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Article in supplement or special issue

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[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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A Study to Assess the Mental Health Status of Adolescents Studying in a Selected College of Nursing in New Delhi

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Abstract

Background: The foundation for good mental health is laid in the early years. The term adolescence is derived from the Latin word "adolescere" meaning to grow, to mature. It is considered as a period of transition from childhood to adulthood. They are no longer children yet not adults. The student population is in some ways more vulnerable than other young people. First-year college students have to adapt to new environment and ways of learning. Academic demands and workload increase and university courses require much more self-directed learning and the capacity to manage time and prioritise work. *Objectives:* To assess the mental health status of adolescents studying in a Selected College of Nursing in New Delhi. *Methodology:* To attain the objectives of the study, a quantitative, non- experimental approach was adopted. The samples for the present study comprised of 40 adolescents (DGNM 1st year students) in the age group of 18-21 years studying in a selected College of Nursing. A structured knowledge questionnaire was prepared to assess the mental health status of adolescents *Results:* The data obtained were analyzed by using the descriptive statistics. The findings revealed that all subjects (100%) had average mental health status. The subjects ranked first in their mental health status for the category. Relationship with family, followed by Academics, then Clinical, then Relationship with Friends, followed by Hostel Living and ranked last for the category Personality. *Conclusion:* Mental health status score of DGNM 1st year students was moderate and no one was found with the high and low mental health status and subjects scored highest in the domain "relationship with family", "academics" and "clinical posting" followed by "relationship with friends", "hostel living" and "personality".

Keywords: Adolescent; Mental Health; Assessment.

Introduction

Adolescents constitute roughly around 22.8% of population of India[1]. Adolescents – young people between the ages of 18 and 21 years are often thought as a healthy group[2]. Adolescents are not only in large numbers but also they are the citizens and workers of tomorrow. The problems of adolescents are multi- dimensional in nature and require holistic approach. The following changes take place during adolescent period: biological changes i.e. onset of puberty, cognitive changes – emergence of more advanced cognitive abilities, emotional changes – self-image, intimacy, relation with adults and peers group and social changes – transition into new roles in the society. Many mental health problems emerge in late childhood and early adolescence. Recent studies have identified mental health problems - in particular depression, as the largest cause of the burden of disease among young people [3]. Adolescence is regarded as a unique phase of development. It is the period between childhood and adulthood in which certain psycho-social tasks must be accomplished in order to help an individual to have a transition more successfully into the next stage of development.

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W.H.O. reports that mental health problems are common in adolescents than in early childhood and more frequent among adolescents living in urban areas than in small town or rural areas. Many of the problems affecting the adolescents today are characterized by lack of meaningfulness in their lives rather than something that can be labelled as illness [4].

The student population is in some ways more vulnerable than other young people. First-year college students have to adapt to new environment and ways of learning. Academic demands and workload increase and university courses require much more self-directed learning and the capacity to manage time and prioritise work. Both of these can be easily disrupted by mental disorder and misuse of drugs and alcohol. As a result students can face academic decline that can result in the need to repeat academic years or even to withdraw from university or college. Early adult life is a crucial stage in the transition from adolescence to independence as an adult. Underachievement or failure at this stage can have long-term effects on self-esteem and the progress of someone's life [5]. The investigators came across limited studies conducted in India and felt the need to conduct the present study with the aim to assess the mental health status of adolescents in a selected College of Nursing in New Delhi.

Methodology

The study was conducted in a selected college of nursing in Delhi. 40 adolescents (DGNM 1st year students) in the age group of 18-21 years studying in a selected College of Nursing, were selected through convenience sampling technique. A structured knowledge questionnaire with three point rating, "always", "sometimes", "never" was prepared to assess the mental health status of adolescents. The tool was designed in two sections: section A consisted of total seven items to elicit information regarding demographic data. Section B consisted of 60 items to elicit information regarding the mental health status of DGNM 1st year students. There were 29 positive statements and 31 negative statements. Mental health status was measured by adding the scores of each item to get the total score. The total score obtained by a student was interpreted as High Mental Health Status: 81 –120, Average Mental Health Status: 41 – 80, Low Mental Health Status: 0 – 40. Data were analyzed employing descriptive statistics.

Results

I. Findings related to demographic characteristics of the subjects

92.5% of the subjects belonged to the age group of 18-19 years. 57.5% were from Arts Stream. Most of the subjects (55%) stayed with both parents and siblings, 42.5% of the subjects' fathers were educated upto high school education, 37.5% of the subjects' mothers were educated upto high school. Most of the subjects' fathers (57.5%) were engaged in private jobs, majority of the subjects' mothers (82.5%) were self-employed.

