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Excess fluid volume: Clinical validation of defining characteristics in patients with CKD on hemodialysis, in the time period prior to beginning dialysis, using Fehring’s CDV model in a selected hospital in Mumbai.

Mrs. Rita Lakhani, Principal; Fortis Institute of Nursing, Mumbai.

ABSTRACT:
Objective: To identify the prevalence of defining characteristics of the nursing diagnosis of fluid volume excess inpatients with CKD on hemodialysis, in the time period prior to beginning dialysis. Method: Cross-sectional study conducted in two steps. A total of 60 patients were recruited from a day-care hemodialysis unit of a hospital in Mumbai. The clinical validation was done by two expert nurses. Results: The expert nurses identified 10 DCs (R ≥ 0.80) as primary and 4 DCs (R ≥ 0.50 to 0.79) as secondary and 18 DCs (R<0.50) of the NDx were discarded. It is highlighted that 3 of the DCs: fatigue, activity intolerance, and lack of appetite taken from review of literature were clinically relevant to validate this diagnosis. Therefore, their inclusion into the current DCs in the NANDA-II taxonomy is suggested.

NEED AND SIGNIFICANCE
The motivation for this study was the researcher's personal clinical experience of inadequacy of NANDA-II DCs (defining characteristics) of the NDx “EFV” (Excess Fluid Volume) in context of patients with CKD (Chronic Kidney Disease). When the nurse does not find the correct meaning of the phenomenon that she seeks to identify, then her interventions may not be the most appropriate. Hence the necessity of the diagnosis to have a consistent theoretical argument, based on the literature and its confirmation in the clinical setting. That is, a diagnosis should be subjected to clinical trials that produce evidence sufficient to guarantee its validity.

Additionally, a gap is evidenced regarding clinical validation studies for this diagnosis in CKD patients; thus, it stands as one amongst the others for validation as invited by NANDA-II. The pilot study proved that there are other
DCs (obtained from Review of literature) besides the ones stated by NANDA-II and there are some that need to be excluded.

**PROBLEM STATEMENT:**
‘Excess fluid volume: Clinical validation of Defining characteristics in patients with CKD on hemodialysis, in the time period prior to beginning dialysis, using Fehring’s CDV model in a selected hospital in Mumbai.’

**OBJECTIVES OF OUR STUDY:**
1. To develop and validate the observational tool with the DCs operationally defined through review of literature, for the NDx-‘EFV’ diagnosed in patients with CKD on haemodialysis in the time period prior to beginning dialysis.
2. To clinically validate the DCs of the NDx-‘EFV’ amongst the selected sample of patients by the clinical nurses.
3. To analyse which DCs the clinical nurses assess as primary and as secondary in the NDx-‘EFV’ amongst the selected sample of patients.

**HYPOTHESIS:**
H₀: There will be no difference between the actual DCs of the NDx-EVF that exists in patients with CKD and the NANDA-II International stated DCs for the diagnoses.

**CONCEPTUAL FRAMEWORK**
In this study, Fehring’s Clinical Diagnostic Validity model is used to obtain evidence for the existence of the given diagnosis from the actual clinical setting, with two expert clinicians doing the observation and ratings, since the nature of nursing diagnosis is related more to physiology.

**REVIEW OF LITERATURE**
Martins, Quenia et al; (May 2011) conducted a cross-sectional study aimed to clinically validate the DCs of the NDx-EVF in patients with decompensated heart-failure using Fehring’s model. 32 subjects (University-hospital in Rio-Grande-do-Su) with average age were 60.5±14.3 years were recruited. The DCs with higher reliability index: R>0.80 was: dyspnoea, orthopnea, oedema, positive hepatojugular reflex, PND, pulmonary congestion and elevated CVP, and secondary, R>0.50-0.79: weight gain, hepatomegaly, JVP, crackles, oliguria, decreased hematocrit and haemoglobin.

Juliana de Lima Lopes; (2012) validated the DCs of the currently approved and of those identified through reviewing the literature, for the NDx: decreased cardiac-output using Fehring’s-model. The DCs were validated by 18 experts, using the five points Likert scale. Of the 79 DCs investigated, 38 (48.1%) were validated, among which 17 were present in NANDA-II, and 41 (51.9%) were considered as irrelevant to this diagnosis, of these, eight are listed in NANDA-II.

**METHODOLOGY**
The study adopted a cross-sectional, comparative approach. This content validation was developed in two stages. In the first stage 32 DCs were found; 27 as proposed by NANDA-II (Herdman, 2012) and 5 were added through reviewing the literature. Then the Operational Definitions (ODs) were selected. A literature review was conducted using specific theoretical references to develop the ODs of the DCs of the NDx-EVF related to patients with CKD, namely periodicals, guidelines, web-searches and recent books focusing on physical assessment and anamnesis. This instrument that contained the DCs and their respective ODs was then given to experts to indicate whether they agreed or disagreed with the ODs and also to suggest alternatives. 11 Nursing experts armed with a master’s degree in nursing validated the instrument, of
which four were specialized in Medical Surgical Nursing, three in Child Health Nursing, two in Maternity Nursing and two in Community Health Nursing. All experts remarked that all items were acceptable and valid. The Content Validity Index was 1. In the second stage of data collection the final tool was developed. To clinically validate the DCs, Fehring's CDV was followed. Each DC were put on a two-point, forced choice, Likert scale, where two expert clinical nurses individually, clearly indicate whether the given DC is present or absent in the respondent through direct assessment of patients’ responses. Finally, the inter-rater reliability index (R) is calculated for each DC. According to this method, characteristics with R≥0.80 are considered primary or major, while those with R>0.50 to 0.79 are considered secondary or minor.

Both the clinical experts in this study were Nursing teachers with this project being second scientific production with respect to nursing diagnoses. One expert had 4 years of experience in the clinical field including critical care and the other expert had 16 years of experience in nursing administration and teaching nursing process and also experience in the critical care unit. Both the experts had used NANDA-NDx in their clinical practice.

The tools designated for the study were:
- Interview Schedule to elicit personal information and medical data
- Observational tool- Likert scale.

Reliability of the tool was established at r=1 through Cohen’s Kappa method. The pilot study established the feasibility of the study. Two DCs were dropped due to difficulty in assessment that is pulmonary edema and urine specific gravity due to non-availability of chest X-ray and urine report, respectively.

This study was conducted in the Hemodialysis Unit of a JCI accredited tertiary hospital amongst patients with CKD on hemodialysis, in the time period prior to beginning dialysis using the non-probability convenience method of sampling. Informed consent was obtained. The respondents were interviewed using the interview schedule and then assessed for the DCs using the Likert scale. All 60 patients selected using the convenient sampling techniques were assessed by the clinical experts when they were admitted to the day-care centre. Clinical patient assessment took place at two distinct times, at intervals of less than 10 minutes between one examination and the other.

### FINDINGS AND INTERPRETATION

**1. Patient Demographic Data**
- 91.76% belonged to the age group 40-80 years.
- 87% of the respondents were males.

Majority of the respondents in the present study were married, educated up to graduation level, belonged to the middle socio-economic status, living a sedentary life style with no addictions.

**2. Data Related To Illness**
- 8% of the respondents were diagnosed as ESRD and 92% were having CKD.
- 79.36% of them had the history of the diagnoses for less than 5 years.
- 13% of the respondents had co-morbidities as Diabetes mellitus, equal number had IHD and hypothyroid, 37% had Hypertension and 37% had both (HT & DM) the co-morbidities.
Validation of the DCs of EFV in Patients with CKD Using CDV Model.

**TABLE: Inter-rater Reliability Index for the DCs of EFV**

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<td><strong>Major DCs</strong></td>
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</tr>
<tr>
<td>1.</td>
<td>Variation in serum electrolytes</td>
<td>1</td>
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<tr>
<td>2.</td>
<td>Azotemia</td>
<td>1</td>
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<tr>
<td>3.</td>
<td>Intake exceeding output</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>Weight gain</td>
<td>1</td>
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<tr>
<td>5.</td>
<td>Oliguria</td>
<td>1</td>
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<tr>
<td>6.</td>
<td>Decreased Hematocrit</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Decreased Hemoglobin</td>
<td>1</td>
</tr>
<tr>
<td>8.</td>
<td>Edema may progress to anasarca</td>
<td>0.93</td>
</tr>
<tr>
<td>9.</td>
<td>Alterations in blood pressure</td>
<td>0.93</td>
</tr>
<tr>
<td>10.</td>
<td>*Fatigue</td>
<td>0.83</td>
</tr>
<tr>
<td></td>
<td><strong>Minor DCs</strong></td>
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<tr>
<td>11.</td>
<td>Alterations in respiratory pattern</td>
<td>0.76</td>
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<td>12.</td>
<td>Adventitious breath sounds</td>
<td>0.50</td>
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<tr>
<td>13.</td>
<td>*Lack of appetite</td>
<td>0.5</td>
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<td>14.</td>
<td>*Activity intolerance</td>
<td>0.5</td>
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<td>Discarded DCs</td>
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<tr>
<td>15. Anxiety</td>
<td>0.45</td>
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<td>16. *Cough</td>
<td>0.33</td>
<td></td>
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<tr>
<td>17. *Bounding pulse</td>
<td>1.6</td>
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<td>18. Orthopnea</td>
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<td></td>
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<td>19. Paroxysmal nocturnal dyspnea</td>
<td>0</td>
<td></td>
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<td>20. Increased CVP</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>21. Jugular vein distension</td>
<td>0</td>
<td></td>
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<td>22. Positive Hepatojugular reflux</td>
<td>0</td>
<td></td>
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<td>23. Ascites</td>
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<td>24. Restlessness</td>
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<td>26. Pulmonary congestion</td>
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<td></td>
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<td>27. Alterations in PAP</td>
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<tr>
<td>28. Pleural effusion</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>29. Presence of S3 heart sound</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>30. Palpitations</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>31. Hepatomegaly</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>32. Alterations in mental status</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

*5 DCs that are not in NANDA-II nomenclature.

Based on the results of inter-rater reliability index between the two expert nurses, of 32 DCs of NDx-EVF, 10 major (R ≥ 0.80) and 4 minor DCs (R ≥ 0.50 to 0.79) were obtained and 18 DCs (R<0.50) of the NDx-EVF are discarded. Of the 14 DCs, 3 DCs – activity intolerance, fatigue and lack of appetite were taken from review of literature and these were not there in NANDA-II nomenclature.

**DISCUSSION**

The primary or major defining characteristics Variations in serum-electrolytes, Azotemia, Intake exceeding output, Weight gain, Oliguria, Decreased Hematocrit, Decreased Hemoglobin, Edema may progress to anasarca, Alterations in blood pressure and Fatigue were identified as the main clinical indicators for NDx-EVF. These signs and symptoms picture the manifestations of CKD most commonly present in patients admitted to the dialysis unit and are mainly related to early congestive episodes. The 18 DCs that are discarded depict severe stage of decompensation which is not typical of patients coming for regular dialysis. Hypothesis was tested using the Chi square test; its table value for 0.05 level of significance was= 8.17, P = 0.007. Thus, the null hypothesis was rejected since it is statistically significant (P<0.05). The reason of rejection of the null hypothesis can well be demonstrated in rejection of 18 DCs of the NDx-EVF which do not fit into patients with CKD in the time period prior to beginning dialysis.

**CONCLUSIONS**

The standardization of NANDA-II nomenclature is essential to nursing theory and practice. Scientific validation of highly reliable cues is basic to the correct identification of the nursing diagnosis. The purpose of this research was to validate the NDx-EVF. The research question proposed was: Which signs and symptoms of excessive fluid volume compose the critical cluster of DCs for the NDx in patients diagnosed with CKD, in the time period prior to beginning dialysis. In this study the validation of 27 DCs belonging to NANDA-II diagnosis and 5 characteristics identified through
A literature review was carried out using Fehring’s CDV model. As depicted in Table-1, the clinical expert nurses identified 10 DCs (R ≥ 0.80) as primary and 4 DCs (R ≥ 0.50 to 0.79) as secondary and 18 DCs (R<0.50) of the NDx were discarded. The hypothesis that there will be no significant difference between the evaluations of the DCs of NDx-EFV by the expert nurses in patients with CKD and that stated by NANDA-II was rejected (P<0.05). It is highlighted that 3 of the DCs: fatigue, activity intolerance, and lack of appetite taken from review of literature were clinically relevant to validate this diagnosis. Therefore, their inclusion into the current DCs in the NANDA-II taxonomy is suggested.

**IMPLICATIONS**

This research study is significant in attempts to validate deductively a widely applicable physiological nursing diagnosis in CKD patients. Having valid nursing diagnosis that is relevant to the clinical setting will be of particularly important to nurses to recognize excessive fluid volume in patients with CKD. This will enhance diagnostic accuracy so as to direct the most adequate interventions and therefore, offer further benefits for patient care.

**RECOMMENDATIONS**

Since the research has validated 3 of the DCs: activity intolerance, fatigue and lack of appetite taken from review of literature as clinically relevant to validate this diagnosis, therefore, their inclusion into the current DCs in the NANDA-II taxonomy is suggested.

**REFERENCES**

‘A study to identify the learning needs of patients, awaiting heart operation, in K.L.E.S Hospital and Medical Research Centre, Belgaum, with a view of preparing a protocol on Nursing Interventions.’

Mr. Samuel Fernandis, M.Sc. Medical Surgical Nursing, Prof. cum Vice Principal, Sinhgad College of Nursing Narhe, Pune.

INTRODUCTION
Cardiac Surgery is performed when the probability of survival is greater with surgical treatment than with non-surgical treatment. The first heart surgery repair of stenosed mitral valve was performed in 1923 by Culter and Levine.

In nursing profession a nurse serves as catalyst by making complex decision and judgment to promote life an individual sick person. It is the quality of care given to the patient which reflects the future quality of life of an individual. A systemic learner need is thus needed in order to clearly identify specific deficiencies of nurse in their area of nursing skill.

NEED FOR THE STUDY
Due to increased number of preoperative patients and paucity of nurses, the nurses working in preoperative unit may not be able to provide holistic preoperative care. Hence continuity of the care is not being maintained of unknowingly by the nurses. This may to some extent, influence the outcomes of surgery.

Hence, the investigator felt a strong need to prepare on nursing intervention so that doubts of the patients will be cleared off before they face the operation, which will be free from tension, anxiety and the fear of the unknown.

PROBLEM STATEMENT
‘A study to identify the learning needs of patients, awaiting heart operation, in K.L.E.S Hospital and Medical Research Centre, Belgaum, with a view of preparing a protocol on nursing interventions.’

OBJECTIVES OF THE STUDY
1. To identify the needs of patient waiting heart operation.
2. To assess the relationship between needs of the patient and selected sociodemographic variables.
3. To prepare a protocol on nursing interventions to meet the needs of patient waiting for heart operation.

RESEARCH METHODOLOGY
Research design:-Descriptive study
Variable under study:-
Dependent variables:-Protocols on nursing intervention based on the identified needs of patients waiting for heart operation.


Extraneous variables:-age, gender income occupation, educational status, food habits like alcohol. Etc

Setting:-K.L.E.S. Hospital
Population:-All patient who are waiting operation admitted in the
general cardiology unit, C.C.U, Pvt. rooms, semi pvt.rooms,
**Sample:** Patients who are waiting operation admitted in the general cardiology unit, C.C.U,Pvt rooms ,semi pvt.rooms ,
**Sample Size:-65**
**Sampling technique:-**Non probability Purposive sampling
**Criteria for selection of sample:-**
- **Inclusive criteria:**
  - Patients who are waiting for heart operation, admitted in K.L.E.S
  - Patients who are present for data collection.
  - Can read /Write English Kannada A& Marathi.
- **Exclusive Criteria:**
  - Unable to participate in study.
  - Not available during data collection.
  - Patient who are admitted in other areas of hospital

**TOOL FOR DATA COLLECTION**
Structured Interview Schedule

**Method**
1. Patients will be explained about the study to obtain permission and structured interview will be conducted.
2. Based on the answers and information, protocol on nursing interventions will be prepared.

**Projected outcome**
The result of the study is aimed to prepare a protocol on nursing interventions to help the nursing personnel to give effective pre-operative nursing care to the patient and to identify the areas that may have been neglected.

**MAJOR FINDINGS**
Findings state that, in the physical and physiological needs category (43.12%) need and (0.66%) mean need score. In the psychosocial need category (52.63%) need and (0.80%) mean need score is present. In the economic need category (49.23%) need and (0.75%) mean need score is present. In the spiritual need category (60%) need and (40%) mean need score is present. In the miscellaneous need category (57.69%) need and (0.88%) mean need score is present.

Findings reveal that, in the physical and physiological needs category mean is 9.12, standard deviation is ± 2.46 and mean need score ≤ 7. In the psychosocial needs category, mean is 7.38, standard deviation is ± 2.32 and mean need score is ≤ 5. In the economic needs category, mean is 1.95, standard deviation is ± 1.25 and mean need score is ≤ 1. In the spiritual needs category mean is 1.2, standard deviation is ± 0.69 and mean need score is = 0. In the miscellaneous needs category mean is 2.31, standard deviation is ± 0.92 and mean need score is ≤1.

**Socio-demographic variables:**
- Majority of the subjects (38%) were between the age group of 60yrs and above.
- Majority of the subjects (76.9%) were male.
- Majority of the subjects (56.9%) were in the income group of Rs. 1000-5000/- per month.

**IMPLICATION**
The findings of the study have varied implication in different areas of, Nursing Administration, Nursing Education, Nursing Service and Nursing Research.

**Nursing Administration:**
The protocol on nursing interventions and the structured interview schedule prepared by the Investigator may be utilized by the floor supervisors and staff nurses to assess the needs of the patients awaiting heart operation.

**Nursing Education:**
The protocol on nursing interventions can also help the nursing students to initiate their interest to work in preoperative wards of the cardiothoracic patients. It can also help
them to increase their knowledge about the nursing interventions for the patients, who are waiting for heart operations.

**Nursing Services:**

The protocol on nursing interventions based on the identified needs of the patient's waiting for heart operation, prepared by the investigator had good response from the staff nurses and ward in charges of CCU Cardiology ward, Pvt. and Semi Pvt. Rooms of cardiology Department. This shows that such material can help to update the knowledge of nurses and improve the standard nursing care of patients waiting for heart operation.

**Nursing Research:**

The present study conducted by the investigator can be a source of secondary data to support further study, on the needs of patients waiting for heart operation.

**LIMITATIONS**

1. No broad generalizations could be made due to the small size of sample and limited area of research setting.
2. The sampling technique-non-probability purposive sampling do not give representative sample.

**RECOMMENDATIONS**

1. A comparative study may be done for pre and postoperative patients waiting for heart operation by identifying their needs and preparing nursing intervention protocol.
2. A similar study on a larger and wider sample for a longer period of time would be more pertinent in making broad generalizations.
3. A similar study can be done to find out the effectiveness of nursing intervention protocol to provide better care to the patients waiting for heart operation.
4. A study can be done to find out the knowledge of patients regarding the preoperative needs of patients waiting for heart operation.
5. In this chapter the investigator has tried to rationalize his findings with those of others studies and with his own experience at the time of his data collection process. He has also specified the various implications and limitations of his study with regard to the nursing profession. This chapter can thus guide the new learners to study more in depth about this topic and compare their findings to it.
6. Data was collected by using structured interview schedule.

