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Orignal Article

Indian Journal of Surgical Nursing
Volume 11, Number 1 January–April 2022
DOI: http://dx.doi.org/10.21088/ijsn.2277.467X.11122.1

A Study to Assess the Level of Depression Among the Cancer Patient in Oncology ward and OPD in Selected Hospital

Raosaheb Baban Jagtap[1], Nilesh Ramesh Mhaske[2], Shriramwar Sayali V[3], Kashid Sonali Bhagwat[4]

How to cite this article:
Raosaheb Baban Jagtap, Nilesh Ramesh Mhaske, Shriramwar Sayali V, et. al/A Study to Assess the Level of Depression Among the Cancer Patient in Oncology ward and OPD in Selected Hospital /Indian J Surg Nurs. 2022;11(1):9–12.

Abstract

Background: The experience of the cancer is changing for our client and familiar today a person confronted with new diagnosis often knows someone who has serviced cancer yet cancer remain a frightening unknown for many cell is the basic unit of structure and function in biological system to the basis of composition and organization.

Aims and Objectives: The present descriptive research design with Cross Sectional survey approach was used to assess the level of depression among the cancer patient in oncology ward and OPD in selected Hospital among 60 cancer patients at Dr. Vikhe Patil Memorial Hospital, Ahmednagar. The data were collected by using the Beck's Depression inventory scale and structured Interview Schedule. The results were analyzed and interpreted using descriptive and inferential statistics.

Results: The overall results revealed that the Majority of 38.33 % cancer patients following in the categories in ups and down are considered as a normal depression (1-10), 28.33 % of cancer patients had mild mood disturbance, 18.33 % of cancer patients has moderate level of depression, 11.66 % & 3.33 % of cancer patients had borderline and severe depression respectively and none of cancer patients had extreme level of depression. There was Significant association was found between the Level of depression with sex (P≤ 0.05 level). There was significant positive relationship found between the depression scale and with their selected demographic variables.

Conclusion: It is essential to raise awareness on cancer treatment and its impact on health; and develop health seeking behaviors among the patients and caregivers to provide better cancer care and improve the quality of life.

Keywords: Level of Depression; Cancer patients.

Introduction

Cancer is a grave illness which has an effect on physical and emotional wellbeing of patients. The recognition of cancer is a tough event causing significant psychological anguish. Depression is a difficult task to study in cancer patients as manifestations occur over a range of spectrum being unique in different patients.[1]

Patients with cancer have a high rate of psychiatric co-morbidity; approximately one half exhibit emotional difficulties. The psychological complications generally take the form of adjustment disorder, depressed mood, anxiety, impoverished life satisfaction, or loss of self esteem. Depression is the most common psychological disorder in cancer patients. Cancer related depression is a pathological affective response to loss of normality and one's personal world as a result of cancer diagnosis, treatment, or impending complications. A long course of treatment, repeated hospitalizations, and the side effects of chemotherapy along with the stigma of being diagnosed with cancer has a significant effect on the psyche of the cancer

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Received on: 03/01/2022

Accepted on: 25/01/2022

patients.[2]

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The world cancer often abbreviated ca is a that frightens most people cancer is synonymous with the term malignant neoplasm other term suggest malignant neoplasm include tumor malignancy carcinoma and abreact cell growth strictly speaking these words are not interchangeable.[4]

Depression is a comorbid disabling syndrome that affects approximately 15% to 25% of cancer patients. Depression is believed to affect men and women with cancer equally, and gender-related differences in prevalence and severity have not been adequately evaluated. Individuals and families who face a diagnosis of cancer will experience varying levels of stress and emotional upset. Depression in patients with cancer not only affects the patients themselves but also has a major negative impact on their families.[5]

The prevalence of depression in cancer patients and the types of depressive syndromes which are commonly seen are now well known. At least 25% of hospitalized cancer patients are likely to meet criteria for major depression or adjustment disorder with depressed mood. Patients at highest risk for depression are those with a history of affective disorder or alcoholism, advanced stages of cancer, poorly controlled pain, and treatment with medications or concurrent illnesses that produce depressive symptoms.[6]

