




# Effectiveness of Positive Psychology on Self-Control and Resilience in Nursing Assistants

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## ABSTRACT

**Objective:** Nursing assistants, due to their sensitive and serious work, have an urgent need to enhance their capabilities. Accordingly, this research aimed to compare the effectiveness of positive psychology training on self-control and resilience among nursing assistants.

**Materials and Methods:** The present study is a quasi-experimental research conducted in three phases: pre-test, post-test, and follow-up with a control group. The statistical population consisted of nursing assistants in the city of Isfahan during the years 2021-2022, from which 45 nursing assistants were purposively selected and divided into three groups (each group containing 15 individuals). The Tangney et al. (2004) Self-Control Scale and the Connor-Davidson Resilience Scale (2003) were used to measure the dependent variable at three stages. Two training groups, each underwent 8 sessions of 75 minutes of training, and the control group did not receive any treatment. Data were analyzed using repeated measures analysis of variance and Bonferroni post hoc test through SPSS software version 26.

**Findings:** The results showed that there is a significant difference in self-control and resilience between the positive psychology training and the control group ( $p < 0.01$ ).

**Conclusion:** Considering the effectiveness of positive psychology training in enhancing self-control and resilience, it is recommended that this approach be employed in hospitals for nursing assistants.

**Keywords:** Positive psychology, Self-control, Resilience, Nursing assistants

## 1. Introduction

The nursing profession is considered among the most crucial and significant professions, yet it is also one that is fraught with stress and tension (Chen et al., 2023). Alongside nurses, nursing assistants, formerly known as nurse aides, play an integral role in the healthcare team and

under the supervision of nurses, they perform tasks such as patient transport, bathing, oral care, and cleaning (Wu et al., 2022). The profession of nursing assistantship, much like nursing, is characterized by high levels of job pressure and demands, which can lead to a significant number of job departures due to stress and tension (McLinton et al., 2018).

Essential skills for nursing assistants include patient communication, assisting with oral medication distribution, patient condition reporting, and measurement and calibration. Overall, nursing assistantship is a job constantly exposed to issues such as stress and anxiety, thus categorizing it among the difficult professions (McLinton et al., 2018). The profession's nature, considering the special care provided to patients and the adherence to required considerations, along with factors such as job insecurity (nursing assistants often work on contractual membership in healthcare environments), limited career advancement opportunities coupled with low income, lack of choice and flexibility in service delivery methods, among other considerations, can all impact the psychological well-being and mental health of this group (Foroutan et al., 2023; Zheng et al., 2017). Among various factors, self-control and resilience hold special significance in coping with the challenges and difficulties of the nursing assistant profession.

Self-control, as a variable significant in the realm of mental health and well-being, is defined as the ability to follow reasonable requests, adjust behavior according to the situation, delay gratification within socially accepted frameworks without the direct intervention or guidance of another individual (Mehraban & Alivandivafa, 2022; Oji et al., 2020). Self-control aids individuals in dealing with daily conflicts and problems logically and constructively (Seibert et al., 2016), making it a necessary variable for nursing assistants as it helps in controlling emotions, delaying needs and desires, and focusing on assigned tasks (Hagger et al., 2010). In the caregiving and nursing profession, self-control is essential for managing emotions in acute and emergency situations when dealing with patients and preventing various psychological reactions, including anxiety disorders and stress. Research evidence suggests that self-control is associated with a wide range of variables, including positive thinking, self-efficacy, and spiritual and religious care and orientation (Galla & Duckworth, 2015; Ghorbani Amir et al., 2023; Hagger et al., 2010; Mesbahi et al., 2020; Oji et al., 2020; Seibert et al., 2016).

Alongside self-control, resilience is another variable that can reduce the problems of nursing assistants and increase their psychological well-being. Resilience is an individual's capacity to maintain a biopsychosocial and spiritual balance under pressure, enabling the individual to adapt and adjust to circumstances (Foroutan et al., 2023). Resilience is not just about enduring harm or threatening conditions but also actively and constructively participating in one's

environment (Byeon et al., 2019). Research indicates that resilience is essential for success in the nursing profession to face professional challenges and overcome negative experiences (Karami et al., 2017; Zheng et al., 2017). Furthermore, resilience can mitigate the adverse effects of unfavorable job conditions, improving the quality of nursing services (Beuren et al., 2022; Peymannia, 2022). Nurses and, by extension, nursing assistants can maintain their psychological health and demonstrate appropriate psychological adaptation to patients and the environment by leveraging their resilience capacities in adverse therapeutic situations and professional care services (Hudgins, 2016; Karami et al., 2017). Additionally, nurses and nursing assistants can achieve psychological well-being and satisfaction with their life and profession by utilizing their resilience capacity to endure and improve their tolerance and service delivery (Deng et al., 2023; Moghadari Koosha et al., 2022; Sadri Damirchi et al., 2018; Sokratous et al., 2023). Similar to self-control, research evidence shows a relationship between positive, spiritual, ethical, and religious constructs and resilience (Abedini & Joibari, 2023; Bababkhani, 2020; Babakhani, 2020; Doebel, 2020; Galla & Duckworth, 2015; Ghorbani Amir et al., 2023; Hagger et al., 2010; Mehraban et al., 2022; Mesbahi et al., 2020; Sinha, 2018).