**CONCLUSION**

Study concluded that every individual patient need for physical or psychological or psychosocial or economic or spiritual or other needs. therefore nursing intervention is required to meet the needs of the patients.

**REFERENCES**

2. Booth B.The knowledge ,nurses need to educate participate about heart attack .Nursing times :1995;90(15) p-55-56
‘Assessment of the occupational stress level and stressors among class 4 employees of selected hospitals.’

Mr. Dhiraj Salve, M.Sc. Community Health Nursing, Sinhgad College of Nursing Narhe, Pune.

**OBJECTIVES**

1. To assess occupational stress level among class 4th employees.
2. To assess the occupational stressors among class 4th employees.
3. To find out association between selected demographic variables and occupational stress level among class 4th employees of selected hospitals.

**DEVELOPMENT AND DESCRIPTION OF TOOL**

- The tools for the study are:
  - Section I: Demographic data
  - Section II: Semi structured questionnaires based on 5 point likert scale to assess level of occupational stress
  - Section III: Semi structured open ended question to assess occupational stressors.

**METHODOLOGY**

**Research approach**

In view of the nature of the problem selected and to accomplish the objectives of the study mix approach is considered as appropriate for assessment of occupational stress level and stressors among class 4 employees of selected hospitals.

**Research design**

Quantitative non-experimental descriptive design was used for the study.

**Setting of the study**

This study was conducted in selected hospitals in the district to ensure the availability of required samples.

**Sample**

The sample for the present study was comprised of 150 class 4 employees in selected hospitals, who fulfil the sampling criteria.

**Sampling technique**

Non probability purposive sampling technique was used in the study to collect subjects.

**Pilot study**

The pilot study was conducted on 10 subjects. Tool was given to class 4 employees of selected hospitals. The data was analyzed using descriptive and inferential statistics.

**Validity**

Tool of the study was validated from 11 experts from different colleges. That is 10 M.Sc. community health nursing, 1 psychologist. After the primary validation of the tool from the experts mentioned above and then validation was finalized by senior expert from faculty of community health nursing department.

Correlation Coefficient was calculated by using Karl Pearson’s Correlation Coefficient formula and it was found to be $r = 0.88$, hence the tool found to be reliable.
DATA COLLECTION PROCEDURE

Ethical consideration
1. Prior to data collection
2. Formal permission was obtained from authorities of selected hospitals
3. Informed consent from the class 4 employees was taken

Period of data collection
The data collection period was from 21st December, 2015 to 16th January, 2016.

PLAN FOR STATISTICAL ANALYSIS

The data will be entered into the master sheet. Keeping the objectives of the main study in view, the descriptive and inferential statistics are done.

Descriptive statistics
The collected data have organized, tabulated and analyzed by using descriptive statistics that is percentage, mean and standard deviation and inferential statistics that is Chi-square test.

The investigator planed to analyze the data in the following manner.
1. Description of demographic characteristics of the samples by using frequency and percentage.
2. Assessment of occupational stress level among class 4 employees done by using frequency and percentage.
3. Assessment of occupational stressors among class 4 employees done by using narrative and summative analysis.
4. To find out the association between occupational stress level among class 4 employees in selected hospitals with selected demographic variables done by using chi square test.

MAJOR FINDINGS

The major findings of the study are summarized follows
1. Majority of 46% of the subjects belongs to 30-40 years, 31.33% of subjects belong to 20-30 years, 18% of subjects belong to 40-50 years and 4.66% of the subjects belong to 50-60 years.
2. Majority of 72.66% of subjects belong to males, 27.33% of subjects belong to females.
3. Majority of 75.33% of subjects belong to married, 22% of subjects belong to unmarried, and 2.66% of subjects belong to divorce.
4. Majority of 60% of subjects belong to joint family and 40% of subjects belong to nuclear family.
5. Majority of 38.66% of subjects belong to backache, 31.33% of subjects belong to any other, 16% of subjects belong to hypertension and 14% of subjects belong to joint pain.
6. Majority of 61.33% of subjects belong to secondary, 26.66% of subjects belong to higher secondary, 8% of subjects belong to graduate and 4% of subjects belong primary.
7. Majority of 65.33% of subjects belong to 1-5 years, 22.66% of subjects belong to 6-10 years, 11.33% of subjects belong to <1 years and 0.66% of subjects belong to 11-15 years.
8. Majority of subjects belong to 53.33% of subjects belong to 5000-10000, 31.33% of subjects belong to 10000-15000, 12.66% of subjects belong to 2000-5000 and 2.66% of subjects belong to >15000.
9. Majority of 60% of subjects belong to self employed, 26.66% of subjects belong to private, 12% of subjects belong to unemployed and 1.33% of subjects belong to government.
10. Majority of 72% of subjects belong to temporary, 18% of subjects belong to permanent, and 10% of subjects belong to bonded.
11. Majority of 78.6% of subjects belong to moderate, 18.6% of subjects belong to mild, and 2.6% of
subjects belong to severe occupational stress level.
12. Demographic variable educational qualification is found to be significantly associated when compared with occupational stress level.

**CONCLUSION**
The above data gives sufficient evidence that class 4 employees of selected hospitals have moderate occupational stress level. There was significance association between the occupational stress level with selected demographic variable educational qualification of class 4 employees.

**REFERENCES**
5. David Rees published online 10 FEB 2006 Occupational stress in health service workers in the UK

_LIFE is 10% WHAT HAPPENS to US and 90% HOW WE REACT to IT._
Knowledge regarding problems of substance abuse among third year Basic B.Sc. Nursing students.

**Mr. Vishal Naikare, Mrs. Priyanka Kale, Miss. Sneha Mankar.
Department of Mental Health Nursing, Sinhgad College of Nursing, Pune.

ABSTRACT
Drug dependence has been showing a rising trend all over the world including India, perhaps as a result of newer and greater stresses related to rapid changes in life styles. Drug dependence is a growing problem and consequences of drug dependence cost heavily to the community and form a major health problem. Alcohol and drug related behavioral and medical complications are a major concern for policy planners and health professionals of most of the countries. This problem has received some attention in the recent years among the general public and mental health professionals.

Research Question: How much knowledge third year Basic B.Sc. nursing students have regarding problems of substance abuse?

Objectives: To assessment of knowledge regarding problems of substance abuse among third year Basic B.Sc. nursing students and to find association of study finding with their selected demographic variables.

Methodology: A quantitative non experimental descriptive exploratory method was adopted for the present study. Study conducted on third year Basic B.Sc. nursing students of Sinhgad College of nursing. The study samples are 30 third year Basic B.Sc. nursing students. Non probability purposive sampling technique was used. In this study knowledge score divided into 3 categories that is good 14-20, average 7-13 and poor 0-6.

Findings shows that 56.66 % students have good knowledge, 43.33% of students have average knowledge.

KEYWORDS: Knowledge, Substance Abuse, Nursing Students.

INTRODUCTION
Drug dependence has been showing a rising trend all over the world including India, perhaps as a result of newer and greater stresses related to rapid changes in life styles. Drug dependence is a growing problem and consequences of drug dependence cost heavily to the community and form a major health problem. Alcohol and drug related behavioral and medical complications are a major concern for policy planners and health professionals of most of the countries. This problem has received some attention in the recent years among the general public and mental health professionals. In last three decades, many epidemiological surveys have been carried out in India to assess the prevalence of alcohol and drug users.
BACKGROUND OF THE STUDY

Substance abuse and dependence are disorders that affect all population groups although specific patterns of abuse and dependence vary with age, gender, culture and socioeconomic status. Although substance dependence can begin at any age, to people aged 18 to 24 have relatively high substance use rates, and dependence of arises sometime during the ages of 20 to 49. The term substance, when discussed in the context of substance abuse and dependence, refers to medications, drugs of abuse, and toxins. These substances have an intoxicating effect, desired by the user, which can have either stimulating or depressive effects on the body. Health may be affected by several factors, including drug dependence and drug misuse as a one of the factor. Drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; a tendency to increase the dose; a psychic (psychological) and generally a physical dependence on the effects of the drug; and detrimental effects on the individual and on society.

NEED FOR THE STUDY

Investigator found that the drug dependence and drug abuse is highly prevalent among adolescent and drug dependence is one of the major social problem in India hence the investigator felt the need for assessing knowledge on problems of drug dependence among nursing students, hence the study undertaken.

PROBLEM STATEMENT

‘Assessment of knowledge regarding problems of substance abuse among third year basic b.sc nursing students of selected colleges.’

OBJECTIVES

1. To assessment of knowledge regarding problems of substance abuse among third year Basic B.Sc. nursing students
2. To find association of study finding with their selected demographic variables.

METHODOLOGY

A quantitative non experimental descriptive exploratory method was adopted for the present study. Study conducted on third year Basic B.Sc. nursing students of selected nursing colleges. The study samples are 30 third year Basic B.Sc. nursing students selected nursing colleges. Non probability purposive sampling technique was used.

RESULT

Table: Frequency and percentage distribution of demographic variables among nursing students.

<table>
<thead>
<tr>
<th>DEMOGRAPHIC VARIABLES</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 – 21 years</td>
<td>11</td>
<td>36.6</td>
</tr>
<tr>
<td>21 - 23 years</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>23 &amp; Above</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>6.6</td>
</tr>
<tr>
<td>Unmarried</td>
<td>28</td>
<td>9.3</td>
</tr>
<tr>
<td>Previous knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>83.3</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>16.6</td>
</tr>
</tbody>
</table>
Table shows that 36% of the students had age 20-21 years, 70% samples were female, 93.33% were unmarried and 83.33% were having previous knowledge.

Table: Level of knowledge regarding problems of drug dependence among third year B. Sc. nursing students

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>LEVEL OF KNOWLEDGE</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good knowledge (0-6)</td>
<td>17</td>
<td>56.66</td>
</tr>
<tr>
<td>2</td>
<td>Average knowledge (7-13)</td>
<td>13</td>
<td>43.33</td>
</tr>
<tr>
<td>3</td>
<td>Poor knowledge (14-20)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table shows that 56.66% students have good knowledge, 43.33% of students have average knowledge and 0% of students have poor knowledge.

REFERENCES
‘Effectiveness of preoperative ginger – lemon extract on Postoperative symptoms among patients in selected Hospital.’

Ms. Kanchan M. Londhe
M.Sc. Medical Surgical Nursing
Sinhgad College of Nursing, Narhe Pune

OBJECTIVES OF STUDY
- To assess the GI symptoms of patients following surgery.
- To assess the effect of ginger-lemon extract on the GI symptoms of post-operative patients.
- To find the association between effect of ginger-lemon extract with selected demographic variables

MATERIAL & METHOD
Evaluative approach & Post test only control group design.

SAMPLE: 30 patient undergoing surgery under general anesthesia.

Sampling technique used in the study was probability simple random 15 as experimental & 15 as control group.

TOOL
Numerical rating scale for assessment of nausea & appetite. Assessment of emesis & bowel sound which was assessed 2 hourly for 12 hours. Subjects were randomly assigned to experimental & control group. Experimental group received Ginger lemon extract consisting a mixture of 1ml extract from lemon and 1ml extract from 1gram ginger in 3ml water was given 1 hour prior to the surgery. Subjects in both the experimental & control group were assessed every 2 hourly for 12 hours after surgery by the prepared tool. In order to establish the reliability of the tool inter rater method was used. Its correlation coefficient was done by Kappa method & the r value are 1.000 (nausea, vomiting & retching), 1.000 (bowel sounds), 1.000 (appetite). The tool was found highly reliable for assessing the effectiveness of pre-operative ginger lemon extract on post-operative GI symptoms in selected hospital.

RESULT
1. All subjects (100%) in experimental group had mild nausea, vomiting & retching whereas in control group majority (86.66%) of subject had mild & (13.33%) had moderate score.
2. There is significant difference in nausea, vomiting & retching in experimental group & control group since the P value <0.001. This shows that ginger lemon extract is effective in reducing nausea, vomiting and retching.
3. There is significant difference in severity of nausea in experimental group & control group since the P value <0.001
4. There is a significant difference on bowel sound & peristaltic movement between experimental & control group as the p value is <0.005.
5. There is a significant difference in appetite score from 6 hours onwards in experimental and control group as p value is <0.05. This shows that ginger lemon extract is effective in improving the appetite of patients undergoing surgery under general anesthesia.

6. Comparison of nausea, vomiting & retching score according to age, gender, type of surgery & duration of surgery in experiment group

7. There is no co-relation between nausea & retching score according to age, gender, type of surgery & duration of surgery in experiment group as p value is >0.005.

8. Comparison of appetite score according to demographic variable in experiment group

9. The appetite in relation age, gender, type of surgery & duration of surgery have no significant difference between experimental as p value is >0.005.

CONCLUSION

The analysis reveals that 15 (100%) mild nausea, vomiting & retching in experimental group whereas at 8th hr. 14 (93.33%) the appetite was good, whereas at 8th hr. 10 (66.67%) bowel sound & peristaltic movement were hypoactive. p value is less than 0.0001 which is found to be effective on post-operative GI symptoms.

REFERENCES


‘Planned health teaching regarding waste management on knowledge and practice among the people.’

*Ms. Arati Kale, Mr. Adity Kambale, Ms. Sarika Hunawale, Ms. Kedareshwari Goli **Mrs. Kavita Kelkar, (Asso. Professor), Sinhgad College of Nursing, Pune.

ABSTRACT

Waste is unwanted or unusable materials. Waste is any substance which is discarded after primary use, or it is worthless, defective and of no use. India currently produces more than 65 million tones of waste annually of which more than 90 per cent requires proper treatment. If the plethora of regulations concerning waste disposal are not effectively implemented, the quality of life in the country will be gravely affected in the future.

INTRODUCTION

Adopting best practices in waste management can result in reducing cost and increasing efficiency. The waste generated in the country increasing. Disposal of waste in a landfill involves burying the waste and this remains a common practice in most countries. Landfills were often established in abandoned. A properly designed and well-managed landfill can be a hygienic and relatively inexpensive method of disposing of waste materials. Older, poorly designed or poorly managed landfills and open dumps can create a number of adverse environmental impacts such as wind-blown litter attraction of vermin and generation of liquid leachate another common product of landfills is gas, which is produced from anaerobic breakdown of organic waste. This gas can create odor problems, kill surface vegetation and is a green house gases.

THE STATEMENT OF STUDY

‘A study to assess the effectiveness of planed health teaching regarding waste management on knowledge and practice among the people residing in selected slum of Pune city.’

OBJECTIVES OF STUDY

1. To assess the knowledge and practice regarding waste management among people residing in selected slums of Pune city.
2. To assess effectiveness of planed health teaching on knowledge and practice regarding waste management among people residing in selected slums of Pune city.
3. To co-relate the study finding with selected demographic variable.

HYPOTHESIS

Ho:- There is no significance difference in the people knowledge and practices regarding waste management after planned health teaching.
H1:- There is significance difference in the people knowledge and practices regarding waste management after planned health teaching.
**METHODOLOGY**

The present study is Pre experimental. One group pretest-post test design.

**Sample:** Sample size of the study was 60 samples residing in selected slums of Pune city.

**Tool and Technique**

The tool is consisting of three sections:

1. **Section I**
   - Demographic Data.

2. **Section II**
   - 20 items to assess knowledge of people.

3. **Section III**
   - 10 items to assess the practice regarding waste management.

**Major study findings**

1. 48.33% of the people were among the age group of 31 to 50 years.
2. 68.34% of them were female.
3. 60% of people have completed their primary education.
4. 38% of people were housewives.
5. 58.34% of people were having monthly income of family Rs. 5001 to 10000.
6. 18 people were having good knowledge regarding waste management, 26 people were having average knowledge regarding waste management and 16 people were having poor knowledge regarding waste management.
7. 35% of follow the proper waste management 65% of people not follow the proper waste management.
8. Significant difference in knowledge between pre test and post test score and it indicates increased knowledge score after the planned health teaching so this planned health teaching is having positive effect on knowledge regarding waste management among people residing in selected slums of Pune city.
9. 58% of people always followed the practices.
10. 42% of people never followed the practices.
11. There was no significant relationship at p value and between the levels of knowledge of waste management.

**CONCLUSIONS**

The conclusions drawn from the findings of the study as follows,

The study was done to assess the knowledge and practices regarding waste management among people. The people were actively participated and were cooperative. While assessing knowledge it shown that the sample of age group 31-50 years had more knowledge regarding waste management.

**REFERENCES**

‘Internet addiction and psychosocial problems among undergraduate nursing student’

*Mr. Kendre Sharad Dhondiram, Lecturer, MINS, College of Nursing, Latur.  
** Mr. Vishal Naikare, Ms. Priyanka Kale, Ms. Sneha Mankar.

INTRODUCTION
The Internet is a global system of interconnected computer networks that use the standard Internet Protocol Suite to serve billions of users worldwide. It is a network of networks that consists of millions of private, public, academic, business, and government networks, of local to global scope, that are linked by a broad array of electronic and optical networking technologies. The Internet carries a vast range of information resources and services, such as the inter-linked hypertext documents of the World Wide Web (WWW) and the infrastructure to support electronic mail.

NEED FOR THE STUDY
The number of internet users worldwide is expected to touch 2.2 billion by 2013 and India is projected to have the third largest online population during the same time says a report. The number of people online around the world will grow more than 45 per cent to 2.2 billion users by 2013 and Asia will continue to be the biggest Internet growth engine. India will be the third largest internet user base by 2013 - with China and the US taking the first two spots, respectively, technology and market research firm Forrester Research said in a report. India’s number of Internet users was estimated to be 52 million in 2008,71 million users accessed Internet in year 2009.Internet has been perhaps the most outstanding innovation in the field of communication in the history of mankind. As with every single innovation, internet has its own advantages and disadvantages. But usually, greater magnitude of advantages outweighs its disadvantages.

RESEARCH QUESTION
What is the level of Internet addiction among undergraduate nursing student?  
What is the relation of internet addiction with psychosocial problem among undergraduate nursing student?

STATEMENT OF THE PROBLEM
Assessment of the level of internet addiction and its relation with psychosocial problems among undergraduate nursing students of selected colleges at Pune.

OBJECTIVES
1. To assess the level of internet addiction among undergraduate nursing students.  
2. To determine the psychosocial problems among undergraduates with internet addiction.  
3. To find out association between level of internet addiction and selected demographic variables among undergraduates.
ASSUMPTION
The study assumes that:
1) College students use internet excessively for the social networking and entertainment purpose.
2) The college students have some psychosocial problems due to over usage of internet.

Delimitation
The study is limited to undergraduate nursing students from selected colleges.

METHODOLOGY
Research Approach-
A Descriptive Research Approach
Research Design-
A Descriptive Research Design
Setting of the study-
This study was conducted in selected colleges at Selected city
Population-
In this study were undergraduate nursing student used as population
Target population-
Student from Selected College from selected State
Accessible population-
Student from Selected College from selected city
Samples
The samples of the present study were undergraduate students (18-24 years of age) from selected colleges
Sampling technique-
The samples were selected by non-probability convenient sampling technique.
Sample Size-
The sample consisted of 40 undergraduate students who fulfilled the inclusion criteria of the study.

