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A study to assess the effectiveness of loving kindness meditation on anger among cancer survivors

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Abstract
Aim: To determine the effectiveness of loving kindness meditation on anger among cancer survivors.
Design: Quantitative research approach with Pre experimental one group pretest and posttest design
Methods: The sample consisted of 30 cancer survivors fulfilling the inclusive criteria were selected by means of Purposive sampling technique. The participants practiced 30 minutes of LKM daily for 30 days Pre and post intervention assessment have done using Clinical anger scale. Paired t test was used for data analysis.
Results: The study findings showed that the LKM was effective in reduction of anger among cancer survivors ($t=2.05$ $P<0.05$).Conclusion: LKM is effective in reducing the anger among cancer survivors. The study gives evidence to support that LKM is an effective intervention on anger reduction. Hence add to the body of knowledge of Oncological nursing and enhance professionalism.

Keywords: Anger, cancer survivors, loving kindness meditation, clinical anger scale (CAS)

Introduction
Cancer is a generic term for a large group of diseases that can affect any part of the body. Cancer is a leading cause of death worldwide. Diagnosis of cancer can be a profound shock, fear, leading to a feeling of anger-Asking why me? And even feel angry with God and undergo a traumatic experience both mental anguish and physical exhaustion. Treatment regimens often bring physical discomfort, loss of normal day to day functioning; altering their work schedule, decrease social activities which fuel anger. Psychological distress is common among prolonged hospitalized patients and influenced by multiple factors. Integrating mental health services into routine care can enhance both psychological well-being and physical recovery. Having constant anger is not good and unmanaged anger will increase anxiety, depression, physical tension which slows down the recovery process. Feelings of anger may be directed at oneself, health care team, loved ones or even disease itself. The cancer survivors may experience anger due to the uncertainty of future, loss of control over life, pain, fatigue, financial stress, strain relationship. Studies have shown that 15 -20% cancer patients have distressing level of irritability and anger and these states are related to maladaptive coping. Unmanaged anger can lead to noncompliance with treatment, stress, weak immune system. Studies had shown the efficacy of mindfulness meditation on decreasing anger. The concept of compassion has been rooted in spiritual for 1000 of years. Compassionate care is necessary for successful medical treatment. There is an increasing demand for short, pragmatic approach to manage their emotional response to challenging situations.

Problem statement
A study to assess the effectiveness of loving kindness meditation on anger among cancer survivors

Objectives of the study
- To assess the pretest and posttest level of anger among cancer survivors
- To determine the effectiveness of LKM on anger reduction among cancer survivors

Hypothesis

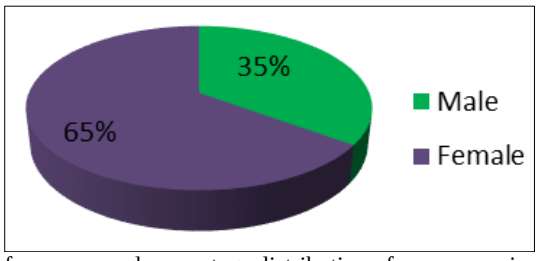
H_1: There is a significant difference between the pretest and posttest level of anger among cancer survivors.

Methods

This present study was conducted at international cancer centre Kanniyakumari district. Pre experimental one group pretest and posttest design was adopted to conduct the study. The sample consisted of 30 cancer survivors fulfilling the inclusive criteria. Purposive sampling technique was adopted. The data related to demographic variables and the pre -test using clinical Anger scale was gathered and Loving kindness meditation was taught to cancer survivors, instructed to perform LKM for about 30 minutes every day for a month. Participants in the LKM were instructed to begin by sitting comfortable. Follow the breath as it comes in and then out bring to mind or imagine a loved one for whom they are happy to see and have deep feelings of love. Imagine this person or pet, noticing the feelings they have for them arise in the body, may be a smile that spreads across your face, may be warmth in your body. Whatever it is allow it to be felt. Bring to mind now you can offer loving kindness to them and then to yourself. Slowly spell out the Phrases: May they/I be happy, healthy, safe, live in peace no matter what I am given may my heart be filled with love and kindness, free from suffering and the root of suffering, free from anger, unwholesome state of mind like fear and worries, know to look at myself with the eyes of understanding and love, learn how to nourish myself with joy each day, able to live fresh, solid, and free. Over the course of several days, this meditation was gradually extended to include directing positive feelings towards a person who harmed and then towards all living beings.

Data analysis and interpretation

Samples of 30 cancer survivors were selected for the study. Statistical analysis of frequency and percentage distribution of demographic variables among cancer survivors revealed that 40% belongs to age group of 50-55, In relation to gender 65% were female, regarding the occupation 55% were employed and all were married.



(**Note:** Diagram shows frequency and percentage distribution of cancer survivors according to gender.)

Fig 1: Frequency and percentage distribution of cancer survivors according to gender.

