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A Study to Assess the Effectiveness of Cold Application Prior to Intramuscular Injection on the Intensity of Pain among Adults Admitted in Selected Hospitals of the City

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Pravin Pande

Abstract

Pain is a complex, multifaceted phenomenon. It is an individual, unique experience that may be difficult for client to describe or explain, procedural pain is an important source of discomfort for client in nursing care settings. Intramuscular injection is common procedure that nurses frequently carry out which cause pain and distress. Keeping this in view a study was conducted to assess the effectiveness of cold application prior to intramuscular injection on the intensity of pain among adults admitted in selected hospitals of the city. True experimental post test only control design was used for the study. 60 adults (30 experimental group and 30 control group) who were selected by using probability simple random sampling technique. Lottery method was used for the selection of sample. The data was collected by using interview scheduled & modified numerical pain intensity scale. The comparison of intensity of pain in the experimental group & control group reveal that the mean difference score of the experimental group was 3.93 & the control group was 6.40. the calculated 't' value at 2.048 at 5% level of significance. Hence the research hypothesis H1 is accepted, thus mean that pain was less in experimental group as compared to control group, means cold application was very effective.

Keywords: Effectiveness; Cold Application; Intramuscular Injection; Intensity; Pain; Adults.

Introduction

Pain is a complex, multifaceted phenomenon. It is an individual, unique experience that may be difficult for clients to describe or explain and is often difficult for others to recognize, understand, and assess. Pain management challenges every health care team member, because there is no single, universal treatment. Procedural pain is an important source of discomfort for clients in nursing care settings. Among others, Intramuscular injection is common procedure that nurses frequently carry out which causes pain and distress to the recipient. Pain management during invasive procedure is a challenge to the direct care providers. Providing pain relief is considered a

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most basic human right, so it is the responsibility of the nurse to use most effective approach to pain control. Nurses are ethically and legally responsible for managing pain and reliving suffering. Effective pain management not only reduces physical discomfort, but also improves quality of life.

Pain management strategy must be identified to promote optimal pain relief. Ways to manage the client's pain may be pharmacologic or non pharmacologic including physical and behavioural measures such as touch, massage, application of heat and cold, aroma therapy, acupressure/ acupuncture, relaxation, hypnosis, distraction etc are proved effective in reducing pain. One of the primary reasons for cold applications during immediate care as with acute trauma or in the treatment of chronic trauma or during physical therapy and rehabilitation is to decrease or stop pain. Cold therapy is the most widely used therapeutic treatment for the management of the acute and chronic musculoskeletal injuries and pain management. There is clear evidence of the benefit of cold therapy. Clinical observations leave no doubt that cold therapy applications are highly effective in treating, relieving, reducing or stopping

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most types of pain. Ice is a therapeutic agent used in medicine as an integral part of injury treatment and rehabilitation. The use of ice pack is widespread because of their effectiveness, convenience, low cost, and ease of transportation. Ice packs can be made with any form of ice; however, 2 commonly used forms are cubed ice and crushed ice. Ice is believed to help control pain by inducing local anaesthesia around the treatment area.

Problem Statement

"A study to assess the effectiveness of cold application prior to intramuscular injection on the intensity of pain among adults admitted in selected hospitals of the city".

Objectives

- 1. To assess the intensity of pain after cold application prior to intramuscular injection among adults in the experimental group.
- 2. To assess the intensity of pain after intramuscular injection among adults in the control group.
- 3. To compare the intensity of pain after intramuscular injection among adults in the experimental group and control group.
- 4. To find association between the intensity of pain among adults in experimental group with selected demographic variables.

Hypothesis

Will be tested at 0.05 level of significance

 H_0 sity of pain caused by intramuscular injection among adults in the experimental and control group.

H₁: There will be significant difference in the intensity of pain caused by intramuscular injection among adults in the experimental and control group.

Conceptual Framework

Sr. Callista Roy., Roy adaptaion model THEORY.

Modified Roy adaptation Model was used in this study.

Research Methodology

Research Approach: a quantitative research approach was adopted in the study.

Research Design: A true experimental post test only

control design.was used in the study.

Research Setting: The present study was conducted in selected Hospitals of the city study was conducted on 60 adults. (30 in experimental group, and 30 in control group).

Variables

Independent Variables

The independent variable in this study is Cold application.

Dependent Variables

The dependent variable in this study is Intensity of pain.

Population

All adults who are receiving intramuscular injection.

Accessible Population

Admitted adults who is receiving intramuscular injection in the medical, surgical & orthopedics ward.

Sample: Sample consisted of 60 adults who are admitted in the medical, surgical & orthopedics ward and who are receiving intramuscular injection.

Sampling Technique: In the present study Probability simple random sampling is used (lottery method).

Sample: 60 adult patients [30 in experimental group and 30 in control group]

Sampling Criteria

Inclusion Criteria

- 1. Receiving intramuscular injection in gluteal or deltoid muscle.
- 2. In the age group of 18-60 years.
- 3. Receiving analgesic injection.
- 4. Admitted in medical, surgical, & orthopedics ward.
- 5. Willing to participate in the study.

Exclusive Criteria

- 1. Not receiving intramuscular injection.
- 2. Unconscious and critically ill.
- 3. Suffering from bleeding disorder like hemophilia,

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and tactile sensation disorders like tactile defensiveness, hyposensitivity, apraxia.

Description of Tool

Section I- Interview Schedule on Demographic Variable: It included variables like Age, Gender, Education, Occupation, Religion, height, Weight, Body Mass Index, and Previous experience of intramuscular injection.

Section II- Modified Numerical Pain Intensity Scale

The scale are used to assess the intensity of pain is 0 to 10 numerical rating scale.

Grading of modified numerical pain intensity scale is divided into 4 sections.

- 0 No pain
- 1-3 Mild pain
- Moderate pain 4-6
- 7-10 Severe pain.

Section III- Observation Checklist for Assessment of Intensity of Pain

It was divided into 6 observation and its calculated the median score of the pain intensity level.

Validity ABD Reliability

Tool was given by 19 experts of different fields, suggestions were incorporated and corrections were made. tool was found to be reliable as the score was 0.86 The reliability of the observation checklist was calculated by the inter rater technique and was found to be 0.77. Thus there was fair agreement and the rating scale was found to be reliable.

Results

Major Findings

- Majority the adults 7(23.3%) belonged to 53-60 years in the experimental group and 7(23.3%) belonged to 46-52 years in the control group.
- Majority of the adults 18(60%) in the experimental group and 19(63.3%) in the control group were male.
- Majority of the adults 11(36.7%) both in the in the experimental and control group had higher secondary education.
- Majority of the adults 10(33.3%) both in the experimental and the control group are doing business.
- ٠ Majority of the adults 19(63.3%) in the experimental group and 19(63.3%) in the control group belonged to the hindu religion.
- Majority of the adults 20(66.7%) in the experimental group and 22(73.3%) in the control group had normal 18-24.99 BMI.
- Majority of the adults 28(93.3%) in the both experimental and the control group had previous experience of intramuscular injection.

Table 1: Showing the frequency and percentage distribution of intensity of pain after cold application prior to intramuscular injection among adults in experimental group

Pain Intensity Level	Rating	No. o	of Adults
-	-	Frequency (N)	Percentage (%)
	0	0	0.00
Mild Pain	1-3	11	36.67
Moderate Pain	4-6	19	63.33
Severe Pain	7-10	0	0.00
Minimum score		2	
Maximum score		6	
Mean Median score		3.93	
S.D		1.11	

Table 1 shows that the intensity of pain after cold application prior to intramuscular injection in the experimental group each 11 (36.67%) of the adults were having Mild Pain and 19 (63.33%) of them had Moderate pain none of them had severe pain. The minimum pain score was 2 and the maximum score was 6, the mean median pain score was 3.93 and the standard deviation is 1.11.

Table 2 shows that the intensity of pain in the control group after the intramuscular injection each 17 (56.67%) of the adults were having Moderate pain and 13(43.333%) of them had severe pain. None of them had mild pain. The minimum pain score was 5 and the maximum score was 8, the mean median pain score was 6.40 and the standard deviation is 1.0

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Table 2: Showing the frequency and percentage	e distribution of	f intensity o	f pain after	intramuscular	injection	among	adults in
control group							

Pain Intensity Level	Rating	No. o	f Adults
·	0	Frequency (N)	Percentage (%)
No Pain	0	0	0.00
Mild Pain	1-3	0	0.00
Moderate Pain	4-6	17	56.67
Severe Pain	7-10	13	43.33
Minimum score		5	
Maximum score		8	
Mean Median score		6.40	
S.D		1.00	

Table 3: Showing the Comparison of intensity of pain after the intramuscular injection among adults in the experimental and the control group



Fig 1: Bar diagram representing Comparison of intensity of pain (mean pain score) after intramuscular injection among adults in experimental and control group

Table 3 and Fig 1 Showing in experimental group the mean score is 3.93 and standard deviation value is 1.11, and in the control group the mean score is 6.40 and standard deviation value is 1.00. Mean and standard deviation values are compared and student's unpaired test is applied at 5% level of significance.

The tabulated value for n=30-1 i.e 29 degrees of freedom was 2.048. The calculated value was 9.02 for pain score. Hence the research hypothesis H_1 is accepted, and null hypothesis H_0 is rejected. Thus, it is statistically interpreted that intensity of pain was less in experimental group as compared to control group.

