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A Study to Assess the Knowledge Regarding Covid-19 and it's Prevention Among Adolescent Girls in Selected Colleges, Hyderabad

Dhanya Joseph

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Abstract

A non-experimental descriptive study to assess the knowledge regarding covid-19 and it's prevention among adolescent girls in selected colleges, Hyderabad. The objectives for the study are to assess the knowledge about covid-19 among adolescents, to assess the knowledge about its prevention among adolescents. A structured questionnaire was used to collect the data from the adolescent girls to assess the knowledge. Simple random sampling technique was used for the selection of sample. Total sample size for the study was 60. The results of the study is Majority of the adolescents 41 were having average knowledge, whereas 18 demonstrated above average knowledge and 1 had below average knowledge.

Keywords: Prevention among adolescent; Simple random; Majority of the adolescents.

INTRODUCTION

In December 2019, a pathogenic human coronavirus SARS- CoV-2, coronavirus disease 2019 (COVID-19), was recognized and has caused serious illness and numerous deaths. The ultimate scope and effect of this outbreak are unclear at present as the situation is rapidly evolving. The certain mortality rate, and it was classified as a class B infectious disease and managed as a class A infectious disease in China in January 2020. China has taken firm infection control measures, isolating the exposed and suspected cases according to international standards, constantly updating the diagnosis and treatment process, and carrying out public education.

By the end of January 2020, the World Health Organization (WHO) announced a public health emergency of international concern and called for the collaborative effort of all countries, to prevent its rapid spread. Later, the WHO declared COVID-19 a "global pandemic". Thousands of people emigrated out of major Indian cities, as they became jobless after the lockdown. Following the lockdown, India's electricity demand fell down to a five-month low on 28 March. The lockdown broke the supply chain of narcotics in Punjab. Many states were keen on opening up liquor shops during the lockdown which was finally allowed in the 3rd phase beginning on May 4. Reports of a surge in illicit liquor sales and most importantly, drying up of revenue from liquor sale was the main stimulation.

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NEED FOR THE STUDY

Corona virus disease (COVID-19) is an infectious disease caused by a newly discovered corona virus. According to World Health Organization (WHO), viral disease continues to emerge and represent a serious issue to public health. In the last 20 years,

several viral epidemics such as the severe acute respiratory syndrome corona virus (SARS-CoV) from 2002-2003, and H1N1 influenza in 2009, have been recorded. Most recently, the Middle East Respiratory Syndrome (MERS-CoV) was first identified in Saudi Arabia in 2012. According to WHO (on 25th July 2020) there are 15.7 million cases were reported in whole over the world. And daily nearly 3 lakh cases are reporting. In that 9.05 million are recovered and 4.5 lakh deaths were occurred. Daily death rate is approximately 10 thousand. At present scenario, it is very important to educate the adolescents about COVID-19, its transmission and prevention because children are very prone to get affected by COVID-19. Adolescents will be more interested in peer group gathering and games, and will be unable to maintain social distancing and if the elders are restricting the children they may be get misunderstand. So the children especially adolescents must get proper knowledge about COVID-19 and must help them to develop a positive attitude and skills on prevention of COVID-19.

REVIEW OF LITERATURE

Deblina Roy Sarvodaya Tripathy et al. 2020 conducted a study to assess the knowledge, attitude, anxiety experience, and perceived mental healthcare need among adult Indian population during the COVID-19 pandemic. An online survey was conducted using a semi-structured questionnaire using a non-probability snowball sampling technique. A total of 662 responses were received. The responders had a moderate level of knowledge about the COVID-19 infection and adequate knowledge about its preventive aspects. The attitude towards COVID-19 showed peoples' willingness to follow government guidelines on quarantine and social distancing. The anxiety levels identified in the study were high. More than 80% of the people were preoccupied with the thoughts of COVID-19 and 72% reported the need to use gloves, and sanitizers. In this study, sleep difficulties, paranoia about acquiring COVID-19 infection and distress related social media were reported in 12.5%, 37.8%, and 36.4% participants respectively. The perceived mental healthcare need was seen in more than 80% of participants. There is a need to intensify the awareness and address the mental health issues of people during this COVID-19 pandemic.

Tadesse Tolossa, Daniel Bekele (et al.) (June 2020) Conducted study to assess the prevention knowledge and practices towards the COVID-19 among the residents of Ethiopia. An online cross-

sectional study was conducted among the sample of Ethiopian residents via social platforms of the author's network with the popular media such as Facebook, in Ethiopia from the April 15-22, 2020 and successfully recruited 341 responses. The snowball sampling was employed to recruit the participants. The data were analyzed using STATA version 14. Descriptive statistics were used to summarize the level of knowledge and practices.

Results: The majority of the respondents (80.35%) were male. The overall prevention knowledge of the participants towards the novel coronavirus (COVID-19) was high. About 91.2% of the participant was heard about the novel coronavirus disease and Social Medias' were the main source of the information. About 90% of the participants had a good prevention knowledge of maintaining social distance and frequent hand washing. The practices of the participants towards the COVID-19 prevention were very low. Out of 341 participants, only 61% and 84% of the participants were practicing social distance and frequent hand washing, respectively.

Yudong Shi Juan Wang et. al 2020 study was performed to assess the knowledge and attitudes of medical staff in two Chinese mental health centers during the COVID-19 outbreak. We included 141 psychiatrists and 170 psychiatric nurses in the study. The study found that during the COVID-19 epidemic, 89.51% of the medical staff of the psychiatric hospitals studied had extensive knowledge of COVID-19, and 64.63% of them received the relevant training in hospitals. Furthermore, about 77.17% of participants expressed a willingness to care for psychiatric patients suffering from COVID-19 virus infection. Independent predictors of willingness to care for patients included advanced training and experience of caring for patients with COVID-19. In conclusion, this study suggests that increased attention should be paid to the knowledge and attitudes of medical staff at psychiatric hospitals during the COVID-19 outbreak.