Positive psychology aims to understand the complexities of human experiences by integrating and replacing signs with capabilities, risks with resources, weaknesses with values, and regret with hope in a balanced manner. The ultimate goal of positive psychology training is to help individuals learn applicable and tangible personal skills to better utilize their capabilities towards enhancing well-being, flourishing, and leading a meaningful life (Brownell et al., 2016). Hence, positive psychology trainings actively focus on developing positive capacities and resilience to facilitate the enhancement of flourishing and well-being levels (Luthans & Youssef-Morgan, 2017). Studies in the field of positive psychology effectiveness have demonstrated positive outcomes (Chung et al., 2010; Darbani & Parsakia, 2022; Movahedrad et al., 2023; Parsakia & Darbani, 2022; Parsakia et al., 2022; Smith, 2006; Tse et al., 2016). Based on this, the current study focuses on the question of whether positive psychology training is effective in enhancing self-control and resilience among nursing assistants.

## 2. Methods and Materials

## 2.1. Study Design and Participants

The present study is a quasi-experimental, two-group design comprising one experimental group and one control group, with three stages: pre-test, post-test, and a two-month follow-up. The study population consisted of nursing assistants in the city of Isfahan during the years 2021-2022, who had completed a one-year nursing assistant training course and were currently employed. Considering that experimental research recommends a minimum of 15 participants per group (Gall et al., 1995), 30 individuals (15 per group) were purposively selected from the nursing assistants and randomly assigned (via lottery) to either the control or experimental group. Inclusion criteria included obtaining written consent from the nursing assistants, willingness to participate in the research, acceptance and commitment to the group training rules, not suffering from chronic psychological disorders such as bipolar disorder, schizophrenia, etc. (determined through interviews with each nursing assistant), not being under psychiatric treatment (medication), and exclusion criteria were lack of cooperation or unwillingness to continue participating in the training sessions, failure to complete assignments, and absence from more than two training sessions. In addition to obtaining an ethics code, ethical principles such as confidentiality, use of data solely for research purposes, full freedom and discretion of nursing assistants to continue participating in the research, and accurate information provision upon participants' request along with control group training after the experimental groups' training concluded were observed.

Data collection was conducted as follows: after randomly assigning participants to three groups, including two experimental groups and one control group, in the pre-test phase, nursing assistants responded to the self-control and resilience questionnaires. Subsequently, each of the two training groups participated in their training courses at the training centers of the hospitals from which the sample was selected. After the training sessions concluded, nursing assistants from all three groups responded to the self-control and resilience questionnaires again in the post-test phase and then two months later in the follow-up phase. Positive psychology training was conducted in 8 sessions of 75 minutes each, once a week for a total of 8 consecutive weeks, by instructors with more than 10 years of educational and therapeutic experience. The control group did not receive any training until after the experimental groups' training had concluded.

## 2.2. Measures

### 2.2.1. Self-Control

Self-Control Questionnaire (Self-Control Questionnaire); The Tangney et al. (2004) questionnaire, which contains 36 items and a 5-point Likert scale from 1 (not at all similar) to 5 (very much similar), was used to measure self-control (items 1, 2, 3, 5, 7, 8, 9, 10, 11, 13, 15, 16, 18, 19, 20, 22, 24, 27, 28, 30, 31, 32, 33, and 34 were reverse-scored). The score range for this questionnaire is between 36 to 180, with higher scores indicating higher levels of self-control. Tangney et al. (2004) documented the factorial validity of this questionnaire through exploratory factor analysis with varimax rotation and demonstrated its convergent and divergent validity based on correlations between self-control questionnaire scores and scores from self-esteem questionnaires, the 90-item symptom checklist, the Millon Multiaxial Clinical Inventory, the alcoholism screening questionnaire, and the eating disorder screening questionnaire. The Cronbach's alpha of this questionnaire was ultimately reported as 0.89, and test-retest reliability over a three-week interval with a sample of 233 individuals was also reported as 0.89 ( $p < 0.01$ ) (Tangney et al., 2004). In Iran, Azadmanesh and colleagues (2020) validated a version of this questionnaire, and based on evidence from exploratory factor analysis, the construct validity of this questionnaire in Iran was documented, showing significant evidence of convergent and divergent validity between scores from this questionnaire and scores from the Three-Dimensional Ethics Behaviors questionnaire, with Cronbach's alpha reported as 0.75 and 0.81 (Mesbahi et al., 2020). In the present study, the Cronbach's alpha for this questionnaire was found to be 0.89.

