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# Changes in Visual Discomfort following Yoga among Children Attending Online Classes during COVID-19

Sadhna Verma<sup>1</sup>, Arti Yadav<sup>2</sup>, Abhishek K Bhardwaj<sup>3</sup>

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## Abstract

Previous studies suggest that excess use of digital devices causes visual discomfort where as yoga has been shown to be useful in reduction of visual discomfort. Earlier studies have not shown the effect of yoga on children using digital devices. With this background, the present study was planned to determine the effect of yoga on visual discomfort among children attending online classes during COVID- 19 pandemic. Twenty children of both sexes and their ages ranged between 8 to 14 years were included in the study. All the participants divided into two groups: (i) Yoga group (YG) and (ii) Control group (CG). The participants were screened to exclude those who (i) had any clinical condition such as Sjögren's syndrome or kerato-conjunctivitis sicca and (ii) Used medication for drying of the eyes. None of the participant had to be excluded based on these criteria. Both group were assessed before and after twenty one days of yoga intervention and visual discomfort were measured using computer vision syndrome questionnaire. The scores of both the groups were comparable at baseline, after twenty one days there was a significantly decreased score in the YG group, whereas the CG showed significantly increased scores. The results suggest that the yoga practice appeared to reduce visual discomfort, while the group who had no yoga intervention (CG) showed an increase in discomfort at the end of twenty one days.

**Keywords:** Visual discomfort; Yoga; Computer vision syndrome; Sjögren's syndrome; Kerato-conjunctivitis sicca.

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## INTRODUCTION

Everyone was confined to their homes due of the COVID-19 pandemic that is currently sweeping the world. Schools, universities, and private institutions were all closed. There is minimal chance of the school reopening as initially planned because there is currently no immediate cure for the Novel Corona Virus. As a result, this outbreak has transformed the conventional teaching approach into an online learning programme (Jin *et*

al., 2021). Additionally, it directly affects children's life and psychological and physical well being. Children spend the majority of their time in front of digital screens (such as laptops, computers, and smartphones) for school, homework, and other purposes. Children who utilise digital devices for extended periods of time frequently develop ocular issues (Ichhpujani *et al.*, 2019). The most prevalent issue related to excessive usage of digital devices is computer vision syndrome (CVS). The most typical signs of digital eye strain are eye itchininess, dryness, foreign body sensation, impaired vision, wetness, and headaches (Sheppard & Wolffsohn, 2018). According to a recent survey, children are more likely than adults to experience CVS symptoms (Mohan *et al.*, 2021). The symptoms of CVS can be managed in a variety of ways. One of the popular approaches to deal with these concerns is through yoga. According to Visweswaraiah and Telles (2004), yoga is a traditional Indian science that comprises a variety of poses, breathing techniques, meditation techniques, and purification procedures. Yoga has been shown to help kids focus better and remember things better while reducing stress and anxiety (Weaver & Darragh, 2015). People with progressive myopia who Practice a variety of yoga poses report fewer symptoms of visual strain. Additionally, it has been found that computer users who practice group yoga had fewer symptoms of computer vision syndrome (Telles *et al.*, 2006). The purpose of the current study was to determine whether yoga exercises reduced children's self-rated eye discomfort when they regularly used digital gadgets.

## METHODS

### Participants

Twenty students from the Kendriya Vidyalaya in Chandigarh, India, participated in the study. They are all using digital platforms to take classes. They spent at least three hours each day, six days per week, using digital devices. Ages of the participants, who were of both sexes, ranged from 8 to 14. Participants who (i) had any clinical conditions, such as Sjögren's syndrome or keratoconjunctivitis sicca, or (ii) took eye drying medication were examined to rule them out. Based on these standards, none of the participants had to be disqualified. Prior to the trial, the participant's guardians were informed of the study's specifics and their consent was obtained prior to the study.

### Design of the study

Twenty people were split into two groups, the

experimental group and the control group. Each subject was evaluated both before and after the twenty-one-day period. While control group spent their time in routine activities, the experimental group practiced yoga for an hour every day for 21 days.

### Assessments

Visual discomfort was assessed using computer vision syndrome questionnaire. It consists of sixteen items having five responses. Items are related to the symptoms of computer vision syndrome. Each item has five responses that are divided into frequency and intensity. Three responses belongs to frequency of the symptom i.e. *Never* = The symptom does not occur at all, *Occasionally* = Sporadic episodes or once a week, *Often or Always* = 2 or 3 times a week or almost and two response belongs to intensity i.e. *Moderate* and *Intense*. If participant mark *Never* for frequency, wouldn't marking anything for intensity. Frequency was considered as *Never* = 0, *occasionally* = 1, *Often or always* = 2; and intensity was considered *Moderate* = 1, *Intense* = 2 (Seguí, *et al.*, 2015).

### Data extraction

The total score was calculated by applying the following formula:

$$\text{Score} = \sum_{i=1}^{16} (\text{frequency of symptom occurrence})_i (\text{intensity of symptom})_i$$

(Where Frequency: *Never* = 0, *Occasionally* = 1, *Often or always* = 2 & Intensity: *Moderate* = 1, *Intense* = 2).

The overall assessment was conducted by obtaining the total score, recorded as the DES score. The result of frequency X intensity was recorded as: 0 = 0; 1 or 2 = 1; 4 = 2. If the total score was ≥6 points, the child was considered to be suffering from digital eye strain. DES scores were further categorized as mild (DES score = 6-12), moderate (DES score = 13-18), and severe (DES score = 19-32).

### Intervention

Sixty minutes of yoga program includes yoga postures (asanas for 20 minutes), meditation (10 minutes), regulated breathing exercise (Pranayama for 10 minutes), visual cleansing exercise (Trataka for 10 minutes) and guided relaxation (10 minutes).

Trataka includes maintaining a fixed look on the thumb. Practitioners were instructed to sit comfortably, keep their back straight, and use either their right or left thumb as a cue to guide their gaze. Participants were advised not to look away or turn

their heads while practicing Trataka. Defocus after that while keeping the thumb in your line of sight.

These methods were chosen in light of a prior study (Telles *et al.*, 2006) that shown a significant variation in computer vision syndrome among computer users.