Problem Statement

A Study to Assess the knowledge regarding Covid-19 and it's Prevention among Adolescent Girls In Selected Colleges, Hyderabad.

OBJECTIVES

- To assess the knowledge about covid-19 among adolescents
- To assess the knowledge about its prevention

among adolescents.

Hypothesis

H0: There will be no association between the knowledge with the selected demographic variables.

METHODOLOGY

Research design selected for the present study was non experimental descriptive research design. A structured questionnaire was used to collect the data from the adolescent girls to assess the knowledge. The content validity of the tool was obtained from experts in the field of Medicine and Nursing. Written consent were taken from all the participants. Study protocol was approved by institutional review board.

The pilot study was conducted September 2020 at selected college, Hyderabad. Prior permission from the authorities was obtained. The reliability of the tool was tested by using the split – half method and Karl Pearson’s formula and the tool was found to be highly reliable ($r = 0.9$).

The present study was conducted at selected college Hyderabad, during a specified period from 1st December 2020 to 10th December 2020. Prior permission from the authorities was obtained. Simple random sampling technique was used for the selection of sample. Total sample size for the study was 60. The main aim of the model was to assess the knowledge about covid among adolescent girls and integrating research findings in such a way so as to facilitate the generation of testable hypothesis.

RESULTS

Majority of the adolescents 41 were having average knowledge, whereas 18 demonstrated above average knowledge and 1 has below average knowledge. The calculated chi square values of selected demographic variables like residential area, religion, education status, occupation of mother, occupation of father, family income, previous knowledge and source of knowledge on covid-19 and its prevention, attended any awareness program on covid-19, experience of covid-19 are less than the table values at the probability level of 0.05, which shows there was no significant association except age in years. Hence,

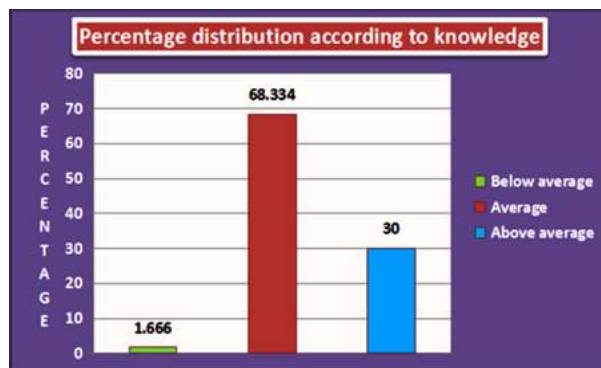
we accept the null hypothesis H0: there will be no association between the knowledge with the selected demographic variables.

Table :1 Frequency and percentage of adolescents according to demographic variables

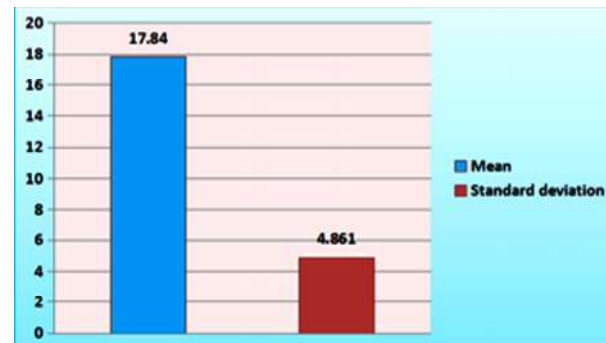
Age in years	Frequency (n)	Percentage (%)
15 years	2	3.33
16 years	17	28.33
17 years	25	41.67
18 years	16	26.67
Area		
Urban	38	63.34
Sub Urban	12	20
Rural	10	16.66
Religion		
Hindu	13	22
Muslim	8	13
Christian	39	65
Educational Status		
10th standard	1	1.67
Inter 1 yr	8	13.33
Inter 2nd yr	51	85
Family Income		
10,000-20,000	51	85
20,000-30,000	5	8.34
30,000-40,000	3	5
>40,000	1	1.66
Occupation of Mother		
Private employee	20	33.34
Govt.employee	-	-
Business	-	-
Unemployed	39	65
Health care worker	1	1.66
Occupation of Father		
Private employee	37	61.67
Govt. employee	-	-
Business	7	11.67
Unemployed	15	25
Health care employee	1	1.66
Previous knowledge on Covid-19 and its Prevention		
Yes	48	80
No	12	20
Source of knowledge About Covid-19 and its Prevention		
Social media	48	80
Health care professional	2	3.34
Publications	8	13.33
Others	2	3.33

Table 2: Frequency and percentage distribution of adolescents according to the grading of their knowledge scores.

Knowledge score	Frequency(n)	Percentage (%)
Below average	01	1.666
Average	41	68.334
Above average	18	30
Total	60	100

**Table 3:** Over all mean and standard deviation of knowledge adolescents regarding covid-19 and its prevention.

Variables	Mean	Standard deviation
Knowledge	17.84	4.861

**Table 4:** Chi square values of knowledge scores of adolescents with their selected demographic variables.

Demographic variables	Chi-square value	Degree of Freedom	Table value	Level of significance	Significance
Age	25.3	6	12.59	0.05	S
Residential area	3.35	4	9.48	0.05	NS
Religion	1.9071	6	12.59	0.05	NS
Education status	0.7956	4	9.48	0.05	NS
Family income	6.354	6	12.59	0.05	NS
Occupation of mother	1.0074	8	15.50	0.05	NS
Occupation of father	6.75	8	15.50	0.05	NS
Previous knowledge about covid-19	4.4	2	5.99	0.05	NS
Source of knowledge about covid-19	6.55	6	12.59	0.05	NS

NS: Not Significant S: Significant

DISCUSSION

The current study examined the knowledge of adolescents with structured questionnaire. The study revealed that majority of the adolescents 41 were having average knowledge, whereas 18 demonstrated above average knowledge and 1 has below average knowledge. A similar study was conducted by *Deblina Roy Sarvodaya Tripathy et. al. 2020* conducted a study to assess the knowledge, attitude, anxiety experience, and perceived mental healthcare need among adult Indian population during the COVID-19 pandemic. An online survey was conducted using a semi-structured questionnaire using a non-probability snowball sampling technique. A total of 662 responses were received. The responders had a moderate level

of knowledge about the COVID-19 infection and adequate knowledge about its preventive aspects.