Although many research groups have assessed depression in cancer patients since the 1960s, the reported prevalence (major depression, 0%-38%; depression spectrum syndromes, 0%-58%) varies significantly because of varying conceptualizations of depression, different criteria used to define depression, differences in methodological approaches to the measurement of depression, and different populations studied. Depression is highly associated with oropharyngeal (22%-57%), pancreatic (33%-50%), breast (1.5%-46%), and lung (11%-44%) cancers. A less high prevalence of depression is reported in patients with other cancers, such as colon (13%-25%), gynecological (12%-23%), and lymphoma (8%-19%). This report reviews the prevalence of depression in cancer patients throughout the course of cancer.[7]

A study for anxiety and depression in adult cancer patients achievement and challenges, psycho social care increasingly recognize as an essential component of the comprehensives care of individual with cancer, improving patients assess the psychosocial care is important however, ensuring that the care made available has been shown to be effective is just as important.[8]

Material and Methods

A descriptive research design with Cross Sectional survey approach study was conducted among 60 cancer patients admitted in cancer ward and visiting in the cancer OPD at Dr. Vikhe Patil memorial Hospital, Ahmednagar. Before commencement of the study, ethical approval was obtained from the Institutional Ethical Committee, and official permission was received from the authority. Patients who were above 18 years of age, receiving radiation therapy treatment, able to read Marathi and willing to participate in the study were included in the study by using the non probability; purposive sampling method. The patients who are below 18 years of age and not willing to participate in the study were excluded from the study. The purpose of the study was informed and explained to the participants and those who voluntarily agreed to participate in the study and gave an informed consent for the same were asked to fill the rating scale according to the response format provided in the questionnaire. Material used is self prepared; and content validated Beck's Depression inventory scale as questionnaire to collect the data.Individual scores were summed up to yield a total score. The collected data was tabulated and analyzed using appropriate statistical methods like descriptive statistics and inferential statistics.

Results

Finding related to socio demographic variables: Majority 30% of cancer patient where in the age group of 48-58, 68.33% of patients were female, 33.33% of patients were illiterate, 51.66% had housewife, 38.33% had per capita income of Rs. 2000-5000, 55%of patients were reproductive system, 71.66%

Table 1: Socio demographic Variables.

Variables	Items	Frequency	%
Age	18-28	1	1.66
	28-38	7	11.66
	38-48	17	28.33
	48-58	18	30
	58-68	17	28.33
Gender	Male	19	31.67
	Female	41	68.33
Occupation	House wife	31	51.66
	Labors	05	8.33
	Service	08	13.33
	Farmer	15	25
	Other	01	1.67
Education	Illiterate	20	33.33
	Primary	17	28.33
	Secondary	14	23.33
	Higher education	9	15
Religion	Hindu	43	71.66
	Christian	05	8.33
	Muslim	06	10
	Other	06	10
Per Capital Monthly Income	2000%	08	13.33
	2000-5000	23	38.33
	5000-7500	20	33.33
	7500	09	15
Type of Cancer	Respiratory system	03	5
	Digestive system	05	8.33
	Nerves system	15	25
	Reproductive system	23	55
	Circulatory system	02	3.33
	Skeleton system	02	3.33

Finding related to assessment of level of depression:-

Table 2: Assessment of Level of Depression

Total Score	Levels of Depression	Percentage %
1-10	Ups & downs are considered as normal depression	38.33%
11-16	Mild mood disturbance	28.33%
17-20	Borderline clinical depression	11.66%
21-30	Moderate depression	18.33%
31-40	Severe depression	3.33%
Over 40	Extreme depression	–

were Hindu.

Majority of cancer patients 38.33% following in the categories in ups and down are considered as normal depression (1-10), 28.33% of cancer patients had mild mood disturbance, 18.33% of cancer patients has moderate level of depression, 11.66% & 3.33% of cancer patients had borderline and severe depression respectively and none of cancer patients had extreme level of depression.