DESCRIPTION OF THE TOOL
The tool has been divided into four sections
1. SECTION A
Consent form of the participant.
2. SECTION B
It includes the Demographic variables. It has been developed on the basis of the objectives of the study.
3. SECTION C
Modified scale was used to assess relation of internet addiction with psychosocial problem
4. SECTION D
It is a self-developed semi structured questionnaire consisting of 20 statements rated in terms of, does not apply, rarely, occasionally, frequently, often, and always.

Tool reliability-
Reliability was calculated with the help of test retest method. The estimated value of was 0.95. Reliability of the tool was carried out among 5 subjects in selected
### Result

#### Section A: Distribution of subjects in relation to demographic data.

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<th>Demographic variable</th>
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<td></td>
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<td>35</td>
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<tr>
<td>20-21 Years</td>
<td>14</td>
<td>35</td>
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<tr>
<td>21-22 Years</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td>22-24 Years</td>
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</tr>
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<td>Total</td>
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<td>100</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
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<td></td>
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<tr>
<td>Male</td>
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<td>Female</td>
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<td>25</td>
</tr>
<tr>
<td>3rd year of degree</td>
<td>10</td>
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<td>75</td>
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<tr>
<td>Extended family</td>
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<td>Private employee</td>
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<td>Any other please specify</td>
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<td><strong>Parent’s income</strong></td>
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<td>Less than RS 10,000/</td>
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<td>30</td>
</tr>
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<td>RS 10,000 - RS 20,000/</td>
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<td>35</td>
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<td>RS 20,000 TO RS 30,000/</td>
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<td>ABOVE RS 30,000/ Month</td>
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<td>100</td>
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<tr>
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<td>37.5</td>
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<tr>
<td>2 siblings</td>
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<td>20</td>
</tr>
<tr>
<td>More than 2</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
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<td>100</td>
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<tr>
<td><strong>Name of the gadget you have for internet use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile</td>
<td>38</td>
<td>95</td>
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<tr>
<td>Laptop</td>
<td>2</td>
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<tr>
<td>Internet café</td>
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<td>0</td>
</tr>
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<td>Any other please specify</td>
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<td>Total</td>
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<td><strong>Is internet use controlled or regulated?</strong></td>
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<td></td>
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<tr>
<td>Yes</td>
<td>34</td>
<td>85</td>
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<td>No</td>
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<td>Total</td>
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#### Section B: Item analysis of samples based on their psychosocial problems among undergraduates with internet addiction

<table>
<thead>
<tr>
<th>Questions</th>
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<th>Some time</th>
<th>Never</th>
<th>Total</th>
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<tr>
<td>Do you find it difficult to stop yourself from using internet?</td>
<td>4</td>
<td>33</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Do you neglect your important tasks over internet use?</td>
<td>5</td>
<td>31</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Do you think you are ignoring family and friends due to internet use?</td>
<td>5</td>
<td>33</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Do you think you spend more time using the internet than going out with friends?</td>
<td>12</td>
<td>28</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Is internet use hampering your studies/academics?</td>
<td>11</td>
<td>26</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Do you think you spend considerable amount of money on internet use?</td>
<td>22</td>
<td>16</td>
<td>2</td>
<td>40</td>
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<tr>
<td>Do you feel anxious when you don’t get to use the internet?</td>
<td>2</td>
<td>33</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>Do you feel low when you are not using the internet?</td>
<td>5</td>
<td>31</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Do you avoid grooming due to internet use?</td>
<td>2</td>
<td>33</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>Do you get backache/body ache/headache/eye pain frequently and you think the reason is internet use?</td>
<td>15</td>
<td>24</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Do you get angry when someone stops you from using internet?</td>
<td>15</td>
<td>24</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Do you skip meals because you get busy spending time online?</td>
<td>1</td>
<td>38</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Do you use internet during class/lecture?</td>
<td>7</td>
<td>30</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td>Do you feel updated when you use internet regularly?</td>
<td>19</td>
<td>19</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Do you eat and use internet at the same time?</td>
<td>13</td>
<td>27</td>
<td>0</td>
<td>40</td>
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</tbody>
</table>
Section C- Description of samples based on their psychosocial problems among undergraduates with internet addiction by Mean, Standard deviation and Range.

The above figure shows that mean score was 1.83125, Standard Deviation was 0.09 and Range was 1.7-1.9 so it shows range increases psychosocial problems increases.

Section D- Overall analysis of samples based on their level of internet addiction among undergraduate nursing students.

<table>
<thead>
<tr>
<th>S. N.</th>
<th>SCORE</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-34</td>
<td>25</td>
<td>62.5</td>
</tr>
<tr>
<td>2</td>
<td>35-69</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>3</td>
<td>70-100</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

TOTAL: 40 100

Section E- Analysis of data related to association between the study findings with selected demographic variables of undergraduate nursing students.

<table>
<thead>
<tr>
<th>S. N.</th>
<th>Selected Variables</th>
<th>Cal. (X²)</th>
<th>DF</th>
<th>P Value</th>
<th>Significant Association</th>
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<tr>
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<td>6</td>
<td>12.59</td>
<td>N.S.</td>
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<tr>
<td>2</td>
<td>Gender</td>
<td>0</td>
<td>2</td>
<td>5.99</td>
<td>N.S.</td>
</tr>
<tr>
<td>3</td>
<td>Year of the course</td>
<td>5</td>
<td>6</td>
<td>12.59</td>
<td>N.S.</td>
</tr>
<tr>
<td>4</td>
<td>Type of family</td>
<td>0.79</td>
<td>4</td>
<td>9.49</td>
<td>N.S.</td>
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<tr>
<td>5</td>
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<td>6</td>
<td>12.59</td>
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</tr>
<tr>
<td>6</td>
<td>Parent’s income</td>
<td>7</td>
<td>6</td>
<td>12.59</td>
<td>N.S.</td>
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<tr>
<td>7</td>
<td>Number of siblings</td>
<td>1</td>
<td>6</td>
<td>12.59</td>
<td>N.S.</td>
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<tr>
<td>8</td>
<td>Name of the gadget you have for internet use</td>
<td>0</td>
<td>6</td>
<td>12.59</td>
<td>N.S.</td>
</tr>
<tr>
<td>9</td>
<td>Is internet use controlled or regulated?</td>
<td>0</td>
<td>2</td>
<td>5.99</td>
<td>N.S.</td>
</tr>
</tbody>
</table>

REFERENCES

‘A study to assess the effectiveness of CBRT in reducing the affective symptoms in PMS among the teenager girl in selected high-school’

Ms. Shital V. Pawar
Clinical Instructor, Sinhgad Nursing College, Narhe, Pune

STATEMENT OF PROBLEM
“A Study to assess the effectiveness of CBRT in reducing the affective symptoms in PMS Among the teenager girls in selected high-Schools”

OBJECTIVES
1. To assess the pretest score of affective symptoms in premenstrual syndrome among teenagers in Experimental & control group.
2. To determine the effectiveness of CBRT on Experimental group.
3. To assess the post-test level of affective symptoms in premenstrual syndrome among Experimental & control group.
4. To assess the pretest association of affective symptoms among teenagers in experimental & control group with their selected demographic variable.

Key terms:
1. CBRT: Cognitive behavioural relaxation Therapy.
2. PMS: Premenstrual syndrome.

HYPOTHESIS
H1: There will be a significant difference between the pre and post-test score of affective symptoms in PMS among teenagers in the experimental group.

H2: There will be a significant difference between post-test score of affective symptoms in PMS among teenagers in experimental group and control group.

H3: There will be a significant association between pre-test score of affective symptoms in premenstrual syndrome among teenagers with their selected demographic variables.

METHODOLOGY
An evaluative research approach with True Experimental Pretest-Posttest Control Group Research design to accomplish the objective of determining the effectiveness of Cognitive Behavioral Relaxation Therapy on affective symptoms of premenstrual syndrome in selected high school students. The sample comprise of 60 teenaged girls in selected high-school. Formal written permission from High-school was obtained prior to data collection process. Data was collected using modified women’s quality of life rating scale. Data was analyzed using descriptive and inferential statistics.

RESULT
The analysis of the demographic data of the study samples gave an idea about the general characteristics of the teen aged girls having affective symptoms in Pre-menstrual Syndrome.
Majority of population under the age group 12-13 years age groups (36.67%) having more affective symptoms of PMS and the population under 18-19 years age group (10.00%) having less affective symptoms of PMS. 

Majority of population under the age at menarche is less than 11 years (46.67%) having more affective symptoms of PMS and those who possess menarche after 16 years (3.33%) having less affective symptoms of PMS.

The highest population those had menstruation for less than 3 days (46.67%) having more affective symptoms of PMS than those who had menstruation more than 6 days (13.33).

The highest population those have weight 31-35 Kg (50.00%) have more affective symptoms of PMS. Those have weight less than 25 Kg (20.00%), 63-40 Kg (20.00%) and more than 40 Kg (20.00%) have average symptoms of PMS where as those in 26-30 Kg (6.67%) weight group have less affective symptoms of PMS.

The majority of populations were those who have obese (50.00%) body built and (20.00%) were those who have medium and thin body built.

The majority of the population those who are belongs to high income status (30.00%) has found more affective symptoms of PMS than those who belong to low family Income (20.00%).

The majority of from this data conclude that population those who having vegetarian diet intake (63.33%) have more affective symptoms than those having non-vegetarian diet intake (36.67%).

Highest percentage of population those who are belongs to 1st and 2nd in birth order (30.00%) among siblings have found more affective symptoms of PMS than those who belongs to third or more than third order (13.33%) in sibling.

The majority of population those who are occasionally (36.67%) or never doing exercise (40.00%) than those who doing exercise (3.33%) are having less affective symptoms of PMS.

Majority of population those who are doing exercise (40.00%) are having less affective symptoms of PMS than those who occasionally or never doing exercise (6.67%).

100% population are included in the study those who are all not on the other medical intervention.

### RECOMMENDATIONS

On the basis of the findings of the study, the following recommendations have been made for the further study:
- Replication of the same study on large samples may help to draw conclusions that are more definite and generalize to a larger population.
- A comparative study could be conducted to evaluate the effectiveness of CBRT with other non-pharmacological measures for premenstrual syndrome.
- A study could be conducted to evaluate the effectiveness of CBRT for affective symptoms in premenstrual syndrome among women.
- A descriptive study could be conducted to assess the knowledge and attitude of nurses towards complementary therapies for premenstrual syndrome.

### INTERPRETATION AND CONCLUSION

The following conclusions were drawn from the findings of the present study:
- This research shows that CBRT is a simple non-pharmacological intervention which should be
carried out independently in the field of nursing. The overall experience of conducting this study was enriching hence it gives an opportunity to the investigator to acquire new information as well as learning experience. The experience of the investigator during the study and the findings helped the investigator to give suggestions and the recommendations for further studies.

REFERENCES


From the Desk of Editor-In-Chief

GREETINGS FROM SINHGAD E-JOURNAL OF NURSING

It gives me an immense pleasure as I take up the charge of being the Editor in Chief of Sinhgad e-Journal of nursing which was started with sincere efforts way long back in 2011. Throughout the 21st century, the role of nurse has evolved significantly. Nurses work in a variety of settings, including the hospital, the classroom, the community health department, the business sector, home health care, and the laboratory.

Although each role carries different responsibilities, the primary goal of a professional nurse remains the same: to be the client’s advocate and provide optimal care on the basis of evidence obtained through research. Research is integral to the development of Nursing Science. Improvement of Nursing Care Delivery and Patient Outcome, Quality Improvement in Nursing and Nursing Education are the focus of research. Nursing research has a tremendous influence on current and future professional nursing practice, thus rendering it an essential component of the educational process. We the team of e-journal hope that by publishing the researches carried out by the nursing professionals and students, will strength the research standards and develop more confidence and motivate others to conduct researches and bring about an ongoing improvement in our nursing standards.

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All papers submitted will undergo a double blind peer review process from experts in the field.’

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Like us on Facebook on our home page http://www.sinhgad.edu/SinhgadNurs ingCollege-eJournal/Index.html
Assess the knowledge and practice of postnatal exercises among postnatal mothers in selected hospital.

INTRODUCTION

"The movement a child is born, the mother is also born. She never existed before. A mother is something absolutely new". -Rajneesh

The act of giving birth is the only moment when both pain and pleasure converge in a moment of time. The birth of a child is a life changing experience. After the child birth, the woman is transformed into a mother. This is a revolutionary act. As a period of biological, psychological, behavioral and social change, the transition into motherhood is dramatic in postnatal period. It is estimated that maternal mortality rate is 400/100,000 worldwide, due to inadequate postnatal care. Researchers have proved that postnatal exercises can tackle many postnatal problems like urinary and fecal incontinence, postpartum depression, diastases recti, and postpartum backache.

OBJECTIVES

1. To assess the knowledge of postnatal exercises among postnatal mothers in selected hospitals.
2. To evaluate the practice of postnatal exercise among postnatal mothers in selected hospitals.
3. To associate the study findings with selected demographical variables among postnatal mothers in selected hospitals.

METHODOLOGY

The research methodology adopted for the study was Descriptive exploratory design. The data collection was done on 60 samples of age group 18-37 by probability convenient sampling technique at PNC wards of hospitals of Pune. The collected data was analyzed using descriptive and inferential statistics.

ANALYSIS AND INTERPRETATION

- 15% of mothers having Good Knowledge.
- 60% of mothers having Average Knowledge.
- 25% of mothers having Poor Knowledge.
- 88% postnatal mothers take consultation from doctors before practicing postnatal exercises.
- 32% postnatal mothers practices postnatal exercises on daily basis.
- 55% postnatal mothers use proper technique of postnatal exercises.
88% postnatal mothers think that they are getting benefits from postnatal exercises.

**Bar Graph showing knowledge of postnatal exercises among postnatal mothers in selected hospital in percentage**

- **Good Knowledge**: 25%
- **Average Knowledge**: 15%
- **Poor Knowledge**: 60%

**CONCLUSION**

This study helped the investigator to understand knowledge and practice of postnatal exercises in postnatal mothers. It also helped to correlate between demographic variables and main study. The study also helped to bring insight that every postnatal mother should require to practice the postnatal exercises daily.

**REFERENCE**

1. Suresh K Sharma, “Nursing Research and Statistics” Published by Elsevier, a division of Reed Elsevier India private limited; reprinted 2011; pg no 93-95.
2. Carolyn Jenkins et al. Postnatal exercise: The mother's well being is important too. Journal of the New Zealand medical association 2005 June 24; 118 (1217).

**From the Desk of Editor in Chief**

Membership Details of Sinhgad e-Journal of Nursing

Membership fees and benefits to the members

<table>
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**Important Dates**

This is a biannual journal publishes two issues yearly

Both online and in print form.

Issue I on 15th August **(Independence Day)**
Issue II on 26th January **(Republic Day)**

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<td>30th June</td>
<td>30th November</td>
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<td>25th December</td>
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<tr>
<td>3</td>
<td>Last date of registration for authors</td>
<td>30th July</td>
<td>30th December</td>
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<td>4</td>
<td>Publication of the article on website</td>
<td>15th August</td>
<td>26th January</td>
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‘A Study to evaluate accuracy of axillary temperature measurement by using selected time duration among patients admitted in male medical ward of SKN hospital.’

Ms. Salve Reshma Vilas (M.Sc. Nursing, CHN)
Lecturer, H.O.D Community Health Nursing Department,
Sinhgad College of Nursing, Narhe, Pune.

Abstract
A study to evaluate accuracy of axillary temperature measurement by using selected time duration among patients admitted in male medical ward of S.K.N hospital. The objectives of the study were, to assess the axillary temperature of patient for standardize time duration (5 min) & for selected time duration (3 min). & To compare the reading of axillary temperature among the group at selected time duration (3 min) and standardized time duration (5 min). It is systematic, objective, method of discovering with empirical evidence and rigorous control. The present study was aimed at assessing the accuracy of axillary temperature measurement of selected time duration among patients admitted in male medical ward of S.K.N Hospital. The approach used for the present study was experimental, comparative to a great extent in evaluating temperature reading by using two different time duration. Non probability purposive sampling technique was used with Sample size was 30. Researcher applied paired t test to compare difference between average scoring between 3min and 5 min temperature reading. The t test value is more than table values show that there is no significant difference between 3min and 5 min axillary temperature measurement. Researcher concluded that 3min is accurate time duration for checking axillary temperature. Hence null hypothesis is accepted it can conclude that 3 min is accurate time duration for checking axillary temperature.

Introduction
The Vital or cardinal sign are body temperature, Pulse, respiration and blood pressure. Recently many agencies such as the veteran’s administration have designated pain as fifth vital sign, to be assessed at the same time as each of the four. The sign reflects change in function that otherwise might not be observed monitoring a client vital signs should not be an autonomic or routine procedure, it should be a thoughtful, scientific assessment, vital signs which should be evaluated with reference to the client present and prior health status are compared to the client usual and accepted normal standards.

PROBLEM STATEMENT
“A Study To evaluate accuracy of axillary temperature measurement by using selected time duration among patients admitted in male medical ward of SKN hospital”

OBJECTIVES
1. To assess the axillary temperature of patient for standardized time duration.(5 Min)
2. To assess the axillary temperature of patient for selected time duration (3 Min)
3. To compare the reading of axillary temperature among the group at selected (3 Min) and standardized time duration (5 Min)

METHODOLOGY

Research approach: The research method adopted is the Experimental Comparative approach.

Identification of target & accessible population
Population: In this study the population was elderly people above the age group 60 years and those living in old age homes in Pune City.
Target population: The population about which researcher wishes to make generalization that is entire patients admitted in medical wards of S.K.N. Hospital Pune.
Accessible population: In this study accessible population is 30 patients were admitted in male medical wards of S.K.N. Hospital Pune.

Setting of the study: Male medical Ward in S.K.N. Hospital Pune.

Sampling technique:
The sampling technique used in this study was Non-probability Purposive sampling. Sampling size: The total sample size was 30.

Criteria for sample selection:
Patients admitted in Male medical ward
- Patients who are conscious

Exclusion criteria:
- Patients who are unconscious
- Patients who are unwilling to participate in the study

TOOL AND TECHNIQUES

Tool preparation: The present study aimed at evaluating the accuracy of the axillary temperature by placing thermometer at two different period of time under the arm for 5 min and 3 min, on patients admitted in medical ward of S.K.N. Hospital Pune. Thus, a structured interview schedule for baseline data of patient and observation checklist is prepared to evaluate the axillary temperature.

Description of the Tool:
Section I: Structured Interview Schedule for demographic variables.
Section II: Observation checklist to evaluate axillary temperature after 3 min and 5 min. For present study researcher made a procedure protocol for taking temperature.

DATA ANALYSIS AND RESULT

Section I – Demographic data:

Age:
- 7 (23.33%) of the sample from the age group 41-50 & 51-60, 5 (16.66%) from age group 21-30 & 31-40, 3 (10%) of the samples from the age group 10-20 years and 2 (3.33%) of them were from 71-80 years.

Duration of stay in hospital:
- 18 (60%) of them from 1-5 days, 7 (23.33%) were from 6-10 days, 4 (13.33%) of them from 11-15 days duration.