IMPLICATIONS

In Nursing Practice

- Nursing professionals working in the hospitals can understand the importance of prevention of covid-19 by practicing the preventive measures
- Nurses working in the hospitals needs to practice preventive measures, which will help in prevention of covid-19
- Staff nurses needs to enhance their knowledge and skills on prevention of covid-19 through

continuous in – service education

In Nursing Education:

- Nursing education is an integral part of nursing practice, which helps in updating the knowledge of nursing personnel
- Ongoing education should be provided to nursing personnel regarding covid-19 and its prevention

Nursing Administration:

- With technological advances and ever growing challenges in nursing, the nurse administrators have responsibility to provide the nurses with adequate educational opportunities
- Nursing administrators should plan and organize in-service education programmes for staff nurses on Covid-19 preventive measures
- Nursing administrators should prepare nurses by providing in depth knowledge regarding Covid-19 and its prevention
- Nursing administrators should guide and motivate staff nurses in participating certain surveillance activities so that nursing quality will improve further

In Nursing Research:

- The study will be valuable reference for further researches.
- The study will motivate the beginning researchers to conduct similar study on large scale basis and on comparative basis.
- Nurse researchers can develop appropriate health education tools for educating staff nurses on Covid-19 and its prevention.

Limitations

Investigator could experience difficulties in conducting written examination by using a structured questionnaire. Adolescents were not interested in spending time after their study hours. It was time consuming to gather adolescents after their study hours.

CONCLUSION

Present study was attempted to assess the knowledge about covid-19 and its prevention among adolescent girls in selected colleges, Hyderabad and following conclusions were drawn

on the bases of the findings of the study. Majority of the adolescents 41 were having average knowledge, whereas 18 demonstrated above average knowledge and 1 has below average knowledge. On the whole carrying out the present study was an enriching experience to the investigator. The constant encouragement and guidance at each step, motivation and co-operation of the guide as well as the interest and co-operation of the participants in the study, contributed to the fruitful completion of the study.

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Cross Sectional Study to Assess the Types of Domestic Violence and its Coping Strategies

GNK Parameswari¹, Bayagalla Rajitha²

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Abstract

Aims: (1) To assess the prevalence and types of domestic violence in married women. (2) To assess the coping strategies used by married women. (3) To seek association between types of domestic violence and selected demographic variables. (4) To conduct an awareness programme on domestic violence.

Settings and Design: Pulkal Village, Sangareddy and a descriptive design (Cross sectional study).

Methods and Material: Multilayer Purposive sampling Technique was used all the married women in the respected Villages has been assessed using HITS scale (Hurt, Insult, Torture and Scolding) and the women showed mild, moderate and severe Domestic violence has been selected and give a structured tool of types of domestic violence and coping strategy.

Statistical analysis used: Descriptive and inferential statistics.

Results: Screening for prevalence of domestic violence has been done among the 250 married women at pulkal village using HITS Likert scale among them 174 (69.6%) married women is facing some form of domestic violence among them physical violence ranked 1 with the modified mean of 2.8, followed by psychological violence stands in 2nd rank with the modified mean of 2.05 and 3rd rank goes to sexual violence with the modified mean of 2.

The majority of married women 98% coped up from domestic violence by doing whatever their husband wanted them to do. but 4 ie 2% didn't do it and the least number of married women i.e. 24% of married women coped up from domestic violence by sleeping separately still 76% of married women did not follow it.

The calculated chi square values of selected demographic variables like age, education, occupation, family income, type of marriage, marital duration, type of family, relationship, husband age, husbands education, husbands occupation, husbands income and substance abuse were less than the table values at the probability level of 0.05, which shows there was no significant association between demographic variables and levels of domestic violence. The computed chi square value for number of children was greater than the table value which shows significant association.

The researcher had conducted the awareness programme on domestic violence to the married women with the age group of 18-60 years.

Conclusions: • Majority of the married women have faced severe form of physical violence. • Among 250 married women, 174(69.6%) married women faced some form of domestic violence. • The study also showed that there was significant association between number of children and domestic violence among married women. • Based

on pre planned activity for conducting awareness programme on coping strategies of domestic violence was provided to married women.

Keywords: Awareness booklet was prepared for the women suffering with domestic violence.

Key Messages: Among 250 married women, 174(69.6%) married women faced some form of domestic violence.

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INTRODUCTION

Domestic violence is not just a problem of the lower and middle classes. It is very prevalent even among prominent people. Domestic violence is a global problem that crosses cultural, geographic, religious, social and economic boundaries and is a violation of human rights. Violence against women deprives women of their right to fully take part in social and economic life. It causes a myriad of physical and mental health issues and in some cases results in loss of life. A lack of understanding of the magnitude of domestic violence, its causes and consequences, and the trends and patterns across cultures, hinders the development of efforts to address it.

