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Assertiveness in Nursing

Pramilaa R.

Abstract

Assertiveness is the ability to express one's feelings and one's rights without violating the rights of other people. Assertiveness as a form of behavior is also based on principles of equality, respect and responsibility. This article highlights the need for assertion among nursing professionals in the field of nursing education and practice as well. It further augments the benefits and techniques for being assertive. It also clarifies the difference between assertive behavior, aggressive behavior and non-assertive behavior that would allow the nurses to utilize with emotional intelligence and handle the situations tactfully. Assertiveness is highly influenced by the situation, that is, the relationship of the individual and with others. Professional nurses are expected not only to have knowledge and technical skills but also to influence the team of nurses to manage their jobs and create an assertive climate in the work environment.

Keywords: Assertive behavior; Aggressive behavior; Non-assertive behavior.

Introduction

Assertiveness is considered healthy behavior for all people that, when present, militate against personal powerlessness and results in personal empowerment. Nursing has determined that assertive behavior among its practitioners is invaluable components for successful professional practice.[1] Professional nurses need to become more aware of how to use assertiveness effectively in the current health care environment to manage the challenges they face in dealing with human resources. Assertiveness is crucial for nurses to deal with complex human relations situations and the ability to communicate assertively is often considered as a most precious skill that a professional nurse can possess.[2]

Assertiveness is frequently misunderstood. Some people believe you have to be confident to be assertive. But being assertive is less about being confident and more about valuing yourself and your profession. Becoming more assertive can lead to increased respect and recognition as a person and as a nurse. It can get you more of what you want. Becoming more assertive is a process. It is not something that happens overnight. You can, however, make some small changes now to start moving in the right direction. Assertiveness is an antidote to fear, shyness, passivity, and even anger. As nurses work in different situations they have to be assertive in order to meet the challenges and to win the cooperation from others.[3]

What is Assertiveness?

Assertiveness is the ability to express yourself and your rights without violating the rights of others. It means that we have respect both for ourselves and for others. We are consciously working toward a 'win-win' solution to problems. A win-win solution means that we are trying to make sure that both parties end up with their needs met to the degree possible. An assertive person effectively influences, listens, and negotiates so that others choose to cooperate willingly. Dorland's Medical Dictionary defines it as 'a form of behavior characterized by a

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confident declaration or affirmation of a statement without need of proof; this affirms the person's rights or point of view without either aggressively threatening the rights of another (assuming a position of dominance) or submissively permitting another to ignore or deny one's rights or point'.

Assertiveness is very different from aggressiveness. Aggressiveness involves expressing our thoughts, feelings, and beliefs in a way that is inappropriate and violates the rights of others. By being aggressive, we put our wants, needs, and rights above those of others. Where assertiveness tries to find a win-win solution, aggressiveness strives for a win-lose solution: 'I will be the winner; you will be the loser'. Assertiveness is also different from non-assertiveness. Non-assertive behavior is passive and indirect. It permits others to violate our rights and shows a lack of respect for our own needs. It communicates a message of inferiority. It creates a lose-win situation because the non-assertive person thinks his or her own needs are secondary and opts to be a victim.

Techniques for being Assertive

1. *Be Direct*: Deliver your message to the person for whom it is intended.
2. *'Own' Your Message*: You can acknowledge ownership with personalized ('I') statements such as 'I do not agree with you' (as compared to 'You are wrong') or 'I would like to talk without being interrupted' (as compared to 'You always interrupt my talk').
3. *Ask for Feedback*: Am I being clear? Asking for feedback can encourage others to correct any misperceptions you may have as well as help others realize that you are expressing an opinion, feeling or desire rather than a demand. Encourage others to be clear, direct, and specific in their feedback.
4. *Stop Apologizing All the Time*: Many of us say 'I am sorry' on a regular basis without even thinking about it. Although we say it in an effort to be polite, it sounds like we are apologizing. When you say you are sorry all the time, it sounds as if you are taking the blame for everything that happens. It makes you seem like a self-appointed scapegoat. Do not say 'I am sorry' unless you have done something you truly need to apologize for.
5. *Learn to Take a Compliment*: When complimented on a job well done, many of us could have responded: 'Oh, I did not do anything', 'It was nothing' or 'Don't mention'. A more appropriate response would be to say: 'Thank you. I had a great team to work with on this'. Accepting a genuine compliment is not sign of conceit and when you deflect a compliment, you are basically saying, 'My actions were meaningless or minimal and unworthy of acknowledgement'.
6. *Do not Be Self-deprecating*: Merriam Webster defines self-deprecating as 'belittling or undervaluing oneself: excessively modest'. Although modesty is an admirable trait, taking it to an extreme is counterproductive.
7. *Act Confident even if You do not Feel Confident*: Force yourself to make good eye contact with people and use a steady, audible voice when speaking. Stand or sit erect with your head upright and straight on your shoulders, not tilted to the side or bent forward. Act like you have a right to be there, even if you do not feel that way. If someone attempts to interrupt you while you are talking, keep talking until you are done and raise the volume of your voice if necessary to be heard. If you stop talking midstream in an effort to be 'polite', you are making a statement that they have more of a right to speak than you do.
8. *Feel Free to Say 'I do not Know', 'I did not Understand', and 'No'*: Feel free to change your mind and make requests when necessary. [3]

Benefits of being Assertive

Being assertive offers many powerful benefits. It helps you keep people from walking all over you, as the saying goes. On the flip side, it can also help you from steamrolling others. Behaving assertively can help you:

- Gain self-confidence and self-esteem

- Understand and recognize your feelings
- Earn respect from others
- Improve communication
- Create win-win situations
- Improve your decision-making skills
- Create honest relationships
- Gain more job satisfaction

Some research suggests that being assertive also can help people cope better with many mental health problems, including depression, anorexia, bulimia, social anxiety disorder and schizophrenia.[4]

Assertion among Nurse Educators

Assertiveness is an important behavior for today's professional nurse. As nurses move away from traditional subservient roles and perceived stereotypes it is increasingly being recognized that a nurse needs to behave in an assertive manner. Assertiveness is necessary for effective nurse/patient communication, and it is suggested that its development may also aid the confidence of the profession as it develops. Assertive behavior may be encouraged through educational methods. It is preferable that nurses receive this educational preparation during undergraduate programs. Nurse educators have an important role in the development and implementation of assertiveness training/education programs for undergraduate nursing students. Little empirical evidence exists to support teaching in this area, however role-play is a concept that is suggested for the experiential teaching of communication/ interpersonal skills in general. Using role-play as a central focus, and available literature on the topic, a 3-hour assertiveness workshop is devised for undergraduate nursing students. This paper describes this workshop from the teacher's perspective and outlines student responses. The experience is both positive and enlightening. Nurse educators have an important role to play in the development of education programs of this kind. The sharing of this experience allows educators to examine current practice and presents pathways for future empirical studies in this area.[5]

Assertion in Nursing Practice

Assertiveness is an important issue in nursing practice. After a period of reflective practice, when the nurses in this project identified their need for assertiveness at work, the literature was explored with the intention of assisting in the creation of the action plan. Nursing literature repeats the call for nurses to become more assertive. Education programs in assertiveness knowledge and skills have been in vogue for some time in nursing because nurses have recognized the need for assertiveness in quality nursing care. All of these authors agree that assertiveness is important in nursing practice, but that it is complex and requires time and practice to make it effective.

Timmins and McCabe undertook a preliminary pilot study to assess how assertive nurses are in the workplace, in order to develop an instrument and report on the results. The results showed that nurses in the study responded strongly to items 'allowing others to express opinions, complimenting others and saying no'. The researchers concluded that the nurses behave in a passive, nice way and were 'less adept at disagreeing with others' opinions and providing constructive criticism'. Addis and Gamble aimed to understand what nurses had learned from an assertive outreach (AO) experience. The project was informed by the phenomenological concepts of Heidegger and data were collected through the use of semi-structured interviews of five rural AO nurses working in one county in England. The thematic analysis revealed that nurses understood their experience of assertive engagement as involving: having time; anticipatory persistence and tired dejection; pressure, relief and satisfaction; being the human professional confluence; accepting anxiety and fear; working and learning together; and bringing the caring attitude. Thus it was shown that being a rural AO nurse involves contradictory yet rewarding experiences in practicing assertive behaviors with clients.