Diagnosis wise distribution:
- 15 (50%) of the samples were from other diagnosis, 4 (13.33%) of the samples were having diabetes, fever & hemiplegia, 3 (10%) of the samples were from Hypertension.

Section II- Analysis of the data related to comparison of temperature measurement for 5 min & 3 min related to age group.

Age group- 10-20:
Researcher applied paired t-test to compare difference between axillary temperature measurements in selected time duration 3 min & 5 min since the t value for age group 10-20 is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

Age group- 21-30:
Researcher applied paired t-test to compare...
difference between axillary temperature measurements in selected time duration 3 min & 5 min since the t value for the age group 21-30 is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Age group- 31-40:** Researcher applied paired t-test to compare difference between axillary temperature measurements in selected time duration 3 min & 5 min since the t value for the age group 31-40 selected in male medical ward is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Age group- 41-50:** Researcher applied paired t-test to compare difference between axillary temperature measurements in selected time duration 3 min & 5 min since the t value for the age group 41-50 selected in male medical ward since the t value is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Age group- 51-60:** Researcher applied paired t-test to compare difference between axillary temperature measurements in selected time duration 3 min & 5 min since the t value for the age group 51-60 selected in male medical ward since the t value is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Age group- 61-70:** Researcher applied paired t-test to compare difference between axillary temperature measurements in selected time duration 3 min & 5 min since the t value for the age group 61-70 selected in male medical ward since the t value is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Age group- 71-80:** Axillary temperature is taken from the 75 year old male who is admitted in male medical ward. There is no significant effect on selected time duration on changes related to axillary temperature therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Section III- An analysis of data to comparison of temperature measurement for 5 min and 3 min related to various time duration stay in hospital.**

Significance of difference between 3 min and 5 min temperature score in relation to time duration stay in hospital.

**Significance of difference between 3 min and 5 min temperature score in relation to time duration stay in hospital. 1-5 days**

Researcher applied paired t test to compare difference between axillary temperature measurement in selected time duration that is 3 min and 5 min for the duration of stay of patient in hospital 1-5 days. Since the t value is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary
temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Significance of difference between 3 min and 5 min temperature score in relation to time duration stay in hospital. 6-10 days**

Researcher applied paired t test to compare difference between axillary temperature measurement in selected time duration that is 3 min and 5 min for the duration of stay of patient in hospital 6-10 days. Since the t value is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Significance of difference between 3 min and 5 min temperature score in relation to time duration stay in hospital. 11-15 days**

Researcher applied paired t test to compare difference between axillary temperature measurement in selected time duration that is 3 min and 5 min for the duration of stay of patient in hospital 11-15 days. Since the t value is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Significance of difference between 3 min and 5 min temperature score in relation to time duration stay in hospital 21-30 days**

There is no significant effect on selected time duration on changes related to axillary temperature. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Section IV- An analysis of data to comparison of temperature measurement for 5 min and 3 min related to Diagnosis.**

**Significance of difference between 3 min and 5 min temperature score in relation to diagnosis (Diabetes, Hypertensive patients, hemiplegic patients, fever patients and other cases patients.)**

Researcher applied paired t test to compare difference between axillary temperature measurement in selected time duration that is 3 min and 5 min for the patient with various diagnosis since the t value is less than calculated t value then the researcher conclude that there is no significant effect on selected time duration on changes related to axillary temperature. Hence null hypothesis is accepted. Therefore the study suggests that 3 min is sufficient to get accurate axillary temperature.

**Section V- An analysis of data to compare the Accuracy of Axillary temperature measurement by selected time duration that is 3 min and 5 min.**

The above table shows that the compiled ‘F’ Value is smaller than table value; therefore there is no significant difference in the temperature readings of sample and demographic variable related to age.

**REFERENCES**


ABSTRACT
The study was conducted with the objectives to assess the level of knowledge of Third year BSc nursing students towards primary prevention of mental retardation and to determine the association with the selected demographic variables. Quantitative non-experimental descriptive exploratory research design was used for the study. Non probability purposive sampling technique was used and 30 samples were selected. Inclusion criteria consist of third year BSc nursing students of selected colleges. A self-structured questionnaire was designed and association between socio-demographic profiles and level of knowledge regarding primary prevention of mental retardation among third year BSc nursing students was assisted using statistical inferences. The collected data was transferred into master sheet, scoring given according participants respond, then data was summarized in various tables according to objectives. Data was analyzed by descriptive inferential statistics. In this study 3.33% of the third year BSc nursing students had poor knowledge (Score 0-8), 86.66% of them had average knowledge (Score 9-16) and 12% of them had good knowledge (Score 17-25). Since p-value corresponding to all demographic variables were large (greater than 0.05), none of the demographic variable was found to have significant association with knowledge of primary prevention of mental retardation among third year BSc nursing students.

KEYWORDS
Knowledge, primary prevention, mental retardation and nursing.

INTRODUCTION
Mental retardation is a disability that occurs before 18 years. It is characterized by significant limitations in intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills. It is diagnosed through the use of standardized test of intelligence and adaptive behavior. Mental retardation generally thought to be present if an individual has an IQ test score of approximately 70 or below and a significant deficit in at least one area of adaptive behaviour.
Mental retardation is caused by many factors some are known and some remains unknown. When a cause is identified, ways to prevent the debilitating effects of cognitive disabilities have often followed soon after. But it takes action for solutions actually to prevent or reduce the impact of the condition. According to the Arc, a parent organization advocating for individuals with mental retardation, several hundred causes of
mental retardation have been discovered but for about one-third of those affected the cause is unknown. Most common causes of mental retardation are Down syndrome, Fragile X syndrome, and Fetal alcohol syndrome.

**BACKGROUND**

Mental retardation is one of the most prevalent neurologic disorders globally. Surveys in developed countries show 3 to 5 per 1,000 with mental retardation that is IQ below 55. Estimates from developing countries, however have found prevalence rates from 5 to as much as 22 per 1,000. Protein-energy malnutrition, dietary micro nutrition deficiencies, environmental toxins, and lack of early sensory stimulation or the ability to profit from it may contribute to neurodevelopment disabilities. The prevalence of mental retardation in North America is a subject of heated debate. It is thought to be between 1% -3% depending upon the population , method of assessment, and criteria of assessment are used. Many people believed that the actual prevalence is probably closer to 1% and that the 3% is based on misleading mortality rates; cases that are diagnosed in early infancy; and the instability of the diagnosis across the age span. If 1% is accepted it means that 2.5million mentally retarded people reside in the United States.

**NEED FOR THE STUDY**

As ounce of prevention is a pound of cure. Health promotion and specific protection in prevention of mental retardation will help in terms of treatment for some conditions, better planning and management of antenatal, intranatal and postnatal period. It will be beneficial in aiding the child’s development and helping to some extent limit the number and extent of the handicap.5

A study was conducted on 934 mental retarded children in selected cities of Perth in Australia to assess the prevalence of mental retardation and found 79% of children suffering with mild retardation,12% of children having moderate type of mental retardation and about 9% of children suffering with severe type of mental retardation.

**PROBLEM STATEMENT**

‘Assessment of level of knowledge regarding primary prevention of mental retardation among Third year BSc Nursing students of selected nursing colleges.’

**OBJECTIVES OF THE STUDY**

1. Assessment of level of knowledge of Third year BSc nursing students towards primary prevention of mental retardation.
2. Find the association between study findings and selected demographic variables.

**METHODOLOGY**

A quantitative non experimental descriptive exploratory method was adopted for the present study. Non probability purposive sampling technique was used to select participants (n=30) i.e third year BSc nursing students. The data was collected with the help of self structured questionnaire for assessment of level of knowledge of Third year BSc nursing students towards primary prevention of mental retardation. Validity was done by 7 experts . The collected data was transferred into master sheet, scoring given according participants respond, then data was summarized in various tables according to objectives. Data was analyzed by descriptive inferential statistics.
DATA ANALYSIS AND RESULTS

Table: Frequency and percentage distribution of demographic variables among third year BSc nursing students.

<table>
<thead>
<tr>
<th>DEMOGRAPHIC VARIABLES</th>
<th>F.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - 21 years</td>
<td>11</td>
<td>36.66%</td>
</tr>
<tr>
<td>21 - 23 years</td>
<td>12</td>
<td>40%</td>
</tr>
<tr>
<td>23 &amp; Above</td>
<td>7</td>
<td>23.33%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
<td>30%</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>70%</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>6.66%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>28</td>
<td>93.33%</td>
</tr>
<tr>
<td>Previous knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>83.33%</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>16.66%</td>
</tr>
</tbody>
</table>

Table: Overall analysis of data related to level of knowledge among third year BSc nursing students on primary prevention of mental retardation.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Knowledge among third year B.Sc. Nursing student</th>
<th>F.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good knowledge (17-25)</td>
<td>3</td>
<td>12%</td>
</tr>
<tr>
<td>2</td>
<td>Average knowledge (9-16)</td>
<td>26</td>
<td>86.66%</td>
</tr>
<tr>
<td>3</td>
<td>Poor knowledge (0-8)</td>
<td>1</td>
<td>3.33%</td>
</tr>
</tbody>
</table>

Above Table and figure shows that 12% students have good knowledge (17-25), 86.66% of students have average knowledge (9-16) and 3.33% of students have poor knowledge (0-8).

Association of knowledge among third year BSc nursing students regarding primary prevention of mental retardation with selected demographical variables was assessed using Chi-square test.

- There is no significant association between knowledge among third year BSc nursing students regarding primary prevention of mental retardation with age of students at 5% level of significant as p-values is 9.49 which is larger (greater than 0.05).
- There is no significant association between knowledge among third year BSc nursing students regarding primary prevention of mental retardation with gender at 5% level of significant as p-values is 5.99 which is larger (greater than 0.05).
- There is no significant association between knowledge among third year BSc nursing students regarding primary prevention of mental retardation with marital status at 5% level of significant as p-values is 5.99 which is larger (greater than 0.05).
- There is no significant association between knowledge among third year BSc nursing students regarding primary prevention of mental retardation with classes attended on mental retardation at 5% level of significant as p-values is 5.99 which is larger (greater than 0.05).

CONCLUSION

The result of the study helped the investigator to assess the level of knowledge regarding primary prevention of mental retardation
among third year BSc nursing students of selected nursing colleges. The research will be further helpful in the society by creating the awareness and preventing the occurrence of diseases.

REFERENCES


From the Editor’s Desk

<table>
<thead>
<tr>
<th>Classification</th>
<th>IQ Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Superior</td>
<td>130 and above</td>
</tr>
<tr>
<td>Superior</td>
<td>120-129</td>
</tr>
<tr>
<td>High Average</td>
<td>110-119</td>
</tr>
<tr>
<td>Average</td>
<td>90-109</td>
</tr>
<tr>
<td>Low Average</td>
<td>80-89</td>
</tr>
<tr>
<td>Borderline</td>
<td>70-79</td>
</tr>
<tr>
<td>Extremely Low</td>
<td>69 and below</td>
</tr>
<tr>
<td>Mild Mental Retardation</td>
<td>IQ 50-55 to approx. 70</td>
</tr>
<tr>
<td>Moderate Retardation</td>
<td>IQ 35-40 to 50-55</td>
</tr>
<tr>
<td>Severe Mental Retardation</td>
<td>IQ 20-25 to 35-40</td>
</tr>
<tr>
<td>Profound Mental Retardation</td>
<td>IQ below 20 or 25</td>
</tr>
</tbody>
</table>

Prevention of Mental Retardation

For Pregnant Women  | For Children  | For Society
---|---|---
Seek genetic counseling. | Ensure proper nutrition. | Make early intervention programs universally available.
Maintain good health. | Place household chemicals out of reach. | Provide parent education and support.
Avoid alcohol, drugs, and tobacco. | Use automobile seatbelts, safety seats, and cycle helmets. | Protect children from abuse and neglect.
Obtain good nutrition. | Provide immunizations. | Remove environmenta l toxins.
Prevent premature births. | Prevent or treat infections. | Provide family planning services.
Take precautions against injuries and accidents. | Have quick and easy access to health care. | Provide public education about prevention techniques.
Prevent or immediately treat infections. | Prevent lead poisoning. | Have universal access to health care.
Provide early intervention programs. | Eliminate child abuse and neglect. | Gifted

Happiness begins here 😊
‘Effectiveness of demonstration of antenatal exercise on the Knowledge of antenatal mothers attending antenatal OPD.’

Mr. Amit Bhanari.
Clinical Instructor, Sinhgad College of Nursing, Narhe, Pune.

INTRODUCTION
Research is a systematic inquiry of investigation to validate old knowledge and generate new knowledge. Thus the research is conducted among gravid women coming in SKN Hospital to assess the knowledge about antenatal exercises.

Antenatal exercises, have been viewed as a reassuring sign of healthy pregnancy staying a active has lots of benefits both during your pregnancy and when it comes to giving birth. These exercises may be carried on with normal routine exercises in addition to other exercises, antenatal exercises programme concentrate on maintaining correct posture.

NEED FOR STUDY
The researchers have found many of gravid women have lack of knowledge about antenatal exercises such as breathing exercises, pelvic floor exercises.

And hence there are many problems during and after the delivery. Therefore the researcher thought to assess maternal knowledge level about antenatal exercises during pregnancy so as to suggest the measures to increase their knowledge about antenatal exercises by arranging regular classes for mother about antenatal exercises.

PROBLEM STATEMENT
‘A study to assess the effectiveness of demonstration of antenatal exercise on the Knowledge of antenatal mothers attending antenatal OPD of SKN Hospital, Narhe, Pune.’

OBJECTIVES
1. To assess pretest knowledge of antenatal mothers regarding antenatal exercise before the demonstration.
2. To assess the effectiveness of demonstration of antenatal exercise on mothers related to their knowledge of exercise.
3. To correlate the study findings with selected demographic variables.

HYPOTHESES
Null Hypothesis (Ho):- The gravid women coming to smtKashibaiNavale Medical College General Hospital will posses adequate knowledge and practices about antenatal exercises.

Alternative Hypothesis (H1):- The gravid women coming to smtKashibaiNavale medical College General Hospital will posses adequate knowledge and practices about antenatal exercise.

ASSUMPTION
We assumed that most of the educated gravid women in the antenatal ward and outpatient department will have
adequate knowledge about the antenatal exercises.

Conceptual framework: A modified IW Kenny system Model

RESEARCH DESIGN
One group pretest posttest.

VARIABLES
1) Independent variables: Antenatal exercises.
2) Dependent variables: Was mothers knowledge regarding antenatal exercises.

SETTING OF THE STUDY
For this study researcher had selected SmtKashibaiNavale Medical college and general Hospital, Pune.

SAMPLE SIZE
In this study sample size is 30 gravid/pregnant women with second trimester.

CRITERIA FOR SAMPLE SELECTION
1) INCLUSION CRITERIA: The criteria that specify the population characteristics are referred to as inclusive criteria.
2) EXCLUSION CRITERIA: The criteria in which the given population does not possess the specified characteristics are referred to as exclusion criteria.

SAMPLE TECHNIQUES
Non probability: purposive sampling technique used in this study.

TOOLS AND TECHNIQUES
Tools: consist of demographical data of the gravid women.
Structured instruction and structured questionnaire
Techniques: samples will be selected as per the selection criteria instruction.

VALIDITY
Content Validity from 11 experts.

PLAN FOR DATA ANALYSIS
An inferential statistics had drawn for each multiple choice questions.
Following are the aspects of antenatal exercises.
1) Antenatal exercises.
2) Mother well being
3) Fetal well being
4) pre-requisites for exercises

RESULT
There were 11 women who were primigravida, 14 second gravid and 5 with third gravid and among these the highest score of correct answers was obtained by women with gravid second this shows that the multi gravid had more knowledge as compared to primigravida.

As per section various sections the highest score was obtained in the 1st section i.e in question related to antenatal exercises. Thus the gravid women had much knowledge about the antenatal exercises, as it is an important aspects of both maternal and fetal well being.

CONCLUSION
This chapter presents a summary of the study the conclusion and its implications for nursing and nursing education followed by its limitations. This chapter also deals with recommendations for future research in this field. In this research while working with gravid women assessed their knowledge and found following things. Most of the women were not aware of the antenatal exercises, they did not pay attention of their selves, they were not given education regarding maternal and fetal well being, they rarely visit hospital when they are at term or when with complications.

REFERENCES
1. B.TBasvanthappa Nursing research 2nd editionjaypee, new delhi 2007
ABSTRACT
The study was conducted with the objective to assess the perceptions of healthcare professionals towards nursing profession and to determine their association with the selected demographic variables. Quantitative non-experimental descriptive design was used for this study. Convenient sampling technique was used and 100 samples were selected. A questionnaire was designed and the association between socio-demographic profiles and perceptions of healthcare professionals was assessed using statistical inferences. Four-point Likert scale was used to assess the perceptions of healthcare professionals towards nursing profession. The collected data was transferred into master sheet, scoring given according participants respond, then data was summarized in various tables according to objectives. Data was analyzed by descriptive & inferential statistics. In this study majority of 65% of the healthcare professionals had average perception (score 51-75) and 35% of them had good perception (score 76-100) towards nursing profession. Since p-value corresponding to all the demographic variables were large (greater than 0.05), none of the demographic variable was found to have significant association with the perception of healthcare professionals towards nursing profession.

KEYWORDS
assessment, perceptions, healthcare, professionals, nursing, profession.

INTRODUCTION
The perception of nurses being not as professional as the other professions should be highly fought by all members of the profession with the aim of establishing professional uniqueness.¹ Healthcare organizations could not exist without nurses to care for their patients.² The profession demands responsibilities than the past when the principle of a nurse was just to provide care and comfort. Today a nurse is a client advocate, educator, counselor, researcher and manager. The profession has long suffered from public stereotyping. The time has never been better for nurses to reach out to the public to change certain perceptions about nursing.

BACKGROUND
A study conducted to explore the perception of patients and other health care professionals about nurses. Results showed that 68% of patients and 58% of doctors perceived that nurses were competent. About 75% of patients and 54% of doctors agreed that the nurses had adequate skills. Patients (70%) and doctors (49%) agreed that the nurses had a positive attitude towards work. About 74% of patients and 59% of doctors agreed to
the fact that the nurses maintained a professional demeanor. Findings also showed that patients rated the nurses higher than the doctors did. A significant difference was found between the perception of patients and doctors about the communication skills of nurses ($t = 2.423; df = 198; p = 0.016$). It was concluded that the study shows relative satisfaction with the quality of nurse’s work, perceptions of people about their attitudes and behaviors. Nurses could improve on how they relate with other health care providers to achieve positive patient care outcomes.

### Need for the Study

This research on the perceptions about nursing profession is valuable because understanding them will give the researcher knowledge that can bridge a potential gap the various perceptions towards nursing. Nursing faculty as well as the healthcare professionals may incorporate this knowledge into presentations, group discussions and clinical experiences to bring about a change in understanding the differences between stereotypes and the reality of nursing profession. Researcher has identified a number of negative societal perceptions of nursing related to gendered stereotyping, subordination to doctors, low academic standards, limited career opportunities and poor pay conditions and importantly how these perceptions may affect levels of recruitment into nursing.

To improve nurses’ social image is to intervene in the social image of nursing that exists in the general public and other professionals.