## RESULTS

### Data analysis

Paired t-test was performed to analyze the

obtained data. Stastical test (t-test) was done using SPSS (version 24.0).

## DISCUSSION

During the COVID-19 epidemic, the majority of schools were closed, which has an impact on 1.2 billion children's education through out 186 nations (Unesco, n.d.). Most of the kids used internet channels to finish their education. Twenty kids who were enrolled in online classrooms during

**Table 1:** Changes in Computer vision syndrome before and after twenty one days

Group	Variables	Pre Mean±S.D.	Post Mean±S.D.	SEM	t value	p value
YG	Computer vision syndrome	14±12.58	4.9±3.07	3.80	2.39	.040
CG	Computer vision syndrome	14.7±11	18.9±13.17	2.30	-1.81	.102

the COVID epidemic were tested for self rated visual discomfort in the current study. Participants were split into a control group and a yoga group. Following a 21 days yoga intervention, the YG Mean SD (4.93.07) showed a considerably lower score, whereas the CG Mean SD (18.913.17) showed a significantly higher score, which is similar to a prior study conducted among computer users. Following a sixty day yoga intervention, the prior study revealed equivalent results (the yoga group exhibited a substantial decrease in visual discomfort while the control group showed a significant increase in scores) (Telles *et al.*, 2006). The youngsters most frequently displayed the symptoms of headache, itching and dry eyes. In the current survey, 97% of youngsters attended online classes using a smartphone. The use of smartphones is a significant risk factor for dry eye disease in youngsters, according to a prior study. According to this study's findings (Moon *et al.*, 2014), 71% of school-aged children who have dry eyes also use smartphones (P = 0.036). Continuous smartphone use causes a decrease in blink rate, and due of the small screen and close viewing distance, asthenopia symptoms are brought on. When using a computer, the American Academy of Ophthalmology advises keeping your arm at least 25 inches away from the screen. A specific yoga Practice that combines asnas (postures), breathing exercises (pranayama), and meditation can increase lung capacity, lung strength, and flexibility while lowering blood pressure, heart rate, and back pain (Novotney, 2009). In the current investigation, the combination of yoga practice showed a reduction in visual

perception and strain (Telles *et al.*, 2007). According to a study conducted among medical students, eye exercises and pranayama can be used as potential non-pharmacological measures for improving visual acuity (Gosewade, Drugkar & Shende, 2016). According to Gupta and Aparna (2020), yoga's ocular eye exercises can also help undergraduate optometry students feel less eye tired. According to Hath yoga pardipika, "Trataka closes the door way causing these problems and eradicates all eye diseases, fatigue, and sloth." With this discussion, it can be concluded that employing a combination of asanas, pranayama, and relaxation techniques, such as trataka, assists children who use online learning platforms to reduce visual discomfort. The self-rated visual pain increased in the control group, on the other hand. The psychological advantages indicated with "additional care" can be linked to this difference between the yoga group and control group (Delbanco, 1993). Regular yoga courses were attended by the yoga group in the current study, which may have provided additional care and/or contributed to the advantages that group experienced. Increased visual pain during the follow-up may have been caused by the control group's lack of this yoga Practice.

### Limitations

Further studies are required for evaluating the effect of yoga on visual discomfort on involving larger populations of different age groups in children. A main limitation of the study is that well recognized objective indicators of visual discomfort (eye dryness) were not measured.

## CONCLUSION

Children in the experimental group in the current study appeared to experience less visual discomfort, but the control group (CG) experienced more discomfort after twenty-one days. The study's findings imply that yoga practice is advantageous for kids who regularly use digital devices.

**Limitations:** Further studies are required for evaluating the effect of yoga on visual discomfort on involving larger populations of different age groups in children. A main limitation of the study is that well recognized objective indicators of visual discomfort (eye dryness) were not measured.

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# Effect of Yoga-Preksha Meditation on Emotional Maturity in College Girls

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## Abstract

Yoga has been used for millennia as a tool for achieving mental health. Recent research has also shown significant benefits one motional instability, social maladjustment, personality disintegration, lack of independence and total emotional maturity after two months of yoga-preksha meditation in college going girls. A prospective study was conducted in 100 college going girls with the age range between 17-19 years. The samples were randomized into experimental and non-experimental group (n=50) each; (experimental group average age  $\pm$  S.D.,  $18.22 \pm 0.86$  years), (non-experimental group average age  $\pm$  S.D.,  $18.30 \pm 0.76$  years). Emotional maturity was measured using an Emotional Maturity Scale (EMS) constructed by Dr. Yashvir Singh & Dr. Mahesh Bhargava. Experimental group practiced yoga-preksha meditation for 50 minutes for six days in a week for two months and non-experimental group participants were performing their routine activities. Experimental group and non-experimental groups were analyzed using the within group paired t-test and between group unpaired t-test. There was one within-subject factor i.e., pre and post and one between-subject factor i.e., post and post for the statistical analysis. Following yoga-preksha meditation there was a significant decrease in the scores of emotion maturity (emotional instability;  $p < 0.001$ , social maladjustment;  $p < 0.001$ , personality disintegration;  $p < 0.01$ , lack of independence;  $p < 0.05$  and total emotional maturity;  $p < 0.001$ ). Emotional experimental group. No changes were seen in non-experimental group. It can be concluded that yoga-preksha meditation can reduce the problems of imbalance emotional quanta in the daily life of the college going girls.

**Keywords:** Yoga-Preksha Meditation; Emotion Maturity; Emotional Instability.

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## INTRODUCTION

The period of Adolescence is very sensitive time of successive transition from childhood to adulthood (Spear, 2000) via maturation of adult social and cognitive behaviors (Sisk and Foster, 2004). During this period every person experiencing a considerable amount of change regarding his or her individual and contextual area. These transitions time include changes in the self (e.g., pubertal, physical, cognitive, and emotional

changes), family, peer groups, friends, and environment (e.g., in many societies, youth make transitions from schools to college and university).