Nursing in hospitals involves negotiating complex interpersonal relationships and working in a social and political context within economic constraints, while balancing a multiplicity of tasks and roles. Nurses are busy clinicians who need to have a broad range of clinical knowledge and skills, and they are accountable to many people. Hospital nurses are caught up in the complexity and busyness of daily work, but these constraints can be managed effectively by reflective processes.[6]

Conclusion

The contribution of assertiveness among nurses towards human resources in health care is now widely recognized. Yet, findings from numerous assertion studies suggest that nurses are generally non-assertive. Because assertiveness is viewed as a valued behavior within nursing, resulting in positive outcomes such as the enhancement of leadership skills , an increase in job satisfaction , an avoidance of compromising patient care, alleviation of job stress , the heightening of nurses' effectiveness in bringing about change, and a greater insight into the factors that influence the responding style is necessary.[7]

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Effectiveness of Structured Teaching Programme on Risk Factors and Primary Prevention of Stroke among Patients with Diabetes Mellitus

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Rakhi Raj

Abstract

Stroke is an important cause of morbidity and mortality, and is an economic burden. Diabetes is an important modifiable risk factor for stroke. Patients with diabetes have a higher incidence of stroke and a poorer prognosis after stroke. An experimental approach was adopted in the present study. A self-administered knowledge questionnaire was prepared and used to assess the level of knowledge of patients with diabetes mellitus regarding risk factors and primary prevention of stroke. Data were collected from 60 patients using non probability convenience sampling. Descriptive and inferential statistics were used for data analysis, the level of significance set at 1% and 5%.The post test mean knowledge score of patients with diabetes mellitus in experimental group who received STP in significantly higher than their pre-test knowledge score as evidenced from paired't' test value of 10.13, degree of freedom t (29) at 0.05 level of significance. The mean gain in post knowledge scores of patients in experimental group is significantly higher than the control group as evidenced from independent't' value of 15, df (58) at 0.05.There is significant association of pre-test knowledge scores with demographic variables such as education (χ^2 – value = 9.16df = 1) p< 0.05 level in the experimental group.There is significant association of pre-test knowledge scores with demographic variables such as education (χ^2 – value = 9.16df = 1) p< 0.05 level in the experimental group.The study has indicated that it is the responsibility of the health personnel to provide teaching programme to the patients who are at risk for developing stroke to reduce its occurrence.

Keywords: Structured teaching programme; Diabetes mellitus; Primary prevention; Stroke.

Background of the Study

Stroke is a global epidemic and an important cause of morbidity and mortality. It ranks next to cardiovascular disease and cancer as a cause of death. Stroke is a non-communicable disease of increasing socioeconomic importance in ageing population. Stroke occurs when there is ischemia to a part of brain or hemorrhage into the brain that results in death of brain cells. Functions such as movement, sensation, or emotions that were controlled by the affected area of the brain are lost or impaired. The severity of the loss of function varies according to the location and extent of the brain involved.[1,2,3] According to WHO, stroke was the second commonest cause of worldwide mortality in 1990 and the third commonest cause of mortality in more developed countries; it was responsible for about 4.4 million deaths worldwide. In the recent estimates made in 1999, the number of deaths due to stroke reached 5.54 million worldwide, with two-thirds of these deaths occurring in developed countries. Stroke is also a major cause of long-term disability and has potentially enormous emotional and socioeconomic consequences for patients, their families and health services. The case fatality rate due to stroke is reported to vary from 11.7% to 32.4%.[2,4]

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Statement of the Problem

A study to evaluate the effectiveness of structured

teaching programme on risk factors and primary prevention of stroke among patients with diabetes mellitus in selected hospital in Bangalore.

The Objectives of the Study

1) assess the knowledge regarding risk factors and primary prevention of stroke among patients with diabetes mellitus in experimental and control group in terms of pretest.
2) compare the knowledge scores regarding risk factors and primary prevention of stroke among patients with diabetes mellitus in experimental and control group in terms of post test.
3) determine the association of knowledge scores of patients with diabetes mellitus regarding risk factors and primary prevention of stroke with their selected demographic variables.

Conceptual or Theoretical Framework

The study is based on system theory by Von Bertanlanffy.The present study was focused on evaluating the effectiveness of structured teaching programme on risk factors and primary prevention of stroke among patients with diabetes mellitus.This model consists of three phases – input, process/ throughput and output.In the present study, the input refers an evaluation of effectiveness of structured teaching programme regarding risk factors and primary prevention of stroke among patients with diabetes mellitus. Process/ Through Output refer to administration of structured teaching programme regarding risk factors and primary prevention of stroke among patients with diabetes mellitus.Output refers to the administration of post-test leading to significant gain in knowledge of patients with diabetes mellitus regarding risk factors and primary prevention of stroke indicating adequate knowledge or no significant gain in knowledge of patients with diabetes mellitus regarding risk factors and primary prevention of stroke.

Research Methodology

Research Approach

The research approach adopted for the present study is an evaluative research approach. The evaluative approach was used for the study aimed at evaluating the effectiveness of structured teaching programme on risk factors and primary prevention of stroke among patients with diabetes mellitus.

Research Design

The research design adopted for this study was non-equivalent control group pre-test post-test design (quasi experimental). On day 1, structured knowledge questionnaire was used to assess the knowledge of patients with diabetes mellitus regarding risk factors and primary prevention of stroke for control group. On the 7th day post test was administered to control group and pre-test and structured teaching programme for experimental group. Subsequently pre test was conducted using structured knowledge questionnaire for experimental group. On the 7th day post test will be conducted using the same structured knowledge questionnaire.

Variables

- *Independent Variable:* structured teaching programme on risk factors and primary prevention of stroke.
- *Dependent Variable:* knowledge regarding risk factors and primary prevention of stroke among patients with diabetes mellitus in selected hospital of Bangalore.
- *Other Variables:* age, education, occupation, religion, dietary habits, type of family, Presence of risk factors such as Hypertension, Cardiac Diseases, Physical activity, Consumption of illicit drugs, alcoholism and smoking, Previous exposure to health teaching on risk factors and primary prevention of stroke and previous exposure to mass media and teaching programme on risk factors and primary prevention of stroke.

Setting of the Study

The study was conducted at K. C. General Hospital Bangalore.

Population of the Study

The population for the present study comprised of patients who are diagnosed to have diabetes mellitus and got admitted in selected hospital of Bangalore.

Sample and Sampling Criteria

The sample for study consists of 60 patients who are diagnosed with diabetes mellitus with 30 each in experimental group and control group from selected hospital in Bangalore.

Sampling Technique

Non- probability convenience sampling technique was adopted for the study.

Sampling Criteria

Inclusion Criteria

- Patients who are willing to participate.
- Patients who can comprehend Kannada and English.

Exclusion Criteria

- Patients who are not willing to participate.
- Patients who cannot comprehend Kannada and English.

Data Collection Technique

SKQ to assess the knowledge of diabetes mellitus patients regarding risk factors and primary prevention of stroke.

Development of Structured Teaching Programme

STP on risks factors and primary prevention of stroke among patients with diabetic mellitus for improving the knowledge of patients with diabetic mellitus on risks factors and primary prevention of stroke.

Content Validity

The STP and SKQ were submitted to 6 experts in the field of nursing and one physician. They were requested to give their opinions and suggestions regarding the items in the tool. There was 100% agreement from all experts on all times (Annexure-VII).

Reliability

The reliability was established through split half method by administering to 10 patients with diabetes mellitus at K. C. General Hospital, Malleswaram. The reliability of the SKQ was obtained by computing Karl Pearson's Correlation formula and spearman's Brown formulae which was found to be 0.82. This indicated that tool was reliable.

Pilot Study

A Pilot study was conducted at K. C. General Hospital, Malleswaram after getting approval from Medical Superintendent. 10 samples were selected as per sampling technique, 5 in each control and experimental groups.

Data Collection Procedure

On day 1, knowledge was pre-tested by administering the SKQ for control group. On day 7 the post test was administered to control group and pre-test and STP on risk factors and primary prevention of stroke among patients with diabetes mellitus for experimental group. On day 14, post test was administered by using the same SKQ for experimental group.

