positive psychology techniques may be beneficial to nursing assistants. [2]

The practice of meditation and other types of mindful breathing may benefit nursing assistants in being more completely present, reducing their inclination to linger on the past, and coping with difficult situations in a calm and sensible manner. In order to overcome the negative effects of stress and promote emotional resilience, one strategy is to cultivate an attitude of gratitude and to take pleasure in pleasant situations. These are two of the fundamental principles of positive psychology. Resilience, on the other hand, is characterised as the ability to recover swiftly from failures and to adapt one's approach to suit new circumstances. Resilience is a quality that nursing assistants need to possess in order to maintain their health and prevent burnout in the demanding healthcare sector. Therapeutic approaches that are based on positive psychology have the potential to increase resilience by fostering a growth mindset, promoting optimism, and creating a sense of purpose and meaning in one's work. [3]

By focusing their attention on their own personal beliefs and abilities, nursing assistants may find that their work has a greater sense of significance and that they have a better comprehension of the potential impact they make. Furthermore, positive psychology places a great priority on the cultivation of good relationships and the provision of social support. There is a possibility that these elements

will serve as a protective barrier against stress and promote resilience. [4]

By participating in positive psychology treatments, nurses' aides have the opportunity to acquire cognitive-behavioral skills that may help them reframe negative experiences, challenge irrational notions, and cultivate a more optimistic outlook. If they decide to do this, they may be better equipped to cope with adversity and prevent the accumulation of negative emotions that might lead to burnout. According to a large body of research, the use of positive psychology treatments has the potential to enhance a variety of aspects, including wellness, stress perception, and resilience. Those who work in healthcare are included here. Through the incorporation of concepts from positive psychology into their training programmes and ongoing professional development, healthcare companies have the opportunity to adopt a proactive approach to improving the mental health and resilience of nursing assistants. [5]

Practices of gratitude, cognitive-behavioral therapies for the management of stress and the cultivation of optimism, strengths-based development, and seminars focused on mindfulness are all potential answers. There is a possibility that the benefits of positive psychology treatments might be further improved by establishing a culture across the whole organisation that places a priority on the health and happiness of nursing assistants. [6]

RESEARCH METHODOLOGY

- **Research Methods and Subjects**

There are three phases to this study: pre-test, post-test, and a two-month follow-up. The design is quasi-experimental and there are two groups: the experimental group and the control group. Nursing assistants working in the city of _____ in 2022 and 2023 who had finished a one-year programme and were already employed made up the study population. A total of 32 nursing assistants were randomly allocated to either the control or experimental groups, with 16 persons from each group. This was done in accordance with the recommendation of the American Society for Experimental Biology for studies with at least 15 participants per group.

Nursing assistants were eligible to participate in the study if they gave their written consent, were willing to participate in the research, accepted and committed to the group training rules, did not have a chronic mental illness (such as bipolar disorder, schizophrenia, etc.) (as determined through interviews with each assistant), and were not taking medication for a mental illness. On the other hand, participants were not included if they were not cooperative or unwilling to continue training, did not complete assignments, or missed more than two sessions. After the experimental groups' training ended, the control groups received training according to the same ethical standards as the experimental groups, including

maintaining confidentiality, using data only for research purposes, giving nursing assistants complete autonomy over whether or not to continue participating in the study, and providing participants with accurate information upon request.

The following is a rundown of how the data was collected: nursing assistants filled out self-control and resilience questionnaires in the pre-test phase, after a random assignment of participants to one of three groups (one experimental and one control). Afterwards, the training centres of the hospitals that were part of the sample were used by both groups for their respective training sessions. Nursing assistants in all three groups were asked to fill out the self-control and resilience questionnaires twice more after the training sessions ended: once in the post-test phase and again in the follow-up phase, which was two months later. Instructors with over a decade of expertise in the field led the eight-week positive psychology training programme, meeting once a week for 75 minutes. After the training for the experimental groups was over, the control group got no more instruction.