Table I: Frequency and percentage distribution of cancer survivors according to the level of anger before LKM n=30

Sl. No	Level of anger	No of respondents	
		Frequency (n)	Percentage (%)
1	Minimal anger(0-13)	0	0
2	Mild anger (14-19)	4	13.3
3	Moderate anger(20-28)	7	23.3
4	Severe anger(29-63)	19	63.3

Note: This table demonstrates the level of anger among cancer survivors before loving kindness meditation, based on the Clinical Anger Scale (CAS)

Table 2: Frequency and percentage distribution of cancer survivors according to the level of anger after LKM n=30

Sl. No	Level of anger	No of respondents	
		Frequency (n)	Percentage (%)
1	Minimal anger(0-13)	3	10
2	Mild anger (14-19)	10	33
3	Moderate anger(20-28)	9	30
4	Severe anger(29-63)	8	27

Note: This table demonstrates the level of anger among cancer survivors after loving kindness meditation, based on the Clinical Anger Scale (CAS)

Table 3: Comparison of mean and standard deviation of anger score before and after LKM n=30

Test	Mean	SD	Paired t test	Table value
Pre test	32.43	11.49	6.108	2.05
Post test	24.9	10.27		

Significant at $P<0.05$ level

Note: This table describes the Comparison of mean and standard deviation in level of anger among cancer survivors before and after loving kindness meditation, based on the Clinical Anger Scale (CAS)

Discussion

To analyze and interpret the data, both descriptive and inferential statistics were done. The findings of pretest score on anger revealed that 4 (13.3%) have Mild anger, 7(23.3%) have Moderate anger and 19 (63.3%) have Severe anger. However after practicing loving kindness meditation the post test score shown that 3(10%) have Minimal anger, 10 (33%) Mild anger, 9 (30%) Moderate anger and 8(27%)

Severe anger. The paired t test showed a significant difference in anger score (pretest mean was 32.43 (SD 11.49) and the posttest mean score decreased to 24.9 (SD 10.27).

Nursing Implications

The researcher has concluded the following implications from the study for nursing practice, nursing research and nursing education.

Nursing Practice

Cultivation of unconditional love, kindness and compassion in the workplace bring higher quality relationship among employees, commitment to workplace; reduce absenteeism, improved work performance. Good service attitude can be shown only by the Nurses who is filled with compassion can be attained by practicing loving kindness meditation. It is no wonder that nurses in compassionate environment have more satisfied patients. Nurse can use meditation effectively in their care plans too.

Nursing Research

As the study findings explore the bright future of meditation, researchers can take initiative to look at how effective the loving kindness meditation in improving the psychological wellbeing for patients with different heath conditions

Nursing Education

The outcome of the study adds support in introducing LKM in the clinical settings and Health care workers courses because continuous work with people in distress leads to symptoms of psychological distress among health care workers.

References

1. Seppala EM, Hutcherson CA, Nguyen DT, *et al.* Loving-kindness meditation: a tool to improve healthcare provider compassion, resilience, and patient care. Journal of Compassionate Health Care. 2014;1:5. https://doi.org/10.1186/s40639-014-0005-9
2. Fogarty LA, Curbow BA, Wingard JR, McDonnell K, Somerfield MR. Can 40 seconds of compassion reduce patient anxiety? Journal of Clinical Oncology. 1999;17:371-379.
3. Thomas SP, Groer MW, Davis MS. Anger and cancer: An analysis of the linkages. Cancer Nursing. 2000;23(5):344-349.
4. Smith ME, Hart G. Nurses' responses to patient anger: From disconnecting to connecting. Journal of Advanced Nursing. 1994;20(4):643-651. https://doi.org/10.1046/j.1365-2648.1994.20040643.x
5. Gross J. Emotional expression in cancer onset and progression. Social Science & Medicine. 1989;28(12):1239-1248. https://doi.org/10.1016/0277-9536(89)90342-0
6. Boellinghaus I, Jones FW, Hutton J. The role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in health care professionals. Mindfulness. 2012;5:129-138. https://doi.org/10.1007/s12671-012-0158-6
7. Kim SS, Kaplowitz S, Johnston MV. The effects of physician empathy on patient satisfaction and compliance. Evaluation & the Health Professions. 2004;27:237-251. https://doi.org/10.1177/0163278704267037
8. Valan PA, Rajeshwari G, Bharathi SI. A study to assess the psychological distress and associated factors of prolonged hospitalized patients in a tertiary care hospital. Trends in Nursing Administration and Education. 2025;14(1):1-4. https://doi.org/10.24321/2348.2141.202501
9. Del Canale S, Louis DZ, Maio V, Wang X, Rossi G, Hojat M, *et al.* The relationship between physician empathy and disease complications. Academic Medicine. 2012;87:1243-1249.
10. Lown BA, Rosen J, Marttila J. An agenda for improving compassionate care: A survey shows about half of patients say such care is missing. Health Affairs (Millwood). 2011;30:1772-1778.

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