### 2.2.2. Resilience

Resilience Scale (Resilience Scale); The Connor and Davidson (2003) questionnaire with 25 items and a 5-point Likert scale, from 0 (completely untrue) to 4 (completely true), was used to measure resilience. The score range for this questionnaire is between 25 to 100, with higher scores indicating higher levels of resilience. Connor and Davidson (2003) established the factorial construct validity of this scale through exploratory factor analysis, its convergent validity by measuring correlations between scores from this scale and the Kobasa's hardiness scale ( $r = 0.83$ ), and the Sheehan social support scale ( $r = 0.36$ ), and its divergent validity through negative correlations with perceived stress

( $r = -0.76$ ), vulnerability to stress ( $r = -0.32$ ), and disability ( $r = -0.62$ ). The Cronbach's alpha of the scale was reported as 0.89, and test-retest reliability was reported as 0.87. In Iran, this scale has been used in various studies. Kiyani and colleagues (2014) confirmed the construct validity of the scale through confirmatory factor analysis, its divergent validity through correlations between scores from this scale and the Buss-Perry aggression scale, and its convergent validity through correlations with self-efficacy and life satisfaction scales, reporting the overall Cronbach's alpha of

the scale as 0.665 (Khatibi et al., 2023). In the current study, the Cronbach's alpha for this questionnaire was found to be 0.87.

2.3. *Intervention*

2.3.1. *Positive Psychology Intervention*

Positive psychotherapy was conducted through the following therapeutic package (Parsakia & Darbani, 2022; Seligman & Csikszentmihalyi, 2000; Smith, 2006):

**Table 1**

*Description of Positive Psychology Training Sessions*

Session	Objectives and Content	Assignment
1	Introduction, setting the stage for positive psychology training. Introducing intervention structure, defining roles and responsibilities, discussing the absence of positive resources and its impact, and introducing positive psychology and human strengths.	Prepare and present a simple list of personal strengths.
2	Teaching positivity, gratitude, and appreciation. Following up on positive introduction stories, their impact on self-perception, and fostering gratitude through writing positive experiences and appreciations.	Practice self-introduction positively and express gratitude and appreciation.
3	Teaching appreciation of others and the concept and training of forgiveness. Educational work on other-oriented gratitude and forgiveness as a process for changing an event.	Practice appreciating others and forgiveness, and record the results.
4	Strengthening character and specific strengths. Focusing on enhancing character strengths and specific abilities by collecting information from various sources.	Deepen understanding of strengths and ways to enhance them.
5	Teaching strategies of wisdom. Practical wisdom skills training and using practical wisdom strategies.	Practice practical wisdom strategies and record the results.
6	Reviewing the outcomes of previous sessions and continuing to deepen gratitude and appreciation. Sharing gratitude diaries and discussing them.	Practice several gratitude assignments, record the results, and provide verbal feedback.
7	Using the gift of positive memories and managing negative memories. Focusing on unresolved or negative and resolved or positive memories, recalling, writing, and processing these memories.	Practice using positive memory charges in all aspects of life.
8	Teaching about desire, contentment, and the role of meaningful efforts. Working on the concept of desire (creating the best choice) and contentment (making a sufficient choice).	Practice contentment, manage desire, and pursue meaningful efforts.

2.4. *Data analysis*

For statistical analysis of the data, in addition to necessary preliminary analyses such as the Shapiro-Wilk test for normality assumption, Levene's test for the assumption of error variance homogeneity, M Box's test for the assumption of equality of variance-covariance matrices, and Mauchly's test for sphericity, mean and standard deviation were used followed by repeated measures analysis of variance and

Bonferroni post hoc test. Data were analyzed using SPSS software version 26. The acceptable significance level used in the present study was set at 0.05.

**3. Findings and Results**

Demographically, the research group showed no significant differences in terms of education, age, gender, and marital status.