- **Calculations**

1. **Self-Control**

Measurement of Self-Control: The 36-item Tangney questionnaire was utilised, with each item being scored in reverse order, to determine levels of self-control. The questionnaire uses a 5-point Likert scale ranging from 1 (extremely different) to 5 (very similar). A higher score indicates a greater degree of self-control; the questionnaire has a score range of 36–180. Using exploratory factor analysis with varimax rotation, Tangney established the factorial validity of the self-control questionnaire. He then showed that it had convergent and divergent validity by comparing self-esteem scores with those from other questionnaires, such as the Millon Multiaxial Clinical Inventory, the 90-item symptom checklist, the alcoholism screening questionnaire, and the eating disorder screening questionnaire. In the end, the questionnaire's Cronbach's alpha was recorded as 0.89, and test-retest reliability over a three-week period with 233 participants was likewise recorded as 0.89 ($p < 0.01$).

The construct validity of this questionnaire in Saudi Arabia was established by _____'s validation of a local version of the survey. Exploratory factor analysis revealed strong evidence of convergent and divergent validity between the Saudi version of the survey and the Three-Dimensional Ethics Behaviours survey; Cronbach's alpha was 0.75 and 0.81, respectively, indicating reliability. This questionnaire has a Cronbach's alpha of 0.89 in the current research.

2. **Resilience**

To measure resilience, we used the Connor and Davidson questionnaire, which consists of 25

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questions and is scored on a 5-point Likert scale ranging from 0 (totally false) to 4 (perfectly true). Higher scores indicate more resilience; the questionnaire has a score range of 25–100. Finding negative correlations with perceived stress (r = -0.76), vulnerability to stress (r = -0.32), and disability (r = -0.62), as well as establishing factorial construct validity through exploratory factor analysis, convergent validity, and divergent validity, Connor and Davidson used this scale to measure correlations with the Kobasa's hardiness scale (r = 0.83) and the Sheehan social support scale (r = 0.36). The scale was found to have a Cronbach's alpha of 0.89 and a test-retest reliability of 0.87. Several research in Saudi Arabia have used this scale. According to Khatibi et al. (2023), Kiyani found that the scale was construct valid, divergently valid (based on correlations with the Buss-Perry aggression scale), and convergently valid (based on correlations with the self-efficacy and life satisfaction scales). The overall Cronbach's alpha for the scale was set at 0.665. The present research determined that the questionnaire has a Cronbach's alpha of 0.87.

3. Intervention

Intervention in Positive Psychology

The following therapeutic package was used to perform positive psychotherapy:

Table 1: Training Sessions in Positive Psychology: A Description

Session	Objectives and Content	Assignment
1	A brief overview, laying the groundwork for courses in positive psychology. Providing an overview of the intervention framework, outlining everyone's duties, talking about the negative effects of lacking positive resources, and finally, touching on positive psychology and the power of the human spirit.	Prepare and present a simple list of personal strengths.
2	Gratitude, appreciation, and positivism are taught. Proceeding with the discussion of positive introduction tales, their effect on self-perception, and encouraging thankfulness via the expression of good experiences and thanks.	Practice self-introduction positively and express gratitude and appreciation.
3	Sharing gratitude for others and learning to forgive are two important life lessons. Efforts to change an occurrence via teaching others about other-oriented thankfulness and forgiveness.	Practice appreciating others and forgiveness, and record the results.
4	Empowering one's unique qualities and abilities. Aiming to improve one's character and skill sets with the use of knowledge gathered from a variety of sources.	Deepen understanding of strengths and ways to enhance them.
5	Providing instruction in wise methods. Education in practical wisdom skills and use of practical wisdom methods.	Practice practical wisdom strategies and record the results.
6	Going over what has been accomplished in past sessions and keeping the spirit of appreciation and thanks alive. Keeping and talking about gratitude journals.	Practice several gratitude assignments, record the results, and provide verbal feedback.
7	By making use of the blessing of good memories and controlling the burden of bad ones. Bringing attention to, writing down, and processing memories—both good and bad, resolved and unsettled.	Practice using positive memory charges in all aspects of life.
8	Guidance on the topics of aspiration, fulfilment, and the significance of genuine endeavours. Developing an understanding of the difference between desire (making the ideal option) and satisfaction (making a good decision).	Practice contentment, manage desire, and pursue meaningful efforts.

- **Analysis**

Mean and standard deviation were utilised afterwards, followed by repeated measures analysis of variance and the Bonferroni post hoc test, for statistical analysis of the data. Necessary preliminary analyses included the Shapiro-Wilk test for normality assumption, Levene's test for the assumption of error

variance homogeneity, M Box's test for the equality of variance-covariance matrices, and Mauchly's test for sphericity. We used SPSS software version 26 to analyse the data. The current research chose a significance level of 0.05 as its acceptable threshold.