Plan of Data Analysis

Data was planned to be analysed by using descriptive and inferential statics. The analysis was

Table1:Frequency and Percentage Distribution of Patients with Diabetes Mellitus according to Demographic Variables

n= 30

Sl No	Demographic Variables	Experimental Group n= 30		Control Group n= 30		Total	
		f	%	f	%	f	%
1	**Age in years**						
	a) 35-45 years	10	33.33	9	30	19	31.67
	b) 46-55 years	16	53.34	14	46.67	30	50
	c) Above 56 years	4	13.33	7	23.33	11	18.33
2	**Education**						
	a) Illiterate	5	16.67	6	20	11	18.33
	b) Primary School	5	16.67	6	20	11	18.34
	c) High School	10	33.33	8	26.67	18	30
	d) Degree	5	16.67	6	20	11	18.33
	e) Post Graduate	5	16.67	4	13.33	9	15
3	**Occupation**						
	a) Agriculture	10	33.33	9	30	19	31.67
	b) Business	6	20	8	26.67	14	23.33
	c) Govt Employee	8	26.67	7	23.33	15	25
	d) Others	6	20	6	20	12	20
4	**Religion**						
	a) Hindu	19	63.33	17	56.67	36	60
	b) Muslim	9	30	9	15	18	30
	c) Christian	2	6.67	4	13.33	6	10
5	**Dietary Habits**						
	a) Vegetarian	14	46.67	12	40	26	43.33
	b) Non Vegetarian	10	33.33	11	36.67	21	35
	c) Mixed Diet	6	20	7	23.33	13	21.67
6	**Type Of Family**						
	a) Nuclear Family	14	46.67	17	56.67	31	51.67
	b) Joint Family	16	53.33	13	43.33	29	48.33
7	**Presence of Risk Factors**						
	a) Hypertension	8	26.67	9	30	17	28.33
	b) Cardiac Diseases	3	10	3	10	6	10
	c) Physical Activity	12	40	10	33.33	22	36.67
	d) Alcoholism & Smoking	7	23.33	8	26.67	15	25
	e) Consumption of illicit drugs	0	0	0	0	0	0
8	**Previous Exposure to Health Teaching on risk factors and primary prevention of stroke**						
	a) Yes	5	16.67	3	10	8	3.33
	b) No	25	83.33	27	90	52	86.67
9	**Previous exposure to mass media on risk factors and primary prevention of stroke**						
	a) Yes	9	30	10	33.33	19	31.67
	b) No	21	70	20	66.67	41	68.33

planned on the basis of objectives and hypothesis.

Analysis

Characteristics of the Demographic Variables

Findings in the present study shows that, in the experimental group 16 (53.34%) maximum samples were in the age group of 46-55 years and in control group 14 (46.67%) maximum samples were in the age group of 46-55 years (Fig 1). In experimental group maximum samples 20 (66.67%) and control group maximum samples 20(66.67%) were educated up to high school (Fig 2). In experimental group, patients with diabetes mellitus 10 (33.33%) and in control group maximum 9 (30%) were doing

Figure 1:Percentage Distribution of Patients with Diabetes Mellitus According to their Age

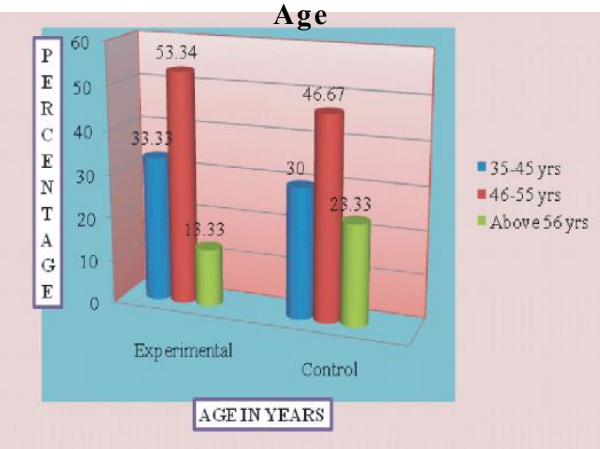


Figure 2: Percentage Distribution of Patients with Diabetes Mellitus According to their Education

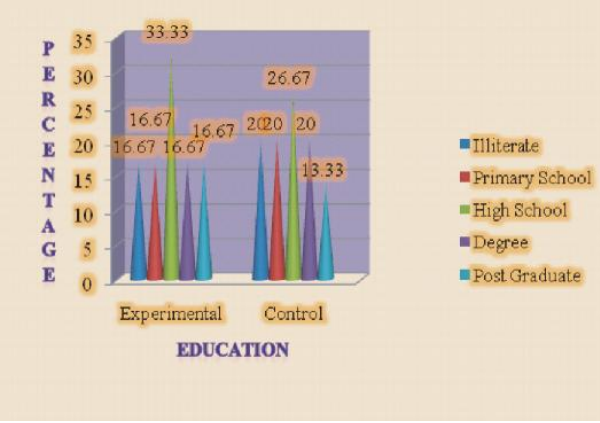
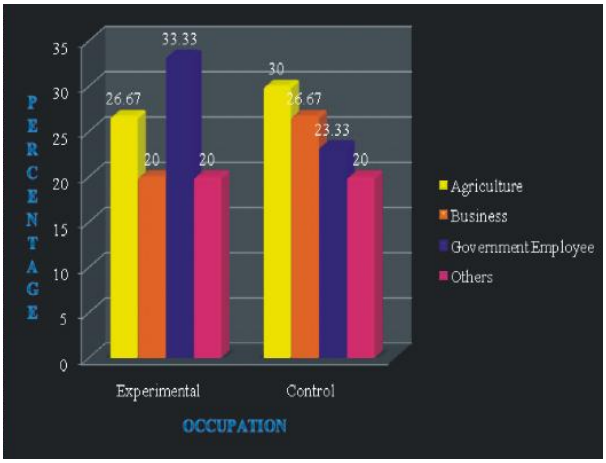


Figure 3 : Percentage Distribution of Patients with Diabetes Mellitus According to their Occupation

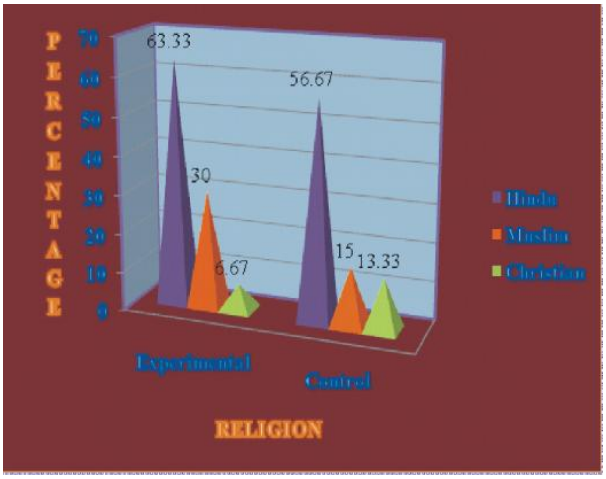


agriculture(Fig 3).Maximum samples 19 (63.33%) in experimental group and 17 (56.67%) in control group were belonging to Hindu religion (Fig 4). And considering the presence of risk factors shows that maximum samples 8(26.67%) in experimental and 9(30%) in control group were having hypertension. In both experimental and control group maximum samples 14 (46.67%), 12 (40%) respectively were vegetarians (Fig 5). In experimental group 16 (53.33%) belongs to joint family and in control group 17 (56.67%) belongs to nuclear family. In experimental group maximum samples 25(83.33%) and 27 (90%) in control group were not exposed to any health teaching programme. In experimental group 21 (70%) were not exposed to mass media and in control group 20 (66.67%) were not exposed to mass media on risk factors and primary prevention of stroke among patients with diabetes mellitus.

The first objective was to assess the knowledge regarding risk factors and primary prevention of stroke among patients with diabetes mellitus in experimental and control group in terms of pre-test.

The pre-test knowledge scores of patients with diabetes mellitus on risk factors and primary prevention of stroke ranged from 16-31 in experimental group and 10-31 in control group. The mean pre-test knowledge scores were 24.6 with standard deviation 5.05 in experimental group and

Figure 4: Percentage Distribution of Patients with Diabetes Mellitus According to Religion

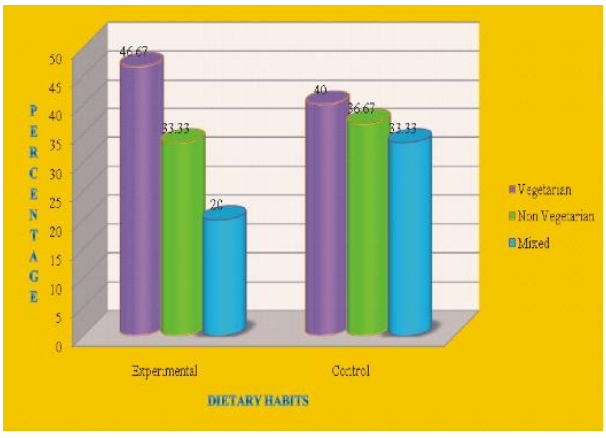


the mean pre-test score was 24.3 with standard deviation 5.8 in control group.