Basically, Adolescents commonly do not have a clear outlook towards their life and they feel emotionally alone, restlessness, neglect, emotionally imbalance, depression, and adjustment difficulties in their individual life (Maheshwari and Yadav, 2018). During this time many changes occurs. Hormonal changes related to puberty are partly amendable for the development of the brain (Spear, 2000) and of the cognitive functions (Blakemore *et al.*, 2010). The factors which influence for evolution between childhood and adulthood are peers, lifestyle, gender, and culture. The four major stages occur as part of youth development are classify under physical, social, emotional, and intellectual. Physical growth is responsible for physical development where as social development for social relationship (Aleem, 2005; Suzuki, 2000).

According to Cole (1944), emotional maturity is an outstanding ability to bear tension; and, difference towards certain kinds of stimuli that affect the child or adolescent and develops moodiness and sensibility nature. Besides, emotionally mature persons, the capacity for jolly and entertainment persists (Rani, 2015). The researches opine(s) the relational methodology of self-control and expression with emotional maturity and its capacity to control various physiological and psychological causal factor in the growth and development of adolescents. The researchers concluded that an individual who can keep his/her emotions under control, who is able to break delay and to suffer without self-compassion (Muchhal, & Kumar, 2015).

In the Indic science, Yoga was conceived as a pathway towards attainment of joy in life, freedom from sorrows, mental balance, and peace. The seekers of self-realization (often called as Rishis or Yogis); have been using yogic practices for restoring mind body balance to make them capable for attaining spiritual realization. There are several studies has been published that yoga is beneficial for mental health. A pervious study on two months practice of Nada yoga and Pragya yoga vyayama (Acharya, 2007) found its usefulness in enhancing mental health in adolescents (Kashyap, 2009). Another study shown better mental health in the married college going women after the regular practice of Preksha Mediation (Gaur and Dharini (2006).

Hence, the present study has been designed to assess the efficacy of Yoga-preksha mediation

on college going girls. The objective of this study was to assess improvement in emotional maturity in college going girls after two months of Yoga-Preksha meditation.

### *Hypotheses*

**H<sub>1</sub>:** There is no significant difference in Emotional maturity of college going girls after 2 months of Yoga-Preksha Mediation.

**H<sub>2</sub>:** There is no significant difference in Emotional maturity of experimental and control groups after 2 months of Yoga-Preksha Mediation.

## **METHODS**

### *Participants*

One hundred female adolescents whose ages ranged from 17 to 19 years were selected as sample for this study. All the participants were studying in a college which was randomly selected among college in Haridwar, India. Participants were divided into two groups (i) experimental group (50 girls, group average age  $\pm$  S.D., 18.22  $\pm$  0.86 years) and (ii) non-experimental group or control group (50 girls, group average age  $\pm$  S.D., 18.30  $\pm$  0.76 years). There was no statistical calculation done to find the sample size prior to the experiment. However, post-hoc analyses showed that for the present study, with the sample size as 50 in each group, and with the Cohen's *d* = 0.597786. Cohen's *d* was obtained from the Emotional Unstability of experimental group when "post" value was compared with "pre" value.

The inclusion criteria were: (i) those who were willing to follow the study conditions and (ii) those who were able to understand instructions given by the instructor. The exclusion criteria were: (i) participants with a diagnosed illness and (ii) those who were taking any medication. The participants were recruited with the prior approval from the Head of the Department of the college. The signed consent of all participants was obtained prior to the actual study.

### *Design*

The 100 participants were randomly divided into two groups as follows: (i) each participant was given a serial number from 1 to 100, which didn't depend on their order of enrollment, their surname or any other criteria (ii) a specific computer program was used to generate 100 random numbers, (iii) the 100 random numbers were written beside the serial number of the participants. Hence each participant was assigned a separate random number, (iv) the



random numbers were written on identical slips of white paper, folded identically, (v) a participant who had no other part in the trial placed the slips of paper alternatively in two boxes, one labeled (a) and the other (b), (vi) participants in (a) group were allocated to experimental group and the participants in (b) group were allocated to non-experimental group *i.e.* control group. Through this method of randomization both groups were allocated 50 participants each. Hence, the study is a randomized experimental control research study.

*Assessments*

Emotional maturity was measured using an Emotional Maturity Scale (EMS). It is constructed by Dr. Yashvir Singh & Dr. Mahesh Bhargava. There were five broad factors of emotional immaturity *e.g.*, (i) emotional instability, (ii) emotional regression, (iii) social maladjustment, (iv) personality disintegration and (v) Lack of independence. EMS was a self-reporting Five Point scale. The included items in the scale were in question form demanding information for each in any of the five options that is i) Very Much, ii) Much, iii) Undecided, iv) Probably and v) Never. For very Much, a score of 5 was given, for Much-4; for Undecided-3; for Probably-2; and for Never-1 were to be answer. Therefore, the higher the score of the scale; greater the degree of the emotional immaturity and vice-versa.

**Intervention**

*Experimental Group*

Yoga-Preksha Meditation was given to the participants of experimental group, 50 minutes for six days in a week for two months in the morning from 8:00 AM to 8:50 AM. Yoga-Preksha Meditation practice involved Mahapran Dhwani, Nadi Shodhan Pranayama, Surya Namaskara, Chaitanya Kendra Preksha and Yoga Nidra.

**RESULT**

The experimental group showed a significant decrease in scores of four dimension (out of five) of emotional maturity *e.g.*, emotional unstaility ( $p<0.001$ ), social maladjustment ( $p<0.001$ ), personality disintegration ( $p<0.01$ ), lack of independence ( $p<0.05$ ) and total emotional maturity ( $p<0.001$ ) when compared with the non-experimental group.