In the chequered history of mankind, one finds that different and disparate cultures, however distant they may be in time and space have at least one thing in common and that is the contempt of women. However, the Gandhian era and the decades after independence have seen tremendous changes in the status and the position of the women in the Indian society. The constitution of India has laid down as a fundamental right the equality of the sexes. But the change from a position of utter degradation of women in the nineteenth century to a position of equality in the middle of the twentieth century is not a simple case of the progress of men in the modern era. The position of women in the Indian society has been a very complicated one. In fact, it could not be an exaggeration to say that the recent changes in the status of women in India is not a sign of progress but it is really are capturing of the position that they held in the early Vedic period. Yet, the status of women who almost constitute half of the Indian population is not that encouraging. Gender based violence including rape, domestic violence, mutilation, murder and sexual abuse is a profound health problem for women across the globe. Nonetheless, it is not considered as a public problem of serious concern.

The various forms of physical violence are:

- Female foeticide and female infanticide.
- Incest, connivance, and collusion of family members to selfish, sexual abuse, rape within marriage.
- Physical torture like slapping punching, grabbing, murder.
- Overwork, lack of rest, Neglect of health care.

Violence against women has been clearly defined as a form of discrimination in numerous documents. The World Human Rights Conference in Vienna, first recognised gender based violence as a human rights violation in 1993. In the same year, United Nations declaration, 1993, defined violence

against women as “any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life”. (Cited by Gomez, 1996) Radhika Coomaraswamy identifies different kinds of violence against women, in the United Nation’s special report, on Violence Against Women;

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.

(b) Physical sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution.

(c) Physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.

So the research liked to research on the same in the view to develop the awareness booklet for the women who is suffering with Domestic Violence.

MATERIALS AND METHODS

A cross sectional study is done to assess the prevalence and types of domestic violence and the coping strategies used by the married women in selected rural area of sangareddy with the view to conduct awareness programme.

Research Approach

In the present study the investigator has chosen quantitative research approach.

Sources of the Data

The data will be collected from rural married women in pulkal.

Research Design

The research design adopted was Non-experimental Descriptive research design.

Setting of the Study

The study will be conducted in selected rural village in pullkal.

Population

The population of the study married women in selected rural village in pulkal.

Sample Size

Total of 250 married women among them 174 showed mild, moderate and severe form of Domestic violence so the Sample size is 174 married women in a selected rural village in pulkal.

RESULTS

Screening for prevalence of domestic violence has been done among the 250 married women at pulkal village using HITS Likert scale among them 174 (69.6%) married women is facing some form of domestic violence among them physical violence ranked 1 with the modified mean of 2.8, followed by psychological violence stands in 2nd rank with the modified mean of 2.05 and 3rd rank goes to sexual violence with the modified mean of 2.

The majority of married women 98% coped up from domestic violence by doing whatever their husband wanted them to do but 4 married women i.e 2% didn't agree to do whatever their husband wanted them to do, followed by 96% married women tried to end their relationship in order to cope up from the domestic violence whereas 4% of married women never tried of leaving their husband, 87% of married women tried to cope up from the domestic violence by talking to their family member but 13% of married women didn't do it, subsequently 81% of married women hid their money to secure her future in order to avoid the domestic violence but 19% of women did not do it, closely 79% of married women tried to cope up from domestic violence by hiding their important documents to secure their children's life but whereas 36 did not do it, 75% of married women fought back physically with their husbands to cope up from the domestic violence still 25% of women did not follow this coping strategy, 70% married women tried staying with family or friends to avoid the domestic violence still 30% of women did not follow it, subsequently 49% of married women left home to get away from him but 51% of married women did not try them, followed by 31% Tried to get help from neighbor/employer or co-worker to cope up from domestic violence but 69% of married women did not follow it, least married women i.e. 24% of married women coped up from domestic violence by sleeping separately still 76% of married women did not follow it.

The calculated chi square values of selected demographic variables like age, education, occupation, family income, type of marriage, marital duration, type of family, relationship, relationship, husband age, husbands education, husbands occupation, husbands income and substance abuse were less than the table values at the probability level of 0.05, which shows there was no significant association between demographic variables and levels of domestic violence. The computed chi square value for number of children was greater than the table value which shows significant association.

The researcher had conducted the awareness programme on domestic violence to the married women with the age group of 18-60 years.

Table 1: Frequency and percentage distribution of prevalence of domestic violence among married women.

N=250

Variable	Frequency	Prevalance rate of Domestic Violence
Women with No domestic violence	76	—
Women with domestic violence	174	—
Total	250	69.6

Abbreviations: (Give here full form of all abbreviations used in the table. Give the full form even if it has been explained in the text.)

Table 2: Mean and Sd of domain wise domestic violence.

Variable	Mean	Sd
Physical Intimate Partner Violence	28.8	6.3
Psychological Intimate Partner Violence	17.04	3.1
Sexual Intimate Partner Violence	8.95	1.2

Table 3: Frequency and percentage of Coping strategies used by married woman.

Coping Strategy	Frequency			
	Yes	Percentage	No	Percentage
Did whatever he wanted	170	98%	4	2%
Ended the relationship	167	96%	7	4%
Left home to get away from him	86	49%	88	51%
Slept separately	42	24%	132	76%
Fought back physically	130	75%	44	25%
Stayed with family or friends	121	70%	53	30%

Talked to family	151	87%	23	13%	Type of marriage	0.07	4	9.4	NS
Hide money/ valuable	141	81%	33	19%	Marital duration	9.5	2	5.9	NS
Hide important papers	138	79%	36	21%	No. of children	2.3	8	15.5	S
Tried to get help from neighbor/ employer or co-worker	54	31%	120	69%	Type of family	4.9	4	9.4	NS

Table 4: Chi-square to find out the association between domestic violence scores and demographic variables.