Association between the Level of Depression with their selected demographic data

There was significant association was found between the level of depression with sex (P≤ 0.05 level). There was significant positive relationship found between the level of depression scale and with their selected demographic variables.

Discussion

There was significant association was found between the level of depression with sex and (P≤ 0.05 level). However, depressive disorder in those patients is frequently undiagnosed. It is associated with several factors including pain, a number of cancer treatments, education duration, age and sex.[9]

Conclusion

All people with cancer are depressed. Depression in a person with cancer is normal. Everyone with cancer faces suffering and a painful death. Sadness and grief are normal reactions to the crisis faced during cancer. The important thing to know is that depression can be treated. Without treatment the symptoms of depression may go on for a very long time, sometimes months or years. So if you suspect you could be depressed, it is best to speak to your doctor so that you can have treatment quickly.

References

1. W. F. Pirl, "Evidence report on the occurrence, assessment, and treatment of depression in cancer patients," Journal of the National Cancer Institute. Monographs, 2004; vol. 32, 32–39.
2. Bhattacharya S, Bhattacherjee S, Mandal T et.al. Depression in cancer patients undergoing chemotherapy in a tertiary care hospital of north Bengal, India. Indian Journal of Public Health, 2017;Jan 2; 61: 14-8.
3. K-PARK textbook of prevention and Social Medicine 20th edition Bharsidass Bhannot Publication Jabalpur 2008 Pg. No. 332-339.
4. Busavantappa B.T, Nursing research 2nd edition Jaypee Publication New Delhi 2007. Pg. No. 73, 92, 328,332.
5. Anish K, Muhammad F, Ammad F, Prevalence of Depression and Anxiety amongst Cancer Patients in a Hospital Setting: A Cross-Sectional Study, Psychiatry Journal, Vol. 7 2016, 1-7.
6. M J Massie , J C Holland, Depression and the cancer patient, J Clin Psychiatry, 1990 Jul;51 Suppl:12-7; discussion 18-9.
7. Mary Jane Massie, Prevalence of depression in patients with cancer, J Natl Cancer InstMonogr, 2004;(32):57-71.
8. Jacobson NC, a study for anxiety and depression in adult cancer patients achievement and challenges, Psychological Bulletin, 2017, Vol. 143, No. 11, 1155–1200.
9. WHO International Consortium in Psychiatric Epidemiology. Cross-national comparisons of prevalence's and correlates of mental disorders. Bulletin of World Health Organization. 2000; 78:413–26.

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Indian Journal of Surgical Nursing
Volume 11, Number 1 January–April 2022
DOI: http://dx.doi.org/10.21088/ijsn.2277.467X.11122.2

Responsibility of Nurse Perioperative Practice

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How to cite this article:
Avadhesh Kumar Yadav, Vineeth PP/Responsibility of Nurse Perioperative Practice/Indian J Surg Nurs. 2022;11(1):15–18.

Abstract

Perioperative care is the entire span of care that includes what occurs before, during, and after the actual operation. It is the period that begins when the patient has been informed of the need for surgery includes the surgical procedure, recovery and continues until the patient resumes his or her usual activities. identifying co-morbidities that may lead to patient complications during the anesthetic, surgical, or postoperative period. The assessment contains height and weight, ability to communicate, level of conciseness, confusion, ability to ambulate, etc. The medical staff carefully explains to the patient about surgery. This includes why the patient requires surgery, any risks the surgery has, and what the patient can expect after surgery. Intraoperative Care-Intraoperative care starts from the admission of the patient to the operating room to the client is transported to the recovery room or post anesthesia care unit after surgery.

Surgical Team: The surgeon is the leader of the surgical team. He performs surgery effectively and safely.

Scrub Nurse: The scrub nurse assists the surgeon during the procedure and provides required instruments and sets up in the sterile table.

Circulating Nurse: The circulating nurse manages the operating room and protects safety by monitoring the activities of the surgical team.

Postoperative Care: Postoperative care is the care given after a surgical procedure. It begins immediately after surgery and lasts for the duration of the hospital stay and may continue after the patient has been discharged.