The second objective was to compare the knowledge scores regarding risk factors and primary prevention of stroke among patients with diabetes mellitus in experimental and control group in terms of post-test

In the current study, the post test knowledge scores ranged from 28-37 in experimental group, 13-32 in control group. The mean post-test knowledge score was 32.7 with standard deviation 3.01 and median of 34 in experimental group and mean post-test knowledge score was 24.7 with standard deviation 5.7 and median of 24 in control group.

Figure 5: Percentage Distribution of Patients with Diabetes Mellitus According to Dietry Habits



The post test mean knowledge score of patients with diabetes mellitus in experimental group who received STP in significantly higher than their pre-test knowledge score as evidenced from paired 't' test value of 10.13, degree of freedom t (29) at 0.05 level of significance. Mean gain in post knowledge scores of patients with diabetes mellitus in experimental group is significantly higher than the control group as evidenced from independent't' value of 15, df(58) at 0.05 level of significance.

This indicates that there is gain in knowledge scores among patients with diabetes mellitus who underwent STP on risk factors and primary prevention of stroke. Thus STP is an effective strategy to improve the knowledge of patients with diabetes mellitus.

The third objective was to determine the association of knowledge scores of patients with diabetes mellitus regarding risk factors and primary prevention of stroke with their selected demographic variables.

There was no significant association found at 0.05 levels between pre-test knowledge scores of patients with diabetes mellitus and their selected personal variables were not significant at 0.05 level in the experimental group.

The demographic variable that is education alone had showed significant association with pre-test knowledge scores of patients with diabetes mellitus. Hence, the research hypothesis stated as H2: "There will be a significant association of knowledge with selected demographic variables of patients with diabetes mellitus" was accepted.

But in control group, the obtained chi – square value computed between the of pre-test knowledge scores of patients with diabetes mellitus and their selected demographic variables were not significant at 0.05 level.

Conclusion

This study evaluated the effectiveness of STP on

risk factors and primary prevention of stroke among patients with diabetes mellitus. The analysis of findings indicated that STP was effective in increasing the knowledge of patients with diabetes mellitus on risk factors and primary prevention of stroke as evidenced from the computed paired 't' test, which was significant at 0.05 level of significance. This study gave the evident that, through STP knowledge of patients with diabetes mellitus regarding health related behaviour can be improved.

Implications

The investigator has drawn the following implications from the studies, which are of vital concern to the field of nursing service, nursing education, nursing administration and nursing research.

Nursing Practice

- Nurses should play a major role in effective teaching about risk factors and primary prevention of stroke at right time by having adequate knowledge and skill.
- Nurses are the resource persons working in the hospital should impart education especially on risk factors and primary prevention of stroke among patients with diabetes mellitus..
- Self-explanatory posters and charts regarding risk factors and primary prevention of stroke can be displayed in the public areas.

Nursing Education

- The student nurses from School of Nursing and College of Nursing should be encouraged to attend specialized courses and seminars on primary prevention of stroke.
- Health exhibition can be conducted which includes charts, posters etc.
- Nurses need to take role as a motivator, facilitator, educator, counsellor, advocator, change agent and researcher.

Nursing Administration

- The nurse administrator should formulate policies, protocols, guidelines and system of care in collaboration with the multi-disciplinary team.
- Nurse administrator ensures professional practice with evidence based research which is clinically effective.

Nursing Research

- This study will serve as a valuable reference material for future investigators.
- Dissemination of findings through conferences and professional journals will make the application of research findings to be effective.
- Keywords: Effectiveness, structured teaching programme, Knowledge, patients with diabetes mellitus, risk factors and primary prevention of stroke.

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Assess the Side Effects and Coping Strategies Adopted by Cancer Patients Receiving Radiation Therapy

Nilesh Mhaske

Abstract

Background: Cancer affects everyone and represents a tremendous burden on patients, families and societies. The principal means for treating cancer (surgery, Chemotherapy and radiation therapy) are very effective; however, all such therapies come with the risk of substantial side effects. *Aims and Objectives:* The present descriptive study was conducted to assess for side effects experienced and the coping strategies adopted among 50 cancer patients receiving Radiation therapy treatment at Pravara Rural Hospital. The data were collected by using the self prepared; and validated rating scales. The results were analyzed and interpreted using descriptive and inferential statistics. *Results*: Result revealed that patients receiving Radiation therapy had variety of side effects with wide range; and patients followed many things to make the side effects more acceptable and easier to adopt with. There was Significant association was found between the side effects and type of cancer; coping strategies with sex and type of cancer (Pd" 0.05 level). There was significant positive relationship were found between side effects and coping strategies. *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: Side effects; Coping strategies.

Introduction

It is stated that side effects are unwanted reactions to medications or therapy these effects can happen when you start a new medication, decrease or increase the dose of a therapy, or when you stop using a medication or therapy.[1]

More than 60% of all clients with cancer receive Radiation therapy at some point during the course of their disease. Radiation therapy may be used as a primary, an adjuvant, or a palliative treatment. Primary-it is the only treatment used and aims to achieve local cure of the cancer (E.g. early- stage Hodgkins diseasae, skin cancer, prostate cancer, carcinoma of the cervix and cancer of larynx). An adjuvant treatment- based on either preoperatively or postoperatively to aid in the destruction of cancer cell (e.g. colorectal cancer, early breast cancer).[2]

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The symptoms and its impact on quality of life among 57 cancer patients receiving radiation therapy; findings revealed that the most frequently reported as severe (score >7) before radiotherapy were fatigue (17%),pain (15%),and lack of appetite (15%). During radiotherapy fatigue (32%), pain (24%), and sleep disturbance (24%) were most frequently reported as severe. The impact of symptom. Severity on function was significantly worst during radiotherapy. Specifically, general activity and work reported to be most impaired prior to and during radiotherapy.[3]

However the experience of fatigue and self – management of cancer patient undergoing radiation therapy; study finding shows that for relief of fatigue, five categories of self –management were used:

1. Getting moral support from family and friends;
2. Practicing religion, reciting prayer, doing merit, mediating
3. Practicing self –care for symptomatic problems;
4. Accepting the situation and doing the best of one's life; and
5. Consulting with doctor and nurse.[4]

Thus the purpose of this study was to assess the severity of side effects and coping strategies adopted by cancer patients receiving radiation therapy treatment according to different demographic characteristics.

Material and Methods

This descriptive explorative study was conducted among 50 cancer patients receiving Radiation Therapy treatment at Pravara Rural Hospital, Loni (Bk). 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 rating scale as questionnaire to collect the data. For data analysis, each response like 'very often', 'often', 'sometimes', 'rarely' and 'never' were given a score 5, 4, 3, 2 and 1 respectively. Individual scores were summed up to yield a total score. The collected data was tabulated and analyzed using appropriate statistical methods like descriptive statistics (mean, SD and mean percentage) and inferential statistics (chi – square test).

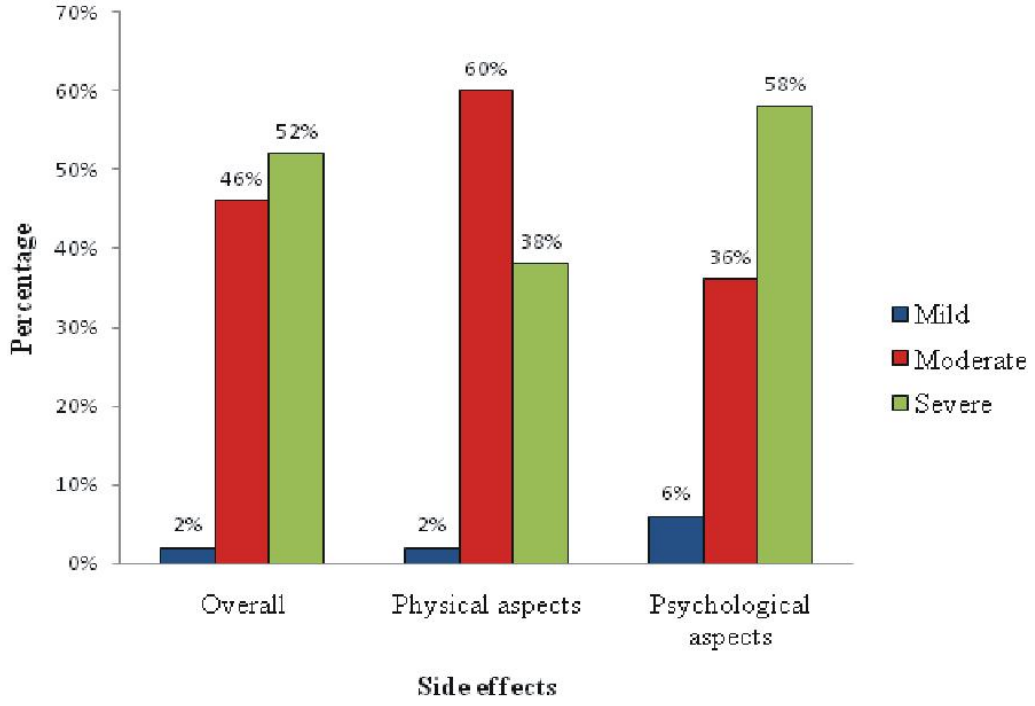
Results

Findings Related to Socio Demographic Variables

Highest percentage (36%) were in the age group of ≥ 58 years, (52%) of patients were females, (48%) were males, (34%) were illiterate, (36%) had Agricultural work, (74%) belongs to joint family, (46%) had per capita income of Rs.501-1000/- and (80%) were Hindus.