Variable	Chi-square value	df	Table value	Level of significance
Age	3.3	6	12.5	NS
Education	0.36	10	18.3	NS
Occupation	1.8	6	12.5	NS
Family income	0.08	6	12.5	NS

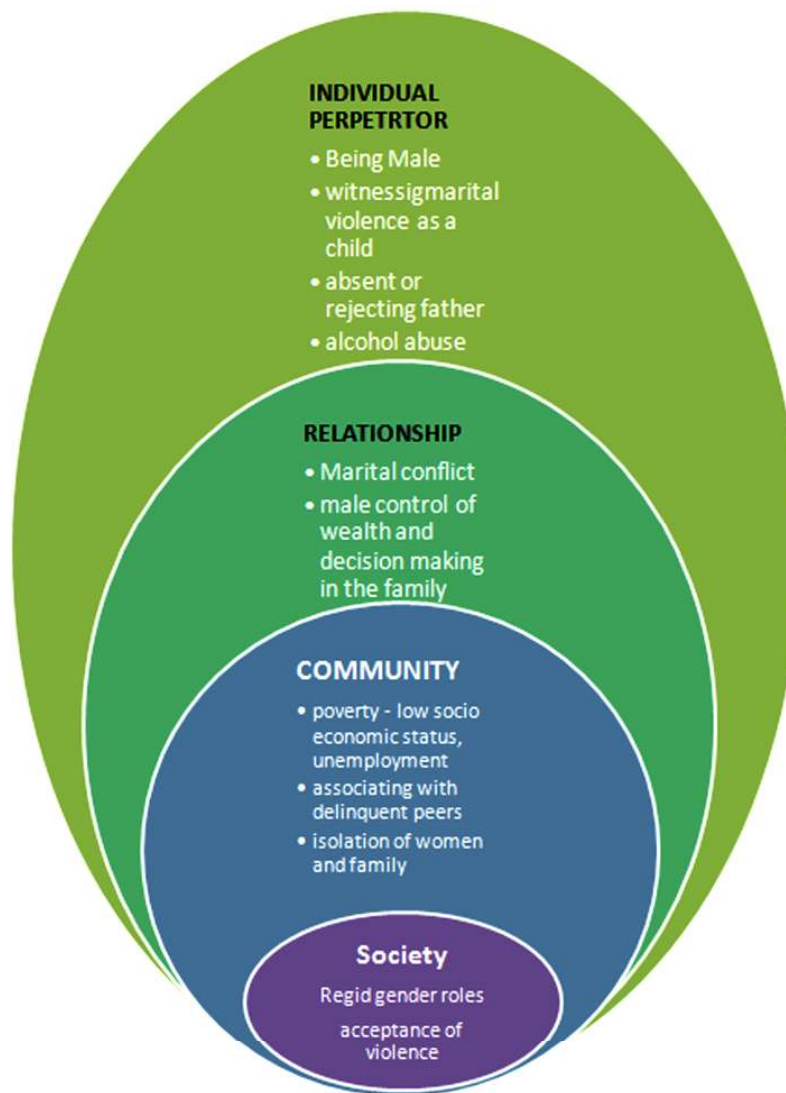


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DISCUSSION

The investigator has undertaken the present study to assess the prevalence and types of domestic violence and the coping strategies used by the married women in selected rural area of sangareddy with the view to conduct awareness programme" through structured interview. Data collected is analyzed with the help of descriptive and inferential statistics. The findings are among 250 married women majority of the married women face domestic violence 174 (69.6%) and physical intimate partner violence was ranked highest i.e 1st rank (modified mean 2.8) among the married women, followed by psychological intimate partner violence has ranked 2nd (modified mean 2.05) among married women and the sexual intimate partner violence ranked least i.e 3rd (modified mean 2) among the married women.

Finally, it was concluded that majority of married women suffering from domestic violence. There is an awareness gap and this has to be improved further. For this reason investigator had conducted a mass awareness program for married women on domestic violence.

CONCLUSION

The present study was attempted to assess the prevalence of Domestic violence in married women in rural area pulkal, sangageddy, with a view to conduct an awareness programme on Domestic Violence, and the following conclusions were drawn on the basis of the study:

- Majority of the married women have faced severe form of domestic violence.
- Majority of the married women faces severe

form of physioical violence.

- The study also showed that there is significant association between number of children and domestic violence among married women.
- Based on pre planned activity for conducting awareness programme on coping strategies of domestic violence was provided to married women.

On the whole carrying out the present study was an enriching experience to the investigator. The constant encouragement and guidance at each step, motivation and co-operation of the guide as well as the interest and co-operation of the participants in the study contributed to the fruitful completion of the study.

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Conflict of Interest: NIL

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Nursing Student's Resilience, Stress & Psychological Well Being Around the World: A Comprehensive Review

Pranjali Mishra¹, Nancy Thakur², Priyanka Thakur³, S P Subashini⁴

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Abstract

This paper has Compile evidence on the relationship of resilience, stress, and well-being in undergraduate nursing students from around the world. Reviewing in a systematic manner CINAHL, Web of Science, Medline (OVID), PsycINFO, and four Chinese biomedical databases were searched for peer-reviewed papers published between 2008 and December 2020. Twelve studies that met the inclusion criteria were retrieved and subjected to two researchers' quality assessment. There was a total of 12 publications included in the study. The level of resilience was modest, stress levels were high, and a proportion of nursing students had negative psychological health, according to the results. There was a lot of interplay between resilience, stress, and well-being. Resilience and a low level of stress were found to be stronger predictors of happiness. In relation to resilience, well-being, and stress among undergraduate nursing students, all of the research cited recommendations to inform educational policy and practise. This was the systematic review to incorporate the evidence on how resilience, stress, and well-being interact among nursing students at the undergraduate level. The role of resilience in nursing students in affecting stress and psychosocial morbidity has been proven. It is suggested that nurses use educational initiatives to promote and strengthen resilience.