Yoga-Preksha Meditation Module:

Practice	Time
Mana-pran Dhwani	5 minutes
Nadi Shodhan Pranayama	5 minutes
Surya Namaskara	10 minutes
Chitanya Kendra Preksha	15 minutes
Yoga-Nidra	15 minutes
Total time duration of intervention per day	50 minutes

**Table 1:** Mean, Sd And 'T' Values on the Dimensions of Emotional Maturity (Emotional Unstability, Emotional Regression, Social Maladjustment, Personality Disintegration and Lack of Independence)

Groups	Variables	Pre (M ± SD)	Post (M ± SD)	% Changes	r	SED	df	t	P
Experimental Group	Emotional Unstability	34.86 ± 8.13	30.00*** ± 7.81	-13.94	.319	1.316	49	3.693	<.001
	Emotional Regression	32.82 ± 8.39	31.94 ± 7.92	-2.68	.129	1.523	49	.578	NS
	Social Maladjustment	27.86 ± 6.63	24.24*** ± 7.86	-12.99	.521	1.014	49	3.570	<.001
	Personality Disintegration	32.14 ± 7.82	28.72** ± 6.96	-10.64	.458	1.093	49	3.123	<.01
	Lack of Independence	30.98 ± 9.01	25.36* ± 9.17	-18.14	.742	.916	49	2.402	<.05
	Total Emotional Maturity	159.66±17.31	140.26***±17.96	-10.27	.433	2.656	49	6.927	<.001
Non-Experimental Group	Emotional Unstability	32.16± 7.99	31.96 ± 6.98	-0.62	.542	1.021	49	.196	NS
	Emotional Regression	35.86 ± 8.21	32.14 ± 7.24	-2.19	.124	1.450	49	.497	NS
	Social Maladjustment	30.60 ± 7.49	30.96 ± 7.35	1.18	.562	.983	49	-.366	NS
	Personality Disintegration	32.00 ± 7.80	31.66 ± 5.87	-1.06	.040	1.353	49	.251	NS
	Lack of Independence	32.58 ± 8.95	29.90 ± 7.45	-8.23	.106	1.559	49	1.720	NS
	Total Emotional Maturity	160.20 ± 20.06	156.62 ± 15.75	-2.23	.321	2.992	49	1.197	NS

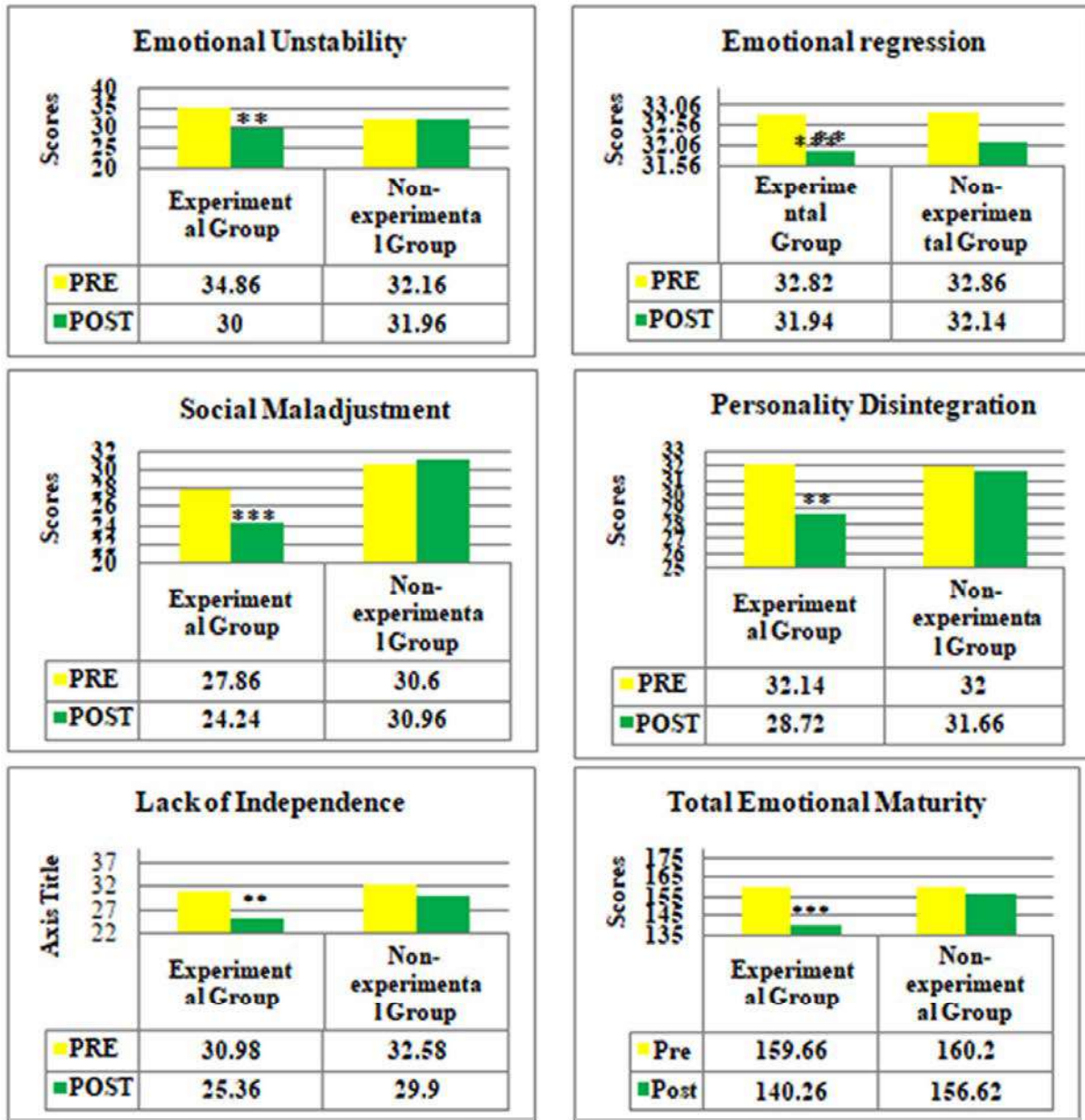


Fig. 1: Changes in emotional maturity and their dimensions

**DISCUSSION AND CONCLUSION**

Yoga-Preksha Meditation has proved a high significance of its effects in the experimental group than the control. The above mentioned results have clearly shown its effect on size emotional maturity in the participants (Magan and Yadav, 2020) has shown the neurophysiology mechanism of long term preksha meditation and opines its potential to advance the knowledge of relaxation in the brain and day to day activities. This clearly proves that yoga-preksha meditation has the ability to alter

the neurophysiology of brain substantially and thus effecting the hormonal regulations in the participants. Scientist also researched the effect of preksha meditation on brain waves (Pragya and Sanchetee, 2018) and showed its effect on the conduction of electrical impulses in the brain and thus, changing the brain waves. The research clearly aligns itself with the present need of the emotional maturity in the college going girls and propagates the subtle light on the need of yoga-preksha meditation scientifically. Based on the finding of the study, It can be concluded that regular practice of

yoga-preksha meditation can manage the emotional imbalance in college going students specially girls.