• Association of pain score after cold application prior to intramuscular injection on the intensity of pain in experimental group.

Analysis reveals that, in the experimental group, there is significant association of intensity of pain with educational status and body mass index and no association was found with age, gender, occupation, religion and previous experience of pain.

Implication of the Study

- Nursing Practice: Nurses have an important role to play in the management of pain in hospital as well as in community. This study can be used as an informative illustration for staff nurses working in different wards, OPD, immunization department for managing patients with pain caused by intramuscular injection.
- *Nursing Education*: The nurse educator can also highlight the benefits of the interventions to the

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nursing students and to the patients by using demonstration of cold application at injection site prior to intramuscular injection.

- *Nursing Research:* In Indian studies, there is scarce literature and research done on cold application on adults. The tool, technique and literature of review can provide an avenue for further research studies. It certainly increases the body of knowledge and can be used as reference materials in the future.
- *Nursing Administration*: nurse administrator should communicate this knowledge to her clinical staff and ensure practice of use of cold application for patients getting intramuscular injection.

Recommendations

- A similar study can be replicated on a larger population for a generalization of findings.
- A comparative study can be done to evaluate effectiveness of cold application prior and after giving intramuscular injection on pain perception.
- A comparative study to assess the effectiveness of cold application prior to intramuscular versus subcutaneous injection on intensity of pain among adults can be conducted.

• Similar study can be conducted in more than one setting e.g. in private and government hospitals.

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Effectiveness of Workshop Based Teaching on Knowledge Regarding Diversion Procedure and Stoma Care

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B. Venkatesan*, Naresh Kumar G.**, Eurasia Jyrwa***, F. Lalrinpari***, Mihir Das***, Pabitra Gautam***, Sourav Sinha***

Abstract

Background of the Study: In the current scenario people suffer from diseases resulting from unhealthy lifestyle practices, environment and unhealthy food habits. Many Intestinal and urinary condition need surgical intervention called as diversion technique. Intestinal diversion technique use to reroute the intestinal content, urinary diversion is to reroute the urine output through an artificial stoma. According to research study it's estimated that around 6,400 permanent colostomies are carried out each year in UK. *Objectives:* 1. To assess the pretest and posttest level of knowledge regarding diversion procedure and stoma care among B.Sc. nursing student. 2. To evaluate the effectiveness of workshop based teaching on level of knowledge regarding diversion procedure and stoma care among B.Sc. nursing student. *Methodology:* An experimental quantitative approach was used to achieve the objectives of the study. The study was conducted in Padmashree institute of nursing, Bengaluru, The sample size was 29. *Result:* Findings shows the outcome of paired t test on knowledge scores and statistical significance. Out of maximum score 24, mean was 10.06, SD was 3.34, Mean % was 41.91, and paired t test value found as 16.20, which was found to be significant at 0.05 level. *Conclusion:* The study concludes that majority of the student gained adequate knowledge regarding diversion procedure and stoma care after the workshop based teaching. It proves that the workshop based teaching was effective in improving the knowledge among the B.Sc. nursing students.

Keywords: Knowledge; Diversion Procedure; Stoma Care; Workshop Based Teaching.

Introduction

Urinary diversion is any one of several surgical procedures to reroute urine flow from its normal pathway. It may be necessary for diseased or defective ureters, bladder or urethra, either temporarily or permanently. Some diversions result in a stoma [1].

In current clinical practice continent urinary diversion is being used world-wide in patients

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undergoing radical cystectomy and in severe cases of benign bladder pathologies. We also discuss the specific complications of continent urinary diversion and highlight the need to rigorously monitor these patients in the long- term specifically in terms of their renal function and cancer recurrence [2].

In the majority of cases, urinary diversion is performed after cystectomy to treat high-risk nonmuscle invasive bladder cancer after failure of intravesical therapy or to treat muscle invasive bladder cancer. Urinary diversions can be divided in noncontinent diversions, continent diversions, and orthotopic neobladders. Currently, the majority of urinary diversions are constructed from terminal ileum or ileocolonic segments of the intestine. Urologists who perform urinary diversions should not only be familiar with surgical techniques to create these diversions but should also be aware of metabolic changes that arise when intestinal segments are used to divert or to store urine. Many patients have a long life expectancy, even after oncological surgery with urinary diversion [3].

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Ileal conduit is the most common surgical procedure performed for individuals after surgical removal of the bladder for severe trauma or malignancy, a congenital defect of the urinary tract, and neurogenic non-functioning bladder in which other methods to maintain urinary flow are unsatisfactory. This urinary diversion being permanent, knowledge and skill in the self care and rehabilitation is very important. The present one group pretest-posttest study on " Effectiveness of a self-instructional module on knowledge regarding rehabilitation among patients with ileal conduit " conducted through telephonic interview among 30 patients selected by purposive sampling showed a statistically significant improvement in knowledge regarding rehabilitation (t (29) =16.279, p<0.05 [4].

Study report says that Stomal complications associated with ileal conduit urinary diversion are not uncommon and occur in almost 15% of patients, with the most common problem being parastomal hernia. Evaluation of possible risk factors demonstrates that obesity may be a contributing factor in the development of stomal complications, particularly in the elderly. Furthermore, our experience suggests that subsequent repairs of parastomal hernias are only moderately successful⁵.

Material and Methods

This chapter deals with description of methodology and different steps which are undertaken for collection and organization of data for investigation.

Research Approach

Quantitative research approach was considered the most appropriate for the study, as the aim of the study was to find out the level of knowledge regarding diversion procedure and stoma care among B.Sc. nursing student.

Research Design

The design adopted for the study was a preexperimental one group pre-test and post-test design.

Pre-test (O ₁)	Intervention (X)	Post-test (O ₂)		
Assess the pre-test level of knowledge by using structured knowledge questionnaire regarding diversion procedure and stoma care among B.Sc. nursing student.	Workshop based teaching was administered regarding diversion procedure and stoma care among B.Sc. nursing student.	Assess the post-test level of knowledge was assessed by using structured knowledge questionnaire regarding diversion procedure and stoma care among B.Sc. nursing student.		

Research Variables

Independent Variables: Workshop based teaching on diversion procedure and stoma care among B.Sc. nursing student.

Dependent Variables

Knowledge regarding diversion procedure and stoma care among B.Sc. nursing student.

Settings

The study was conducted in Padmashree Institute of Nursing, kengeri, Bengaluru.

Population

The population consists of all the students belong to B.Sc. nursing college, Kengeri, Bengaluru.

Sample

The students who fulfil the inclusion and

exclusion criteria were the samples for the study and sample size was 29.

Criteria for Sample Selection

Inclusion Criteria

It includes the students who

- 1. Male and female B.Sc. nursing students.
- 2. Are only students between 19-30 years.
- 3. Are B.Sc. nursing 2nd year students.
- 4. Can read and write English language.

Exclusion Criteria

It excludes the

- 1. Students who are not willing to participate.
- 2. Students who were not present at the time of data collection.

Sampling Technique

Convenience sampling technique.

Tools for Data Collection

The tool for data collection consists of the following section:

Section A: Structured knowledge questionnaire was used for assessing knowledge regarding diversion procedure and stoma care among B.Sc. nursing 2nd year students.

Procedure for Data Collection

The data was collected after getting permission from the concerned authorities of Padmashree Institute of Nursing, Kengeri, Bengaluru. The researcher introduced himself to the participants. The objectives of the study were explained. The researcher himself collected the data among B.Sc. nursing 2nd year students. The data was conducted in the following phases.

- 1. *Phase I*: Pre-test was conducted to assess the existing knowledge regarding diversion procedure and stoma care among B.Sc. nursing 2nd year students.
- 2. *Phase II*: After assessing the pre-test knowledge, workshop based teaching on diversion procedure and stoma care was conducted to students for the duration of 4 hours by using lecture method, videos and demonstration.

3. *Phase III*: Post-test was conducted with the same structured questionnaire after workshop based teaching regarding diversion procedure and stoma care among B.Sc. nursing 2nd year students.

Content of the Tool

The tool consists of one section:-

Section A: Structured questionnaire was used to assess knowledge of B.Sc. nursing students regarding diversion procedure and stoma care.

• Scoring Interpretation

Scoring key was prepared for section A, score '1' was awarded to correct response and '0' for wrong response in all items. Thus a total score of 24 were allotted to interpret the level of knowledge of students, the score were categorized as-

- a. <50%- Inadequate knowledge
- b. 50-75% Moderate knowledge
- c. >75%- Adequate knowledge

Reliability

In order to establish reliability of the tool, the test split half method was used. The calculated "r" value was 0.81 for knowledge and the developed tool was found to be reliable.

Variable	Reliability	Method of Reliability
Knowledge	0.81	Split half method

Results

The mention table 1 shows that in pretest none of the subject had adequate knowledge, majority of the subjects 23(79.3%) had inadequate knowledge and 6(20.7%) had moderate knowledge. Whereas in posttest majority of the subject 25(86.21) had adequate knowledge, 3(10.34%) had moderate knowledge and 1(3.45%) of the subject had inadequate knowledge.