### Problem Statement

Assessment of the perceptions of healthcare professionals towards nursing profession in selected hospitals.

### Objectives

1. To assess the perceptions of healthcare professionals towards nursing profession in selected hospitals.
2. To find the association between the study findings and selected demographic variables.

### Methodology

Quantitative non-experimental univariate descriptive exploratory research design.

Non probability convenient sampling technique was used to select participants ($n=100$). Healthcare professionals that is physicians, lab technicians, pharmacists, physiotherapists and dietitians were chosen from selected hospitals. Semi structured questionnaire was developed for demographic data and Four-point Likert Scale for assessment of the perceptions of healthcare professionals towards nursing profession. Validity was done by 15 experts.

### Result

Table: Frequency and percentage distribution of demographic variables of healthcare professionals

<table>
<thead>
<tr>
<th>DEMOGRAPHIC VARIABLES</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 20-30 years</td>
<td>53</td>
<td>53%</td>
</tr>
<tr>
<td>30-40 years</td>
<td>35</td>
<td>35%</td>
</tr>
<tr>
<td>40-50 years</td>
<td>8</td>
<td>8%</td>
</tr>
<tr>
<td>50 years &amp; above</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>Gender Male</td>
<td>48</td>
<td>48%</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>52%</td>
</tr>
<tr>
<td>Designation Physician</td>
<td>14</td>
<td>14%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>20</td>
<td>20%</td>
</tr>
<tr>
<td>Lab technician</td>
<td>22</td>
<td>22%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>24</td>
<td>24%</td>
</tr>
<tr>
<td>Dietitian</td>
<td>20</td>
<td>20%</td>
</tr>
<tr>
<td>Total Professional experience Up to 2 years</td>
<td>18</td>
<td>18%</td>
</tr>
<tr>
<td>2 – 4 years</td>
<td>14</td>
<td>14%</td>
</tr>
<tr>
<td>4 – 6 years</td>
<td>15</td>
<td>15%</td>
</tr>
<tr>
<td>6 – 8 years</td>
<td>20</td>
<td>20%</td>
</tr>
<tr>
<td>8 – 10 years</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td>10 years &amp; above</td>
<td>26</td>
<td>26%</td>
</tr>
</tbody>
</table>
Table: Perceptions of healthcare professionals towards nursing profession (N=100)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor (Score 25-50)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Average (Score 51-75)</td>
<td>65</td>
<td>65%</td>
</tr>
<tr>
<td>Good (Score 76-100)</td>
<td>35</td>
<td>35%</td>
</tr>
</tbody>
</table>

Table shows that 53% of the healthcare professionals had age 20-30 years, 35% of them had age 30-40 year, 8% of them had age 40-50 years and 4% of them had age above 50 years. Gender distribution included 48% of them were males and 52% of them were females. Designation shows that 14% of them were physicians, 20% of them were pharmacists, 22% of them were lab technicians, 24% of them were physiotherapists and 20% of them were dieticians. 18% of them had upto 2 years of experience, 14% of them had 2-4 years of experience, 15% of them had 4-6 years of experience, 20% of them had 6-8 years of experience, 7% of them had 8-10 years of experience and 26% of them had more than 10 years of experience.

Later Table and Figure shows that Majority of 65% of the healthcare professionals had average perception (score 51-75) and 35% of them had good perception (score 76-100) towards nursing profession.

Association between the perceptions of healthcare professionals towards nursing profession and selected demographic variables was assessed using Fisher’s exact test.

- There is no significant association between the perceptions and age of healthcare professionals at 5% level of significant as p-value is 0.123 (greater than 0.05).
- P-value of perceptions and gender of healthcare professionals is 0.677 (greater than 0.05), which reveals that there is no significant association between at 5% level of significant.
- There is no significant association between the perceptions and designation of healthcare professionals at 5% level of significant as p-value is 0.242 (greater than 0.05).
- There is no significant association between the perceptions and total professional experience of healthcare professionals at 5% level of significant as p-value is 0.305 (greater than 0.05).

CONCLUSION

Continued research in this area could be helpful to determine and provide enough evidence of the need to change the public’s perception of the nursing profession. Outdated images need to change to ensure the health and safety of the public. We speculate that this will not only improve working conditions for all healthcare workers, but will attract men, minorities and those contemplating nursing to join in improving healthcare within and beyond the nation.

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From the Desk of Editor in chief
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‘Assessment knowledge regarding breastfeeding among postnatal mothers in postnatal ward’

Mrs. Suhasini Manerkar,
Asso. Prof. Sinhgad College of Nursing,
Narhe, Pune: 41.

INTRODUCTION

“Mother’s milk, time tasted for millions of years, is the best nutrients for babies because it is Nature’s perfect food”

In the first century today women are extremely career oriented & have achieved success in various strata of the world but this career oriented women mostly tend to neglect purposively or innocently their family life.

The children are future of country so it is at all times necessary for a developing country to promote health of the future so as to achieve success & development of the country.

BACKGROUND OF STUDY

It it mother milk universally acknowledge that mothers milk contains several nutrients which are not only essential for growth of child but also provides effective prevention of many diseases to which a child is prone.

N. K. Goel (2008), The health & nutritional status of millions of infants which influence their subsequent growth & development through childhood is determined by he pattern of feeding practices during infancy.

NEED FOR STUDY

Nanjuda J. Turmmeric 2006, Found that universal exclusive breast feeding for first six month reduced infant mortality rate by 13%.

A randomize control trial conducted in a tertiary hospital in Singapore has revealed that post natal breast education & lactation support as a single intervention based in hospital, both significantly improved rate of exclusive breastfeeding up 6 month after delivery. In India health care provider during antenatal visit is usually an obstetrician or ANM in rural health setup health functionary close to the community.

PROBLEM STATEMENT

‘A study to assess knowledge regarding breastfeeding among postnatal mothers in postnatal ward in Shrimati Kashibai Nawle Medical College & General Hospital, Nahre, Pune.’

OBJECTIVE

1) To assess pre test knowledge of postnatal mothers about
2) To assess post test knowledge of postnatal mothers about importance of breast feeding to newborn
3) To compare pre & post knowledge score of postnatal mothers.
4) To co-relate findings with selected demographical variable of mothers.

ASSUMPTION

Selected demographic variable may influence effect related to knowledge about breast feeding technique.

Appropriate & adequate knowledge related to breast feeding techniques
may influence the practices & help in adapting proper breastfeeding.

**HYPOTHESIS**

Ho- There will be no significant difference in postnatal mothers knowledge regarding breastfeeding after health education.

H1- There will be no significant difference in postnatal mothers knowledge regarding breastfeeding after health education.

**CONCEPTUAL FRAMEWORK**

The general system theory is used for this study – Input, Throughput, and Output.

**RESEARCH METHODOLOGY**

Research Approach- Qualitative research approach
Research Design- One Group pre test & post test design
Variable – Dependent – Knowledge of post natal mother
Independent – Planned health teaching regarding breast feeding
Population – Target population – It consist of postnatal mothers admitted in hospital of Pune city.
Accessible Population- Postnatal mothers admitted in postnatal ward of SKNMC Pune.
1) Sampling Technique – Non probability purposive.
2) Sample Size – 30 Postnatal mothers.

**MAJOR FINDINGS OF THE STUDY**

Most of the samples were in the age group of 22-26 yrs (46.67%). Majority of postnatal mothers were having secondary education (50%) & (20%) were having higher education .(30%) of them were primary education. Most of the postnatal mothers i.e (88.33%) were from Hindu religion. Out of 30 postnatal mothers (76.67%) were having joint family, (36.67%) were from rural area and most of them were from moderate socioeconomic background i.e. (36.67%) Majority of the postnatal mothers have previous knowledge on breast feeding i.e (86.67%) and those who received knowledge on breast feeding from health professional were only (20%).

Overall knowledge score obtained by postnatal mothers about breast feeding in pre- test (6.76%) had poor knowledge score i.e (00-07) & (08-15) had average knowledge score i. e (76.67%) & mother had good knowledge score (16-22). Where as in post test all 16.67% of postnatal mothers had good knowledge score (16-22) which indicates that the health education was effective in improving the knowledge of postnatal mothers regarding breast feeding.

Data related to effect of health teaching on knowledge score was 11.9 & post – test mean score 16.27 p value is (0.05) difference in average score is statistically significant.

There is no association between, education,religion,type of family residence & previous knowledge of breast feeding but there is a significant association between knowledge score & education variables.

**REFERENCES**

‘Effectiveness of planned teaching programme on knowledge of menstrual irregularity among adolescent girls.’

Mrs. Asha Sreenivasan, Lecturer, Aurangabad College of Nursing, Aurangabad.

INTRODUCTION

Menstrual irregularities are a common problem in adolescents especially within the first two to three years after menarche. Menstrual irregularities are often the source of anxiety for the patients and the families. Menstrual disorders in college students have been reported as higher than in the general population. Several reasons, among them calorie-restricted diets, strenuous exercise, and college-related stress, have been attributed to this increased prevalence.

It is important to be able to educate young females and their parents regarding what to expect of a first period and about the range for normal cycle length of subsequent menses and to differentiate between normal and abnormal menstruation. Girls who have been educated about early menstrual patterns will experience less anxiety as development progresses.

PROBLEM STATEMENT

‘A study to assess the effectiveness of planned teaching programme on knowledge of menstrual irregularity among adolescent girls in a selected school at Bangalore.’

OBJECTIVES

1. To assess the pre-test knowledge on menstrual irregularity among adolescent girls in selected school.
2. To evaluate the effectiveness of structured teaching programme on menstrual irregularity among adolescent girls in a selected school.
3. To find out the association between the pre-test knowledge score and selected demographic variable.

HYPOTHESIS

H1. The mean post-test knowledge score of the adolescent girls will be significantly higher than their mean pre-test knowledge score.
H2. There will be a significant association between level of pre-test knowledge on menstrual irregularity and demographic characteristics of adolescent girls.

METHODOLOGY

An evaluatory approach of Quasi experimental (one group pre-test and post test) design was used. The independent variable was planned teaching and the dependent variable was knowledge of adolescent girls regarding menstrual irregularity in a selected school. Simple random sampling technique used to select 60 adolescent girls.
REVIEW OF LITERATURE
The extensive review of literature has been done and it is organized according to the following headings:
1. General menstrual character and Common menstrual disorder
2. Various aspects of menstrual irregularity
3. Complications and other associated problems of menstrual irregularity
4. Knowledge on menstrual irregularity and effectiveness of teaching program

DATA COLLECTION TOOL
The tool used for this study consists of two sections,
Section – I: Demographic Variables and Section – II: The questionnaire consist of 40 items which distributed in three aspects,
• Aspect A : General information on menstruation.
• Aspect B : Menstrual irregularity types and features.
• Aspect C : Management of menstrual irregularity.

METHOD OF DATA COLLECTION
The sample consist of 60 adolescent girls those were attended the menarche. Assessed the knowledge of menstrual irregularity in adolescent girls by used a structured questionnaire. On the same day the investigator has given a planned teaching program to the adolescent girls regarding menstrual irregularity. Then after three days the investigator personally assessed the knowledge of adolescent girls regarding menstrual irregularity by used the same structured questionnaire.

RESULT
Demographic data
• Majority of adolescent girls 23(38.4%) were studying in Higher Secondary;
• Majority of adolescent girls family Monthly income 20(33.3%)
• Majority of adolescent girls 32(53.3%) were belongs to a joint family;
• Majority of adolescent girls 22 (36.8%) were receiving the information from parents;
• Majority of adolescent girls 19(31.8%) of the respondent’s mother education is high school
• Majority of adolescent girls 24(40%)them have one elder sister;

With regard to the pre-test knowledge score 52(87%) of respondent have inadequate knowledge and eight (13%) have moderate knowledge regarding menstrual irregularity. It was inferred that majority of adolescent girls in selected school have inadequate knowledge regarding menstrual irregularity. The mean knowledge score in the pre-test phase was 9.37 with the SD of 5.54 and the mean percentage was 23.42%.and in the post-test phase the mean knowledge score was 32.25 with the SD 2.62 and the mean percentage was 80.62%. The values shows the study subjects gained excellent knowledge with the enhancement of 28.88 in mean 2.62 in SD and 57.2% in mean percentage regarding menstrual irregularity among adolescent girls.

Compared Percentage distribution of Level of knowledge before and after planned teaching program.

<table>
<thead>
<tr>
<th>Level of knowledge</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>Inadequate (&lt;50%)</td>
<td>52</td>
<td>87.0</td>
</tr>
<tr>
<td>Moderate (50-75%)</td>
<td>8</td>
<td>13.0</td>
</tr>
<tr>
<td>Adequate (&gt; 75%)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Percentage distribution of knowledge aspects wise Mean, SD and Mean% of post-test knowledge regarding menstrual irregularity among adolescent girls

The obtained Z value was 23.26 in general information of menstruation, 22.92 in menstruation irregularity types and features, finally 21.12 in management of menstruation irregularity. And the overall Z value was 28.55 with 0.05 level of significance in all aspects.

demographic factors like Age ($\chi^2=8.19$), Educational status ($\chi^2=9.69$), Type of family ($\chi^2=4.33$), Source of information ($\chi^2=10.83$), Number of elder sister ($\chi^2=11.03$), the test statistic > table value with Significant at 0.05 level and in Religion ($\chi^2=1.37$), Family monthly income ($\chi^2=6.21$), Education of the mother ($\chi^2=4.41$), the test statistic < table value

**RECOMMENDATIONS**

Based on the findings of the study the following recommendations are made:

- Study can be replicated using a large number of samples to make it more reliable
- The study can be done comparing adolescent girls from different areas of the community.
- A comparative study can be done between students from urban and rural population
- Similar studies can be conducted by using control and experimental group

**REFERENCES**

‘Effectiveness of Music therapy on level of Stress among elderly in selected old age homes of Pune City.’

* Ms. Donit John, Lecturer, Aurangabad College of Nursing, Aurangabad.
** Mrs. Sheela Upendra, Associate Professor, Symbiosis College of Nursing, Pune.

ABSTRACT
In this study the effectiveness of Music therapy on level of stress among elderly in selected old age homes of Pune City. 50 samples each from the experimental and the control group were selected by non-probability convenient sampling technique. The research design used was Nonrandomized control group design. The conceptual framework of the study was based on General Systems Model by Ludwig von Bertalanffy. Data was collected using perceived stress scale, analysed and interpreted by using descriptive and inferential statistics. Mean value at pre-test was 30.2 which decreased to 16.8 in post-test. This study depicted that Music therapy is very effective in stress reduction among elderly in selected old age homes of Pune City. It is suggested that Music therapy should be practised as an integral part of the nursing profession by the nurse working in old age homes, community and hospital.

KEY WORDS
Music Therapy, Stress, Elderly, Old-age home

INTRODUCTION
Stress is an unavoidable part of life. But, there are some things you learn best in calm; and some in storm. The quickening of your heartbeat and the heightening of your senses that you experience with normal stress is just your body preparing to respond to stress. It is the fact that stress does not kill us; it is our reaction to perceived it. But when stress goes on for too long it can be dangerous. For older adults, prolonged stress can come from chronic illness, disability, or the loss of a spouse. Other sources of stress may involve money, change in living situation, or family problems. These types of stressors are long term and can be more difficult to deal with. Stress causes your body to release stress hormones, which stimulate your brain and body. Over time, that type of stimulation can take a negative toll on an older person.

Music is a therapy. It is a communication far more powerful than words, for more immediate, far more efficient. Music has a powerful impact on everyone, but can release a tripwire of powerful memories to the elderly; because of that music therapy is one of the most effective treatments for the elderly. Music is good for the spirit, at all age especially in elderly. Classical music is one such music genre that has the ability to create a positive aura around elderly. The rhythms harmonize with the vibrations present inside mind and feel intensely relaxed. Classical music is capable of mellowing down the agitated mind and soothing senses in a unique way.
The number of older adults is growing fast all over the world. People aged 60 and over are more than 800 million.76.6 million people at or over the age of 60, constituting above 7.7% of total population in our country. Maharashtra is the second most populated state of India contributing old age people, 9.2% (Male: Female - 8.7:9.7).

Music therapy helps to provide the old age people with ways of understanding and developing
- Their self-identity and connecting with other people,
- Maintaining wellbeing
- Experiencing and expressing spirituality.
- Provides strong associations with memories of a person's life.

**METHODOLOGY**

An evaluatory approach with Non-randomized control group research design was used. The participants were divided into experimental and control group consisting of 50 samples each by convenient sampling in selected old age homes. A standardized tool of perceived stress scale to measure level of Stress among elderly was used. On the first day samples from both group were finished with pre-test, Music therapy (Indian Classical Music) was given to the experimental group for seven consecutive days for 30 minutes thereafter. On the eighth day the samples from both groups were finished with post-test. Permission to conduct the study was taken from the respective old age homes and informed consent taken from all participants. The participants took who could understand English or Marathi. The data was collected and analyzed based on objectives of the study using descriptive and inferential statistics.

**DATA ANALYSIS AND RESULT**

**Section-I**

Table: Distribution of samples according to their demographic variables in terms of frequency and percentage among elderly.

<table>
<thead>
<tr>
<th>Demographic variable</th>
<th>Experimental group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-65 years</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>66-70 years</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>71-75 years</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>75-80 years</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>Female</td>
<td>28</td>
<td>56</td>
</tr>
</tbody>
</table>

**PROBLEM STATEMENT**

‘A Quasi experimental study to assess the Effectiveness of Music Therapy on Level of Stress among Elderly in Selected old age Homes of Pune City’

**OBJECTIVES OF THE STUDY**

1. To assess the level of stress among elderly in both experimental and control group.
2. To find out the effectiveness of music therapy on level of stress of elderly in experimental group.
3. To find out the association between level of stress and demographic variables.

**HYPOTHESIS**

H₀: There is no significant difference between in the post-test level of stress among elderly in experimental and control group after music therapy.