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# Effectiveness of Structured Teaching Module on Soft Skill

Pallavi Biswas

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## Abstract

**Introduction:** Soft skill are individual attributes which is essential for establishing good communication and interpersonal relationship within the organizations. This can be understood as personal characteristics, own opinion or attitude and individual qualities. Lack of these soft skill create a gap in nursing care with effective nursing care or holistic nursing care. Active listening and therapeutic touch are important aspect of soft skill.

**Method:** The present study adopted Evaluating research approach. One group pre-test and post-test design was used to assess the effectiveness of Structured Teaching Module for Staff Nurses regarding knowledge of soft skill. In the study the sample comprised of 63 staff Nurses Betul was fulfilling the inclusive criteria. Convenient sampling technique was used to select the sample.

**Result:** The data presented show that out of 63 subjects' majority 23 (36.50%) staff nurses belonged to age group of 31-40 years, whereas majority 50 (79.36%) were females, highest percentage 33 (52.38%) of staff nurses are B.Sc. Nursing, Majority 28 (44.44%) staff nurses having 5-10 years of experience and majority 56 (89%) had no additional qualification regarding soft skill apart from their nursing program. The data depicts that the obtained t value was 15.00 and p value 0.001. Hence H1 was accepted and it is interpreted that knowledge of staff nurses regarding Soft Skill has significantly improved compared to pre-test.

**Keywords:** Soft skills; Structured Teaching Module; Staff Nurses.

## INTRODUCTION

Soft skills are individual attributes which is essential for establishing good communication and interpersonal relationship within the organizations. This can be understood as personal characteristics,

own opinion or attitude and individual qualities. Also called a combination of social, personal and emotional intelligence. Soft skill does not indicate towards any specific task or area it indicates whole approach towards life, relationship and work place environment with other people.<sup>3</sup>

The quality nursing care is not only limited to general patient care but along with spending time with patient, listening them and explaining them on various procedures and care. Soft skill plays a vital role in providing this information effectively. Lack of these soft skills create a gap in nursing care with effective nursing care or holistic nursing care. Active listening and therapeutic touch are important aspect of soft skills.<sup>1</sup>

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The term soft skill is also known as emotional intelligence. It is the skill of good harmonious communication, which leads to good interpersonal relationship. Soft skill sare personality attribute of the individual ability to express their view with productive results.

The importance of soft skill among health care professionals is a new area of consideration. Soft skill is a non-technical skill which is now introducing among health care professionals, medical education and among nursing education.

“Soft” skills, also known as personality skills, are harder to measure but are no less important or valuable than “hard” skills. In fact, there are those who would argue that “soft” skills are as crucially important to patients and families during their experience within any part of the healthcare system.<sup>2</sup>

Soft skills are difficult to measure but equally important as technical skills. Technical skills are helpful for all professionals to deal with problems but soft skills are even considered to be important when technical skill fail to survive. There is no single skill is sufficiently important but a good combination of both soft and technical skill is essential for quality patient care.

In the field of healthcare, skills, one of the main competence attribute measures among nurses, are still unidentified.<sup>5</sup>

Various approaches have been put forward to design professional development programs that help in preparing nurses to work in the field and on going training programs to keep them up to each new method and technique at the interpersonal improvement level.<sup>4</sup>

According to the American Association of Critical Care Nurses, soft skills are a crucial part of nursing that contribute to safe patient care and a healthy work atmosphere in which personal qualities, traits, and behaviours are displayed. Consequently, a broad comprehensive training and development program contributes in improving the soft skills required by nurses to acquire in fulfilling their day-to-day operational activities.<sup>5</sup>

#### **Problem Statement**

A study to assess effectiveness of Structured Teaching Program regarding soft skill among staff nurses of selected Hospitals, Betul Madhya Pradesh.

#### **Objectives of the Study**

1. To assess the knowledge regarding soft skill among staff nurses.

2. To assess the effectiveness of structured training program regarding soft skills.

#### **Hypotheses**

**H<sub>1</sub>:** There will be significant difference between pre-test and post-test in the knowledge level of staff nurses after Structured Teaching Program.

### **METHODOLOGY**

**Research Approach:** An Evaluating research approach was adopted for assessing the effectiveness of structured Teaching program for Staff Nurses.

**Research Design:** In this present study one group pre test post test design was used to assess the effectiveness of structured Teaching program on soft skill for staff nurses.

O1→X→O2

O Observation

X Intervention (Structured Teaching Program for Staff Nurses).

O1 pre-intervention score: Level of knowledge score before Structured Teaching Program.

O2 post-interventional score: Level of Knowledge score after Structured Teaching Program.

**Independent Variable:** Structred Teaching Program on soft Skill was the independent variables in the study.

**Dependent Variables:** Level of Knowledge was the dependent variable in the study.

#### **Population**

In the present study target population was all Staff Nurses.

**Target Population:** The target population of the research study was staff nurses working in private hospitals of Betul.

**Accessible Population:** In this study accessible population was the staff nurses working in private hospitals of Betul, who fulfil the inclusive criteria has been included in the study.

**Sample:** In the study the sample comprised of 63 staff nurses working in private hospitals of Betul, who fulfil the inclusive criteria.

**Sampling Technique:** Convenient sampling technique was used to select the sample.

**Development of Tool for Data Collection:** A set of self administered knowledge questionnaires used to collect data from staff Nurses regarding Soft Skill.



Based on the objective of the study the data collection tools were selected in order to obtain necessary data. The tool has two sections *i.e.*, section A and B.

*Section A:* Socio Demographic characteristics.