The table 2 shows the range, mean, standard deviation and mean percentage of the pretest and posttest level of knowledge regarding diversion

Table 1: Frequency and percentage distribution of pretest and posttest knowledge regarding diversion procedures and stoma
care among B.Sc nursing students in selected college, BengaluruN=29

Sl. No	Level of knowledge	Pre	-test	Post test		
		Frequency	Percentage	Frequency	Percentage	
1	Inadequate (<50%)	23	79.3	1	3.45	
2	Moderately adequate knowledge (50-75%)	6	20.7	3	10.34	
3	Adequate knowledge (>75%) Overall	- 29	- 100	25 29	86.21 100	

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Pretest and Posttest level of knowledge regarding diversion procedures

Graph 1: Percentage distribution of knowledge regarding diversion procedure and stoma care among B.Sc. nursing students in selected college, Bengaluru

Table 2: Range, Mean, SD, Mean Percentage of pretest and posttest knowledge regarding diversion procedures and stoma care
among B.Sc nursing students in selected college, Bengaluru.N=29

Sl. No.	Aspects of knowledge	Max score		Pre	e-test			Pos	ttest	
			Range	Mean	SD	Mean %	Range	Mean	SD	Mean %
1.	General information regarding urinary diversion.	8	1-6	3	1.3	37.5	2-8	6.31	1.70	78.87
2.	Nursing assessment of stoma.	2	0-2	1.69	0.54	84.5	1-2	1.86	0.12	93
3.	Knowledge regarding stoma care	12	1-10	5.14	2.17	42.83	5-12	11	1.55	91.66
4.	Complication	2	0-2	0.55	0.65	27.5	0-2	1.62	0.62	81
	Over all	24	6-8	10.41	3.24	43.37	8-24	20.38	2.92	93

procedures and stoma care among B.Sc nursing students in selected college, Bengaluru.

With regard to general information regarding urinary diversion, out of maximum score of 8, in the pretest the range was 1-6, the mean score was found to be 3, the standard deviation was 1.3 away from the mean and the mean score percentage was found to be 37.5%. In posttest the range was 2-8 with a mean score was 6.31 and standard deviation was 1.70 away from the mean score and the mean percentage was found to be 78.87%.

With regard to nursing assessment of stoma, out of maximum score of 2, in pretest the range was found to be 0-2, the mean score was 1.69, the standard deviation was found to be 0.54 away from the mean, and the mean percentage was 84.5. In posttest the range was 1-2 with a mean percentage of 1.86 and the standard deviation was 0.12 away from the mean and the mean percentage was found to be 93%.

With regard to knowledge regarding stoma care, out of maximum score of 12, in pretest the range was 1-10, mean score was 5.14, standard deviation was 2.17 away from the mean with a mean score of 42.83. In posttest knowledge regarding stoma care the range was 5-12, mean score was 11, standard deviation was 1.55 away from the mean and the mean percentage was 93%.

With regard to complication regarding diversion procedure, out of maximum score of 2, in pretest the range was 0-2, mean score was 0.55, standard

deviation was 0.65 with a mean percentage of 27.5%. Whereas in posttest the range was 0-2, the mean score was 1.62. standard deviation was 0.62 away from the mean with a mean percentage of 81%.

The maximum overall score was 24, in pretest the range score was found to be 6-18, the mean was 10.41,

the standard deviation was found to be 3.24 and the overall mean score percentage was 43.37%. In posttest, the range was 8-24 with a mean score of 20.38 and standard deviation was 2.92 away from the mean and the mean score percentage was 93%.

 Table 3: Paired t-test analysis for the statistical significance of pretest and posttest score of knowledge regarding urinary diversion

 N=29

Sl. No	Aspect of knowledge	Max score	Pair	ed t-diff	erence	t-test value	P-value
			Mean	SD	Mean%		
1.	General information regarding urinary diversion	8	3.31	1.61	41.37	10.18***	p<0.001
2.	Nursing assessment of stoma	2	0.17	0.53	8.5	1.73	p>0.05NS
3	Knowledge regarding stoma care	12	5.66	2.01	47.17	15.16***	p<0.001
4	Complication	2	1.06	2.99	53	1.90	p>0.05NS
	Overall	24	10.06	3.34	41.91	16.20***	p<0.001

Note: *-denotes significant (p<0.001) for df=28.

The above Table 3 shows that the outcomes of pre test and post test level of knowledge and statistical significance based on paired t-test.

The maximum score with regard to general information was 8, mean difference was 3.31, SD was 1.61, mean difference percentage was 41.37% and paired t-value was 10.01*** which was found to be significant at the level of p<0.001.

With regard to nursing assessment maximum score was 2, mean difference was 0.17, SD was 0.53, mean difference percentage was 8.5% and paired t-value was 1.73 and was not statistically significant at the level of p<0.05.

With regard to knowledge regarding stoma care, maximum score was 12, mean difference was 5.66, SD was 2.01, mean difference percentage was 47.17% and paired t-value was 15.16*** and was found to be significant at the level of p<0.001.

With regard to complication, maximum score was 2, mean difference was 1.06, SD was 2.99, mean difference percentage was 53% and paired t-value was 1.90 and was not statistically significant at the level of p<0.05.

The overall knowledge maximum score is 24, mean difference was 10.06, SD was 3.34, mean difference percentage was 41.91% and paired t-value was 16.20*** at the level of p<0.001.

Hypotheses Testing

 H_i : There is significant difference in the mean pretest and post test level of knowledge regarding diversion procedures and stoma care among B.Sc nursing students in selected college, Bengaluru.

 H_2 : There is no significant difference in the mean pre test and post test level of knowledge regarding diversion procedures and stoma care among B.Sc nursing students in selected college, Bengaluru.

The above Table 3 shows the outcomes of the pretest and posttest scores and statistical significance based on paired t-test. It was found to be significant at 0.05 levels. Hence, null hypothesis was rejected and research hypothesis was accepted.

Discussion

The pretest knowledge range was 6-18, mean 10.41, standard deviation was 3.24, mean percentage was 43.37%. The post test knowledge range was 8-24, mean 20.38, standard deviation was 2.92, and mean percentage was 93%. The outcome of paired t test on knowledge score and statistical significance based on Paired t test.

The maximum score was 24, mean was 10.06, standard deviation was 3.34, mean percentage was 41.91% and paired t test value was 16.20 that hence there exists a statistical significance.

Similar study was conducted on Level of knowledge regarding colostomy care among staff nurses, 8(53.3%) had inadequate knowledge, 6(40%) had moderately adequate knowledge and 1(6.7%) had adequate knowledge. Shows that with regard to knowledge regarding colostomy among nursing students, 8(53.3%) had inadequate knowledge, 5 (33.3%) had moderate knowledge and 2(13.3%) had adequate knowledge.

Conclusion

The study concluded that majority of staff nurses and nursing students had inadequate knowledge regarding colostomy care [24].

The finding of the study showed, on assessment of level of knowledge regarding diversion procedure and stoma care among BSc nursing students in the pre test, 6(20.7%) had moderate knowledge, and 23(79.3%) had inadequate knowledge and none had adequate knowledge. And in the post test, 25(86.21%) had adequate knowledge and 3(10.34%) had moderate knowledge and 1(3.45%) had inadequate knowledge. The paired t test was carried out and it was found to be significant at p<0.005 level. Hence null hypothesis is rejected and research hypothesis is accepted. The study concluded that the workshop based teaching was effective in improving knowledge regarding diversion procedure and stoma care among BSc nursing students

Conflict of Interest

Author don't have any conflict of interest

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Study to Assess the Effectiveness of VAT on the Knowledge regarding the Selected Aspects of Cardiac Monitoring among the Staff Nurses in Selected Hospitals

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Megha Sarah Mathews*, Pricey Jimmy Pudussery*

Abstract

Cardiac monitoring generally refers to continuous monitoring of heart activity, generally by electrocardiography with assessment of the patient's condition relative to their cardiac rhythm. An electrocardiogram (also called ECG) is a test that records the electrical activity of your heart through small electrode patches attached to the skin of your chest, arms, and legs. An ECG may be part of a routine physical exam or it may be used as a test for heart disease. There is a lack of reliable and valid performance of ICU nurses in interpreting the ECG of patients. Purpose: This study develops a video on ECG and checks the effectiveness of the video among the staff nurses of ICU with respect to their level of knowledge in interpreting an ECG. Method: A Pre -Experimental study with one group pre- test post- test design was adopted. The reliability of the tool was done using Cronbach's alpha and the validity of the tool was evaluated by 15 experts from the field after which the pilot study was carried out on 5 staff nurses. Purposive sampling technique was used to collect the data from 50 ICU staff nurses. The 32 item semi structured questionnaire was given to 50 ICU staff nurses who enrolled for the research. Results: A pre-test was conducted (n=50) and the result's showed that the mean score for knowledge on selected aspects of cardiac monitoring was 13.1000 with a standard deviation of 3.41216. However, after the VAT there was a significant increase in the post test mean score for knowledge on selected aspects of cardiac monitoring and standard deviation scores with 24.0400 and 4.47195 respectively. In the pretest it was seen that 38 staff nurses had inadequate knowledge and 12 staff nurses had moderately adequate knowledge however in the post test it is seen that only 7 staff nurses had inadequate knowledge, 23 staff nurses had moderately adequate knowledge and 20 staff nurses had adequate knowledge. Conclusion: The video assisted tool created on selected aspect of cardiac monitoring (ECG) was a sound tool and it helped the nurses to gain knowledge and put that into practice. It is also recommended that more broader aspect of ECG can be taught to the staff-nurses.