H₁: There is a significant difference between in the post-test level of stress among elderly in experimental and control group after music therapy.
### Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>31</td>
</tr>
<tr>
<td>Un-Married</td>
<td>10</td>
</tr>
<tr>
<td>Widow</td>
<td>7</td>
</tr>
<tr>
<td>Divorce</td>
<td>2</td>
</tr>
</tbody>
</table>

### Number of children

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No child</td>
<td>11</td>
</tr>
<tr>
<td>One child</td>
<td>7</td>
</tr>
<tr>
<td>Two Children</td>
<td>25</td>
</tr>
<tr>
<td>More than Two Children</td>
<td>7</td>
</tr>
</tbody>
</table>

### Type of family

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint</td>
<td>19</td>
</tr>
<tr>
<td>Nuclear</td>
<td>31</td>
</tr>
</tbody>
</table>

### Education

<table>
<thead>
<tr>
<th>Level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>4</td>
</tr>
<tr>
<td>Secondary</td>
<td>6</td>
</tr>
<tr>
<td>Higher secondary</td>
<td>30</td>
</tr>
<tr>
<td>Graduate &amp; above</td>
<td>10</td>
</tr>
</tbody>
</table>

### Are you liable to get Pension

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>27</td>
</tr>
<tr>
<td>Up to Rs. 2000</td>
<td>14</td>
</tr>
<tr>
<td>Rs. 4001-6000</td>
<td>2</td>
</tr>
<tr>
<td>Rs.2001-4000</td>
<td>7</td>
</tr>
<tr>
<td>Rs.6001-8000</td>
<td>0</td>
</tr>
</tbody>
</table>

### History of health problem

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>18</td>
</tr>
<tr>
<td>Present</td>
<td>1</td>
</tr>
<tr>
<td>Cataract</td>
<td>2</td>
</tr>
<tr>
<td>DM</td>
<td>15</td>
</tr>
<tr>
<td>Hypertension</td>
<td>14</td>
</tr>
</tbody>
</table>

### History of addiction

<table>
<thead>
<tr>
<th>Addiction</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>5</td>
</tr>
<tr>
<td>Smoking</td>
<td>4</td>
</tr>
<tr>
<td>Tobacco</td>
<td>3</td>
</tr>
</tbody>
</table>

### History of any major events in recent past

<table>
<thead>
<tr>
<th>Event</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of loved ones</td>
<td>17</td>
</tr>
<tr>
<td>Property loss</td>
<td>11</td>
</tr>
<tr>
<td>Family problem</td>
<td>20</td>
</tr>
<tr>
<td>Newly diagnosis disease to self/family members</td>
<td>2</td>
</tr>
</tbody>
</table>

### Number of meeting with family members in period of sixth month

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>3</td>
</tr>
<tr>
<td>Once</td>
<td>5</td>
</tr>
<tr>
<td>Twice</td>
<td>30</td>
</tr>
<tr>
<td>More than Twice</td>
<td>12</td>
</tr>
</tbody>
</table>

### Length of stay in Old-age home

<table>
<thead>
<tr>
<th>Period</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 Year</td>
<td>12</td>
</tr>
<tr>
<td>2-4 Year</td>
<td>29</td>
</tr>
<tr>
<td>4-8 Year</td>
<td>8</td>
</tr>
<tr>
<td>More than 8 years</td>
<td>1</td>
</tr>
</tbody>
</table>

### Do you have interest in Music

<table>
<thead>
<tr>
<th>Interest</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>50</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

### Section II: Assessment level of stress among elderly in both experimental and control group in Pretest

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>'t' Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Test</td>
<td>30.2</td>
<td>5.1</td>
<td>49</td>
<td>27.5</td>
</tr>
<tr>
<td>Post Test</td>
<td>16.8</td>
<td>4.8</td>
<td>49</td>
<td>20.1</td>
</tr>
</tbody>
</table>

### Section III: To find out the effectiveness of music therapy on level in experimental group

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Mean</th>
<th>SD</th>
<th>z-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>13.3</td>
<td>3.4</td>
<td>13.2</td>
</tr>
<tr>
<td>Control</td>
<td>-0.8</td>
<td>3.4</td>
<td>(P&lt; 0.05)</td>
</tr>
</tbody>
</table>

Table: Paired t-test for effectiveness of music therapy on stress of elderly.

Table. Two sample z-test for comparison of experimental and control group:
Therefore the null hypothesis (H\(_0\)) was rejected and research hypothesis (H\(_1\)) was accepted. The study revealed that the level of Stress among elderly was significantly reduced after implementation of music therapy. It is inferred that music therapy was highly effective in reduction among elderly in selected old age homes.

**Section IV:** To find out the association between level of stress and demographic variables

It is inferred that there was a significant association between length of stay in old-age home and meeting with family member (Less than 0.05) with level of Stress in elderly in selected old age homes.

**RECOMMENDATION**

1. The study may be replicated using a larger population of elderly.
2. A survey to assess other such alternative modes of treatment to reduce on level of stress in the patients can be undertaken.
3. A study can be conducted on the attitudes of the hospital personnel to the policy of administration of music therapy during treatments or procedures.
4. A comparative study can be done to study the effects of other non-pharmacological measures to reduce stress due to various reasons.
5. A study can be done to assess the effect of different type of classical musical instruments or music on level of stress or other physiological parameters.
6. A study can be done using other alternative method or technique like yoga, massages therapy, aroma therapy, etc. in related to stress.

**Conclusion**

The findings reveal that the music therapy was very effective in reducing stress of elderly in old age homes. The statistical analyses were found that there is a positive relationship between music therapy and stress level. And music therapy can be administered as an alternative treatment for the treating of stress in patients involved in long-term care.

**REFERENCES**

‘Effectiveness of a self-instructional module on knowledge and practice of staff nurses working in selected hospital related to safe handling of antineoplastic drugs.’

Mrs. Bhagyalakshmi Jadhav  
Clinical Instructor, Sinhgad College Of Nursing

INTRODUCTION
Health is the greatest wealth in the life. Chronic diseases are often a challenge to our health and life. Cancer is one of the chronic diseases with long duration of illness and difficulty to resolve. Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. Cancer is a leading cause of death worldwide, accounting for 7.6 million deaths (around 13% of all deaths) in 2008. According to the World Cancer Report from the International Agency for Research on Cancer, cases of cancer doubled globally between 1975 and 2000, will double again by 2020, and will nearly triple by 2030. The projected numbers of cancer cases for 2030 are 20 to 26 million new diagnoses and 13 to 17 million deaths. In India, 5, 50,000 deaths occurred due to cancer in 2010. As per the figures released in 2012 by the Hospital Based Cancer Registry of Regional Cancer Centre, 2, 49,362 patients visited there for treatment in the last 30 years.

NEED OF THE STUDY
Anti-neoplastic drugs cannot differentiate between normal cells and targeted cancer cells, posing health risks to the health workers who administer it without taking adequate protective measures. Unintentional exposure to chemotherapy agents may endanger the lives of healthcare workers. Pharmacists and nurses have reported acute symptoms from exposure, such as skin irritation, sore throat, cough, dizziness, headache, hair loss, allergic reaction, diarrhoea, nausea, and vomiting. Repeated exposure to chemotherapeutic agents may cause carcinogenic, mutagenic (induces or increases genetic mutations) and teratogenic (causes malformations in developing embryos) effects. The adverse reproductive effects associated with occupational exposure to anti-neoplastic drugs include temporary or permanent infertility, birth defects, menstrual dysfunction, ectopic pregnancies, miscarriage, abortions, and preterm labour.

OBJECTIVES
1. Assess the level of knowledge of staff nurses regarding the safe handling of antineoplastic drugs before and after administration of self-instructional module.
2. Identify the level of practice of staff nurses in safe handling of antineoplastic drugs before and after administration of self-instructional module.
3. Correlate knowledge and practice of staff nurses regarding the safe handling of antineoplastic drugs.
4. Evaluate the effectiveness of self-instructional module by comparing pre-test and post-test knowledge and practice scores.

**RESEARCH METHODOLOGY**

**Design:** Pre experimental design  
**Samples:** Nurses  
**Technique:** Purposive sampling technique  
**Proposed tool:** Self instructional module

**Data collection plan:**
- Data collection period.
- Taking ethical clearance.
- Taking permission from hospital.
- Taking consent from sample.
- Administering tool and collecting data.
- Data analysis by descriptive statistics and inferential statistics.

**RESEARCH ANALYSIS**

Antineoplastic drugs used for the treatment of cancer, cannot differentiate between normal cells and cancer cells, posing health risks to nurses who administer it without adequate precautions. Study was aimed to assess effectiveness of a self instructional module (SIM) on knowledge and practice of staff nurses working in oncology units related to safe handling of antineoplastic drugs in Athena Institute of health Sciences, Mangalore. The research design is pre-experimental, one group pre-test post-test design. Sample consisted of 30 staff nurses administering chemotherapy, selected by purposive sampling. Pre-test assessment was done using baseline proforma, structured questionnaire for assess knowledge and observational checklist for assessing practice, and then the SIM was administered. Post-test was conducted after 7 days. Mean pre-test and post-test knowledge scores were 16.43 and 21.53 respectively. Mean pre-test and post-test practice scores were 31.6 and 36.5 respectively. A significant improvement (P<0.001) in knowledge and practice of staff nurses regarding safe handling of antineoplastic drugs were found after administration of SIM; which showed SIM was effective Study concluded that service education programs have to be conducted periodically to update nurses knowledge.

**REFERENCES**

‘Enhancing home care abilities of care givers of stroke patients’

Mrs. Prajakta Niranjan Adhav
Sinhgad College of Nursing, Pune

ABSTRACT
A quasi experimental one group pretest - posttest study was conducted to assess effectiveness of Information booklet on knowledge regarding home care of stroke patients among caregivers in selected hospitals of city.

INTRODUCTION
‘Cerebrovascular disorders’ is an umbrella term that refers to any functional abnormality of the central nervous system (CNS) that occurs when the normal blood supply to the brain is disrupted. Stroke is a sudden event with an impact. The most common signs and symptoms following a stroke are impaired motor function, sensory deficits and abnormal tone (usually affecting only one side of the body) as well as cognitive limitations, speech impairments & depression. After a stroke, 35-45% of stroke survivors become partially or totally dependent on others to meet their abilities in activities of daily living (ADLs). Of stroke survivors, 31% require assistance with self care, 20% require assistance in ambulation, 71% have some impairment in vocational ability up to 7 years following the stroke, and 16% are institutionalized. Thus stroke is often a family disease, affecting the family emotionally, socially and financially, as well as changing roles and responsibilities within the family. During the acute phase of caring the stroke patient and

ASSUMPTIONS
1. The care givers have some knowledge about home care of Stroke patients.
2. The information booklet may improve the knowledge regarding home care of Stroke patients.

CONCEPTUAL FRAMEWORK
Conceptual framework adopted for the present study is Imogene King’s Goal Attainment theory, which focuses on three dynamic interacting systems: personal, interpersonal and social.

RESEARCH METHODOLOGY
RESEARCH APPROACH: Evaluative approach
RESEARCH DESIGN: Quasi experimental one group pre test and post test design.
SETTING: Selected hospitals of City.
SAMPLE: Family caregivers of stroke patient were selected by
SAMPLING TECHNIQUES: Non-probability convenient sampling method
SAMPLE SIZE: 50

TOOL

Section I – Demographic data
Section II – questionnaire containing 24 items related to knowledge regarding concepts, Communication problems, Cognitive & behavioural problems, Positioning, Moving person & Transfers, Eating & swallowing, Personal care, Exercises, Complications of stroke.

SIGNIFICANT FINDINGS OF THE STUDY

DEMOGRAPHIC DATA OF THE CAREGIVERS–

Age - Majority 25(50%) of the samples were from age group 40-50 years, 16(32%) of them were from age group 30-40 years and 9(18%) of them were from age group 20-30 years.

Gender- 31(62%) of them were females and 19 (38%) of them were males.

Education - 18(36%) of them had secondary education, 13(26%) of them had higher secondary education, 11(22%) of them were graduates, 7(14%) of them had primary education and 1(2%) of them were post graduates.

Occupation - 17(34%) of them were unemployed, 15(30%) of them had business, 11(22%) of them were private employees, 2(4%) of them were government employees and 5(10%) of them had other occupation.

Overall monthly Family income - 8(16%) of them had overall family income bellow Rs. 5000, 17(34%) of them had family income Rs. 5001-10000, 12(24%) of them had family income Rs. 10001-15000 and 13(26%) of them had family income above Rs. 15001.

Relationship with patient - 10(20%) of them were wife of patients, 1(2%) of them were husband, 6(12%) of them were daughter of patients, 16(32%) of them were son of patients and 17(34%) of them had some other relationship with patients.

Previous Knowledge regarding home care of stroke patient - Only 3(6%) of caregivers had prior information on home care of stroke.

FINDINGS RELATED TO EFFECTIVENESS OF INFORMATION BOOKLET:

GRAPH: BAR DIAGRAM OF COMPARISION OF PRE-TEST POST-TEST KNOWLEDGE SCORES REGARDING HOME CARE OF STROKE PATIENT. (N=50)

There was significant difference in mean pretest and posttest knowledge scores of samples after administering information booklet.

In pretest 66% of care givers had average knowledge score (9-16), 30% of them had poor knowledge score(0-8) and 4% of them had good knowledge score (17-24) whereas in posttest majority of 92% of the care givers had good knowledge score (17-24), 8% of the care givers had average knowledge score (9-16) and none of the care giver had poor knowledge (0-8) in posttest, which indicates that
information booklet was effective in improving the knowledge regarding home care of stroke patients among care givers.

**FINDINGS RELATED TO ASSOCIATION OF KNOWLEDGE SCORES WITH SELECTED DEMOGRAPHIC VARIABLES**

From the analysis it was concluded that the demographic variables educational status, occupation, overall family income and prior information about home care of stroke patient have the significant association with knowledge score.

**CONCLUSION**

With the above findings it is clear that the information booklet significantly brought out improvement in the knowledge of people regarding home care of stroke patient. Analysis of data showed that there was significant difference between pre test and post test knowledge.

**REFERENCES**

‘Effectiveness of information booklet about breastfeeding techniques on the knowledge of antenatal mothers in selected hospitals.’

Ms. Tejashri Mulye
Sinhgad College of Nursing, Pune.

**INTRODUCTION**

Breastfeeding is the most important thing for every mother. It is the unique experience to be cherished. Sometimes certain simple problems faced by the mothers results in stoppage of the breast feeding or started giving animal milk or commercial infant formula feeds to the baby. Breastmilk is the best source of nutrition for the baby. The foundation for breast-feeding is established as soon as possible after delivery. Proper techniques are crucial for successful breastfeeding. Although some aspects of breastfeeding technique comes naturally, learning new skills also is important.

**PROBLEM STATEMENT**

‘Effectiveness of information booklet about breastfeeding techniques on the knowledge of antenatal mothers in selected hospitals’.

**OBJECTIVES OF THE STUDY**

1. To assess the knowledge of breastfeeding techniques among antenatal mothers before administration of information booklet in selected hospitals.
2. To compare the knowledge of breastfeeding techniques among antenatal mothers after administration of information booklet in selected hospitals.
3. To find out association between study findings and selected demographic variables among antenatal mothers on breastfeeding techniques in selected hospitals.

**METHODOLOGY**

**Approach and Design:** - Evaluative approach. One group pre-test post-test design was used for study.

**Sampling technique:** Non probability convenience sampling technique was used for selection of sample. **Setting:** selected hospitals of the city. **Sampling Size:** - 101. **Reliability:** - Reliability of tool was done with the help of test re-test method (r = 0.88), it shows that tool is reliable. After reliability pilot study was conducted on 10 samples it shows that study is feasible to conduct on large sample. Pre-test done with the help of self structured questionnaire. After assessment of knowledge than information booklet on breastfeeding techniques given to group. On 7th day or 15th day post-test was done on same group.

**FINDINGS**

**Description of subject:**

Majority (48.51%) of samples was in age group 23 – 26 years out of mothers were educated upto secondary level (44.55%). Majority of samples (69.31%) residing in urban areas whereas (81.19%) were of housewife. 50.50% of sample were having previous knowledge regarding breastfeeding techniques from various sources. Majority of samples (55.56%) having previous knowledge regarding breastfeeding techniques and those who received knowledge on breastfeeding from relatives were (11.88%).
Majority of antenatal mothers had 8.643564 pre test average and post test average was 19.14851.

The mean knowledge scores about breastfeeding techniques obtained from antenatal mothers in pretest was 8.64 and post test score was 19.14. This difference was statistically significant at p < 0.05 level which t- value of 18.74. The data indicates antenatal mothers who received information booklet on breastfeeding techniques had higher mean knowledge scores in post-test than in pre-test. It can be concluded that, the information booklet on breastfeeding techniques has proved to be effective in delivering the knowledge and improving the practices regarding breastfeeding techniques.

The findings on relationship of selected variable of antenatal mothers shows that age, education, residence, working status and previous knowledge has the association with knowledge score regarding breastfeeding techniques. Thus level of knowledge is dependent on age, education, residence, working status and previous knowledge of the sample.

This assessment was done by using paired t-test.

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<td>Post-test</td>
<td>19.148</td>
<td>5.6313</td>
<td>18.747</td>
<td>1.67081E-34</td>
</tr>
</tbody>
</table>

The following conclusions were drawn from the findings of the study. The information booklet on breastfeeding techniques was found to be effective in increasing the knowledge among antenatal mothers. The samples had a highly significant gain in knowledge after providing the information booklet.

**REFERENCES**

DISTRACTERS FACED BY NURSES IN MEDICATION ADMINISTRATION IN WARDS

Mr. Fernandis Samuel, Mrs. Adhav Prajakta, Mrs. Bakal Shilpa, Mrs. Londhe Kanchan, Mrs. Shreelatha M. R., Mr. Thombare Sandeep
Sinhgad Institutes, SINHGAD COLLEGE OF NURSING, Narhe, Pune.

ABSTRACT:
A Non-experimental research study was conducted to assess the distracters faced by nurses in medication administration in wards in view to prepare a standardized protocol for safe zone of administration of medication.

INTRODUCTION:
Medication errors can occur at any stage of the medication administration process including: prescribing, dispensing, preparation, administration & monitoring. Medication administration is acknowledged as a major aspect of patient safety and it has been argued that any distraction or interruption during medication administration can result in errors. Evidence suggests much more attention should be given to how care systems and work processes complement or interfere with nurse’s cognitive work. Communication technology interventions could be introduced to improve the clinical communication environment. Similarly, interventions to reduce during medication related tasks include: the use of “protocol checklist”, “interruption vestes”, and “NO TALK”, signage which have proved useful in reducing interruptions. However, this can have a limited impact if staff get used to their presence. The creation of “patient quite zone”, during medication administration has also been shown to reduce interruptions by 89% resulting in a decrease of nursing medication errors of 60% educational interventions designed to highlight possible strategies to manage these interruptions could further help minimize errors.

OBJECTIVES OF THE STUDY
1. To assess the distracter faced by nurses in medication administration errors in wards.
2. To prepare a standardized protocol for safe zone of administration of medications

ASSUMPTIONS
The study assumes that:
1. The Nurses working in the clinical are distracted during medication administrations which leads to medication administration errors.

CONCEPTUAL FRAMEWORK
Conceptual framework adopted for the present study is Hildegard Peplau theory, which focuses on four phases: Orientation phase, Identification phase, Exploitation phase and Resolution phase

RESEARCH METHODOLOGY
RESEARCH APPROACH: Quantitative research approach is been used for the study.
RESEARCH DESIGN: Non-Experimental Exploratory Descriptive Research Design.
SETTING: SKNMC hospital.
SAMPLE: Staff Nurses working in selected areas of SKNMC hospital that fulfilled the inclusion criteria.
SAMPLING TECHNIQUES: Non-probability convenient sampling method.
SAMPLE SIZE: 200
TOOL:

Section I – Demographic data 05 items for obtaining information about selected demographic factors such as age, gender, Professional Education, Area of working, Working experience in nursing career.

Section II – Modified Likert scale containing 21 items related to Distracters due to Communication, Technological factors, Personal factors and Physical factors.

SIGNIFICANT FINDINGS OF THE STUDY:

DEMOGRAPHIC DATA OF THE STAFF NURSES:

Age - majority of the subjects (112) i.e. 56% belongs to the age group 20-30 years, (56) i.e. 28% belongs to the age group 30-40 years, (23) i.e. 11.5% belongs to the age group (40-50) and (09) i.e. 4.5% belongs to 50 years & above group.

Gender - majority of the subjects (138) i.e. 69% were female and (62) i.e.31% were male.