Keywords: Resilience; Epolicy; Psychosocial morbidity.

INTRODUCTION

Students worldwide report that studying nursing is more stressful than studying any other trainee healthcare discipline (Edwards et al., 2010; Chernomas and Shapiro, 2013; Oner Altioek and Ustun 2013; Walker and Mann, 2016; Tung et al.,

2018). (Pulido Martos et al., 2012; Reeve et al., 2013; Turner and McCarthy, 2017). Nursing students are exposed to the realities of nursing practise during clinical education. They must learn to care for critically ill patients (Zhao et al., 2015), often in situations with staff and resource shortages, as well as an overwhelming fear of making mistakes (Yldrm et al., 2017). Academically, high intensity workloads have resulted in competitive and stressful learning environments (Evans, 2008; Reeve et al., 2013). On a more personal level, nursing students are dealing with increased financial stress as well as the demands of balancing their personal and professional lives (MacDonald et al., 2016; Turner and McCarthy, 2017). Stress can have a variety of negative effects on student learning quality (Goff, 2011; Ten Hoeve et al., 2017; Ayaz-Alkaya et al., 2018), physical (Cantrell et al., 2017; Al-Gamal et al.,

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2018; Labrague et al., 2018a; Labrague et al., 2018b), and psychological well being (Ratanasiripong and Wang, 2011; Tee et al., 2016; Yildirim et al., 2017

Resilience is a protective factor that has been discussed in academic literature (Thomas et al., 2012; Thomas and Revell, 2016) as well as educational and workforce policy (Challen et al., 2011a, 2011b; Howell and Voronka, 2012; Cam and Buyukbayram, 2017; McFadden et al., 2018). Despite the fact that various definitions of resilience have been proposed. It is generally defined as a complex and dynamic phenomenon relating to a person's ability to overcome adversity (Windle, 2011; Hegney et al., 2015). Despite its importance and close relationship with stress and psychological well-being, resilience remains an unexplored area. (Thomas and Asselin, 2018). While individual reviews of resilience (Aburn et al., 2016; Thomas and Revell, 2016), psychological well being (Walker et al., 2016), and stress (Turner and McCarthy, 2017; Tung et al., 2018) occur among nursing students, knowledge of how these concepts interact is lacking.

BACKGROUND

Stress is regarded as a universal feature among nursing students, with levels ranging from mild to severe (Amr et al., 2011; Geslani and Gaebelein, 2013; Shukla et al., 2013; Labrague et al., 2017; Smith and Yang, 2017; He et al., 2018; Ozsaban et al., 2019). Stress has far-reaching consequences, affecting sleep, memory, attention, and appetite (Goff, 2011; Kurebayashi et al., 2012). Making students feel unsafe, nervous, irritable, sad, anxious, and depressed can have an impact on their psychological health (Frojd et al., 2008; Hjern et al., 2008). Academically, it can have an impact on nurse education attrition (Prymachuk et al., 2009), student performance (Gibbons et al., 2009; Grobecker, 2016), and the ability to cope (Goff, 2011). As a result, it has a negative impact on the ability to learn, which is essential in academic settings (Dinse et al., 2017). It also has an impact on the effectiveness of communication and work effort, ultimately lowering the quality of health care services (Rafati et al., 2017). As a result, maintaining a high level of psychological well being is regarded as an essential component of future nurse training and development (Ratanasiripong and Wang, 2011).

Resilience is thought to counteract the negative effects of stress and improve a person's overall well being. Researchers in nursing have discovered that

resilience has an impact on negative psychological outcomes such as anxiety, depression, and post-traumatic stress disorder (Mealer et al., 2012; Taylor and Reyes, 2012), as well as adverse health outcomes and difficult treatment adherence (Dyer et al., 2004; Bradshaw et al., 2007; Jackson et al., 2007). Researchers generally agree that resilience has a significant relationship with positive psychological well being (Gibbons et al., 2011; He et al., 2018; Rios Risquez et al., 2018). However, the prevalence rates of resilience, stress, and psychological health among nursing students vary worldwide, which can be attributed to inconsistencies in the concept's definition, the type of collection techniques used (Shukla et al., 2013; Zhao et al., 2015; He et al., 2018; Ozsaban et al., 2019), and cultural differences (Chow et al., 2018). However, there is little evidence of a relationship between these variables or the interaction of resilience, stress, and well being from cross cultural and/or cross country studies. To date, most research has focused on studies reporting individual concepts primarily from Western countries (Brennan, 2017; Pines et al., 2012; Lo, 2002), but there is growing interest in Asian settings (Zhao et al., 2015; Chow et al., 2018). As a result, it is critical to broaden our understanding of the various cultural contexts in which research on these topics is being conducted. As a result, the goal of this review is to compile evidence on the interaction of resilience, stress, and psychological well being among undergraduate nursing students from various countries.

METHODS

A systematic search was carried out in accordance with the preferred reporting items for systematic reviews guidelines for qualitative studies.

RESULTS

This review included a total of 12 articles. Internationally, studies were conducted in China (n = 2), the United Kingdom (n = 2), Spain (n = 3), India (n = 1), Turkey (n = 1), Australia (n = 1), Thailand (n = 1), and South Africa (n = 1). These studies' findings are based on a total of 3736 participants. All 12 studies looked at students from all years or just one year of undergraduate nursing programmes.

Just one of these papers (Klainin-Yobas et al., 2014) included a variety of educational levels, including Nursing Specialty (4 months), Master's, and PhD programmes. The twelve articles

employed a variety of methodologies, including eight cross sectional studies, one longitudinal study, two qualitative designs, and a randomised clinical trial. For data collection in all quantitative studies, validated scales were used. The Connor-Davidson Resilience Scale (CDRISC), the General Health Questionnaire (GHQ-12), and the Perceived Stress Scale (PSS) were the most widely used scales for measuring resilience, well being, and stress, in that order. In both qualitative studies, in depth and semi structured interviews and focus groups were used.