*Section B:* Knowledge Questionnaire on Soft skill it consists of:

- Component of soft skill
- Communication skills
- Self-assessment
- Team Work

*Section C:* Structured teaching module on Soft skill:

- Structured teaching module for staff nurses, was developed on the review of the literature and the objectives state for knowledge of Soft Skill. The investigator prepare the Structured Teaching Module on soft skill was include following area;
- Component of soft skill
- Communication skills & Techniques of communication
- Maintain good interpersonal relationship with patients, colleagues and society
- Development of Resilience
- Professionalism and team work
- Standard precautions
- Hospital acquired infection
- Uses of personal protective equipment (new Guidelines)

Consent has been taken from the participants and assured for confidentiality before Structured Teaching Module which lasting for 45 minutes followed by 1 hr of practice session. That helps to improve the knowledge of staff nurses regarding Soft skill.

#### *Plan for Data Analysis*

The data were tabulated and analyzed using descriptive statistics like mean, standard deviation, frequency distribution and percentage. Inferential statistics like paired t-test, and Chi-square test.

## RESULT

Analysis and interpretation of data collected from 63 samples to find the effectiveness of Structured teaching module regarding Soft Skill.

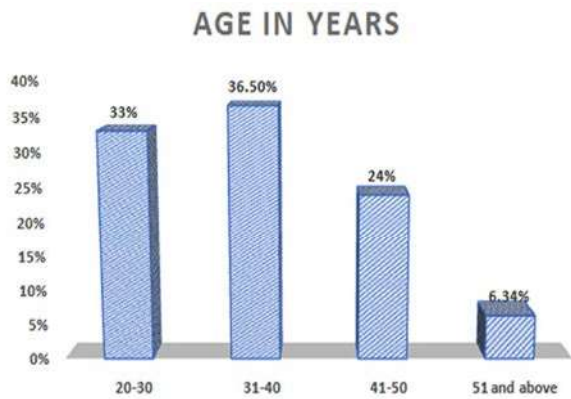
**Table 1:** Frequency and percentage distribution of sample characteristics with selected demographic variables.

|                                                         | Frequency | Percentage |
|---------------------------------------------------------|-----------|------------|
| (N =63)                                                 |           |            |
| <b>Age (in years)</b>                                   |           |            |
| 20-30                                                   | 21        | 33%        |
| 31-40                                                   | 23        | 36.50%     |
| 41-50                                                   | 15        | 24%        |
| 51 and above                                            | 4         | 6.34%      |
| <b>Gender</b>                                           |           |            |
| Male                                                    | 13        | 20.63%     |
| Female                                                  | 50        | 79.36%     |
| Others                                                  | 0         | 0%         |
| <b>Qualification</b>                                    |           |            |
| ANM                                                     | 5         | 7.93%      |
| GNM                                                     | 25        | 39.68%     |
| B. Sc Nursing                                           | 33        | 52.38%     |
| M. Sc Nursing                                           | 0         | 0%         |
| <b>Year of Experience</b>                               |           |            |
| 0-5 years                                               | 23        | 36.50%     |
| 5-10 years                                              | 28        | 44.44%     |
| 10-15 years                                             | 12        | 19.04%     |
| 15 years and above                                      | 21        | 33%        |
| <b>Additional Qualification (related to Soft Skill)</b> |           |            |
| Yes                                                     | 7         | 11.11%     |
| No                                                      | 56        | 88.88%     |

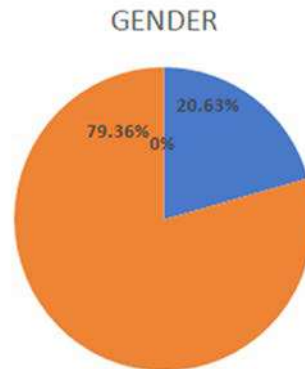
The data presented in the Table 1 show that out of 63 subjects' majority 23 (36.50%) staff nurses belonged to age group of 31-40 years, where as majority 50 (79.36%) were females, highest percentage 33 (52.38%) of staff nurses are B.Sc. Nursing, Majority 28 (44.44%) staff nurses having 5-10 years of experience and majority 56 (89%) had no additional qualification regarding soft skill apart from their nursing program.

#### **Effectiveness of structured teaching module regarding knowledge of soft skill among staff nurses.**

In order to find the effectiveness of structured teaching module one soft skill the following

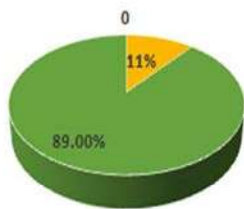


Age in Years



Gender

Previous Knowledge



■ Additional Qualification (related to Soft Skill) ■ Yes ■ No

hypothesis was stated  $H_1$ : There will be significant difference between pre-test and post-test in the knowledge level of staff nurses after Structured Teaching Program.

Parametric paired t test was preferred.

DISCUSSION

The findings of the present study had been

Table 2: Frequency and Percentage Distribution of Pre-Test and Post Test knowledge score

| Knowledge | Pre test  |            | Post test |            |
|-----------|-----------|------------|-----------|------------|
|           | Frequency | Percentage | Frequency | Percentage |
| Good      | 10        | 15.87%     | 43        | 68.25%     |
| Average   | 35        | 55.55%     | 20        | 31.57%     |
| Poor      | 18        | 28.57%     | 0         | 0%         |

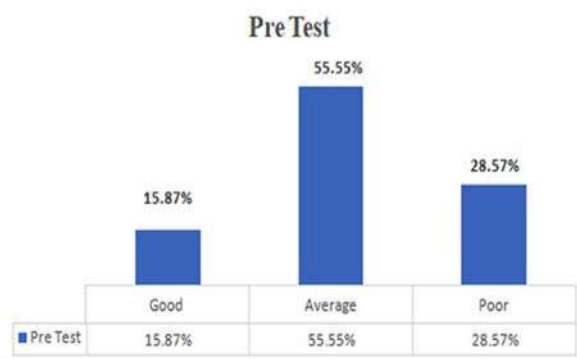


Fig. 1.1: shows that out of 63 staff nurses 10 (15.33%) of the participants have good knowledge, whereas majority 35 (55.55%) had Average knowledge and 18 (28.57%) have Poor knowledge regarding soft skill.