II. Findings related to the assessment of mental health status of adolescents

Findings revealed that all subjects (100%) had average mental health status. The subjects' mental health status assessment clearly indicated that they had variation in different domains of mental health status. Figure 1 shows that they scored highest in the domain "relationship with family", "academics" and "clinical posting" followed by "relationship with friends", "hostel living" and "personality". This depicts that they had least issues with relationship

Fig. 1: A Scattered Pie Diagram representing the distribution of subjects according to the Rank Order of their Mental Health Status Score

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with family and had maximum problems with their personality.

Discussion

A meta-analysis conducted by Ravens-Sieberer U et al showed that the prevalence of mental health problems among adolescents ranges from 14.5% to 25% globally [6]. In the present study also all the participants had average mental health status and they had least issues with relationship with family and had maximum problems with their personality.

Findings of the present study revealed that subjects scored highest in the domain "relationship with family", "academics" and "clinical posting" followed by "relationship with friends", "hostel living" and "personality". However another study done by Seenivasan P and Caroline Priya Kumar highlighted that Conduct problems were the highest (22.6%), followed by peer problems (12.8%), pro-social behaviour (12.4%), emotional problems (12.2%) in urban Indian adolescents. 23.4% of the students felt that these problems interfered with their home life, friendships, classroom life, leisure activities. Mental problems were significantly higher among those children whose both parents were employed, across all categories [7].

Conclusion

Conclusions drawn on the basis of the finding of the study were: Mental health status score of DGNM 1st year students was moderate. Mental health status score ranked first in their mental health status for the category relationship with family, followed by academics, then clinical, then relationship with friends, followed by hostel living and ranked last for the category personality. Educational institutions have far too long concerned themselves only with the intellectual development of nursing students. Nursing students as a human being, functions in an integrated personality system. Therefore an isolated approach to their intellectual development should be supplemented with development of non-intellectual personality factors. Nursing students' health issues should adequately be addressed related to the social and emotional aspects besides physical health. Guidance and counselling should be available to the nursing students in the university campus. Counsellors should be appointed in nursing college for them.

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Job Satisfaction Among the College/University Teachers – A Descriptive Study

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Abstract

Background: Ever since the inception, the important goal of mankind has been the pursuit of happiness, peace and stress free life. One finds stress everywhere, whether it be within the family, business or work place or any other social or economic activity. Modern life has brought lot of stress and frustration amongemployees at the workplace. Job satisfaction is the employee's affective response to the job. Objectives: To assess the level of job satisfaction among the teachers and to find out the job satisfaction enhancing factors for the teachers. *Methodology:* The descriptive survey was conducted at Human Resource Development Centre, Shimla, Himachal Pradesh. 36 College and University teachers were selected for the study. Teachers were administered a preliminary information blank, Job Descriptive Index (by smith, Kendall and Hulin) and semi structured questionnaire. *Results:* Findings showed that 19.4% of the teachers were satisfied with their jobs where as 50% were moderately satisfied and 30% were dissatisfied. Measures, to improve the job satisfaction among teachers, as expressed by them, included research friendly environment, hike in salary and easing out conditions for promotion, etc. *Conclusion:* Majority of the college teachers were among the dissatisfied group.Also they expressed that they are not given the due recognition in the society, they deserve.

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Key words: Job Satisfaction; College/University Teachers; Factors Enhancing Job Satisfaction.

Introduction

College teachers are arguably the most important group of professionals for our nation's future. It is disturbing to find that many of today's teachers in higher education are dissatisfied with their jobs. Job satisfaction is good not only for employees but for society as a whole. Job satisfaction is the employee's affective response to the job. Job satisfaction has been found to be the result of various attitudes an employee holds towards his job (wages, supervision, advancement opportunities, recognition, work condition, social relation at work and life in general). Various dimensions of job satisfaction include the work itself, pay, supervision, support of co-workers, job enlargement, job enrichment, benefits, working conditions and promotion.

Teachers are the pillars of society, who help students to grow to shoulder the responsibility of taking their nation ahead of others. They desire security, recognition, new experience and independence. When these needs are not fulfilled they become tense and dissatisfied. Job satisfaction increases productivity and classroom performance in the college. The government of India is highly concerned to provide quality education at college level. But without job satisfaction among college teachers, the objective of providing quality education would not be materialized.