Keywords: Intraoperative Care; Perioperative Care; Postoperative Care; Scrub nurse; and Circulating nurse.

Introduction

Perioperative care is the entire span of care that includes what occurs before, during, and after the actual operation. Perioperative nursing was introduced in the US by the Association of perioperative Registered Nurses (AORN) as nursing activities performed during the pre, intra, and postoperative phases of a patient's surgery.[1] It is the period that begins when the patient has been informed of the need for surgery includes the surgical procedure, recovery and continues until the patient resumes his or her usual activities. The important goal of perioperative care is to provide care to patients and give support to his or her families and this care given by a registered nurse is called perioperative nursing care. This care includes mainly three phases which are Pre operative, Intraoperative, and Post operative.

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Received on: 06/11/2021

Accepted on: 03/01/2022

Preoperative Care

The care is given to the patient from the time patient is admitted to any health center to the time that surgery begins. This care includes physical and psychological preparation. The main purpose

of preoperative care is to prepare the patient to get better outcomes after surgery. During this period nurses have a vital role to educate the patient and should assess carefully to reduce physical and psychological risks that may increase surgical risk.[2] Preoperative education is the main phase that includes significant teaching, providing guidelines regarding surgery, instructing and demonstrating postop exercises, planning for discharge, and adapting lifestyle due to surgery. The role of the nurse inthe preoperative stage includes the following.

- Preoperative assessment.
- Obtain informed consent.
- Preoperative teaching.
- Preparation of patient.
- Psychological supporting of a patient.

Preoperative Assessment

Preoperative assessment means identifying co-morbidities that may lead to patient complications during the anesthetic, surgical, or postoperative period. Patients selected for elective surgery normally attend a preoperative assessment 2-3 weeks before the date of surgery. It will start a brief history collection that includes a disease or any condition requiring surgery that is important for the anesthetic to be aware of. A full past medical history that includes cardiovascular, respiratory, renal endocrine, gastro oesophageal reflux, and pregnancy conditions. Past surgical history, past anesthetic history, drug history, family and social history are also important for best patient care.

Preoperative examination: Preoperative examina tion means identifying any undiagnosed condition and airway examination. Physical and psychological assessment of the patient.

The preoperative investigations: The preoperative investigation has a vital role that will help anesthetic care for the patient during and after surgery. Each hospital has its own guidelines for preoperative investigations. The normal laboratory tests are complete blood tests, urea andelectrolytes, liver function test, clotting screen, viral markers, chest X-ray, electrocardiogram, and group test.

Assess physical needs: The physical assessment contains height and weight, ability to communicate, level of conciseness, confusion, ability to ambulate, etc.

Nutritional status: In nutritional status patient's dietary habits, age, chronic illness, BMI (body mass index) will be assessed.

The psychological needs: The emotional condition of the patient is very important during perioperative care. A clear explanation of the surgery and its complication will reduce the anxiety of the patient. It is very important to give psychological support to the patient during the pre and post operative phases.

Obtaining Informed Consent: The medical staff carefully explains to the patient about surgery. This includes why the patient requires surgery, any risks the surgery has, and what the patient can expect after surgery. After all these explanations patient is asked to sign the consent form. The patient can ask any doubt related to surgery to the staff before signing the consent. Legally two or more persons are said to consent when they agree upon the same thing in the same sense. Written consent must be obtained for all major surgeries. It should be done sometime before the procedure that will reduce the anxiety of the patient. On the day of surgery, the patient may be under pressure. Consent remains valid for an indefinite period. Consent should be taken from the patient himself unless he or she is a minor. Before taking consent make sure that the patient should have the capacity and competence to consent. It should be informed,voluntary and procedure specific. In the case of a minor patient, the consent should be signed by the father, mother, or immediate relative.

Preoperative Teaching: The purpose of preoperative teaching is to provide teaching content for nursing personnel instructing the preoperative patient and provide standards for documentation in the medical record. The main things include in teaching are as follows.