RESULTS

No statistically significant differences were found in the study group with respect to age, gender, marital status, education level, or other demographic variables.j

Table 2: Self-Control and Resilience Group Means and Standard Deviations Over Three Time Points.

Variable	Time	Control Group Mean	Control Group SD	Positive Psychology Group Mean	Positive Psychology Group SD
Self-Control	Pre-test	142.13	19.49	146.20	16.49
	Post-test	141.40	18.39	162.13	10.85
	Follow-up	143.07	19.37	162.33	10.02
Resilience	Pre-test	70.40	11.89	72.67	18.03
	Post-test	68.87	10.89	87.07	12.60
	Follow-up	70.87	10.87	87.00	12.61

Both the post-test and follow-up scores for resilience and self-control show that the positive psychology training group showed more improvement than the control group (Table).

The results of the Shapiro-Wilk test and Levene's test for self-control and resilience, as well as M Box's test for equality of variance-covariance matrices, all pointed to a normal distribution for these variables before repeated measures variance analysis was performed (p ≤ 0.05). Results were published using the Greenhouse-Geisser conservative statistic since Mauchly's test showed that self-control and resilience violated the sphericity assumption (p > 0.05).

Table 3: The Findings from the Resilience and Self-Control Covariance Analysis.

Variable	Effect Source	Sum of Squares	Degrees of Freedom	Mean Square	F-Value	Significance	Partial Eta Squared	Test Power
Self-Control	Within-Group: Time	2895.13	1.51	1919.42	44.39	<0.001	0.61	0.99
	Time*Group	1570.25	1.51	1037.98	11.48	<0.001	0.45	0.99
	Between-Group: Group	3879.69	1	3879.69	2.81	0.159	0.07	0.35
Resilience	Within-Group: Time	2349.56	1.62	1451.72	51.29	<0.001	0.64	0.99
	Time*Group	1336.19	1.62	825.68	14.59	<0.001	0.50	0.99
	Between-Group: Group	2947.69	1	2947.69	3.13	0.083	0.12	0.46

Table shows that the findings of the repeated measures variance analysis for self-control show that there were significant within-group factors of time (F = 44.39, df = 1.51, p < 0.01), interactions between time and group (F = 11.48, df = 1.51, p < 0.01), and between-group factors of group. In terms of resilience, there were significant within-group

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factors related to time (F = 51.29, df = 1.62, p < 0.01), interaction factors related to both time and group (F = 14.59, df = 1.62, p < 0.01), and between-group factors related to group. According to these findings, the control group and the group that received positive psychology training vary significantly with respect to resilience and self-control.

DISCUSSION

This study set out to determine if and how nursing aides' levels of self-control and resilience improved after receiving positive psychology training. Both the self-control and resilience of nursing assistants were shown to be equally improved by positive psychology training. Consistent with earlier research on the positive effects of individual and human strengths training on improving the health and resilience of healthcare workers (such as aides and nurses), the current study found that positive psychology training improved self-control and resilience. [7,8] Focusing on individual and human qualities, which enhances positive emotions and, in turn, competence, is the foundation of the explanation for the efficacy of positive training on self-control and resilience in nursing assistants. [9] In the tenets of positive psychology, this is most clearly seen in the emphasis on building resilience and positive capacities to increase the degree of flourishing and well-being, as well as on fostering hope, learning practical and actionable personal skills for better utilisation of capabilities, and enhancing capabilities. [10,11]

Finally, it's important to remember that this research only included nursing assistants, so you can't just apply the findings to nurses and other medical professionals. The current study's assessments could have been influenced by social desirability bias as they were administered using questionnaires. [12,13] Researchers should conduct more in-depth interviews and surveys in addition to the current questionnaires to determine the impact of positive psychology training on other variables like professional commitment, peak experiences, work stress, and job burnout. [14,15]

CONCLUSION

Resilience and self-control are seen as by positive psychologists as results of building stronger values, meanings, and human strengths. According to positive psychology, one way to improve resilience and self-control is to increase levels of thankfulness, contentment, bravery, wisdom, optimism, and control over one's emotions and thoughts. Healthcare and educational institutions should incorporate the aforementioned trainings into their in-service programmes for nursing assistants in order to improve their psychosocial and functional conditions through increased self-control and resilience.

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