Keywords: Effect; VAT; Knowledge; ICU; Cardiac Monitoring; ECG.

Introduction

"The character of a nurse is just as important as the knowledge he/she possesses" [1].

- Carolyn Jarvis

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Nurses are looked upon as both the front lines of health care, as well as the backbone of patient treatment. We see nurses as innovators in health care. We see how their observational skills, advanced knowledge, interventions and compassionate care help patients manage their medical needs. "Nurses" also explore critical issues in the health care system that, if changed, could allow nurses to practice to the full extent of their education across the country [2].

One of the areas of clinical management where nurses have the most diagnostic influence is cardiac rhythm monitoring and dysrhythmia detection. The critical care nurse must recognize that continuous monitoring is a nursing responsibility, and competence in this skill must be assured. It is essential that nurses understand the significance of accurate 120 Megha Sarah Mathews & Pricey Jimmy Pudussery / Study to Assess the Effectiveness of VAT on the Knowledge regarding the Selected Aspects of Cardiac Monitoring among the Staff Nurses in Selected Hospitals

electrode placement in obtaining a specific monitoring lead. In addition, the nurse must use current research in determining which monitoring lead is most appropriate for the patient requiring cardiac monitoring in the critical care environment [3].

The electrocardiogram is diagnostic tools that measures and records the electrical activity of the heart in execute detail. Interpretation of ECG allows diagnosis of a wide range of heart conditions. These conditions are varying from minor to life threatening. ECG terminology and diagnostic criteria and interpretation often vary from book to book and from one teacher to another. Finally, it is important to recognize that the mastery of ECG interpretation, one of the most useful clinical tools in medicine, can only occur if one acquires considerable experience in reading ECG's and correlating the specific ECG findings with the pathophysiology and clinical status of the patient. ECG can act as a diagnostic procedure for all clinical findings [4].

Background

Cardiac monitoring generally refers to continuous monitoring of heart activity, generally by electrocardiography with assessment of the patient's condition relative to their cardiac rhythm. An electrocardiogram (also called ECG) is a test that records the electrical activity of your heart through small electrode patches attached to the skin of your chest, arms, and legs. An ECG may be part of a routine physical exam or it may be used as a test for heart disease.

There is a lack of a reliable and valid measurement of ICU nurses in interpreting the ECG of patients.

Problem Statement

"A study to assess the effectiveness of Video Assisted Teaching Programme on the knowledge regarding the selected aspects of cardiac monitoring among the staff nurses working in the ICU Departments of selected hospitals in Navi Mumbai."

Objectives

- To assess and evaluate the effectiveness of video assisted teaching program on selected aspects of cardiac monitoring among the staff nurses with their obtained pretest and post test scores.
- To find the association between the demographic characteristics and with the level of knowledge on selected aspects of cardiac monitoring among

the staff nurses of ICU with their obtained pre test and post test scores.

Purpose

This study develops a video on ECG and checks the effectiveness of the video among the staff nurses of ICU with respect to their level of knowledge in interpreting an ECG.

Assumptions

The study assumes that:

- The staff nurses play an important role in recognizing the cardiac abnormality and they may/may not possess competitive skills in cardiac monitoring.
- The staff nurses may/may not possess knowledge regarding cardiac monitoring.
- Video assisted teaching may/may not increase the level of knowledge on selected aspects of cardiac monitoring among the staff nurses.
- Appropriate and adequate knowledge regarding selected aspects of cardiac monitoring may/may not influence the practice of staff nurses.

Hypotheses

 H_{01} :- There will be no significant difference in the mean knowledge score of staff nurses on selected aspects of cardiac monitoring between pretest and post-test scores.

 H_{02} :- There will be no significant association between the level of knowledge regarding selected aspects of cardiac monitoring with selected demographic variable.

 H_{03} :- There will be a significant difference in the mean knowledge score of staff nurses on selected aspects of cardiac monitoring between pretest and post-test scores.

H₀₄:- There will be a significant association between the level of knowledge regarding selected aspects of cardiac monitoring with selected demographic variable.

Method

A Pre –Experimental study with one group pretest post- test design was adopted. The reliability of the tool was done using Cronbach's alpha and the validity of the tool was evaluated by 15 experts from Megha Sarah Mathews & Pricey Jimmy Pudussery / Study to Assess the Effectiveness of VAT on the 121 Knowledge regarding the Selected Aspects of Cardiac Monitoring among the Staff Nurses in Selected Hospitals

the field after which the pilot study was carried out on 5 staff nurses. Purposive sampling technique was used to collect the data from 50 ICU staff nurses. The 32 item semi structured questionnaire was given to 50 ICU staff nurses who enrolled for the research.

Results

A pre-test was conducted (n=50) and the result's showed that the mean score for knowledge on selected aspects of cardiac monitoring was 13.1000 with a standard deviation of 3.41216. However, after the VAT there was a significant increase in the post test mean score for knowledge on selected aspects of cardiac monitoring and standard deviation scores with 24.0400 and 4.47195 respectively. In the pretest, it was seen that 38 staff nurses had inadequate knowledge and 12 staff nurses had moderately adequate knowledge. However, in the post test it is seen that only 7 staff nurses had inadequate knowledge, 23 staff nurses had moderately adequate knowledge and 20 staff nurses had adequate knowledge.

ſał	ole	1:	Distri	bution	of	sample	e according	to	Age
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Age Category	Frequency	Percentage
21-25 years	31	62.0
26-30 years	14	28.0
31-35 years	4	8.0
36-40 years	1	2.0
Total	50	100.0

Distribution of the demographic variables among the staff nurses working in the ICU of selected hospitals, Navi Mumbai.

According to Table 1 and Fig. 1, the sample is distributed into 4 categories ie: age 21-25 years, 26-

30 years ,31-35 years and 36-40 years. The maximum number of samples were found in the age group of 21-25 years with the frequency of 31(62%) and the least is seen in the age group of 36-40 years with the frequency of 1(2%).

Table 2: Distribution of sample according to gender

Gender	Frequency	Percentage
Male	5	10.0
Female	45	90.0
Total	50	100.0

Table 3: Showing difference in mean score of Pretest and Post-Test.

	Ν	Minimum	Maximum	Sum	Mean	Std. Deviation
Pre total score	50	6.00	20.00	655.00	13.1000	3.41216
Post total score	50	12.00	30.00	1202.00	24.0400	4.47195



Age Category

Fig. 1: Distribution of sample according to age

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Fig. 2: Distribution of sample according to Gender

Table 4:	Association	of	data	with	demogra	phic	variables
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Criteria	Improvement<50	Improvement<50	Total	p value	Inference
Age					NS
20-25	12	19	31	0.52	
26-40	8	11	19		
Gender					NS
Male	2	3	5	0.69	
Female	18	27	45		
Qualification					NS
BSc Nsg	17	21	38		
GNM	3	9	12	0.19	
Experience overall					NS
<1year	3	1	4	0.29	
1-2 years	7	10	17		
2-5 years	8	11	19		
> 5 years	2	8	10		
Experience ICU					NS
no exp	2	4	6	0.13	
<1year	9	6	15		
1-2years	8	12	20		
>2years	1	8	9		
Class/seminar					NS
YES	7	10	17	0.57	
NO	13	20	33		

According to Table 2 and Fig. 2, the sample is distributed into two categories ie: male and female. The maximum number of samples were found in the female group with the frequency of 45(90%) whereas males constituted only 10% with a frequency of 5.

Evaluation of the effectiveness of Video Assisted Teaching Programme with their obtained pre-test and post-test mean scores on selected aspect of cardiac monitoring (ECG) among the staff nurses.

The above Table. 3 indicates that there has been an improvement in the mean score from 13.1000 (pretest) to 24.0400 (post-test). This implies that there is an increase in knowledge among the staff nurses due to Video Assisted Teaching on selected aspects of cardiac monitoring. From the above Table. 4, it is evident that knowledge on selected aspects of cardiac monitoring is not significant with any of the demographic variable.

Implications of the Study

Nursing Service

1. The findings prove that VAT given for a duration of 30 min can improve the knowledge, and hence

would help the staff nurses to save the lives of many patients.

- 2. Regular practice on the interpretation of the ECG would make the nurses confident and assist the doctors with the line of treatment for the patients.
- 3. New researches have revealed that ECG contributes not only to Cardiovascular but also in management of patients with stroke. The nurses should be trained using such VAT so that the knowledge is continually revised as well as new knowledge can be updated.

Nursing Education

- 1. Nursing is a therapeutic and educative process in meeting the needs of the society. Nursing education is the means through which nurses are prepared for practice in various settings. The present study emphasizes that the video assisted teaching is the key element to train the staff nurses on the selected aspects of cardiac monitoring. The video assisted teaching and study findings can be the guidelines for the nurse educators, to teach students, in giving comprehensive care in all settings colleges and even in hospital setting. Every student nurse needs to motivate to provide care and conduct health education regarding the same.
- 2. As a method of teaching, Video Assisted Teaching has proven to be beneficial in imparting knowledge and hence such AV aids should be used for effective teaching learning process.

Nursing Administration

The nursing administrators are responsible for management of the nursing staff in a health care facility.