Only one paper, conducted in China by Smith and Yang (2017), used a theoretical model to guide data collection and analysis: Lazarus and Folkman's (1984) Transactional Model of Stress and Coping. While the 12 papers in this review provide insight into how the three concepts interact among nursing students, their findings should be interpreted with caution. For example, five papers (Rios Riquez et al., 2016; Mathad et al., 2017; Smith and Yang, 2017; Garcia-Izquierdo et al., 2018; Rios Riquez et al., 2018) collected data using self reported questionnaires, which may introduce response bias. Other studies have used a cross sectional design, which limits the ability to establish causal relationships between variables (Klainin-Yobas et al., 2014; Rios-Risque et al., 2016; Garcia-Izquierdo et al., 2018) and cannot provide a deeper understanding of resilience, stress, and psychological well-being from a developmental perspective (He et al., 2018). Janse van Rensburg et al. (2012) reported in qualitative studies that their study limitation was limited focus group interviews due to student availability and time constraints. Galvin et al. (2015) pointed out that the difficulty of generalisation is a limitation of their study.

4.1. Findings from Quantitative and Qualitative Research.

Five of the 12 studies reported on levels of resilience, stress, and psychological health (Janse van Rensburg et al., 2012; Galvin et al., 2015; Rios-Risque et al., 2016; Smith and Yang, 2017; He et al., 2018).

4.1.1. The degree of adaptability, stress, and well-being

In terms of resilience, two cross-sectional studies found that the level of resilience was moderate (Rios-Risque et al., 2016; Smith and Yang, 2017). Furthermore, Smith and Yang (2017) found no significant differences in resilience scores among students in four different grades, but there were

significant differences in resilience scores between students who were class leaders or non class leaders in a study of Chinese nursing students (year 1 year 4) using a cross-sectional survey. Nevertheless, given that this study was conducted in China, the findings' transferability is questionable given the different educational systems and cultural contexts there. Two other qualitative studies found low resilience among UK mental health nursing students (Galvin et al., 2015) and South African nursing students (Janse van Rensburg et al., 2012). Participants in these two studies reported that they struggled to adjust to and cope with stress related to their nursing programmes, which was especially noticeable among third year students (Janse van Rensburg et al., 2012; Galvin et al., 2015). In terms of stress levels, a study conducted in Spain by Rios Riquez et al. (2016) found that, using the cut off point proposed by Bresó et al. (2006) for the Spanish population, the prevalence of burnout was 2.65 percent. However, He et al. (2018) reported in an Australian study that their participants had higher stress levels than the younger groups (nursing or health allied) reported in previous studies. However, as the author, He et al. (2018) suggests, such findings should be interpreted with caution because participants may have responded in ways that they consider socially desirable rather than reflecting their actual situation Smith and Yang (2017) evaluated the level of stress among Chinese nursing students (years 1-4) in China and discovered that it was relatively higher when compared to western nursing students. They also found a significant difference in stress levels between nursing students of different years; however, whether they are class leaders or not, there is no significant difference in stress levels. Two other qualitative studies discovered that nursing students experienced stress during their placement study (Janse van Rensburg et al., 2012; Galvin et al., 2015).

In terms of psychological health, Rios Riquez et al. (2016) reported that 8.8 percent of the 113 nursing students in their study were vulnerable or at risk of experiencing more negative psychological health based on the General Health Questionnaire-12 psychological measurement (Goldberg and Williams, 1988). Furthermore, Smith and Yang (2017) reported that in their study, senior nursing students (year four) had the lowest psychological wellbeing scores compared to earlier year groups. They also demonstrated that students in the upper and lower grades reported lower levels of psychological well-being.

4.1.2. *The interaction of resilience, stress, and well-being*

In nine observational studies, the interaction of resilience, stress, and well being was reported. In terms of stress and resilience, Rios Riquez et al. (2016) conducted a study in Spain and found a significant negative correlation between resilience and both emotional exhaustion and cynicism, while resilience was positively associated with academic efficacy. In contrast, a study conducted in Spain by Garcia Izquierdo et al. (2018) found that cynicism has no significant correlation with resilience among second year students. In another study involving similar variables, resilience was found to be weakly and negatively correlated with stress (Smith and Yang, 2017).

In terms of how resilience and well-being interact, resilience is significantly and positively correlated with well being (Gibbons et al., 2011; He et al., 2018; Rios Riquez et al., 2018). In other words, higher levels of resilience are associated with higher levels of psychological well-being in students. Rios Riquez et al. (2018) discovered in Spain that students' resilience and psychological well being improved over the course of their studies (years 2 and 4). However, because the results are based on a single cohort of students and are national in scope, generalizability is questionable. Furthermore, a Chinese academic study found that a positive coping style had no significant effect on well being (Luo and Wang, 2009), but this study did not report the reliability and validity of the scales, so the results may be inaccurate. Some studies found that stress had a significant effect on psychological health when it came to the interaction between stress and well-being. In other words, higher levels of stress are linked to lower levels of well being. Furthermore, Rios Riquez et al. (2016) and Rios Riquez et al. (2018) found that when emotional exhaustion and cynicism were present, the well being scores recorded were lower. Furthermore, they discovered that there was no link between academic efficacy and psychological well being. Finally, in terms of the interaction between resilience, stress, and well being, some studies have found a significant relationship between resilience, stress, and well-being (Klainin-Yobas et al., 2014; Rios Riquez et al., 2016; Smith and Yang, 2017; Garcia-Izquierdo et al., 2018). A study conducted by Garcia Izquierdo et al. (2018) has emphasised that nursing students who demonstrate lower levels of resilience and higher levels of stress report lower levels of well-being. Meanwhile, Smith and Yang (2017) discovered that resilience and stress

are both moderately and negatively related to well being. However, a random clinical trial conducted in India by Mathad et al. (2017) revealed that, while yoga improved resilience, life satisfaction, and perceived stress, the results were not statistically significant.