The work of scientists and university teachers has largely changed in the last decades. Thorson (1996) was among the first to observe that the occupation of academicians has lost the characteristic for which it was traditionally considered stress free and beneficial for work well-being. The quantity of work rather than its quality has become a source of stress, for the members of the academic community. In the subsequent years, many other authors have confirmed this increasing pressure on university teachers, which is the result of a change in the policy and social status of higher education. Kinman and Jones (2008) noted that teaches, who perceived less control over work, schedule inflexibility and less support from their superiors, experienced a higher level of work-life imbalance, which is also connected with the lower levels of psychological well-being, job-dissatisfaction and the intention of giving up the academic career.

Job satisfaction is one of the important factors in an academic organization. Various studies have been conducted in last 50 years to assess the level of job satisfaction of teachers and factors affecting their satisfaction. The study covers only job satisfaction of teachers of different colleges and Universities attending the Orientation Programme-119 at Human Resource Development Centre, Shimla.

Past experience of the researchers suggests that attracting and retaining high quality teachers is a primary requirement for an educational institution. This study is an attempt to assess the level of job satisfaction of college / university teachers and the factors which could enhance their satisfaction level. Objectives of the study include; to assess the socio-demographic characteristics of the teachers, to assess the level of job satisfaction among the teachers and the find out job satisfaction enhancing factors for the teachers.

Methods

The descriptive survey was conducted at Human Resource Development Centre, Shimla. 36 College/University teachers attending Orientation programme – 119, hailing from 17 states of India were selected through total enumeration sampling technique. The subjects were administered a semi structured questionnaire. The tool consisted of three parts. Part A consisted of 10 items pertaining to the personal and job related general information. Part B consisted of Job Descriptive Index by Smith, Kendall and Hulin to assess the job satisfaction of teachers. It comprised of 68 items and the respondents had to tick against any of the two alternatives applicable to them. Responses were 'yes' or 'no' which were scored as 1 and 0 respectively. These values were reversed for negatively recorded items. The total score ranged from 0-68. Part C was a semi-structured questionnaire to find out the factors enhancing job satisfaction. Keeping in view the objectives of the study, descriptive statistics was employed to analyze the data.

Table 1: Number and Percentage of Demographic Variables of College/University Teachers   N=36

S.No.	Variable	Number	Percentage
1.	Age (in years)		
	<35	21	58.3
	≥35	15	41.7
2.	Gender		
	Male	25	69.4
	Female	11	30.6
3.	Marital Status		
	Married	30	83.3
	Unmarried	6	16.7
4.	Tenure of the present post (Till date) in years		
	<5	22	61.1
	5-10	13	36.1
	>10	1	2.8
5.	Salary (In Rupees)		
	<25,000/-	2	5.6
	25,000-50,000/-	18	50
	>50,000/-	16	44.4

Table 2: Range and Mean of Scores of Job Satisfaction   N = 36

Variable	Range of Maximum Scores	Range of obtained Scores	Mean of Obtained Scores
Job Satisfaction	0-68	29-63	53.1

Table 3: Number and Percentage of Teachers Satisfied, Moderately Satisfied and Dissatisfied with their Job

Variable	Number	Percentage
Job Satisfaction		
Satisfied	7	19.4
Moderately satisfied	18	50
Dissatisfied	11	30.6

Graph 1: Graphical Representation of Teachers' Categories as per Level of Job Satisfaction
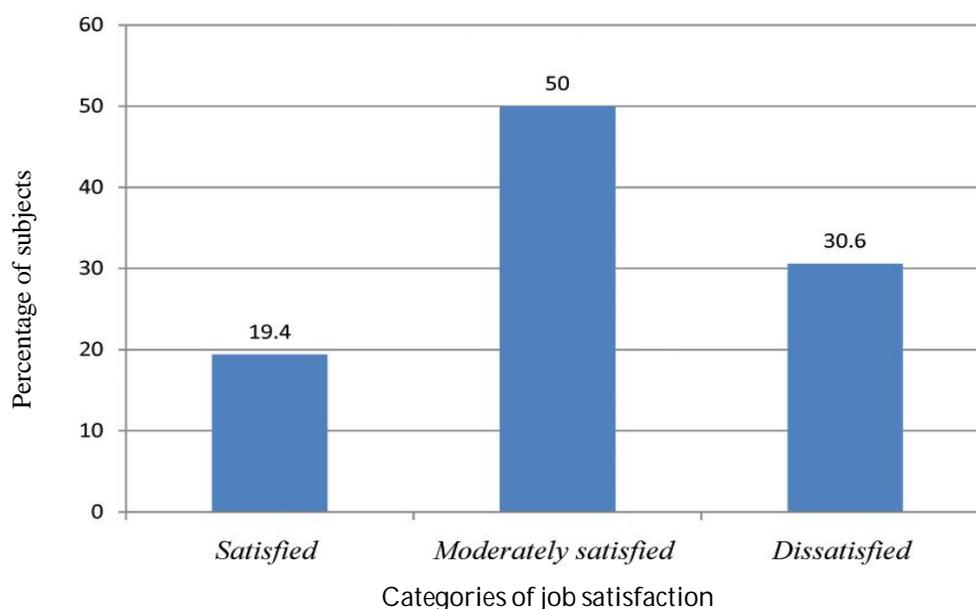
Results