- 1. The nursing administrator should arrange training sessions frequently to keep the nurses abreast of recent technological advancements in the field of medicine.
- 2. It is also important to train the nurses (especially in the ICU departments), on topics like cardiac monitoring and ECG as they look after the critical patients which will enable them to be competent and skillful in their practices.

Nursing Research

The present study contributes to the body of knowledge and practice of nurses. The research study findings have added inputs to the nursing literature.

The investigator can use the findings and methodology as a reference in the future and can emphasize on areas which needs further exploration.

Recommendations for Further Study

- A similar study on a larger and a wider sample, for a long period would be more pertinent in making broad generalizations.
- A similar study can be undertaken in a different setting.
- A comparative study can also be planned.
- A similar study on the broader aspect of cardiac monitoring can also be done.
- This study can also be carried out using various teaching modalities to check for effectiveness.
- A study can be done to assess knowledge, attitude and practice of staff nurses working in the ICU.

Conclusion

" It is a sign of intellectual maturity to always crawl to conclusions."

-MokokomaMokhonoana

This chapter deals with discussion of the findings in accordance with the study and its objectives. The findings of the study facilitate sufficient information needed for evidence-based practice to be used in nursing practice and discipline. It relates the interpretations with the results and study limits. The recommendations of the study provide a platform for further research discussions and implications.

The video assisted tool created on selected aspect of cardiac monitoring (ECG) was a sound tool and it helped the nurses to gain knowledge and put that into practice. It is also recommended that more broader aspect of ECG can be taught to the staff-nurses.

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Study to Assess the Knowledge on Pediatric Critical Care Nursing among the GNM Students in Selected Colleges, Uttrakhand

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S. Hemalatha*, Bhawana Bora**, Anamika Dev**, Anita Raj**, Akanksha**, Babita Bora**

Abstract

"A quasi experimental study to assess the effectiveness of structured teaching program on pediatric critical care nursing among the GNM students in Naincy college of Nursing, Jeolikote, Nainital, Uttrakhand." The finding of the study revealed that the overall knowledge mean was 0.34, mean percentage was 34% and SD was 10.62 respectively. The findings revealed that the knowledge level after giving STP was improved and the mean value was 0.70, mean percentage was 70% & SD was 20.84. The findings of study revealed that the association of knowledge score with age, education, medium of education, with source of information, occupation and with previous knowledge were significant. Chi square was used to find out associations between the selected demographic variables and knowledge score.

Keywords: Critical Care; Structured Teaching Program.

Introduction

Critical care nursing is that specialty within nursing that deals specifically within human response to the life threatening problems. Pediatric intensive care is a growing medical specialty over the last three decades around the globe. The particular specialty requires skilled nurses for early recognition, treatment and advance care of critically ill children. Pediatric critical care nursing is the field of nursing with focus on the utmost care of the critically ill [1].

Children received readily emergency care to reduce the child mortality and are given in a specialized setting. In recent year estimate that 200 children per 100,000 in a population will require intensive care annually. Pediatric critical care is a specialized care and the patients whose conditions are lives

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threatening and who require comprehensive care and constant monitoring usually in ICU's." Pediatric critical care nurse create an environment in which highly vulnerable infants, critically unstable children require vigilant care and a collaborative skills [2].

Pediatric critical care nurses create an environment in which critically unstable and highly vulnerable infants and children benefit from the vigilant care and the co-ordinate professionals. Indeed the art and science of pediatric critical care have matured tremendously over the past three decades [3].

Need for Study

Pediatric intensive care nursing is a growing specialty which requires evaluation of its educational programs and outcomes in each different practices. This would help determine a PICU nurse knowledge and skill standards [3].

According to WHO (world health organization) in 2012 many as 1.1 million deaths were due to prematurity and complications due to prematurity and complications due to low birth weight . Three – quarters of these deaths happen within the first week of life. Lack of skilled medical and intensive care make this a huge problem in developing countries.

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Many newborn deaths could be avoided with good prenatal and post natal critical care. Hence there is a strong need to assess a study on about the lagging among pediatric critical care nurses [4].

Sardo PM, Sasso GT et al .(Dec 2008)A descriptive and exploratory study was conducted to develop an educational practice of problem based learning in CPR with the sample size of 24 students in the third stage of nursing undergraduate courses in Brazil southern university.

The result shows that structured teaching results as a motivating factor for both the educator and the students because it allows the theoretical as well as practical integration in an integrated learning process. Patient in paediatric intensive care unit require high intensity care. For this reason the researcher has selected this topic to train the student to give good critical care knowledge [5].

Problem Statement

"A quasi experimental study to assess the effectiveness of structured teaching program on pediatric critical care nursing among the GNM students in Naincy college of Nursing, Jeolikote, Nainital, Uttrakhand ."

Objectives of the Study

- To assess the knowledge on Paediatric critical care nursing among the GNM student in Naincy college of Nursing, Jeolikote, Nainital, Uttarakhand.
- To evaluate the effectiveness of structured teaching program on paediatric critical care nursing among GNM students in Naincy college of Nursing, Jeolikote, Nainital, Uttarakhand.
- To find out the associations between knowledge score and selected demographic variables of GNM students regarding paediatric critical care nursing in Naincy college of nursing, Jeolikote, Nainital, Uttarakhand.

Hypothesis

- There will be significant difference between knowledge regarding paediatric critical care in pre-test and post-test scores.
- There will be significant association between pre -test score knowledge with their demographic variables.

Methodology

The investigator has selected comparative research design to the effectiveness of structured teaching program on pediatric critical care nursing among the GNM students in Naincy college of Nursing, Jeolikote, Nainital, Uttarakhand. The setting of the study is in Naincy college of Nursing, Jeolikote, Nainital, Uttarakhand & comprised of 60 Students of GNM II year. Non randomization is the type of probable sampling was found appropriate for the study.

In the present study the tool consists of two parts

PART I: Consist of socio demographic variables.

PART II: Comprise of questionnaires regarding knowledge about Pediatric critical care Nursing.

The investigator had collected the data after getting formal permission from the authority of selected Naincy college of Nursing, Jeolikote, Nainital, Uttrakhand and approval was obtained from ethical committee of college to conduct the study. On an average each participants took 30 minutes to complete the questionnaire/tool. The investigator did not face any significant problem and the tool was found reliable.

Results & Findings

In view of the selected demographic variables, it is revealed that majority of GNM students 34 (56.66%) were from the age group of 19-20, 37(61.66%) have basic education up to 10+2, 31(51.66%) students are from English medium, majority of them i.e. 48(80%) preferred books as source of information & most of them 35(58.33%) were having average previous knowledge regarding pediatric critical care nursing and its practices.

The findings of this study revealed that the overall knowledge score before giving Structured Teaching Programme was Mean 0.34, mean percentage 34% and SD was 10.62. After giving structured teaching programme was mean 0.70, mean percentage 70% and SD was 20.84.

Discussion

1. The findings were discussed under the demographic characteristics and objectives.

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S. No	Variable	Category	Frequency	Frequency Percentage
1.	Age	(a)17-18	02	3.33%
	Ū	(b)19-20	34	56.66%
		(c)21-22	24	40%
2.	Basic education	(a)10+2	37	61.66%
		(b)Degree course	16	26.66%
		(c)Any other	07	11.66%
3.	Medium	(a)English	31	51.66%
		(b)Hindi	29	48.33%
4.	Source of	(a)Newspaper	07	11.66%
	information	(b)Internet	05	8.33%
		(c)Books	48	80%
		(d)Journals	00	0%
5.	Occupation	(a)Working in medical position	04	6.66%
		(b)Working in other position	46	76.66%
		(c)Non-working	10	16.66%
6.	Previous knowledge	(a)Poor	13	21.66%
	-	(b)Average	35	58.33%
		(c)Good	12	20%

 Table 10: Overall comparison of mean, mean% and standard deviation of knowledge score on pediatric critical care nursing before and after structured teaching programme
 N=60

S. No.	Mean	Pre test Mean%	SD	Mean	Post test Mean%	SD
1	0.34	34%	10.62	0.70	70%	20.84

In view of the selected demographic variables, it is revealed that majority of GNM students 34 (56.66%) were from the age group of 19-20, 37(61.66%) have basic education up to 10+2, 31(51.66%) students are from English medium, majority of them i.e. 48(80%) preferred books as source of information & most of them 35(58.33%) were having average previous knowledge regarding pediatric critical care nursing and its practices.

1. To assess the knowledge on pediatric critical care nursing among the GNM student in Naincy college of Nursing, Jeolikote, Nainital, Uttarakhand.

The findings of this study revealed that the overall knowledge score before giving Structured Teaching Programme was Mean 0.34, mean percentage 34% and SD was 10.62.

2. The second objective of the study is to evaluate the effectiveness of structured teaching program on pediatric critical care nursing among GNM students in Naincy college of Nursing, Jeolikote, Nainital, and Uttarakhand.

After giving structured teaching programme was mean 0.70, mean percentage 70% and SD was 20.84. These findings revealed that the knowledge level of GNM students regarding pediatric critical care nursing was improved after the STP. 3. The third objective was to find out the associations between knowledge score and selected demographic variables of GNM students regarding pediatric critical care nursing in Naincy College of nursing, Jeolikote, Nainital, Uttrakhand.