Findings Related to Clinical Characteristics

Bar Diagram Showing the Level of Side Effects Experienced by Cancer Patient Receiving Initial Course of Radiation Therapy



Majority (94%) had no family history of cancer, (36%) had habits use of tobacco misers, (40%) had head and neck type of cancer, (66%) had less than 6 months duration of cancer, (94%) of patients belongs to carcinoma category, (44%) had Stage-III cancer, (64%) had adjuvant therapy treatment and most (96%) of patients had information on radiation therapy via health care professionals.

Severity of Side Effects Experienced

The study finding shows that the overall side effects mean score was (32.4±6.2) which is 64.8% of the total score, indicates cancer patients had moderate level of side effects. However the cancer patients had severe level of side effects on 'psychological side effects' with the mean score of (7.3±2.3) which is 73%, and in relation to 'physical side effects' patients had moderate level side effects with mean score of (25.1±4.1) which is 62.9%.

Coping Strategies Adopted

The study finding shows that the overall coping strategies score was (156.9 ± 21.05) which is 62.76 % indicates cancer patients had 'partially adaptive coping'. However the highest mean score (34.8± 4.9) which is 69.6 % for the coping strategies of psychological side effects, shows patients had 'completely adaptive coping' whereas the physical side effects mean score (122.1± 17.2) which is 61.1% indicates patients had 'partially adaptive coping'.

Discussion

The overall side effects mean score was (32.4±6.2) which is 64.8% of the total score indicates cancer patients had moderate level side effects. However the higher mean score (7.3±2.3) which is 73% for 'psychological side effects' indicates patients had severe level of side effects and the lower mean score (25.1±4.1) which is 62.9% for 'physical side effects' indicates patients had moderate level side effects. This findings were supported by Chen SC, Lai YH, liao CT, Lin CC and Chang JT (2010) reported that the cancer patient receiving radiation therapy had moderate level overall symptoms and the severity of symptoms significantly related to dose and duration of radiation therapy.[5]

The highest mean score (168.4±21) which is 68.1% was obtained by the cancer patients who were secondary educated had completely coping. This finding consistent with the study carried out by Wilson *et al*.(2000) that cancer patients need more education about cancer and its treatment, needs more emotional support.[6]

Conclusion

These results mean that radiation therapy has adverse effects (Physical and psychological) because of the changes in cell biology and toxicity. The findings revealed that though the cancer patients had severe psychological side effects, the side effects vary from mild to severe level. It was found that patient receiving initial course of radiation therapy had partially adaptive coping strategies for the therapy related side effects. So it is emphasized that the cancer patients and their care takers should have knowledge (assessment and care) and positive attitude to compact cancer and its related health consequences and to improve the quality of life.

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Learning Needs of the Post Operative Neurosurgical Patients and of their Relatives Regarding the Care after Discharge

N. Meenakshisundaram

Abstract

Objective: To assess the learning needs of the Post Operative Neurosurgical patients and of their relatives regarding the care after discharge. **Materials and Methods:** A descriptive design was used. Orem's Supportive - Educative Nursing Model provided the conceptual framework for this study. Dr Achanta Lakshmipathi Neurosurgical Centre (ALNC), Voluntary Health Services, Chennai was the setting for the study. Samples meeting the inclusion criteria were selected from patients undergoing Cranial and Spinal surgeries and their relatives using Non probability convenient sampling. The learning needs under the aspects namely Therapeutic care, Self care, Psychosocial care and Rehabilitative care were assessed using a structured interview schedule. The data were analysed using descriptive and inferential statistics. **Results and Discussion:** Almost all the patients (96%) and Majority (84%) of the relatives had more learning needs regarding Rehabilitative care. A little above half (56%) of the patients and three fourth (76%) of the relatives had moderate learning needs regarding Therapeutic care. There was a significant association ($P < 0.05$) found between the Educational status and learning needs of the patients. Among the relatives there were statistical associations between the Sex ($P < 0.01$), Occupation ($P < 0.05$) and their learning needs since majority of them were females (64%) and unemployed (60%).**Conclusion:** The findings of this study provided the base line information needed to design the discharge planning and teaching.

Keywords: Learning needs; Post operative neurosurgical patients; Relatives and care after discharge.

Introduction

The prognosis of Neurosurgical patients vary from full recovery to chronic health conditions such as cognitive and functional deficits.[1] Chronic illnesses are defined as conditions of long term duration, not curable and/or having some residual features that impose limitations on an individual's functional capabilities (Diamond & Jones, 1983). Today 400 million people (WHO estimate) suffering from mental or neurological disorders (cerebral trauma, aneurysmal rupture, stroke and brain tumours) are currently surviving due to phenomenal advances in technology and medical surgical care. The consequences of survival are sequelae of chronic health conditions such as cognitive deficits, functional deficits in activities of daily living, pain syndromes and recreational and vocational limitations. The impact of such deficits on the person's quality of life and independence creates a need for life long health care and support from the family or significant others. Continuity of care after the discharge from the hospital depends on successful transition from hospital to home.[2] A transition is best managed when patients and their relatives receive a well designed comprehensive teaching based on their learning needs.

Statement of the Problem

A study to assess the learning needs of the post operative neurosurgical patients and of their relatives regarding the care after discharge from the Neurosurgical Department of Voluntary Health Services, Adyar, Chennai - 600 113.

Objectives of the Study

(1) To assess the learning needs of the post

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operative neurosurgical patients and of their relatives regarding the care of the patient after discharge.

(2) To provide the base line information for designing the discharge teaching programme for the neurosurgical patients and their relatives.

(3) To associate the selected demographic variables of the patients and their relatives with their learning needs on care after discharge.

Methodology and Materials

A descriptive design was used to assess the learning needs of the Post operative neurosurgical patients and their relatives regarding the care after discharge. Orem's Supportive - Educative Nursing Model provided the conceptual framework for this study. The samples included for the study were from Dr Achanta Lakshmipathi Neurosurgical Centre (ALNC), Voluntary Health Services, Chennai. The samples meeting the inclusion criteria were selected using Non probability convenient sampling. The data were collected using the structured interview schedule. The learning needs under the aspects namely Therapeutic care, Self care, Psychosocial care and Rehabilitative care were assessed. The data were analyzed using Descriptive and Inferential statistics.

Criteria for the Selection of Sample

Inclusion Criteria

1. Both males and females
2. Patients who have undergone cranial or spinal surgeries and are 18 years of age and above during the period after the seventh post operative day.
3. Relatives of such patients who directly involve in the patient care in the hospital and at home.
4. Patients and their relatives who can understand Tamil or English.

Exclusion Criteria

1. Patients with altered level of consciousness and their relatives.
2. Patients with cognitive deficits and their relatives.
3. Patients who have undergone neurosurgery for more than once and their relatives.
4. Patients who are readmitted after discharge and their relatives.

Development and Description of the Tool

Separate interview guides for the patients and relatives were developed. Interview guide had two parts as mentioned below:

Part I: Demographic data

Part II: Guide to elicit answers regarding the learning needs.

There were dichotomous questions having 'Yes" or "No" responses under the following aspects of care of Neurosurgical patients.