1. Avoid taking aspirin-containing products for 2 weeks before surgery.
2. Discontinue no steroid anti inflammatory drugs 48 to 72 hours before surgery.
3. Discuss the type of anesthesia.
4. Instruct the patient on NPO after midnight including water prior to the surgery.
5. Instruct patient to perform oral hygiene on the morning of surgery.
6. Inform patient that before going to surgery remove the following.

- Dentures/Partial plates
- Glasses/contact lenses
- Prosthesis/Appliances
- Nail polish
- Hairpins
- Undergarments

7. Inform patient to remove valuables and jewelry.
8. Inform the patient's family to wait for the waiting area on the day of surgery.
9. Teach about incentive spirometer, Diaphrag matic breathing, coughing, splinting, foot and leg exercise, and early ambulation.

Physical Preparation of Patient

Nutrition and Fluids: Normally 'NPO after midnight' followed because if anesthetic depress gastrointestinal functioning and there was a danger that the client would vomit and aspirate during the administration of anesthesia. Adequate hydration and nutrition promote good wound healing.

Bowel And Bladder Elimination: Before the surgery enema may be ordered if bowel surgery isplanned. It will help to prevent contamination of the surgical area and the foley's catheter will help to empty the bladder, this will help to prevent bladder injury.

Preoperative Medications The preoperative medicat ions that are commonly usedare as follows

A. Narcotics
B. Antiemetics
C. Anticholinergic
D. Sedatives
E. Antibiotics
F. Sleep

Adequate sleep helps the client to manage the stress of surgery. The nurse should help the client to sleep the night before surgery. Often a sedative is ordered.[3]

Eg; Alprazolam

Prepare the Patient in the Evening before Surgery: Hair should be removed with 1-2 mm of skin to avoid skin breakdown and part preparation is very important before surgeryand will avoid infection in the surgical site. After that patient should empty his/her bowel and have a bath with an antiseptic solution. Avoid alcohol and cigarette smoking for at least 24 hours before surgery.

Preparing the Patient on the Day of Surgery: The patient should awake one hour before preoperative medications and do a morning bath and moth wash. After that confirm that the bowel and bladder are empty. Then wear a clean gown and remove hairpins and cover hair with a cap. Remove dentures, cooled nail polish, hearing aid, contact lenses and jewellery. Take baseline vital signs and shift the patient to the preoperative area.

Intraoperative Care

Intraoperative care starts from the admission of the patient to the operating room to the client is transported to the recovery room or post anaesthesia care unit after surgery. In this phase nurse functions as the patients chief advocate and it starts from the time the patient is prepared for the forthcoming surgical procedure to the preoperative period and into the operative and recovery room from anaesthesia. The patient needs security that someone is providing protection during surgery as it is a stressful experience.

Surgical Team: The surgeon is the leader of the surgical team. He performs surgery effectively and safely. Anaesthesiologist provides induction of patient's anaesthesia to prevent pain. During surgery anaesthesiologists continuously monitor the physiological status of the patient. Another member of the surgical team is a scrub nurse who assiststhe surgeon maintains surgical asepsis while draping and handling instruments. Circulating nurses manage the operating room.

Nursing Functions During Intraoperative Period

Scrub Nurse: It is the responsibility of scrub nurses to ensure appropriate preparation of skin before posting patient to the operation theatre.[4] The scrub nurse assists the surgeon during the procedure and provide required instruments and sets up in the sterile table. He/she will scrub for surgery, prepare sutures and special equipment, checks equipment and materials such as needles, sponges and instruments and be responsible to maintain the checklist before and after surgery.[5]

Circulating Nurse: The circulating nurse manages the operating room and protects safety by monitoring the activities of the surgical team. He/she should assure the cleanliness in the operating room, guarantee the proper room temperature, humidity and lightening in OT. He/she ensure the supplies

of materials during the procedure, monitor sterile technique and monitor the patient throughout the operative procedure to ensure the person's safety and well being.