Education – majority of subjects (138) i.e.69% done General Nursing & Midwifery, (28) i.e.14% are ANM, (27) i.e.13.5% are Graduate and (07) i.e.3.5% subjects were Post Graduate & above course.

Area of work - majority of the subjects working in Medicine Wards (62) i.e.31%, ICU (45) i.e. 22.5 %, Surgical wards (36) i.e. 18%, Psychiatric ward (14) i.e.07%, Pediatric ward (24) i.e.12 %, and Gynecology ward (19) i.e.9.5 % were taken for study.

Experience - majority of subjects have experience in (6 month – 3) years were (96) i.e.48%, (3-6) years (56) i.e.28%, (6 years & above) years (48) i.e.24%.

DISTRACTOR FACED BY NURSES IN MEDICATION ADMINISTRATION ERRORS IN WARDS:

The following are the major distractors which faced by nurses in medication administration errors in wards.

Communication Distractors: 25.7% nurses reported that they oftenly get distracted due to communication by others. Some Times (15%), Rarely (17.6%), Never (41.4%).

Personal Distractors: Often (11.3%), Some Times (13%), Rarely (12.2%), Never (63.6%).

Physical Distractors: Often (33.1%), Some Times (10%), Rarely (12.4%), Never (44.5%).

CONCLUSION:

This shows that Physical Distractor and Communication Distractor is a greater Distractor faced by the nurses during medication administration, so nursing administration department should take proper measures to reduce these disasters which will help to reduce time and effort of staff nurses which will ultimately leads to the improvement of quality nursing care.
**PROBLEM STATEMENT**

“Assess the impact of cartoon movies on social behaviour among schoolers in selected areas of Pune city.”

**OBJECTIVES**

1. To assess the impact of cartoon movies on social behaviour problem among schoolers.
2. To associate the study findings with demographic variables among schoolers.

**METHODOLOGY**

**Research approach**
Non-experimental descriptive approach

**Research design**
Descriptive research design was used for the study.

**Setting of the study**
This study was conducted in selected community in the district to ensure the availability of required samples.

**Sample**
The sample for the present study was comprised of 60 samples of 8-12 years children undergoing social behaviour problem in selected areas of Pune city.

**Sampling technique**
Sampling technique adopted for the study is purposive sampling technique, which is non probability sampling method to draw samples.

**Development and description of tool**
The tools for the study are

- **Section I**: Description of subjects according to demographic variables by frequency and percentage.
- **Section II**: Analysis of data related to impact of cartoon movies on social behaviour among schoolers in selected areas of Pune city.
- **Section III**: Analysis of data related to study findings with demographic variables among schoolers.
- **Section IV**: Analysis of data related to association between demographic variable and study findings.

**Validity**
To ensure content validity of the prepared tool, it was submitted to 11 experts out of whom 2 were from the pediatric nursing specialty, 3 were from community health nursing specialties, 2 from mental health nursing, 4 from midwifery and obstetrical nursing, did the content validity of the tool. On common agreement, a few additions and deletions were made in the tool.

**Data collection procedure**
The investigator prepared a semi structured questionnaire which consisted of multiple choice questions having 4 options as answer with instructions on the top. It was a paper-pen test method and every student was given
15 minutes for the completion of the questionnaire.

ETHICAL CONSIDERATION
Formal permission was obtained from authorities of selected community. Informed consent was taken from the samples before study.

PLAN FOR DATA ANALYSIS
The data obtained from 60 Schoolers 8-12 years old would be analyzed using both descriptive and inferential statistics on the basis of objectives of study. The present study plan to analyze the data based on the objectives. The data obtained from 60 respondents would be analyzed by descriptive and inferential.

FINDINGS OF THE STUDY
The following are the major findings of the study

Section- I
Frequency and percentage distribution of the selected demographic data of schoolers.

1st demographic variable assessed was age of schoolers. Out of 60 schoolers, 28.33% were of 8-9 years age group, 21.66% were of 9-10 years age group, 20% were of 10-11 years age group and 30% were of 11-12 age groups.

2nd demographic variable assessed was gender of schoolers. Out of 60 schoolers, 45% were male and 55% were female.

3rd demographic variable assessed was standard of schoolers. Out of 60 schoolers, 21.66% were in 3rd standard, 21.66% were in 4th standard, 25% were in 5th standard and 31.66% were in 6th standard.

4th demographic variable assessed was area of residence. Out of 60 schoolers, 38.33% were in metro, 31.66% were in urban, 30% were in rural and 0% was in slums.

5th demographic variable assessed was education of father of schoolers. Out of 60 schoolers, 20% were in primary, 35% were in secondary, 45% were in higher, and 0% was in illiterate.

6th demographic variable assessed was occupation of father. Out of 60 fathers of schoolers, father of 20% schoolers were in private, father of 28.33% schoolers were in business and father of 23.33% schoolers were in laborer.

7th demographic variable assessed was occupation of mother. Out of 60 mothers of schoolers, mother of 5% schoolers were in class one officer, mother of 26.66% schoolers were in worker, mother of 5% schoolers were in laborer and mother of 63.33% schoolers were housewife.

8th demographic variable assessed was family income of schoolers. Out of 60 families of schoolers, 13.33% were having family income up to 5000 rupees, 33.33% were having family income between 5000-10000 rupees, 25% were having family income between 10000-15000 rupees, and 28.33% were having family income more than 15000 rupees.

9th demographic variable assessed was type of family. Out of 60 families of schoolers, 58.33% families of schoolers were nuclear, 31.66% families of schoolers were joint, 10% families of schoolers were separated and 0% families of schoolers were divorced.

10th demographic variable assessed was birth order of child. Out of 60 schoolers, 38.33% schoolers were in first, 33.33% schoolers were in second, 10% schoolers were in third and 1.66% schoolers were in fourth.

Section II:-
Association between the selected demographic variables and impact of cartoon movies on social behaviour among schoolers. There is significant association between the following demographic variables-

1) Age- As the age wise comparison of the schoolers calculated by using chi-square test and ‘p’ value (17.98) is greater than 0.05 level of significance which indicates that we accept Ho that is there is no significant difference in impact of social behaviour of schoolers as per age of schoolers.

2) Area of residence- As the area of residence wise comparison of the schoolers calculated by using chi-square test and ‘p’ value (18.7) is greater than 0.05 level of significance which indicates that we accept Ho that is there is no significant difference in impact of social behaviour of schoolers.
schoolers as per area of residence of schoolers.

3) Educational status of parents- As the educational status of parent’s wise comparison of the schoolers calculated using chi-square test and ‘p’ value (32.59) is greater than 0.05 level of significance which indicates that we accept Ho that is there is no significant difference in impact of social behaviour of schoolers as per educational status of parents of schoolers.

4) Occupation of mother- As the occupation of mother wise comparison of the schoolers calculated using chi-square test and ‘p’ value (222.11) is greater than 0.05 level of significance which indicates that we accept Ho that is there is no significant difference in impact of social behaviour of schoolers as per occupation of mother of schoolers.

5) Income of parents- As the income of parent’s wise comparison of the schoolers calculated using chi-square test and ‘p’ value (13.44) is greater than 0.05 level of significance which indicates that we accept Ho that is there is no significant difference in impact of social behaviour of schoolers as per income of parents of schoolers.

6) Types of family- As the type of family wise comparison of the schoolers calculated by using chi-square test and ‘p’ value (125.13) is greater than 0.05 level of significance which indicates that we accept Ho that is there is no significant difference in impact of social behaviour of schoolers as per type of family of schoolers.

7) Birth order of child- As the birth order of child wise comparison of the schoolers calculated using chi-square test and ‘p’ value (208.82) is greater than 0.05 level of significance which indicates that we accept Ho that is there is no significant difference in impact of social behaviour of schoolers as per birth order of child of schoolers.

**Section III**

The result about impact of cartoon movies on social behaviour among schoolers of Pune city states that 46.44% of the samples are having good impact and 53.55% of the samples are having bad impact.

**DISCUSSION**

The present study was undertaken “assess the impact of cartoon movies on social behaviour among schoolers of selected areas of Pune city.” The findings of this study have been discussed with reference to the objectives.

It was found that there was no significant difference in impact of cartoon movies on social behaviour among schoolers as per their age, area of residence, educational status of parents, occupation of mother, income of parents and types of family and birth order of child.

It was found that impact of cartoon movies on social behaviour among schoolers of Pune city states that 46.44% of the samples are having good impact and 53.55% of the samples are having bad impact.

**CONCLUSION**

Based on the findings of the study the following conclusions are drawn:

Mean score was used to determine the significant difference in impact of cartoon movies on social behaviour of schoolers and various demographic variables.

The chi-square test was used to compare the impact of cartoon movies on social behaviour among schoolers as per the age, gender, standard, area of residence, educational status of parents, occupation of father, occupation of mother, income of parents, types of family, and birth order of child.

It was also found that there was no significant difference in impact of cartoon movies on social behaviour among schoolers as per their age, gender, standard, area of residence, educational status of parents, occupation of father, occupation of mother, income of parents and types of family and birth order of child.

Therefore the impact of cartoon movies on social behaviour of schoolers among schoolers of Pune city states that 46.44% of samples are having good impact and 53.55% of the samples are having bad impact.
‘Assess the functional capacity of elderly people residing in families of selected areas in Pune city in a view to develop an information booklet.’

Author:
Mrs. Reshma Bodhak,
Mrs. Kavita Kelkar,
Mr. Dhiraj Salve,
Mrs. Bhagyalakshmi Jadhav
Community Health Nursing Department.
Sinhgad College of Nursing

ABSTRACT
Demographic ageing is a global phenomenon. In the words of Seneca; ‘Old age is an incurable disease’, but more recently, Sir James Sterling Ross commented: "You do not heal old age. You protect it; promote it; you extend it”. Therefore old age should be regarded as a normal, inevitable, biological phenomenon. The world's population is ageing. By 2025, the world's population is expected to include more than 830 million people at an age of 65. The percentage of the population >= 65 will be highest in developed countries, but the absolute number will be higher in developing countries. Developing countries such as China and India have the largest total population, and will continue to have the largest absolute number of elderly people. With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world. (Park.K 2009)
The present study was Non experimental. Research design was descriptive. The study was conducted in various selected areas of Pune. The sample size consisting of 100 elderly people residing in these selected homes. Content validity was done. The reliability of the tool was done by test retest method .The tools used in the study was Modified Geriatric Functional Rating Scale (GFRS) Non Probability Purposive sampling technique was used. When the data was analyzed to assess the functional capacity problems among elderly residing at selected homes in Pune city, it revealed that Majority of 77% of subjects belong to Requires Care in a Suitable Institution, 13% of subjects belong to Require Some Supportive Care but Do Not Need to Enter an Institution; May Benefit from a Day Care Program and 10 % of subjects belong to Able To Live In Their Own Home Setting; Do Not Need To Enter An Institution.

KEY WORDS:
Functional Capacity, Elderly

INTRODUCTION
Old age is traditionally considered to be synonymous with deteriorating physical and mental health. There are well-recognized health problems which accompany old age. Vision dwindles, hearing diminishes, bones become weak, muscle tone decreases, and memory starts failing. Ageing is an inevitable consequence of life. Every organism that is born must grow old and eventually die. Human beings are no exception. The past century was marked by a considerable increase in the proportion of older people, with which came a stratified set of medical, social, psychological, financial and ethical problems distinct enough to pave the way for evolution of a separate branch of science - Gerontology; the science of ageing.
Geriatrics then evolved as bifurcation dealing with the medical problems and care of the elderly.

**NEED FOR THE STUDY**

At one time, all individuals over the age of 65 were considered old. With advancement in disease control, living conditions, and health technology, people are living longer. A 65 year-old American man may expect to reach the age of 81 (Federal Interagency Forum on Age-Related Statistics, 2004) people 85 years and older are fastest growing of all age groups in the country, numbering 4.6 million in 2002, but project to reach 9.6 million by the year 2030 (U.S. Department of Health and Human Services, 2003). The elderly are as heterogeneous as any other age group that spans 40 years or more. As a result, the categories of elders have expanded from one to four with each one having a distinct set of interests and health care needs.

**OBJECTIVES OF THE STUDY**

Assess the functional capacity of elderly people residing in families of selected areas in Pune city in a view to develop an information booklet.

**ASSUMPTION**

1. Majority of elderly people staying in old age home may have Functional Capacity problems.
2. The study will provide useful data to develop an information booklet.
3. Appropriate health education will help to increase the knowledge regarding care of Geriatric problems.

**LIMITATION**

1. The study is limited to the elderly people above the age group 60 years and those living in homes.
2. Available at the time of data collection period.
3. People with known case of psychological conditions are not included in the study.

**METHODOLOGY**

The present study was Non experimental. Research design was descriptive. The study was conducted in various selected areas of Pune. The sample size consisting of 100 elderly people residing in these selected homes. Content validity was done. The reliability of the tool was done by test retest method. The tools used in the study was- Section I Demographic Variables. Section II: Modified Geriatric Functional Rating Scale (GFRS).

**MAJOR STUDY FINDINGS**

**Section -1**

Distribution of subjects in relation to demographic data

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<td>40</td>
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<tr>
<td></td>
<td>71-75 Year</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>76-80 Year</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>2.</td>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>3.</td>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>85</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Unmarried</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Divorce</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Widow/Widower</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.</td>
<td>Family type</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nuclear</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>5.</td>
<td>Any previous illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Backache</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Joint Pain</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Any other</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

Majority of 45% of the subjects belongs to 60-65 years, Majority of 70% of subjects belong to males, Majority of 85% of subjects belong to married, Majority of 60% of subjects belong to joint family and Majority of 35% of subjects belong to backache.
Section 2
Assessing the functional capacity of the elderly residing in selected homes

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Variable</th>
<th>Calculated Value (X^2)</th>
<th>Degree of freedom</th>
<th>P Value 0.05</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td>8.33</td>
<td>6</td>
<td>0.21</td>
<td>NS</td>
</tr>
<tr>
<td>2</td>
<td>Gender</td>
<td>16.66</td>
<td>2</td>
<td>0.00</td>
<td>0241</td>
</tr>
<tr>
<td>3</td>
<td>Marital status.</td>
<td>8.33</td>
<td>6</td>
<td>0.21</td>
<td>NS</td>
</tr>
<tr>
<td>4</td>
<td>Family type</td>
<td>16.66</td>
<td>2</td>
<td>0.00</td>
<td>0241</td>
</tr>
<tr>
<td>5</td>
<td>Any previous illness</td>
<td>8.33</td>
<td>6</td>
<td>0.21</td>
<td>NS</td>
</tr>
</tbody>
</table>

Above table shows the distribution of subjects according to Functional Capacity of elderly. Majority of 77% of subjects belong to Requires Care in a Suitable Institution, 13% of subjects belong to Require Some Supportive Care but Do Not Need to Enter an Institution; May Benefit from a Day Care Program and 10 % of subjects belong to Able To Live In Their Own Home Setting; Do Not Need To Enter An Institution. India may have a younger population but the number of those aged above 60 is rising rapidly too. These elderly population are facing majority of health problems due to ageing with the changes in the body, mind and thought process. This brings to light that the younger generation needs to be motivated to understand the problems faced by the elderly and take appropriate measures to enhance “Happy Ageing” of their dear and near ones.

Section 3
To correlate the functional capacity of elderly people with demographic variables

Above table denotes that calculated X^2 value of gender, family type, is greater than tabulated P value (0.05). Thus there is significant association of Functional capacity among class geriatrics in selected families with regards to above demographic variables

CONCLUSION
The conclusions drawn from the findings of the study as follows, When the data was analyzed to assess the functional capacity problems among elderly residing at selected homes in Pune city, it revealed that Majority of 77% of subjects belong to Requires Care in a Suitable Institution, 13% of subjects belong to Require Some Supportive Care but Do Not Need to Enter an Institution; May Benefit from a Day Care Program and 10 % of subjects belong to Able To Live In Their Own Home Setting; Do Not Need To Enter An Institution. India may have a younger population but the number of those aged above 60 is rising rapidly too. These elderly population are facing majority of health problems due to ageing with the changes in the body, mind and thought process. This brings to light that the younger generation needs to be motivated to understand the problems faced by the elderly and take appropriate measures to enhance “Happy Ageing” of their dear and near ones.

REFERENCES
To assess the utility of biometric attendance system
in improving the work efficiency of employees
working in All India Institute of Medical Sciences,
New Delhi

*Mr. Raghu V.A.* (Nursing Tutor AIIMS Jodhpur Rajasthan)

**Mr. Deepak Agrawal** (AIIMS, New Delhi).

**ABSTRACT**

The most accurate, effective and more authenticated way of registering the attendance in any of the organization is biometric attendance system. The aim of the study was to assess the utility of biometric in improving the work efficiency of the employee. The descriptive research design was adopted to conduct this study. The sample consist 30 head of the departmental staff and 100 employees working in AIIMS, New Delhi. The Head of department were selected conveniently and the employee by simple random sampling technique. Data were collected by validated likert scale and by biometric machine to check the time factor of employee. The highest percentage (58%) of head of department agreed, (24%) were strongly agreed, (16%) were disagreed and only (2%) were strongly disagreed that the work efficiency of the staff increased after implementing biometric attendance system. The average in and out time of employee was 7.32 am and 2.10pm (7.30am-2pm) in A shift, 1.38 pm and 8.09 pm (1.30pm-8pm) in b shift and 7.50 pm and 8.05pm (8pm-8am) in N shift and average in and out time of office worker was 9.35 am / 5.05 pm (9.30 pm-5pm) and average in and out time of technical staff was8.04 am/4.05pm (8AM -4PM). This shows that employees are coming and leaving the duty on time therefore the employee can utilize the maximum duty hours to complete their task and to improve their efficiency of work. Thus biometric attendance is effective as compared manual attendance.

**INTRODUCTION**

With rise of globalization, it is becoming essential to find the easier and more effective system to help an organization to improve their employee productivity and efficiency. Staff attendance management system is an easy way to keep track on attendance of staff within organization. As part of “Digital India” program of Government of India and all the government hospital, has been decided to implement the common Biometric Attendance system. The proposed system would enable an employee to register attendance by simply presenting His/Her biometric (Finger prints). This event will be authenticated online after one to one match with the biometric attribute stored in UIDAI against the employee ID.
OBJECTIVE
1. To determine the utility of biometric attendance system in improving the work efficiency of employee
2. To determine the time factor of employee by using biometric machine

ASSUMPTION:
The common biometric attendance system is effective in improving the work efficiency of the employees.

MATERIAL AND METHODS
A descriptive study was conducted among 30 head of the departmental staff (HOD) and 100 employees working in AIIMS, New Delhi. Samples were selected by using random sampling method after obtaining informed consent. Data was collected by administering the four point likert scale for head of the departmental staff to assess the work efficiency of the employee and biometric machine to check the in and out timings of the employee to assess the time factor. Data were analysed by using descriptive statistics.