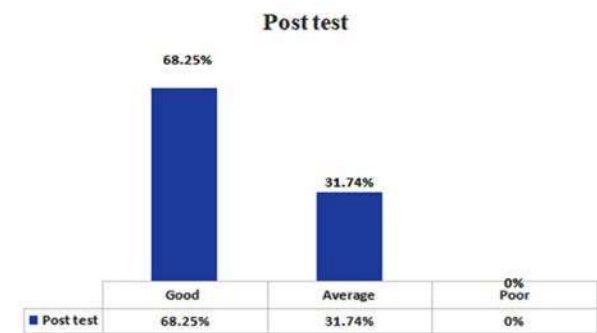


Fig. 1.2: Shows that out of 63 staff nurses majority 43 (68.25%) of the participants have Good knowledge, whereas 20 (31.57%) had Average knowledge and no staff nurses have Poor knowledge regarding Soft skill after implementations of structured teaching module regarding Soft skill among staff nurses.

discussed with reference to its objectives, hypothesis, and results finding of other studies. In the present study total 63 participants (Staff Nurses) participated out of which 18 (28.57%) have Poor knowledge regarding soft skill. This finding support the report of another similar study

conducted by Luka L, Barbara M Dube in 2017 among 62 nursing students to assess the importance of soft skill training among nurses 55% agree that it is important to have knowledge of soft skill during professional education because this will improve the quality of nursing care and enhance professional

**Table 3:** Comparison between pre and post score

(n=63)

| Group     | Mean  | Mean Difference | SD   | DF | 't' value |
|-----------|-------|-----------------|------|----|-----------|
| pre test  | 10.07 |                 | 4.2  |    |           |
| post test | 16.04 | 5.97            | 2.94 | 62 | 15        |

The data depicts in Table 3 shows that the obtained t value was 15.00 and p value 0.001. hence H1 was accepted and it is interpreted that Soft Skill has significantly improved compared to pre-test. Thus, it can be concluded that Soft Skill Program for Soft Skill Teaching found effective to enhance the Knowledge of Staff Nurses among Staff Nurses.

performance.<sup>1</sup>

#### *Limitations*

- A limited time for data collection.
- Sample was selected from Selected hospital of Betul only.
- The study was confined to 63 samples.
- The study was limited to Staff Nurses only who fulfil the inclusive criteria of study.

#### *Recommendation for Further Research*

- Similar study can be conducted in other settings.
- Comparative study can be done.
- Comparative study can be done among different Hospitals.
- A similar study can be conducted on large number of samples.

#### *Implication*

##### *Nursing Practice*

Psychiatry nursing is a field of variation which not only limited to theatrical and clinical field for nurses but can contribute in overall personality development of nursing personnels. Present study is an initiation helps those staff nurses to improve their knowledge for soft skill and to implement the knowledge into their day-to-day practice. It helps them to communicate much effectively with patient and relatives especially in condition of grief and other difficult situations.

##### *Nursing Policy*

Present study emphasis on the soft skill

development among nursing personnels. The researcher felt a great need of soft skill development program for develop a sense of self worth and confidence among nursing staff. Their must be some regular enhancement program to be organised periodically in every nursing college so all the students can get benefited.

##### *Nursing Research*

The nurse researcher should work on the need and existing problem of health care domains. Evidence based nursing is give emphasis and shows need of further researches of various problems. In the present study researcher gave much more emphases on problem which is not yet diagnosed as problem area or neglected area. The module is design in such easy way so the nursing personnel will be get knowledge on soft skill and also gain the confidence to improve their communication skills.

## CONCLUSION

The study concludes that, there was significant increase in the of soft skill knowledge level of staff nurses after introduction of Structured Teaching Module for Staff Nurses. To assess the effectiveness of Soft skill structured Teaching Module Program for Staff Nurses "t" test was applied and the calculated t value was found significantly higher than mean value of post test value. Thus it was concluded that Soft skill structured Teaching Module Program for Staff Nurses was found effective.

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# A Study to assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Substance Abuse and its Prevention among Late Adolescence Non-Medical Under Graduate Students in Surat

Alka D Tajne<sup>1</sup>, Anamta Gamit<sup>2</sup>, Sejal S Patel<sup>3</sup>, Snehanjali Kokani<sup>4</sup>, Nidhi Vasava<sup>5</sup>

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## Abstract

**Introduction:** Quantitative approach was used with pre-experimental one group pre-test post-test design. The structured teaching program regarding substance abuse and its prevention among late adolescence non-medical under graduate students at selected college of surat. The study was conducted at Industrial training institute, Majura gate, Surat. The sample of 60 ITI students were selected through non probability convenient sampling technique. A structured knowledge questionnaire was prepared to assess the knowledge of sample. Content validity of the developed tools and structured teaching program was established by 5 expert and necessary modification were made as suggested by them. Reliability of the tool was ascertained by Karl Pearson's coefficient correlation method.

The mean pre-test score was 9.95 and mean post-test knowledge score was 17.13. Significant difference between pre-test and post-test was statistically tested using paired 't' test and it was found significant at 0.05 level. There was significant increase in the knowledge of the sample after administration of the structured teaching program regarding substance abuse and its prevention among late adolescent non-medical under graduate students. Hence it is concluded that structured teaching program was effective in improving the knowledge of the students.

**Keywords:** Assess; knowledge; Undergraduate; Substance Abuse; Structured Teaching Program.

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## INTRODUCTION

Substance abuse is a growing problem throughout the world and unfortunately this is more common among young children and adolescents, where they are about to various reasons. Substance abuse refers to use of drugs, alcohol and any other mind altering agent to such an extent that it interferes with the person's biological or social integrity.