Postoperative Care

Postoperative care is the care given after a surgical procedure. It begins immediately after surgery and lasts for the duration of the hospital stay and may continue after the patient has been discharged. In another way, we can say that the postoperative phase begins when the client is admitted to the PACU or a nursing unit and ends with the client's postoperative evaluation in the physician's office.[6] The main goals of postoperative care are as follows

- Restore homeostatic and prevent compli cations.
- Maintain adequate respiratory function.
- Maintain tissue perfusion and cardiovas cular function.
- Balance fluid and electrolyte balance.
- Maintain adequate nutrition and elimin ation.
- Maintain adequate renal function.
- Promote rest, comfort, and safety.
- Promote adequate wound healing.
- Encourage activity and mobility.
- Provide adequate psychological support.

After surgery, the patient will be shifted to the recovery room for a couple of hours while the patient wakes up from anaesthesia. The nursing staff will monitor the patient's vital signs and record them in the care plan. After that check the surgical site for any signs of bleeding or infection. The nurse will also watch for signs of an allergic reaction. Once the patient becomes stable he/she will be shifted to a hospital room or elsewhere to beginning to his/her discharge process.

The main postoperative assessments include the following

- A-Airway.
- B-Breathing.
- C-Circulation.
- C-consciousness.
- S-Safety.
- D-Dressing.
- D-Drainage.
- D-Drugs.
- E-Elimination.
- F-Food.
- F-Fluids.
- P-Pain.

For checking post anaesthesia recovery score there will be Aldrete's score which includes Activity, breathing, circulation, consciousness and colour. Before discharging the patient the nurse should demonstrate that patient must be able to breathe normally, drink and urinate. He or she won't be allowed to drive immediately following surgery after anaesthesia.

Conclusion

Nursing practice while giving perioperative care is highly excellence and knowledge oriented. Nursing practice at the operative room the nurse have minimal interpersonal relationship with patients. That minimal interation level characterised by inflexibility and isolation in nursing practice. Therefore nurses should refocus their skills in perioperative care.

References

1. Committee AS. House of delegates–Implications and directions. AORN Journal. 1978; 27(6): p. 1153–1178.
2. JC R. Perioperative nursing care planning. Nursing Clinics. 2006.
3. Susan L. Pereira JJKR. Start a statin prior to vascular. The Journal of Family Practice. 2010 February; 59(2): p. 108–110.
4. Avadhesh Kumar Yadav RKSRNSaDM. Role and responsibility of operating room nurse in preparation operation theatre for. International Journal of Advance Research in Nursing. 2021 December; 4(2).
5. Ann-Catrin Blomberg BBLL. Responsibility for patient care in perioperative practice. Nursing Open. 2018 March 15; 5(3): p. 414–421.
6. Ann Malley CKTK. The Role of the Nurse and the Preoperative Assessment in. AORN Journal. 2015 August 24; 102(2).

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Review Article

Indian Journal of Surgical Nursing
Volume 11, Number 1 January–April 2022
DOI: *http://dx.doi.org/10.21088/ijsn.2277.467X.11122.3*

Behavioral Science in Public Health

Balasaheb M Biradar

How to cite this article:
Balasaheb M Biradar/Behavioral Science in Public Health/Indian J Surg Nurs. 2022;11(1):23–25.

Abstract

Behavioral science is the discipline dealing with the subject of human actions of sociology, social and cultural anthropology, psychology, and behavioral aspects such as biology, economics, political science, geography, law, and psychiatry.

Behavioral Science provides timely intuition to double down strategies to revive the now dampened demand for essential public health services within the society. The coronavirus is bringing down the 'perceived risk' posed by other health issues than the Covid-19. All the communications involving public health activities in current times must adopt a framing which actively challenges behavioral barriers.

People are nowadays negotiating between the harms of exposure to the pandemic and the useful benefits of other health services. This calculus can go very wrong and ties in squarely with the behavioral barriers of 'availability bias', 'loss aversion', and 'hyperbolic discounting'.

The World Health Organization in their briefing has indicated that COVID-19 may become endemic, like HIV, and never go away without proper preventive, protective measures and eradicating programmes.

As we see behavioral science has brought many changes in the life of peoples and modifying their behavior in preventing the Virus, affecting people and staying safe: So behavioral Science is the back bone of the general public health system.