The findings of study revealed that the association of knowledge score with age, education, medium of education, with source of information, occupation and with previous knowledge was significant. Chi square was used to find out associations between the selected demographic variables and knowledge score.

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N = 60

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Study to Assess the Prevalence of Obesity among Rural and Urban School Children in Selected Schools, Uttarakhand

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Thamarai Selvi P.*, Gunjan Sambhal**, Deepa Mehta**, Garima Dev**, Gayatri Chamyal**, Dolly**

Abstract

A study was conducted to assess the prevalence of obesity among rural and urban Children of selected schools .The sample of this study comprise of 50 Children from rural and 50 Children from urban . Collected data was analyzed by using Descriptive and inferential statistics. The findings revealed that, in rural mean & SD value for Height, Weight & BMI was 142.28 & 7.21, 36.82 & 7.98, 18.35 & 3.18 respectively. In Urban mean & SD value for Height, Weight & BMI was 128.68 & 9.52, 44.08 & 6.50, 25.80 & 3.82 respectively. The result revealed that, the prevalence of obesity is higher in urban school children than the rural school children. The study also shows that there is association with selected variables. So it shows that hypothesis H₂ was accepted.

Keywords: Obesity; Prevalence; Rural; Urban & B.M.I.

Introduction

"Children are the most valuable resources in the world and let's hope for their bright future"

Obesity in children is a complex disorder. Its prevalence is increasing in recent years so as to consider it a major health concern both in the developed and developing world. The ill effects of obesity on health are not fully reversible so focus on preventing obesity is needed. Since overweight and obesity in adults life are predicated by childhood weight, prevention of obesity should start early in life [1].

Obesity is defined as a complex, multifactorial chronic disease which involves the interaction of both genotype and environment. Integrating factors of behavioral, social, cultural, physiological and metabolic are involved. (National heart, lung and blood institute [NHLBI], 2006). Over weight and

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obesity is determined by measuring body mass index (BMI), a calculation of weight in relation to height.

$$T \ e \ formula = \frac{weig \ t \ in \ kilograms}{eig \ t \ in \ meter2}$$

In adults, healthy weight is 18-25 BMI, overweight is 25-29 BMI, obese is a BMI of 30 or greater and morbidity obese is a BMI of >40 [1]. The W.H.O (2011) has declared obesity as one of the top 10 health risk in the world and one of the top 5 in developed nations. Totally 5% of the Indian population has been affected by obesity [2]. Childhood obesity however can also lead to life threatening conditions including diabetes, high blood pressure including heart diseases, sleep problems, cancer and other disorders. Some of other disorders would include liver disease early puberty or menarche, eating disorders such as anorexia and bulimia, skin infection and asthma.

The control of obesity can be achieved by dietary changes increased physical activity and a combination of both. Health educations has an important role to play in teaching people the hazards of overweight and to prevent obesity [3].

Problem Statement

A comparative study to assess the prevalence of

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obesity among rural and urban school children in selected schools, Uttarakhand.

Objectives of the Study

- 1. Assess the obesity prevalence among rural school children in selected schools
- 2. Assess the obesity prevalence among urban school children in selected schools.
- 3. Compare the obesity prevalence among selected rural and urban school children in selected schools.
- 4. Find out association of obesity prevalence among rural and urban school children with their selected demographic variables.

Hypothesis

H_i: There will be a significant difference in the obesity prevalence between rural and urban school children.

H₂: There will be a significant association between obesity prevalence among urban school children with their selected demographic variables.

Methodology

The investigator has selected quantitative descriptive evaluative approach and descriptive design to assess the prevalence of obesity among rural and urban school children. The setting of the study is in rural and urban schools, Uttarakhand & comprised of 50 children in rural school and 50 children in urban school. The sample of the present study was school going children. Simple random sampling is the type of probable sampling was found appropriate for the study.

In the present study the tool consists of two parts:

PART 1: Consist of socio-demographic variable including age, sex, residence, religion, economic status, education of parents, occupation of Parents, Income of family, & Type of family.

PART 2: Comprise of questionnaire regarding prevalence of obesity which includes type of school, Play time of children, Hours of playing, Types games, Food Habit, Frequently consumption of food, & Types of snacks.

The investigator had collected the data after getting formal permission from the authority of selected rural and urban schools of Uttarakhand and approval was obtained from ethical committee of college to conduct the study. On an average each participants took 30 minutes to complete the questionnaire/tool. The investigator did not face any significant problem and the tool was found reliable.

Results & Findings

Table 1 reveals the distribution of categories on prevalence of obesity. In rural normal weight 45(90%), overweight 2(4%), pre obese 3(6%) and obese class-1 0(0) %. And in urban normal weight 26(52%), overweight 0(0%), pre obese 16(32%) and obese class -1 8(16%).

Table 3 In mean, & SD value of height of urban was128.68, & 9.52 and weight 44.08, & 6.504 and for B.M.I 18.35, & 25, 3.82 respectively. In rural the mean and SD for height was 142.28, & 7.211 weight 36.82, & 7.98 for B.M.I 18.35, & 3.18 respectively. When

 Table 1: Distribution of categories on prevalence of obesity. N=50+50

S. No	Category	Frec	uency	Perc	entage
		Rural	Urban	Rural	Urban
1	Normal weight	45	26	90%	52%
2	Overweight	02	-	04%	-
3	Pre-obese	03	16	06%	32%
4	Obese class-1	-	08	-	16%

Table 2: Overall comparison of mean difference between rural & urban school children.	N=50+50
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S. N	Categories	Mean		SD		t-test		Level of significance
	-	Rural	Urban	Rural	Urban	cal	tab	-
1	Height	142.28	128.68	7.211	9.52	5.73		
2	Weight	36.82	44.08	7.9898	6.504	3.31	1.98	0.05 level
3	BMI	18.35	25.80	3.18	3.82	10.06		



Fig. 1: Overall comparison of mean difference of bmi among rural and urban children

compared the mean difference for height, weight, and BMI was 5.73, 3.31 & 10.06 at 0.05 level respectively, hence it shows that urban children are more obese than rural school children, H_1 was statistically accepted.

Discussion

1. Assess the obesity prevalence among rural school children in selected schools.

The present study reveals that the mean and SD value for prevalence of obesity for rural children Height 142.28, & 7.211 respectively & Weight 36.82, & 7.9898 respectively, & B.M.I 18.35, & 3.18 respectively.

2. Assess the obesity prevalence among urban school children in selected schools.

The present study that the mean and SD value for prevalence of obesity for urban children height 128.68, & 9.52 respectively, Weight 44.08, & 6.504 respectively and B.M.I 25.80, & 3.82 respectively.

3. Compare the obesity prevalence among selected rural and urban school children in selected schools.

The results revealed that, in rural mean & SD value for Height, Weight & BMI was 142.28 & 7.21, 36.82 & 7.98, 18.35 & 3.18 respectively. In Urban mean & SD value for Height, Weight & BMI was 128.68 & 9.52, 44.08 & 6.50, 25.80 & 3.82 respectively. The study result shows that, the prevalence of obesity is higher in urban school children than the rural school children. Find out association of obesity prevalence among rural and urban school children with their selected demographic variables.

The findings revealed that, selected variables of Religion & Father's Education and play time are found to be non significant & remaining variables are found to be Significant among Rural children. In Urban Age, Father's Education, & Income of family found Non significant and remaining variables re found to be significant. Hence it shows significant association between obesity prevalence among urban school children with their selected demographic variables, H₂ was statistically accepted.

Conclusion

The study was conducted to compare the prevalence obesity among rural and urban children. When compared the mean difference for height, weight, and BMI was 5.73, 3.31 & 10.06 at 0.05 level respectively, hence it shows that urban children are more obese than rural school children. It is concluded that obesity prevalence was more in urban due to lack of exercises, availability of fast foods.

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A Prevelence Study to Assess the Quality of Life among Chronic Stroke Survivors: Cross Sectional Study Report

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T. Balaguru

Abstract

Background: There is limited data on the quality of life in the early post-stroke phase and the changes in it over time. Social support and stroke-related depression significantly adversely affect the quality of life after stroke. Stroke-associated disability has been found to affect the health status of the individual with stroke over a period of time. The relationship between health status and other socio-demographic and clinical factors has been less well studied. In this study, the global and domain-specific quality of life was studied in patients with first ever episode of stroke, both ischemic and hemorrhagic, of 3 or more months' duration. Objectives: To study overall and domain-specific quality of life in stroke survivors within one year after stroke and to test the reliability and validity of the Modified stroke specific quality of life scale (SS - QOL) Design: An observational and cross-sectional pilot study was used. For the study. setting: Selected Multispecialty hospital at thanjavur district. Participants: 500 patients who suffered stroke up to 1 year prior to the present study were included. Methods: Patients were interviewed with use of Modified stroke specific quality of life scale (SS – QOL) and other indexes and scales were applied. The reliability was assessed by using Cronbach's alpha (internal consistency) and test-retest by using Spearman's rho scores; the acceptability was evaluated by the floor and ceiling effects. Results: Results show that psychosocial aspect of health is affected equally with that of physical health so researcher concluded that psychosocial aspect of health which directly influences the physical function of stroke survivors. so coping abilities to be improve for better adherence to the physical therapy. As coping strategies and mirror therapy can be offered as a useful adjunct in stroke rehabilitation, it would be beneficial if coping ability increase adherence to the physical therapy will also increase ultimately quality of life also good.