1. Therapeutic care (14 items for Patients & 14 times for relatives)
2. Self care (22 items for Patients & 23 items for relatives)
3. Psychosocial care (4 items for patients & 4 items for relatives)
4. Rehabilitative care (5 items for patients & 5 items for relatives)

Validation of the Tool

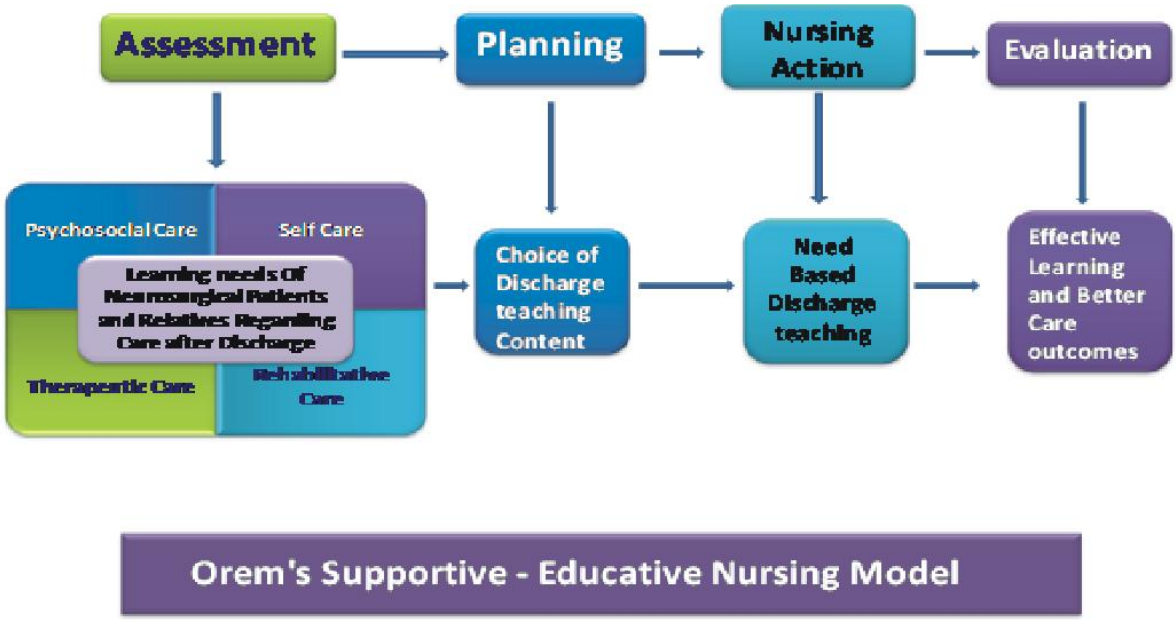
The tool was validated by the experts in the field of nursing and neurosurgery. The corrections recommended by these experts were incorporated and the tool was refined.

Scoring

The items in the tool had "Yes" or "No" responses "Yes" was scored as 0 and "No" was scored as 1. The total scores of the patients and the relatives were 45 and 46 respectively.

Conceptual Framework

Orem's Supportive - Educative Nursing Model provided the conceptual framework for this study

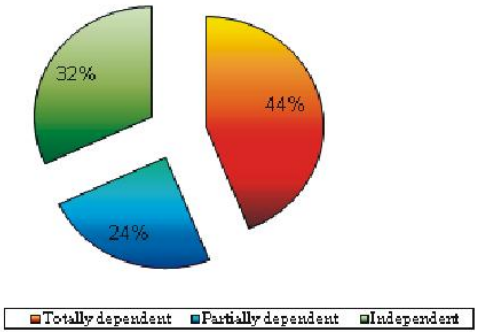


(Fig 1). This model demonstrates that the person should learn to perform required measures of externally or internally oriented therapeutic self care.[3] The patient's requirements for help are confined to decision making, behaviour control and acquiring knowledge and skills. Like the nursing process, the teaching process requires assessment. The investigator assessed and analyzed the learning needs of patients and relatives in relation to therapeutic care, self care, psychosocial care and rehabilitative care.

Results and Discussion

The second objective of the study was to provide the base line information for designing the discharge teaching programme for the neurosurgical patients and their relatives. It was found that 36% of patients and 20% of relatives had more learning needs regarding therapeutic care, 36% of patients and 4% of relatives had more learning needs regarding self care and 96% of patients and 84% of relatives had more learning needs regarding the rehabilitative care(Fig 2& 3). It was also found that 56% of patients

Fig 1: Percentage Distribution of the Level of Dependency of the Patients



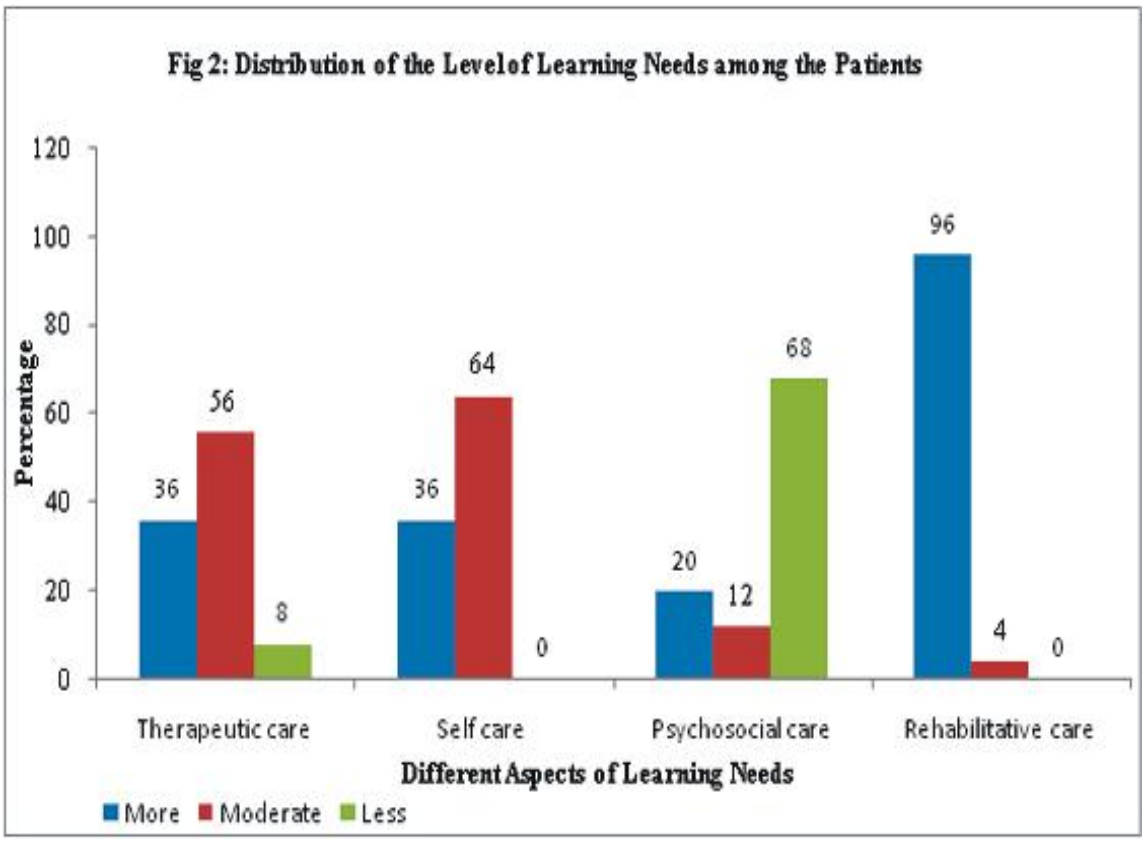


Fig 2: Distribution of the Level of Learning Needs among the Patients
Percentage
120
100
80
60
40
20
0
36
56
8
36
64
0
20
12
68
96
4
0
Therapeutic care
Self care
Psychosocial care
Rehabilitative care
Different Aspects of Learning Needs
More
Moderate
Less