Keywords: Behavioral science; Balasaheb M Biradar; Availability bias; Loss aversion, Hyperbolic discounting.

Introduction

Behavioral science is the discipline dealing with the subject of human actions of sociology, social and cultural anthropology, psychology, and behavioral aspects such as biology, economics, political science, geography, law, and psychiatry.[1]

Behavioral science provides timely intuition to double down strategies to revive the now dampened demand for essential public health services within the society. The coronavirus is bringing down the 'perceived risk' posed by other health issues than the Covid-19. All the communications involving public health activities in current times must adopt a framing which actively challenges behavioral barrieses.[2]

COVID-19 has caused a definite haul in our economic growth story and fallout on indicators for human development is near certain. Hospitals and frontline health workers so called Covid-19 warriors are now exclusively focused to tackle the pandemic, despite its low fatality rates. Given its countermeasures, we are seeing a huge dip in demand for other essential health services.[2]

There is a growing need to bring every one's attention back to other health issues here are some layout how behavioral science will be the crucial

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Received on: 10/01/2022

Accepted on: 14/02/2022

spanner in our toolbox, as we retune back our health system.[2]

The availability bias, it is the human tendency to think that examples of things that come readily to mind are more representative than is actually the cases.[3]

Loss aversionit's thought that the pain of losing is psychologically about twice as powerful because the pleasure of gaining.[4]

Hyperbolic discounting referred to the tendency of public to choose a smaller sooner reward over a larger later reward as the delay occurs sooner rather than later in time[5] for example the government-imposed measures of a nation wide lockdown until May 17. Strict measures like these compound an individual's tendency to start evaluating long term losses, to possibly fleeting, short term gains. This is known as hyperbolic discounting.[6]

In the context of several decades of India's hard-fought battles with public health issues like Polio, TB, Leprosy and other such diseases, this has many consequences. WHO reports that millions of children are at risk due to hampered immunization services against vaccine-preventable diseases, in the cases of diseases like TB, we are already seeing a spike in deaths across major cities. This disruption has also badly affected the provision of medical procedures and services like health counseling, access to immunization, contraceptives, and iron supplements. These are crucial in maintaining childhood and maternal well being along with addressing issues like malnutrition.[2]

People are nowadays negotiating between the harms of exposure to the pandemic and the useful benefits of other health services. This calculus can go very wrong and ties in squarely with the behavioral barriers of 'availability bias', 'loss aversion', and 'hyperbolic discounting'.

This implies that an individual's understood ability to estimate health risk is reduced, leading to irrational decision making. As per reports, close to 1 Lakh children have already missed their BCG vaccine which protects children from TB and another 2 Lakh may have missed their pentavalent vaccine, which prevents children from several deadly diseases. In aspects of family planning and safe sex, as per UN figures, a lack of access to family planning services including temporary and permanent contraceptives may see upwards of 7 million unwanted pregnancies worldwide.[2]

As lock downs lifting the activities and services slowly resuming, the health system is not only grappling with issues of infrastructure but also new health beliefs and fears. So how can Behavior Science help, Here are some proposals multi-pronged and systematic approach to be adopted as we kick-start the machinery.

Firstly, all communications around public health activities in current times must adopt a framing which actively challenges behavioral barriers. For example, in all advertisements and awareness for health messages, say on TB, people should be asked to wear 'face coverings'. This would make the use of masks salient and also promote protective behaviors around COVID-19. To bolster such an approach further, using celebrities to communicate messages can play an important role in driving effective behavior change campaigns. In India, we saw this with the huge success of the Pulse Polio Programme Campaign that brought a drastic change in the mortality of Children's against Polio.

Secondly, there needs to be a dedicated push to the use of simple yet innovative non communication tools or interventions. These can include reminders, commitment devices or behaviorally informed job-aids. A simple yet effective use case is that of normal reminders which help emphasize the long-term benefits of availing health services, even during current times. These can be delivered through simple Interactive Voice Response System calls and messages or specialized goal tracking calendars. The applications range from immunizations, ante-natal care visits, iron supplementation, Screening of HIV or even other check ups and tests.