Keywords: Ischemic Stroke; Quality of Life; Psychosocial Health; Physical Health.

Introduction

Stroke is a life-changing event that affects not only the person who may be disabled, but their family and caregivers. Utility analyses show that a major stroke is viewed by more than half of those at risk as being worse than death (AHA 2006). Traditionally, epidemiological stroke studies focused on mortality and recurrence but not on quality of life (QOL) issues. The prevalence of stroke survivors with incomplete

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recovery has been estimated at 460/100 000. Firstyear mortality has been estimated between 15% and 25%, recurrence between 5% and 14%, and partial or complete disability between 24% and 54%.

Disability associated with stroke significantly interferes with the activities of daily living and, thus, the quality of life. Quality of life is a complex concept comprising physical, emotional and social wellbeing. While health is an essential ingredient of this concept, World Health Organization (WHO) identifies health-related quality of life as individuals' perception of their position in life according to their purposes, expectations, standards and worries within the context of the culture and value system in which they live. Social support helps patients to cope with the stress associated with the disease and treatment. Social support has positive effect on nursing care and health. Thus nursing staff needs to

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consider the patients' social support systems, including home environment, family and partners.

There is limited data on the quality of life in the early post-stroke phase and the changes in it over time. Social support and stroke-related depression significantly adversely affect the quality of life after stroke. Stroke-associated disability has been found to affect the health status of the individual with stroke over a period of time. The relationship between health status and other socio-demographic and clinical factors has been less well studied. In this study, the global and domain-specific quality of life was studied in patients with first ever episode of stroke, both ischemic and hemorrhagic, of 3 or more months' duration, along with the relationship between the clinical factors, socio-demographic factors and quality of life.

The multidimensional approach of perceived health status in stroke patients has received attention only in the last few years. Consequences of stroke and health status affect even mild strokes.QOL assessment include at least 4 dimensions: physical, functional, psychological, and social health. The physical health dimension refers to disease-related symptoms. Functional health comprises self-care, mobility, and the capacity to perform various families and work roles. Psychological dimension includes cognitive and emotional functions (eg, vascular dementia and post stroke depression) and subjective perceptions of health and life satisfaction. Social dimension includes social and familial contacts.

Statement of the Problem

A observational study to assess the quality of life among chronic stroke patient visited in neurology OPD in selected multispecialty hospital at thanjavur city.

Objectives

- 1. To study overall and domain-specific quality of life in stroke survivors.
- 2. To associate certain demographic and clinical variables with quality of life.
- To correlate the psychosocial and physical factor in quality of life.

Assumption

The study assume that,

- Quality of life is low for chronic stroke survivors.
- Psychological factors influencing the quality of life

Delimitations

The study is limited to,

- 1. A study setting selected was selected only two multispecialty hospital in thanjavur district.
- 2. Study is limited to 6 months.
- 3. Patients who suffered stroke up to 1 year prior to the present study.

Studies Related to Quality of Life

Niewada M, Michel P. (2016) summarize recent evidence on lifestyle modifications and first or recurrent stroke risk. Findings shows that Weight reduction, low-risk diet, regular physical activity, smoking cessation, and low-to-moderate alcohol consumption may reduce stroke risk up to 50% or more, but level one evidence is still lacking for several interventions. Appropriate food ingredients can significantly decrease stroke risk as recently confirmed for Mediterranean diet. The optimal intensity and amount of physical exercise is still not well established before and after stroke, although modest levels of activity already show benefits. Passive smoking represents an important health hazard. The impact of tobacco withdrawal using ecigarette is currently uncertain. Alcohol and stroke risk relation is probably J-shaped for ischaemic stroke and linear for intracranial haemorrhage. Coffee consumption is J-shaped for overall stroke. Several interventions have failed to show significant effects, including regular intake of 'healthy' forms of fatty acids, various vitamin supplements, and other antioxidants. Both individualized and public educational programmes are likely needed on a repetitive basis to induce and maintain a healthy lifestyle before or after a stroke.

Van Mierlo ML, van Heugten CM,2015 conducted a cohort study on Quality of Life during the First Two Years Post Stroke he stated that, most improvement in QOL occurred up to 6 months post stroke and showed different patterns for specific domains of QOL and for patients with and without dependency in ADL in the first week post stroke. It is therefore important to differentiate between these different domains of QOL when the long-term perspective is considered. Furthermore, patients dependent in ADL consistently scored lower on all QOL domains and did not reach the level of QOL of patients independent of QOL.

White J, Magin P, (2016) conducted a prospective cohort study on Predictors of health-related quality of life in community-dwelling stroke survivors the study results shows that On multivariable analysis, HRQOL did not change significantly with time poststroke. Higher HRQoL scores were independently associated with higher baseline HRQoL (P = 0.03), younger age (P = 0.006), lower disability (P = 0.003), greater community participation (P \leq 0.001) and no history of depression (P = 0.03). So they concluded that These results contribute to an understanding of HRQoL in the first year post-stroke. Community participation and stroke-related disability are potentially modifiable risk factors affecting poststroke HRQoL. Interventions aimed at addressing participation and disability post-stroke should be developed and tested.

Calabrò RS, Cacciola (2016) stated that Gait abnormalities following neurological disorders are often disabling, negatively affecting patients' quality of life. Therefore, regaining of walking is considered one of the primary objectives of the rehabilitation process. To overcome problems related to conventional physical therapy, in the last years there has been an intense technological development of robotic devices, and robotic rehabilitation has proved to play a major role in improving one's ability to walk. The robotic rehabilitation systems can be classified into stationary and over ground walking systems, and several studies have demonstrated their usefulness in patients after severe acquired brain injury, spinal cord injury and other neurological diseases, including Parkinson's disease, multiple sclerosis and cerebral palsy. In this review, we want to highlight which are the most widely used devices today for gait neurological rehabilitation, focusing on their functioning, effectiveness and challenges. Novel and promising rehabilitation tools, including the use of virtual reality, are also discussed.

Supportive Studies for Tools

Lo SH, Chang AM, (2016) conducted A descriptive study was conducted to examine the reliability, validity and factor structure of the translated version (SSQOL-C) among stroke survivors. Participants completed SSQOL-C, and the Chinese versions of the Medical Outcomes Study Short-Form Health Survey (SF-36), Stroke Self-Efficacy Questionnaire (SSEQ-C) and French Activities Index (FAI). Thirty of these participants completed the same questionnaires after 4 weeks. results shows that A total of 135 stroke survivors (mean age 58.90±9.75) were recruited. SSQOL-C had good internal consistency with Cronbach's alphas for each domain ranging from 0.63 to 0.90. Most domains had moderate to high correlations with similar dimensions of SF-36, SSEQ-C, FAI and Barthel ADL Index total scores (Spearman's rho: 0.40-0.77, p < 0.01), suggesting acceptable convergent validity. Principal component analyses suggested an 11-factor model in contrast to the 12-factor model for the original scale with six new factors emerging and five original factors retained. The results suggest SSQOL-C is a reliable and valid tool for measuring Chinese stroke survivors' health-related quality of life. More studies are needed to confirm the 11-factor model of the scale. Implications for rehabilitation the translated Chinese version of the Stroke Specific Quality of Life Scale is a reliable and valid tool for measuring Chinese stroke survivors' health-related quality of life. An 11-factor model in contrast to the 12-factor model for the original scale with six new factors emerging and five original factors retained.

Chou CY, Ou YC, (2015) Examine psychometric properties of four stroke-specific health-related quality of life (HRQoL) measures, including original Stroke-Specific Quality of Life Scale (12-domain SSQoL), modified 8-domain SSQoL, Stroke Impact Scale (SIS 3.0), and modified SIS-16 focused on physical domains. Study cohort was recruited with 263 patients in the first administration and 121 in the second administration, an average of two weeks later. To investigate discriminant validity, the same number of patients (i.e., 52) was grouped for each of 3 levels of stroke severity. Outcome measures, including National Institutes of Health Stroke Scale, Mini-Mental State Examination, and Barthel Index. Patients completed HRQOL self-reports. Domains of four measures showed (1) good reliability, except 12domainSSQoL family roles (Cronbach's $\alpha = 0.68$) and personality domains (Cronbach's $\alpha = 0.65$) and SIS 3.0 social participation (ICC=0.67) domain; (2) acceptable precision, except 12-domain SSQOL family role domain and SIS 3.0 social participation domain; (3) good convergent validity, except 12-domain SSQOL/8-domain SSQOL vision domain (r = 0.19), (4) good discriminant validity, except 12-domain SSQOL and 8-domain SSQOL thinking domains (P = 0.365); and (5) acceptable floor effects and strong ceiling effects. The 12-domain SSQOL and 8-domain SSQOL met scaling assumptions better than SIS 3.0 and SIS-16.Four measures showed acceptable psychometric properties with some domains slightly less satisfactory. Overall, use of 8-domain SSQOL and SIS 3.0 are feasible for clinical practice to monitor HRQOL of stroke survivors.

Materials and Methods

Research Approach

Quantitative Non Experimental Evaluative Research approach

Research Design

A cross-sectional, descriptive design approach was used to assess the quality of life.

Setting of the Study

The study was conducted in KSDC hospitals and Meenakshi Multi-Specialty Hospital in Thanjavur.