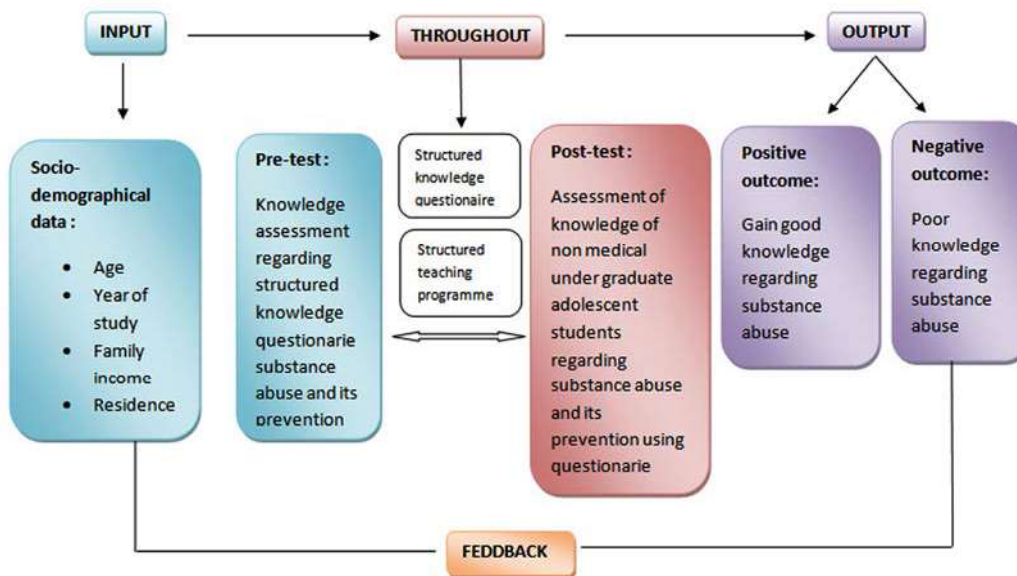
adolescent use of tobacco and alcohol should be minimized because they can be “gate way drugs” for other drugs (marijuana, cocaine hallucinogens, inhalant, and heroin). Teenage drug abuse effect on schooling: the adolescent drug/alcohol user’s academic performance is severely impaired, along with his or her level of responsibility-such as skipping class, failing to complete assignments, etc. this abuse has produced teenage students body’s with many abusers whose relationship, reputations, futures, wallets, self-images and especially grades suffer as a direct result of the teen drug abuse. One might readily argue that teenage drug abuse has reached epidemic proportions on some college

campuses and high school facilities.

### Objective

1. To assess the knowledge regarding substance abuse and its prevention among late adolescent non-medical under graduate student at selected college of surat city.

2. To evaluate the effectiveness of structured teaching programme on knowledge regarding substance abuse and its prevention among late adolescent non-medical under graduate student at selected college.



### Hypothesis

$H_1$ : Mean post test knowledge score regarding substance abuse and its prevention among late adolescent is significant higher than mean pre test knowledge score as evidenced by structured knowledge questionnaire at 0.05 level.

### Conceptual Framework

## MATERIAL AND METHODS

### Research Methodology

This chapter deals with the methodology selected by the investigator to study the effectiveness of structure teaching program on knowledge regarding substance abuse among late adolescent non-medical under graduate students at selected college of Surat city.

Research methodology involves the systematic procedure, by which the investigator starts from the initial identification of the problem to its conclusion. It was considered as the backbone or the structure of the study. So methodology was a significant part of an investigation under which the investigator was able to project a conclusion of the study undertaken.

- Research Approach

Quantitative research approach

- Research Design

In this present study pre-experimental and one group pre-test and post-test design.

- Variables

1. *Independent variables:*

According to Treece and Treece (1988) the independent variable is the one variable that stands



alone and not dependent on any other. It is cause of the action.

In this study the independent variable will be plan on structure teaching program regarding substance abuse and its prevention.

### 2. *Dependent variables:*

Dependent variables are the effect of the action of the independent variable and cannot exist by it.

In this study the dependent variables knowledge regarding substance abuse and its prevention.

### 3. *Demographic variables:*

An uncontrolled variable that greatly influences the result of the study is called as the demographic variables.

In this study the demographic variables are age, year of study, education, family income, type of family, area of residence.

- **Research Setting**

The setting is the physical location and conditions in which data collection takes place. This study was conducted at industrial training institute, majura gate, Surat.

- **Research Population**

Population is the entire aggregation of subject that meets a designed set of criteria. It is sometime referred to as the target population.

In this study the population comprises of all undergraduate students.

- **Sampling Technique**

Sample: A sample of 60 undergraduate students who met the inclusion criteria were selected from the target population for this study.

*Sampling technique:* Non-probability convenience sampling technique.

- **Inclusion Criteria:**

Under graduate students.

1. Adolescent student who will be available at the time of data collection.

- **Exclusion Criteria:**

1. Adolescent students who are absent on the day of data collection.
2. Adolescent students who are not co-operative.

## RESULT

The data presented out of under graduate students majority (80%) of them where in the age group of 18-20 years and the minority (20%) of them where in the age group of 20-22 years. Year of

| Level of knowledge | Pre-test |        | Post-test |       |
|--------------------|----------|--------|-----------|-------|
|                    | f        | %      | f         | %     |
| Poor               | 4        | 6.67%  | 0         | 0.00% |
| Average            | 48       | 80%    | 6         | 10%   |
| Good               | 8        | 13.33% | 54        | 90%   |

the study of under graduate students are (50%) of them where in the first year and (50%) of them in second year. Family income of the under graduate students majority (63.33%) of them who have up to Rs. 10,000 and minimum (11.67%) of them who have Rs. 30,000 family income. Type of family of under graduate students majority (61.67%) of them have joint family and (17%) of them are in the nuclear family. Residence of under graduate students majority (95%) of them live at the home and minimum students (5%) of them live at hostel. According to the data pre-test and post-test level of knowledge majority (80%) average knowledge, (6.66%) poor knowledge, and (13.33%) good knowledge in pre test but in post test majority (90%) had good knowledge and (10%) had average knowledge.

### *Limitation of The Study:*

1. The study is delimitation to late adolescent student who are able to understand English/Gujrati.
2. The study is delimitation is 60 samples only.

### **Recommendation**

On the basis of findings of the study the following recommendation were made:

1. The study can be replicated on large sample, there by findings can be generalized for a large population.
2. A similar study can be conducted with survey type research.
3. A comparative survey study can be conducted among non-medical students in selected colleges in Surat.
4. Follow up of present study subject can be done to evaluate the long term effect of guidelines.
5. A similar study can be done using and another teaching strategies e.g. guidelines, self-instructional module etc.

## CONCLUSION

On the basis of findings of the study the following conclusion were drawn:

1. The deficit knowledge regarding substance

abuse disorder of late adolescent non-medical undergraduate students existed in all content area in varying degree.

2. The planned teaching programme was found to be effective in increasing the knowledge of late adolescent non-medical undergraduate students.

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