Thirdly and finally, systematic incorporation of behavioral insights into public health programmes. Making use of both, communication and non-communication interventions can lead to a robust, 360 degree approach, in targeting behavioral barriers and this has also been suggested by the World Health Organization, as a part of the strategic planning for pandemic response. The need of the hour is for rapid empirics based approach to check effectiveness and back such deciding. Perhaps the deployment of a dedicated 'nudge unit' or 'behavioral insights unit(s)' housed within the center's or every state's healthcare department.

The World Health Organization in their briefing has indicated that COVID-19 may become endemic, like HIV, and never go away without proper preventive, protective measures and eradicating programmes. As we learn to live our lives with such a contagious virus, following preventive measures like social distancing, wearing a mask, and regular hand washing would become essential.

As we see behavioral science has brought many

changes in the life of peoples and modifying their behavior in preventing the Virus, affecting people and staying safe: So behavioral Science is the back bone of the general public health system.

References

1. https://www.britannica.com/science/behavioral-science
2. https://www.cnbctv18.com/views/covid19-in-india-using-behavioural-science-to-retune public-health-6119021.htm
3. https://www.google.com/search?q=The+availability+bias+is+the+human+tendency+to+think+that+examples+of+things+that+come+readily+to+mind+are+more+representative+than+is+actually+the+case&oq=The+availability+bias+is+the+human+tendency+to+think+that+examples+of+things+that+come+readily+to+mind+are+more+representative+than+is+actually+the+case&aqs=chrome..69i57.1491j0j4&sourceid=chrome&ie=UTF-8
4. https://www.google.com/search?safe=active&sxsrf=ALeKk01UJoPtyrybXIj5dT7MWM3P7_Q_BA%3A1602757096720&ei=6CGIX7fCK9XDz7sP57uKKA&q=loss+aversion&oq=loss+aversion&gs_lcp=CgZwc3ktYWIQAzINCAAQsQMQgwEQyQMQQzIECAAQQzIECAAQQzICCAAyAggAMgIIADICCAAyAggAMgIIADICCAA6BwgjEOoCECdQoKgJWKCoCWCOrQloAXAAeACAAbcCiAG3ApIBAzMtMZgBAKABAaABAqoBB2d3cy13aXqwAQrAAQE&sclient=psy ab&ved=0ahUKEwi31qS7r7bsAhXV4XMBHeedAgUQ4dUDCA0&uact=5
5. https://www.google.com/search?safe=active&sxsrf=ALeKk02gci2gfsyCfV2Swy1s2KA4DtCPBw%3A1602757251842&ei=gyKIX6r8MoSvyAPJ4qWADg&q=hyperbolic+discounting&oq=hyperbolic+discounting&gs_lcp=CgZwc3ktYWIQAzIFCAAQyQMyBwgAEBQQhwIyAggAMgIIADICCAAyAggAMgIIADICCAAyAggAMgcIABAUEIcCOgcIIxDqAhAnUNWGB1jVhgdg2osHaAFwAHgAgAH_AYgB_wGSAQMyLTGYAQCgAQGgAQKqAQdnd3Mtd2l6sAEKwAEB&sclient=psy-ab&ved=0ahUKEwjqyaCFsLbsAhWEF3IKHUlxCeAQ4dUDCA0&uact=5
6. https://www.cnbctv18.com/views/a-behavioral-cheatsheet-to-indias-covid-19-response-5895041.htm

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Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section.

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Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. J Oral Pathol Med 2006; 35: 540–7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. Acta Odontol Scand 2003; 61: 347–55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone-iodine antisepsis. State of the art. Dermatology 1997; 195 Suppl 2: 3–9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. J Periodontol 2000; 71: 1792–801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. Dent Mater 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovuo J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. pp 7–27.

No author given

[8] World Health Organization. Oral health surveys - basic methods, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online—Trends in suicide by method in England and Wales, 1979–2001. www.statistics.gov.uk/downloads/theme_health/HSQ 20.pdf (accessed Jan 24, 2005): 7–18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

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