**Table 2**

*Mean and Standard Deviation of Self-Control and Resilience in Research Groups Across Three Time Stages*

Variable	Time	Control Group Mean	Control Group SD	Positive Psychology Group Mean	Positive Psychology Group SD
Self-Control	Pre-test	143.13	20.49	146.20	15.49
	Post-test	142.40	19.39	162.13	9.85
	Follow-up	144.07	20.37	162.33	10.02
Resilience	Pre-test	71.40	10.89	71.67	18.03
	Post-test	69.87	9.89	87.07	11.60
	Follow-up	71.87	9.87	87.00	11.61

As observed in Table 2, the mean scores for self-control and resilience indicate that the positive psychology training group exhibited greater changes compared to the control group in both the post-test and follow-up phases.

Prior to conducting repeated measures variance analysis, results from the Shapiro-Wilk test for both self-control and resilience suggested a normal distribution for these variables

( $p \leq 0.05$ ), and Levene's test results indicated homogeneity of variances across study groups, with M Box's test results confirming equality of variance-covariance matrices for these variables ( $p \leq 0.05$ ). The Mauchly's test indicated a violation of the sphericity assumption for self-control and resilience ( $p > 0.05$ ); hence, results were reported using the Greenhouse-Geisser conservative statistic.

**Table 3**

*Results of Covariance Analysis for Self-Control and Resilience*

Variable	Effect Source	Sum of Squares	Degrees of Freedom	Mean Square	F-Value	Significance	Partial Squared	Eta Squared	Test Power
Self-Control	Within-Group: Time	4369.44	1.51	2886.19	66.76	< 0.001	0.61		0.99
	Time*Group	2235.5	1.51	1480.46	17.08	< 0.001	0.45		0.99
	Between-Group: Group	5819.75	1	5819.75	4.21	0.022	0.17		0.71
Resilience	Within-Group: Time	3526.95	1.62	2173.87	74.43	< 0.001	0.64		0.99
	Time*Group	1971.41	1.62	1305.56	20.80	< 0.001	0.50		0.99
	Between-Group: Group	4445.88	1	4445.88	5.88	0.006	0.22		0.85

As seen in Table 3, the repeated measures variance analysis results indicate that for self-control, the within-group factor of time ( $F = 66.76$ ,  $df = 1.51$ ,  $p < 0.01$ ), the interaction between time and group ( $F = 17.08$ ,  $df = 3.03$ ,  $p < 0.01$ ), and the between-group factor of group were significant. For resilience, the within-group factor of time ( $F = 74.43$ ,  $df = 1.62$ ,  $p < 0.01$ ), and the interaction between time and group ( $F = 20.80$ ,  $df = 3.24$ ,  $p < 0.01$ ), as well as the between-group factor of group, were significant. These results indicate that there is at least a significant difference between the positive psychology training and control groups in terms of self-control and resilience.

**4. Discussion and Conclusion**

This research was conducted to examine the effectiveness of positive psychology training on the self-control and resilience of nursing assistants. The results demonstrated that positive psychology training is equally effective on both self-control and resilience of nursing assistants. The effectiveness of positive psychology training on self-control and resilience in the present study aligns with the findings of previous studies regarding the effectiveness of individual and human strengths training on enhancing the well-being and resilience of those involved in healthcare services, including nurses and nursing assistants. The explanation for the effectiveness of positive training on self-control and resilience in nursing assistants is rooted in focusing on

individual and human strengths, subsequently enhancing positive emotions, and ultimately increasing capability (Brownell et al., 2016). This is particularly evident in the emphases of positive psychology, especially the focus on enhancing capabilities, promoting hope (Nasiri Takami et al., 2020), learning applicable and tangible personal skills for better utilization of capabilities towards striving for well-being, flourishing, and a meaningful life (Taghavi et al., 2019), and in developing positive capacities and resilience to facilitate the level of flourishing and well-being (Parsakia & Darbani, 2022). In other words, positive psychology perceives resilience and self-control as outcomes of strengthening values, meanings, and human strengths, and through enhancing levels of gratitude, contentment, courage, wisdom, positive thinking, and optimism along with hope as one of the pillars of human life, it can readily enhance self-control and improve resilience.

Given that enhancing self-control and resilience in nursing assistants can improve their psychosocial and functional conditions, it is recommended that the mentioned trainings be utilized as effective education for nursing assistants in healthcare and educational centers as part of their in-service training.

**5. Limitations & Suggestions**

Finally, it should be noted that the current study has limitations: it was conducted on nursing assistants, thus



caution should be exercised in generalizing the results to nurses or other healthcare staff members. Assessments in the present study were conducted through questionnaires, which may be subject to social desirability bias. For future research, it is suggested that researchers explore the effectiveness of positive psychology training on other variables such as job burnout, work stress, peak experiences, professional commitment, and similar variables, alongside deeper assessments through interviews in addition to questionnaires.

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### Declaration of Interest

The authors of this article declared no conflict of interest.

### Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

### Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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### Authors' Contributions

All authors equally contributed to this article.

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