MAJOR FINDINGS
Table 1: Representing the mean, median and standard deviation score of head of departments {N=30}
The overall mean score with standard deviation of head of department in assessing the work efficiency of employees was 31.30±2.09.
Finding related to utility of biometric in improving the work efficiency of employee
Figure 1: pie diagram representing the frequency percentage distribution of head of department on utility of biometric attendance system in improving the work efficiency of employee {N=30}

The figure 1 result shows that the maximum percentage (58%) of the sample agreed that the work efficiency of the staff increased after implementing biometric attendance system and minimum percentage of (2%) of sample strongly disagreed that work efficiency of staff not increased and 24 % sample strongly agreed that work efficiency of staff has increased and 16% percentage of the sample disagreed that work efficiency of staff has not improved after implementing biometric. Study also revealed that highest percentage (92%) of the sample strongly agreed that the sincerity and punctuality in attendance has improved after implementation of biometric attendance system.

<table>
<thead>
<tr>
<th>Mean</th>
<th>Median</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.30</td>
<td>30</td>
<td>2.09</td>
</tr>
</tbody>
</table>
Findings related to time factor of employee attendance

The study also revealed that average in and out time of nursing staff was 7.32 am and 2.10pm (7.30am-2pm) in A shift, 1.38 pm and 8.09 pm (1.30pm-8pm) in b shift and 7.50 pm and 8.05pm (8pm-8am) in N shift and average in and out time of office worker was 9.35 am / 5.05 pm (9.30 pm-5pm) and average in and out time of technical staff was 8.04 am/4.05pm (8AM -4PM). This shows that employees are coming and leaving the duty on time therefore the employee can utilize the maximum duty hours to complete their task and to improve their efficiency of work.

References

4. Mohammad S, implementing biometric time and attendance solution to increase employee productivity, MS2SYS.blog on biometric technology;2015 jan-29,[available]; http://www.m2sys.com/blog/author/shaon
5. Biometric time and attendance system an effective solution to manage work force; [available] www.iritric.com/blog/author
‘Assessment of degree and causes of anxiety in patients undergoing total laryngectomy in their preoperative and postoperative periods and correlate anxiety with their self-care.’

Mrs. Rita Lakhani,
Principal; Fortis Institute of Nursing, Mumbai.

ABSTRACT
Laryngectomy surgery causes acute psychological distress. The study aimed to estimate the degree and cause of anxiety in 40 laryngectomy patients in the pre- and post-operative periods and correlate anxiety with their self-care level. In this correlational cohort three observations were undertaken - in the preoperative phase and after the surgery on the seventh day and on the day of discharge. Two self-care levels were defined: self-sufficient and needing help for ADL and surgery-related-care. To assess the anxiety levels, Hospital Anxiety and Depression Scale - Anxiety was used. The patients presented a mean anxiety score of 9.136; this anxiety level increased to 14.046 at seven days post-surgery, dropping to 8.596 on the day of discharge. The common causes of anxiety were surgery related functional loss and surgery-related-care. Statistically, self-sufficient patients presented lower levels of anxiety in the post-operative period than patients who needed help to accomplish their ADL and surgery-related-care.

INTRODUCTION
Laryngeal cancer is emotionally draining due to the changes in the body image and functional deterioration resulting from the cancer and its surgical treatment[4,5]. Despite the latest advances in surgical techniques, perioperative period still represents a stressful event for many patients considering that the patients fear a bad prognosis, the pain, the loss of dignity, physical disfigurement, worsening of communication, economic and physical dependence and impending death among others. [1,2,3] Psychological morbidity is frequently under-diagnosed. While most patients are capable of facing their anguish and adapting to changes, some experience more anxiety and depression. The prevalence of anxiety [as defined by NANDA nomenclature]in patients with
head and neck malignancy greatly varies; several authors have estimated that the prevalence of anxiety ranges between 5% and 87%. [Almonacid CI, et al., Dropkin MJ, et al.; Haisfield-Wolfe ME, et al.; Johansson M, et al.]. [1-4]

### METHODOLOGY

It is a correlational study of patients surgically scheduled for total laryngectomy for laryngeal squamous cell carcinoma [stage T4], at the tertiary hospital in Mumbai, between June 2014 and September 2015. Forty respondents were conveniently selected if they were not having any psychiatric illness and any neurological deficit and willing to consent for the study.

The research variables were: preoperative anxiety \([D_0]\), anxiety on seventh day after the surgery \([D_1]\) and anxiety on the final day of discharge \([D_2]\), demographic data, smoking habit, alcohol consumption, self-care level, common stressors in preoperative and postoperative period and support networks.

To measure the anxiety, Hospital Anxiety and Depression Scale – Anxiety [HADS-A] was used. This self-reported scale consists of 14 items, seven of which measure anxiety. The HADS-A includes specific 7 items on a Likert scale that assess generalized anxiety including tension, worry, fear, panic, difficulties in relaxing, and restlessness. The guidelines recommended for the interpretation of scores is [range: 0 to 21]: 0–7 for normal or no anxiety, 8–10 for mild anxiety, 11–14 for moderate anxiety, and 15–21 for severe anxiety. In this study, cut-off point superior to 8 was considered as patients suffering from anxiety.

Orem's theory was used as reference framework of study and used to assess self-care. Two self-care levels were defined: self-sufficient and need help to accomplish activities [self-care deficits]; operationally defined as the performance of ADLs, assessed using Barthel's index, a questionnaire that measures the patient’s ability for independent self-care [Cronbachs alpha 0.86–0.92]. In this study, the patients were classified according to the score, as follows: self-sufficient if Barthel index was 90-100; need help if Barthel index was 21-90 and dependence if Barthel index was inferior to 21.

To evaluate the support networks, the following were considered: whether the patient had a person for everything needed, occasionally, only for concrete things or no social networks.

The SRC were grouped as independent or in need of help to perform them; the activities were assessed using the nursing outcomes classification and the indicators were: performs care deriving from the surgery: mobilization of trachea-bronchial secretions [effective cough], stoma care [including change of tracheotomy cannula], sleep in propped-up position, communicate in writing and nasogastric tube feeding. Patients were classified as independent and in need of help to perform these activities.

One day prior to the scheduled day of the surgery the patients signed an informed consent form that explained [along with the surgeon] the surgery in detail as well as its expected risks and benefits [D0]. The respondents were interviewed within 3 hours after the surgical consent and the study consent was obtained. Personal and clinical data was collected. The patient then, completed the self-reported anxiety scale [HADS-A] and the self-reported self-care level for ADL and SRC. The respondents were then finally questioned about their fears or apprehensions regarding the surgery. On \([D_1]\) and on \([D_2]\), the patients were again interviewed to record the causes of anxiety and presence of family
networks; and self-report about ADL and SRC and HADS-A.

RESULTS

Among the 40 total laryngectomy patients studied, 38 [95%] were men. The mean age of the respondents was 63.93 years [SD±10.18, Range: 42-79]. In men, the mean age was 65.5 years [SD±10.2] and, in women, the mean age was 58.0 years [SD±6.47]. Majority of the respondents were educated up to primary level, married and retired with past history of tobacco chewing and alcoholism [Table 1]. The mean length of the hospital stay was 15.5 [SD±4.7; Range 11-21] days.

Initially, the patients presented a mean anxiety score of 9.136 [SD±3.632; Range 5-17] on HADS-A. This anxiety level increased to 14.046 at seven days post-surgery, dropping to 8.596 on the day of discharge. Anxiety scores were higher between the preoperative phase and seven days post-surgery than between the seventh day and the day of discharge.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Day</th>
<th>Anxiety</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Preoperative [D₀]</td>
<td>21 [52.5%]</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Postoperative 7 days [D₁]</td>
<td>29 [72.5%]</td>
<td>p=0.013</td>
</tr>
<tr>
<td>3.</td>
<td>Postoperative day of discharge [D₂]</td>
<td>11 [27.5%]</td>
<td>p=0.001</td>
</tr>
</tbody>
</table>

Table: Difference in respondents' anxiety between preoperative phase, at 7th day and on the day of discharge after laryngectomy surgery

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Differences between days</th>
<th>Mean</th>
<th>SD</th>
<th>Confidence interval 95% superior</th>
<th>Inferior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Differences between D₀ and D₁ [D₀ - D₁]</td>
<td>-4.91</td>
<td>2.61</td>
<td>-5.74</td>
<td>-4.07</td>
</tr>
<tr>
<td>2.</td>
<td>Differences between D₁ and D₂ [D₁ - D₂]</td>
<td>5.45</td>
<td>2.15</td>
<td>6.13</td>
<td>4.76</td>
</tr>
<tr>
<td>3.</td>
<td>Differences between D₀ and D₂ [D₀ - D₂]</td>
<td>-2.85</td>
<td>3.44</td>
<td>-3.95</td>
<td>1.74</td>
</tr>
</tbody>
</table>

There was a statistically significant difference in anxiety between [D₀ - D₁] p<0.0001 and between [D₁ - D₂] p<0.0001 and between [D₀ - D₂] p<0.0001.

The variable anxiety was not statistically related with gender, age, professional situation, tobacco consumption, alcohol, functional level and presence of family network [P>0.05]. On the day of admission [D₀] with respect to self-care 100% of the patients were self-sufficient for ADL. Seven days after the surgery, however, 82.5% needed help with all the SRC or some of these as, meals, mobilization of secretions, care for the wound and laryngectomy cannula, communication, mobilization and activity. On the last day, post-surgery, 27.5% still needed help to change the cannula and/or at meal times.

All the patients verbalized various concerns or fears as the cause of their anxiety. Losing their voice, needing assistance with various ADL and SRC, postoperative period problems as pain or discomforts were the major causes of anxiety in majority of the
respondents during the pre- and post-operative period.

Table: Causes of anxiety during the pre- and post-operative period as verbalized by the respondents

<table>
<thead>
<tr>
<th>Causes of anxiety</th>
<th>D₀</th>
<th>D₁</th>
<th>D₂</th>
</tr>
</thead>
<tbody>
<tr>
<td>Losing their voice</td>
<td>100%</td>
<td>100%</td>
<td>55%</td>
</tr>
<tr>
<td>The progress she/he is making</td>
<td>100%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Needing assistance with various ADL and SRC</td>
<td>97.5%</td>
<td>97.5%</td>
<td>27.5%</td>
</tr>
<tr>
<td>Call bells being not answered</td>
<td>90%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Following hospital schedule rather than own</td>
<td>90%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Postoperative period problems as pain or discomforts</td>
<td>90%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Taking medications</td>
<td>85%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Difficulty in resuming previous lifestyle</td>
<td>82.5%</td>
<td>45%</td>
<td>50%</td>
</tr>
<tr>
<td>Having to have larynx surgery</td>
<td>82.5%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Decreasing activity</td>
<td>72.5%</td>
<td>75%</td>
<td>20%</td>
</tr>
<tr>
<td>Explanation of hospital routines and procedures</td>
<td>70%</td>
<td>40%</td>
<td>0%</td>
</tr>
<tr>
<td>Afraid of not waking up after surgery or later death due to illness</td>
<td>65%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Being away from home or/and business</td>
<td>62.5%</td>
<td>62.5%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Change in diet and eating habits</td>
<td>62.5%</td>
<td>62.5%</td>
<td>55%</td>
</tr>
<tr>
<td>Sleep interrupted</td>
<td>52.5%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>Drainage tubes</td>
<td>42.5%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Sleeping in strange and uncomfortable positions</td>
<td>42.5%</td>
<td>75%</td>
<td>10%</td>
</tr>
<tr>
<td>Different nurses caring for them</td>
<td>32.5%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Having visitors only certain hours</td>
<td>32.5%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>Payment of hospital and medical bills</td>
<td>25%</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td>Sharing the room with one or more patients</td>
<td>22.5%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Other personal problems and comorbidities</td>
<td>30%</td>
<td>10%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Table: Performance of self-care by the respondents during their pre- and postoperative period of laryngectomy

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Preoperative</th>
<th>Postoperative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 Days</td>
<td>14 Days</td>
</tr>
<tr>
<td>1.</td>
<td>Self-sufficient</td>
<td>40[100%]</td>
</tr>
<tr>
<td>2.</td>
<td>Needs help</td>
<td>0 [0.00%]</td>
</tr>
</tbody>
</table>

Table: Correlation of anxiety with self-care status of the respondents during pre-and post-operative periods

<table>
<thead>
<tr>
<th>Variables</th>
<th>D₀</th>
<th>D₁</th>
<th>D₂</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>21[52.5%]</td>
<td>29[72.5%]</td>
<td>11[27.5%]</td>
</tr>
<tr>
<td>Need help for self-care</td>
<td>0</td>
<td>33</td>
<td>11[27.5%]</td>
</tr>
</tbody>
</table>

P 0.0023 0.7007 1

Thus, self-sufficient patients presented lower anxiety levels than patients who needed help to accomplish ADL and SRC. This phenomenon was true in the post-operative period and not in pre-operative period.

CONCLUSION

This study concludes that anxiety is present at all times in total laryngectomy respondents and with improved self-care levels there is decrease in anxiety.

REFERENCES

‘Effectiveness of structured teaching programme on the knowledge of mothers of underfive children on diarrhea.’

*Mr. Rishi Dutt Avasthi, **Mr. Hanuman Ram Bishnoi.
rishuavasthi@gmail.com
hrbishnoi5@gmail.com

COLLEGE OF NURSING, AIIMS
JODHPUR.

ABSTRACT
An evaluative study was conducted to assess the effectiveness of structured teaching programme regarding diarrhea on the knowledge among the mothers of urban area of Jaipur. The subjects were 30 mothers who had children under five year of age. The analyses indicated that mother's pretest mean knowledge was 16.86 (56.20%) and after intervention mother's post-test mean knowledge was 24.67 (82.22%), which indicates, that post test knowledge score is higher than pre-test knowledge score. The result indicted that structured teaching programme through lesson plan and booklet was effective in increasing the knowledge score among mothers. There was significant association between two selected demographic variables; occupation and total number of children with pre test knowledge score and not association between other remaining selected demographic variables like age, education, with pre test knowledge score because of limited sample size i.e. thirty and purposive sampling technique. The analyses also indicated that there was a highly significant difference between pre test and post test knowledge score (t39=15.41 p<0.05). This study was effective especially for under five mother to prevent diarrhea among children.

INTRODUCTION
Diarrhoea is a major killer’s disease in under 5 children in India and thus important public health problem. The alarming suction is created by delay in initiation of treatment and in education hydration resulting in high morbidity, Diarrhoeal diseases cause a heavy economic burden on a Health service as well because one third of total paediatric admissions are due to diarrhoeal disease and to 17% of all death indoor paediatric patient are diarrhoea related. ¹

NEED OF THE STUDY
1. Acute diarrhoea still leading cause of death though the mortality rate for children under five suffering from acute diarrhoea
2. The factor related with higher prevalence of diarrhoea were lack of knowledge of mother, lack of exclusive breast feeding and number of older siblings more than two in family.
3. Need is to increase the knowledge and awareness of mother regarding diarrhoea and reduced morbidity and mortality rate of children.

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STATEMENT OF PROBLEM
A study to assess the effectiveness of structured teaching programme regarding diarrhoea on the knowledge among the under five mothers at selected urban community in Jaipur.

OBJECTIVES
1. To assess the knowledge regarding diarrhoea among the under five mothers.
2. To find association between demographic variables and pre-test knowledge score.
3. To evaluate the effectiveness of structured teaching programme regarding diarrhoea among the under five mothers.

HYPOTHESIS
1. The mean post test knowledge score of the mother will be significantly higher than the mean pre test knowledge score.
2. There will be significant association between pre test knowledge scores and selected demographic factors.

DELIMITATION
- The study was delimited to mothers of under five children.
- The study was delimited to selected urban community of Jaipur.

RESEARCH METHODOLOGY
Research Approach: - Research approach keeping in view the nature of problem and objective of the study an evaluatory approach was found to be the most appropriate.
Research Design:- Pre Test Post Design
The design can be presented as:
C1 --------------X-------------------C 2
C1- Post test of knowledge of workers
C2- Post test of knowledge of workers
X- Intervention (planned health teaching program)

Sample Size and Sampling
- Sample: - Mothers of under five children whose residing in Pratap Nagar area Jaipur.
- Sample Size: - Sample size is 30
- Sample type: Non probability
- Setting of the study:- Settings are the more specific places where data collection will occur. The setting for the present study was Pratap Nagar Jaipur.

Reliability of the Tool
- The reliability was calculated by using the Karl Pearson coefficient obtain r=0.92 which showed that the tool was reliable.

RESULT / FINDING
Descriptive and inferential statistics were used for analysis.
It was found that mean post-test score (24.67) of knowledge of students were higher than mean prê-test knowledge (16.86) score. The 't' value computed for knowledge score was t =15.41 showed significant difference, The 't' value suggesting that structured teaching programme was effective in
increasing the knowledge of under five mothers.

The research hypothesis was accepted at the 0.05 level of significance i.e., the mean difference between pre and post-test knowledge score was true difference and not a chance difference. This indicated that structured teaching programme on diarrhoea was significantly effective in increasing the knowledge of mothers.

The data shows that computed chi-square value indicated there significant association between Pre-test knowledge score and occupation of mothers among demographic variable. But no association between Pre-test knowledge score selected demographic variable such as age of mothers, education.

SAMPLE CHARACTERISTICS

Table: Frequency and percentage distribution of selected demographic variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of mothers in Years</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-24 years</td>
<td>8</td>
<td>26.6</td>
</tr>
<tr>
<td>25-28 years</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>29-32 years</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Above 32 years</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td><strong>Educational Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>11</td>
<td>37</td>
</tr>
<tr>
<td>Primary</td>
<td>16</td>
<td>53</td>
</tr>
<tr>
<td>High School</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Higher secondary or Above</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Occupation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>House wife</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Sedentary Worker</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Moderate worker</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Heavy Worker</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Family Income per month</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 3000</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>3001-7000</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>7001-10000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Above 10000</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table: Analysis of significant difference between pretest and post test knowledge regarding mothers of under five children.

<table>
<thead>
<tr>
<th>Test</th>
<th>Mean</th>
<th>Mean percentage</th>
<th>SD</th>
<th>Actual gain of knowledge</th>
<th>Mean difference</th>
<th>'t' value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>16.86</td>
<td>56.20%</td>
<td>3.21</td>
<td>26.02%</td>
<td></td>
<td>7.81</td>
</tr>
<tr>
<td>Post test</td>
<td>24.67</td>
<td>82.22%</td>
<td>0.90</td>
<td>92</td>
<td></td>
<td>15.41</td>
</tr>
</tbody>
</table>

**Highly significant p<0.001**

Figure No.: showing Mean percentage distribution of pre test and post test

DISCUSSION

This study shows that there is a significant increase in knowledge of mothers after the structure teaching programme. Where the t-value is 15.41 (P<0.001)

In this study hypothesis R H1 made by the investigator is accepted that there is a significant increase in level of knowledge after implementation of structured teaching regarding the malnutrition among under five children mothers.

In order to find the relationship between pre-test knowledge and selected demographic variables chi-square test was used. The findings revealed that there was significant relationship established between pretest score and occupation of
mothers where no relationship between pretest knowledge and age & education of mothers demographic variable. The reason for non-significant relationship with pre-test knowledge score and selected variables may be because of limited sample size i.e. 30 and purposive sampling technique.

**CONCLUSION**

Conclusions drawn from present study was as follows structured teaching on malnutrition in children through lesson plan was an effective method.

**References**

**JOURNAL:-**


**BOOKS:-**

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