Population

Patients who suffered stroke not more than 1 year present during the study in Thanjavur District.

Target Population

All chronic stroke patients (not more than one year) present during the study.

Accessible Population

All chronic stroke patients visited in KSDC hospitals and Meenakshi Hospital Thanjavur.

Sample

A list of stroke patients who meets the criteria and willing to participate for the study in KSDC and Meenakshi hospitals at Thanjavur.

Sample Size

500 chronic stroke patients were included in the present study

Sampling Technique

Purposive sampling technique was used to select the sample for the study.

Criteria for Sample Selection

Inclusion Criteria

Patients who are:

- Both genders,
- Medically stable

- diagnosed with stroke up to 1 year prior to the present study
- Age between 25 to 70 yrs.
- Willing to participate in the study
- Available during the time of study
- Ability to follow verbal instructions.

Exclusion Criteria

Patients who are:

- Inability to speak, dementia,
- Verified psychiatric disorders,
- Failure to complete the questionnaire and/or to understand its contents,
- Elapsed time of over 1 year since stroke diagnosis.

Description of the Tool

There are two sections tools were used. They are;

Section A: It consists of two parts: part I- Basic information about patient Demographic Variables it consists of 10 items & clinical information about patient by Clinical data it consists of 10 items and modified NIHSS (10 items) used in order to determine the inclusion criteria. No score is allotted for this section; this data is used for descriptive analysis of patient data.

Section B: This section consists of modified SS – QOL scale to assess the physical & psychosocial outcome after stroke. Researcher divided this scale in to two components physical and psychosocial component, physical outcome measure has 6 subtest energy (3) mobility (6) self-care (5) vision (3) upper extremity function (5) work productivity (3) and psychosocial outcome measures has 6 subtests family roles (3) language (5) mood (5) personality (3) social roles (5) thinking (3). It is measured by 5 point scale. Scoring of the items ranges from 5to 1 respectively no help to total help. Classification is made based on the percentile.

Scoring Procedure

Based on the percentage of scores quality of life were graded in four categories. They are "poor", "fair", "good" "very good".

	Psychosocial out come		Physical ou	tcome
	Frequency	Percentage	Frequency	Percentage
Poor	20-40	20-40	21-42	20-40
Fair	41 - 60	41 -60	43-64	41-60
Good	61 - 80	61-80	65-86	61-80
Very good	81-100	80 - 100	87-105	81-100

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Tools are prepared in English and translated in Tamil.

Reliability & Validity of the Tool

Patients were interviewed with use of Modified stroke specific quality of life scale (SS - QOL) and other indexes and scales were applied. The reliability was assessed by using Cronbach's alpha (internal consistency) and test-retest by using Spearman'srho scores; the acceptability was evaluated by the floor and ceiling effects. Ceiling and floor effects were observed for fewer than 20% of the patients. The overall internal consistency of the questionnaire was greater than 0.7 (Cronbach's α), with only two domains (family roles and personality) having lower internal consistency values. The results displayed high test-retest reliability: all domains had Spearman's rhoscores of over 0.8. The questionnaire has adequate construct validity. Our preliminary results showed that the psychometric properties (acceptability and reliability) of the Tamil SSQOL questionnaire are good, encouraging, and comparable to those of other similar studies.

Data Collection Procedure

Data collection was done from the month of March 2013 to August 2013. The permission was obtained from authority of the hospitals. Patients suffered with stroke who fullfils inclusion and exclusion criteria were selected. Medical case records were analyzed for eligibility to participate in the study, purpose of the study was explained and written consent was obtained from each participant. The investigator established rapport with the subjects to win their confidence, and to get cooperation. The time taken to complete the questionnaire was approximately 15 to 20 minutes.

Plan for Data Analysis

Data analysis was planned based on the objectives stated in the study by using descriptive and inferential statistics. The plan for data analysis was as follows.

- Consolidation and organizing the data in mater sheet.
- Tabulate frequency and percentage for the analysis of demographic & clinical characteristics of the subjects.
- To associate the demographic & clinical characteristics of the subjects with quality of life by chi-square test.
- To correlate the psychosocial factors with physical factor of quality of life.

Results

Section I

Frequency and Percentage Distribution of the Demographic variables of Study Participants (N = 500).

A comparison of the demographic characteristics of the study participant of Study Participants showed there were no differences between the groups in age, domicile, socioeconomic status, and occupation. There was a significant difference between the groups in education and income. This indicates that the groups did not differ in most of the personal characteristics

Section I A

Frequency and Percentage Distribution of the Clinical variables of Study Participants (N = 500).

A comparison of the clinical characteristics of the study participant in the experimental and control group showed there were no differences between the groups in types of stroke, Location of lesion, location of disabilities, level of upper motor function, and severity of stroke time since stroke and compliance of treatment. There was a significant difference between the groups in premorbid condition & associated illness. This indicates that the groups did not differ in most of the clinical characteristics.

N = 500

Section II

S. No	Level of Outcome	Psychosoci	Physical Outcome		
		N	%	N	%
1.	Poor	246	50	226	45
2.	Fair	226	45	248	50
3.	Good	28	5	26	5
4.	Very good	0		0	



Quality of Life after Stroke

Fig. 1:

Table 2: Association between quality of life and demographic variables among Study Participants.

S1. No.	Variables	Chi square	P value	Level of Significant
	Psychosocial			
1	Age	14.81	0.415	NS
2	Domicile	2.314	0.575	NS
4	Occupation	0.075	0.171	NS
5	Income	1.142	0.186	NS
6	Socioeconomic status	0.416	0.612	NS
7	Personal habit	0.874	0.014	NS
8	Family support system	5.010	0.024	S
	Physical			
1	Åge	0.112	0.154	NS
2	Domicile	1.142	0.375	NS
4	Occupation	0.075	0.171	NS
5	Income	1.120	0.729	NS
6	Socioeconomic status	1.820	0.177	NS
7	Personal habit	0.174	0.914	NS
8	Family support system	4.086	0.004	S

 χ^2 Value with P < 0.05

NS- Non significant, S- significant * significance level – 0.05

Section III

Description about association between quality of life and demographic & clinical variables among Study Participants.

Inferences

Above table shows association between demographic variable and quality of life of stroke patients there is no significant association between

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patients scores when compared to the Age, Domicile, occupation, religion, Income, Socioeconomic status, Personal habits of patients in psychosocial and physical outcome of quality of life, whereas there is a significant association with Family support system and quality of life.

Sl. No.	Variables	Chi square	P value	Level of Significant
	Psychosocial			
1	Type of ischemic stroke	1.857	0.395	NS
2	Location of lesion	2.534	0.114	NS
3	Location of disability	0.104	0.741	NS
4	Level of upper motor function	0.996	0.608	NS
5	Pre morbid condition	3.311	0.191	NS
6	Severity of stroke as per NIHSS	4.521	0.119	NS
7	Time since stroke	3.896	0.143	NS
8	Associated illness	2.564	0.197	NS
9	Compliance on treatment	5.654	0.010	S
1	Type of ischemic stroke	1.857	0.395	NS
2	Location of lesion	2.541	0.146	NS
3	Location of disability	3.143	0.208	NS
4	Level of upper motor function	1.472	0.125	NS
5	Pre morbid condition	2.456	0.163	NS
6	Severity of stroke as per NIHSS	4.524	0.008	S
7	Time since stroke	3.546	0.421	NS
8	Associated illness	1.256	0.602	NS
9	Compliance on treatment	5.894	0.009	S

Table 3: Association between quality of life and clinical variables in Study Participants

 χ^2 Value with P < 0.05

NS- Non significant, S- significant *significance level - 0.05

Table 3: Correlation of psychosocial and physical factor in quality of life among Study Participants.

Variables	R- Value	Correlation Coefficient
Psychosocial & Physical Outcome	1.23	Positive correlation

Inferences

Above table shows association between clinical variable and quality of life of stroke patients there is no significant association between patients scores when compared to the Type of ischemic stroke, Location of lesion, Location of disability, Level of upper motor function, Pre morbid condition, Time since stroke, associated illness in psychosocial and physical outcome of quality of life, whereas there is a significant association with Severity of stroke as per NIHSS, Compliance on treatment and physical outcome of quality of life.

Section -IV

Correlation of psychosocial and physical factor in quality of life

The data presented in this table showed that rvalue 1.23 indicates a positive association between Psychosocial & physical outcome of quality of life hence it indicate that psychosocial factors directly influence the physical outcome of quality of life.

Conclusion

Results show that psychosocial aspect of health is affected equally with that of physical health so researcher concluded that psychosocial aspect of health which directly influences the physical function of stroke survivors. so coping abilities to be improve for better adherence to the physical therapy. As coping strategies and mirror therapy can be offered as a useful adjunct in stroke rehabilitation, it would be beneficial if coping ability increase adherence to the physical therapy will also increase ultimately quality of life also good. Mirror therapy can be implemented in clinical settings. And also it can be practice in home care settings by patient itself.

Recommendations

- A Experimental study can be conducted with comprehensive intervention programme to improve the quality of life among stroke survivors.
- 2. A study can be conducted on psychosocial aspect

and identify the new coping intervention for better adherence of stroke therapy.

3. A comparative study can be done between urban and rural stroke survivors to identify the self efficacy of stroke management.

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