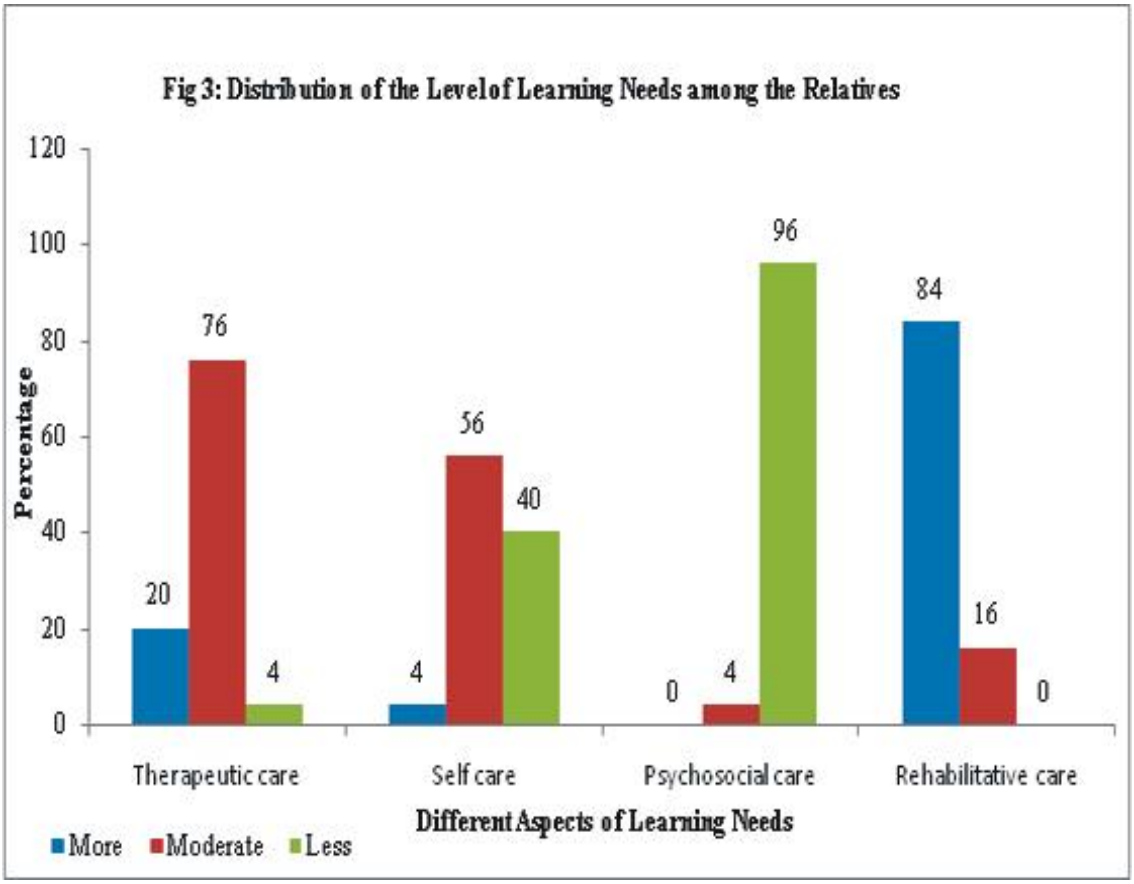


Fig 3: Distribution of the Level of Learning Needs among the Relatives
Percentage
120
100
80
60
40
20
0
20
76
4
4
56
40
0
4
96
84
16
0
Therapeutic care
Self care
Psychosocial care
Rehabilitative care
Different Aspects of Learning Needs
More
Moderate
Less

and 76% of relatives had moderate learning needs regarding therapeutic care, 64% of patients and 56% of relatives had moderate learning needs regarding self care and 68% of patients and 96% of relatives had less learning needs regarding psychosocial care(Fig 2& 3). These findings supports the survey report on the need for information on various aspects (personal hygiene, change in position, feeding and keeping a therapeutic environment) of care conducted by M.Joseph and Dr.S.Sharma among relatives of patients with medical surgical conditions.[4] It also highlights the fact that preparing the patients and their relatives on the aspects of rehabilitative care requires more attention while preparing them for discharge which seems to be often neglected. A little above half (56%) of the patients and three fourth (76%) of the relatives had moderate learning needs regarding Therapeutic care. It was observed that the patients' mean scores (31.16) on all aspects of the learning needs were more than that of relatives (26.28). This was because the patients demonstrated interest in equipping themselves with the necessary skills and knowledge which would enhance health promotion positively. This supports the statement given by Potter and Perry that the patients have the ability to identify learning needs based on the implications of living with their illness.[5] There was a significant association ($P < 0.05$) found between the Educational status and learning needs of the patients. This was supported by Joanne V Hickey that the patients' educational background and intelligence should be considered while individualizing a teaching plan that is appropriate to his learning needs.[6] Among the relatives there were statistical associations between the Sex ($P < 0.01$), Occupation ($P < 0.05$) and their learning needs since majority of them were females (64%) and unemployed (60%).

Conclusion

Discovering what an individual wants to know is essential for effective learning and teaching. The findings of this study provided the base line information needed to design the discharge planning, teaching and develop an instructional manual on care after discharge for the post operative neurosurgical patients and their relatives. In turn the effective discharge teaching would ensure smooth transition from one level of care to another without sacrificing the progress that has already been achieved.

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A Study to Assess the Knowledge Regarding Prevention of Road Traffic Accidents among Adolescents

Thamarai Selvi P.

Abstract

A study was conducted to assess the knowledge regarding prevention of road traffic accidents among adolescents. The sample of this study comprised of 60 adolescents.Probability Simple random sampling technique in that lottery method was used to draw the sample for the study. Collected data was analyzed by using descriptive and inferential statistics. The findings revealed the post-test mean knowledge score was found higher (81.1%) when compared with pre-test mean knowledge score (47.3%). The pre test mean knowledge score is 17.98 and standard deviation is 3.74. Post test mean knowledge is found to be 30.80 and standard deviation is 3.30. Enhancement is 33.7% and statistical paired 't' test value is 28.12.The statistical paired 't' test indicates that enhancement in the mean knowledge score found to be significant at 5 % level for all the aspects under study.

Keywords: Video assisted teaching; Prevention of road traffic accidents; Adolescents.

Introduction

Over a million of people died from road traffic injuries in globally. Road safety was treated as a transportation issue which is becoming a major health concern worldwide everyday as many as 1, 40,000 people are injured on the world's roads .More than 3000 die and 15,000 are disabled for life.[1] World Health Organization (WHO) and World Bank jointly had issued the report on road traffic injury prevention on World Health Day 2004. Among its findings 3000 people died each day and 75,000 were injured on account of poor road safety. The world report on road traffic accidents were well on their way to become the third leading cause of global death and disability by the year 2020 ahead of malaria, Tuberculosis, Acquired immuno deficiency syndrome.[2]

WHO estimates raise of traffic mortality rate in India is 79% in 2002. By 2020 the road traffic death in India will be increased more than that in 2002.Road accidents are the main cause of death of young men worldwide. Of the estimated 195,000 adolescents killed each year in traffic accidents 60% are the boys. Adolescents are especially susceptible to injury when riding mini bikes, snow mobiles, or motorcycles. Motor vehicle accidents are the leading cause of death in adolescent period.[5] Young often tend to be over confident less experienced, run with high speed and use of alcohol makes the worse combination of risk.[3] In India 80,000 persons die in the traffic crash annually. Over 1.2 million are injured seriously and about 300,000 are disabled permanently.[4]

A study was conducted on "Drive way injuries project." The purpose of the study was to raise awareness of drive way safety issues to all residents. The focus was on a public education campaign to increase awareness and affect behaviour change. A family flyer, posters and a door hanger were developed in order to increase aware of the issue and promoting safer family behaviours. Accidents are preventable as they owing to sequence of events. Young people need to be educated regarding risk factors, traffic rules and safety precautions has been aptly said that "If accident is a disease, education is its vaccines."[5]

In view of above investigator felt that the need to do the study among adolescents regarding risk factors, traffic rules and safety precautions. Education and awareness is the best step in the direction of bringing behaviour changes through

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effective communication on prevention of road traffic accidents.

Statement of the problem

"A study to assess the effectiveness of video assisted teaching on knowledge regarding prevention of road traffic accidents among adolescents at selected colleges, Bangalore."

Objectives of the Study

1. Assess the existing knowledge scores on prevention of road traffic accidents among adolescents.
2. Assess the post knowledge score on prevention of road traffic accidents among adolescents.
3. Explore the association between the knowledge scores and selected demographic variables.

Conceptual Framework

The conceptual framework of this study was based on Rosentoch's, Becker and Mariman's health belief model.

Materials and Methods

Research Methodology

The investigator has selected quasi experimental research design (one group pre-test post-test).

Research Setting

The setting for the study is St.Theresa PU College, Bangalore.

Population

The accessible population of the present study includes adolescents who are studying in St.Theresa PU College, Bangalore.

Sampling Technique

Simple random sampling technique is a type of probability sampling which was found appropriate for the study. In that lottery method was used to collect data from samples.

Sample Size

The sample size for the study is 60 adolescents.

Sampling Criteria

Inclusion Criteria

- Adolescents between age group of 16-18 years
- Adolescents who are willing participate in the study.
- Adolescents who can speak and read English.

Exclusive Criteria

- Adolescents who are not willing to participate in the study.
- Adolescents who are not available at the time of data collection.

Tools for Data Collection

In the present study the tool consist of 2 parts.

Part-I: socio demographic variables of adolescents.

Part II: structured knowledge questionnaire regarding prevention of RTA.

Method of Data Collection:

Investigator collected the data after getting formal written permission from Principal of St.Theresa PU College, Bangalore and approval was obtained to conduct the study. The participants were informed about the purpose of study and written consent was taken from the participants. Pre test was conducted by administering knowledge questionnaire. On an average each participant took 30 minutes to complete the questionnaire, after video assisted teaching was

administered. Post test was conducted with the same questionnaire after 7 days. The investigator did not face any significant problem and the tool was found reliable.