4.1.3. *The predictors of resilience and happiness*

Four papers mentioned predictors of resilience and psychological well being, but stress was not mentioned (Rios Riquez et al., 2016; Garcia-Izquierdo et al., 2018; He et al., 2018; Rios Riquez et al., 2018). Garcia Izquierdo et al. (2018) used hierarchical multiple regression analysis to determine the predictors of resilience in one quantitative study. A study was carried out on sex, emotional torment, and academic efficacy. They concluded that emotional exhaustion and academic efficacy were significant predictors of resilience (Garcia Izquierdo et al., 2018). However, Rios Riquez et al. (2016) found that academic efficacy was not significantly related to psychological health in a study conducted in Spain. However, this finding may have been influenced by the low internal consistency obtained in the academic efficacy subscale, which may have contributed to bias in the results of the analysis performed for this variable. Three studies looked at predictors of psychological well being. In an Australian cross sectional survey with a sample consisting of 1760 nursing students, for example Negative Clinical psychology Well being (N-PWB), resilience, anxiety symptoms, support from significant others, support from family, awareness, and support from friends were all reported as predictors by He et al. (2018). Friends' support was the least reliable predictor. Resilience, support from significant others, and support from family were predictors of Positive Psychological Well being (P-PWB). In another study, Rios Riquez et al. (2016) discovered that emotional exhaustion and resilience were predictive factors health using a hierarchical multiple regression analysis. Furthermore, Rios Riquez et al. (2018) found that emotional exhaustion at T1 (second academic year nursing students) is the only variable that predicts mental wellbeing at T2 (Nursing students in their fourth year of study). The perseverance of nursing students at T1 did not predict their psychological health at T2.

DISCUSSION

Overall, the findings of this systematic review indicate that stress is a part of a nursing student's life and has an impact on their psychological well-

being. As a coping strategy, resilience is reported to be variable, implying that more attention should be paid to student nurses in order to help them develop this skill. According to the findings, there was a strong interaction between resilience and stress and well being, with resilience and low stress being found to better predict well being. Unsurprisingly, all of the studies cited recommendations to inform educational policy and practise in relation to undergraduate nursing students' resilience, well being, and stress. The current study's findings, which focused on resilience, stress, and well-being, revealed that levels varied and were influenced by a variety of factors. Two papers, for example, found that nursing students' resilience levels were moderate (Rios Riquez et al., 2016; Smith and Yang, 2017), but these levels were reported to be influenced by a variety of factors, including class leaders (Smith and Yang, 2017). Other qualitative research, such as that conducted by Galvin et al. (2015), has highlighted the importance of maturity and experience as influencing factors in resilience. Overall stress has been reported to be high (Janse van Rensburg et al., 2012; Galvin et al., 2015; Rios Riquez et al., 2016; Smith and Yang, 2017), which is consistent with the previous systematic review study findings (Alzayy and Al-Gamal, 2014; Tung et al., 2018). Smith and Yang (2017) claim that Chinese nursing students have higher levels of stress than western nursing students, but such claims are difficult to verify due to a lack of international comparative studies. Nonetheless, the effects of stress on nursing students' psychological well being revealed a negative outcome for a subset of nursing students.

The analysis of the relationship between the interaction of resilience, stress, and well being revealed variation across studies. According to some studies, having a high level of resilience and a low level of stress predicts better psychological well-being (Klainin-Yobas et al., 2014; Rios Riquez et al., 2016; Smith and Yang, 2017; Garcia-Izquierdo et al., 2018). An RCT (Mathad et al., 2017) concluded, however, that the interaction between resilience, satisfaction, and perceived stress was not statistically significant. An examination of the levels of resilience, stress, and psychological well-being by study year revealed variation.

Several studies, for example, found that the level of stress, resilience, and burnout experienced by student nurses varied by student year group (Alzayy and Al-Gamal, 2014; Houpy et al., 2017; Smith and Yang, 2017). As a result, the year of study may be a factor in future research.

Finally, the findings of the systematic review identified a number of recommendations that could be used to inform educational policy and practise in the areas of resilience, stress, and well being. In this study, the most effective predictor variables of resilience were psychological stress and academic efficacy (Garcia Izquierdo et al., 2018). Furthermore, resilience, perceived stress, support from significant others, support from family, mindfulness, and help from peers were effective predictors of Negative Psychological Well Being (NPWB), whereas resilience, support from significant others, and support from parents were effective predictors of Positive Psychological Well Being (P-PWB). The current study's quantitative and qualitative findings regarding predictors may be used to inform the development of educational policy and practise concerning resilience, well-being, and stress among undergraduate nursing students.

CONCLUSION

This is comprehensive survey to examine the relationship between resilience, stress, and well being in undergraduate nursing students. Earlier studies have generally concentrated on a single concept (resilience, stress, or well being) to synthesise the evidence, whereas others have reported on predictors or incidence rate (Aburn et al., 2016; Walker et al., 2016; Thomas and Revell, 2016; Turner and McCarthy, 2017; Tung et al., 2018). This reveals a gap in the research evidence synthesising the interaction of reliance, stress, and psychological well being.

According to this review, the majority of research in this area has used a cross sectional design. Future research, however, should use different designs in order to provide a better understanding of adaptability, stress, and psychological well-being. Furthermore, more research is required to compare the levels of resilience, stress, and wellbeing among nursing students in developing countries in order to identify the influencing factors on a global scale.

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