Data Analysis and Interpretation

The data was collected from adolescents was tabulated, analyzed and interpreted by using descriptive and inferential statistics. Analysis was done based on the objectives and hypothesis of the study.

The demographic characteristics' of the respondents are shown in Table 1.

Table 2 presents the comparison of pre test and post test knowledge.

Table 3 reveals the association of demographic variables.

Table 4 shows the enhancement of knowledge and significance on prevention of road traffic accidents among adolescents before and after VAT. The mean difference is 12.82and SD is 3.52 mean percentage is 33.7% the t- value is 28.12, df value is 59 and p-value is $P<0.05$.

The first objective of the study was to assess the pre test knowledge scores on prevention of road traffic accidents among adolescents.

In present study out of 60 adolescents 35 (58.3%) had inadequate level of knowledge and 25 (41.7%) had moderate knowledge and none of subjects had adequate knowledge in pre-test. The range before VAT lies between 11-26 the mean value before VAT is 17.98. The SD before VAT is noticed as 3.74, and the mean percentage is found to be 47.3%.

The second objective of the study was to assess the post knowledge on prevention of road traffic accidents among adolescents.

Out of 60 subjects 42(70%) had adequate level of knowledge, 18 (30%) had moderate level of Knowledge and none of the adolescents got inadequate knowledge after VAT on prevention of road traffic accidents. The range after VAT ranges between 22-36. The mean value after VAT is 30.80. The SD after VAT is found to be 3.30 and the mean percentage as noticed to be 81.1%.

Table 1: Analysis of demographic characteristics of the respondents

N=60

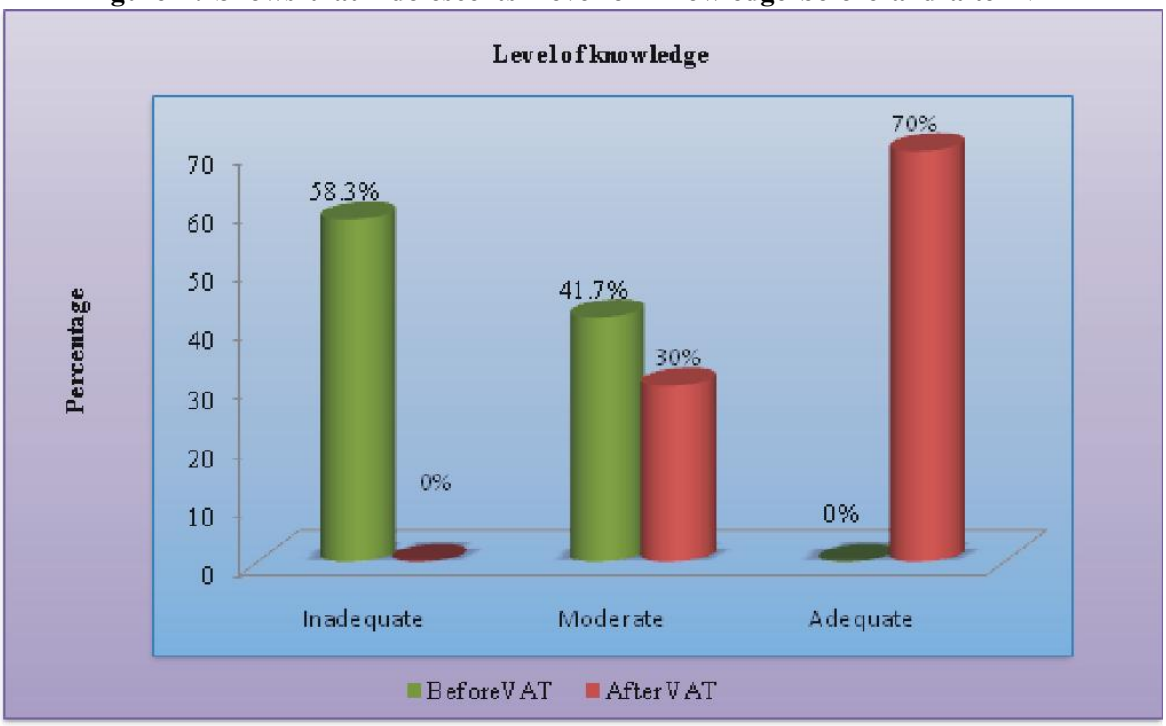
S. No	Variables	Categories	Frequency	Percentage
1	Age in specific years	16	11	18.3
		17	24	40
		18	25	41.7
2	Sex	Male	29	48.3
		Female	31	51.7
3	Education	PUC I Year	31	51.7
		PUC II Year	29	48.3
4	Type of vehicle which you are using	2 wheeler	39	65
		4 wheeler	3	5
		None of them	18	30
5	Any exposure to information regarding prevention of road accidents	yes	38	63.3
		No	22	36.7
6	If yes source of information (n=38)	Newspaper	11	28.9
		Mass media – TV Radio / Propaganda	14	36.9
		Information from parents / Relations friends	13	34.2

Table 2: Comparison of Pre Test and Post Test Knowledge Level of Adolescents

N=60

S. No	Level of knowledge	Knowledge score	Pre test		Post test	
			Frequency	Percentage	Frequency	percentage
1	Inadequate	Jan-50	35	58.30%	-	-
2	Moderate	51- 75	25	41.70%	18	30.00%
3	Adequate	76-100	-	-	42	70.00%

Figure 1: Shows that Adolescents Level of Knowledge before and after VAT



The third objective of the study was to determine the association between the selected demographic variables among adolescents.

An association of selected baseline variables in relation to their knowledge was studied using chi-square test. The analysis revealed that there is a significant association established between age and post test knowledge level and remaining variables were found to be non significant in post test, hence that stated research hypothesis "there is a significant association between the post test knowledge score of adolescents on prevention of road traffic accidents

Recommendations

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

- A similar study can be replicated on a large sample with different demographic characteristics.
- A similar study may be replicated with a control group.
- May be with replicated on different samples.
- Public awareness shall be created by mass media such as news paper,magazine, TV and internet and also by consulting seminars and workshops.

Conclusion

Over a million of people died from road traffic injuries in globally. Adolescents are especially susceptible to injury when riding mini bikes, snow mobiles, or motorcycles. Motor vehicle accidents are the leading cause of death in adolescent period. The study was conducted to find out the effectiveness of video assisted teaching on prevention of road traffic accidents among adolescents in selected colleges; Bangalore. It is concluded that video assisted teaching is very effective among adolescents in

Table 3: Association between Knowledge on Prevention of Road Traffic Accidents and Demographic Variables of Adolescents

N= 60

S. No	Demographic variables	Categories	Adolescents		Knowledge on prevention of road traffic accidents				Chi-square value
					≤ Median		>Median		
			No	%	No	%	No	%	
1	Age (yrs)	16	11	18.3	8	25	3	10.7	2.055, df=2, NS
		17	24	40	12	37.5	12	42.9	
		18	25	41.7	12	37.5	13	46.4	
2	Sex	Male	29	48.3	12	37.5	17	60.7	4.22, df=1, S
		Female	31	51.7	20	62.5	11	39.3	
3	Education	PUC (I year)	31	51.7	18	56.3	13	46.4	0.577 df=1,
		PUC (II year)	29	48.3	14	43.8	15	53.6	N S
			-	-	-	-	-	-	
4	Type of vehicle	2 wheeler	39	65	18	56.3	21	75	2.308, df=2,
		4 wheeler	3	5	2	6.3	1	3.6	NS
		None of them	18	30	12	37.5	6	21.4	
5	Information regarding prevention of road accidents	Yes	38	63.3	21	65.6	17	60.7	0.155, df=1, NS
		No	22	36.7	11	34.4	11	39.3	
6	If yes source of information	Newspaper	11	28.9	6	31.6	5	26.3	1.536, df=2, NS
		Mass media – TV Radio / Propaganda	14	36.9	8	42.1	6	31.6	
		Information from parents / Relations friends	13	34.2	5	26.3	8	42.1	

Table 4: Enhancement of Knowledge and Significance on Prevention of Road Traffic Accidents among Adolescents before and after VAT

S. No	Variable	Maximum score	Mean difference	SD	Mean %	t-value	df	p-value
1	Knowledge	38	12.82	3.52	33.7	28.12	59	P<0.05

improving knowledge about prevention of road traffic accidents.

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5. Adnan A Hyder. Road traffic injuries in India. *Scandinavian Journal of Public Health*. 2009; 34(1).

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[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.

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Article in supplement or special issue

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Corporate (collective) author

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Unpublished article

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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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