(I) Findings related to the sample characteristics

58.3% subjects were in the age group <35 years and rest 41.7% were in more >35 years age group. 69.4% teachers were male while 30.6% were female. Regarding marital status, 83.3% were married and 16.7% unmarried. Pertaining to the tenure of the present post, 61.1% held the post for less then 5 years, 36.1% for 5-10 years and 2.8% for more than 10 years. 5.6% subjects were drawing monthly salary less than Rs. 25,000/-, 44.4% more than Rs.50,000/- and remaining 50% in between Rs. 25,000/- Rs.50,000/-

II Findings related to the job satisfaction of the teachers

Table 2 shows that range of obtained scores as measured by Job Descriptive Index was 29-63 and mean of the scores was 53.1. It is evident from table 3 and graph 1 that 19.4% subjects were satisfied with their jobs where as 30.6% were dissatisfied. Half of the subjects fell in the category of moderately satisfied with respect to their jobs.

III Findings related to job satisfaction enhancing factors of teachers

College & University teachers expressed their views to enhance their job satisfaction level. Their views encompassed the areas relating job hours, career advancement, work load, facilities for students, etc. Their suggestions are enlisted below in decreasing order:

➢ Research friendly environment including encouragement to involve in research activities, more research grants, adequate time and infrastructure for research work.

➢ Hike in salary – Teachers felt that the nation building teachers in India are underpaid & under recognized by the policy makers.

➢ Improvement in student-teacher ratio.

➢ End of probation period and contractual services as these hamper the loyalty & commitment level of the teachers.

➢ Easing out the conditions for promotion – More transparent, performance based cum time bound criteria should be devised for promotion.

➢ Reduction in teaching workload.

➢ Under Career Advancement Scheme, API has increased unhealthy competition among teachers so it should be reconsidered and reconstituted.

➢ Better infrastructure for teachers and students including adequately furnished offices for teachers with proper lighting, ventilation and air-conditioning. For students, adequate number and space of class rooms with locker facilities and inbuilt audio-visual aids.

➢ Liberalization in giving transport and dearness allowance to teachers for attending the workshops and conferences at state, national and international levels.

➢ Organization of more workshops to make teachers more friendly with modern technology.

➢ Provision of platform for teachers of various backgrounds to mingle with each other.

➢ Other measures to enhance the level of job satisfaction as suggested by the teachers include vanishing of red tapism, transparency in the selection process of teachers increasing the back end/non-teaching staff, democratization of the decision making process, congenial work environment, better trust based relation of the teachers with their administrators, equal workload on all teachers, equitable representation of teachers in various committees and strengthening the evaluation system of teachers by students.

Discussion

The study yielded the lower job satisfaction levels in most of the subjects. The modern world is said to be a world of stress. This stress is carried from home to the work place and vice-versa.

In the current study, merely 19.4% of the subjects were found to be satisfied with their jobs. The result is in line with satisfaction level among the teachers in Erode College as shown by the study of Sabarinathan S. and Kumar N.N. Their study revealed that only 24% of the teachers were satisfied with their job.

In the present study male and female teachers were investigated with respect to the job satisfaction. Though comparative analysis was not done on the basis of gender but both the groups fell into compromised job satisfaction category. Results reveal the 50% of the subjects are moderately satisfied and 30.6% are dissatisfied with their jobs. Results are in agreement with the job satisfaction study by Nisamudheen T. although the aspects of job satisfaction varied from male to female teachers.

In the current study, teachers were asked to suggest few measures which could enhance their job satisfaction level. Most of them gave the suggestions like; research friendly environment, hike in salary, improvement in student-teacher ratio, End of probation period, easing out the conditions for promotion, Reduction in teaching work-load and better infrastructure for teachers and students, etc. A number of researchers have focused upon positive indicators towards job satisfaction (Judge et at, 2001), work engagement and happiness at work (Diener at al, 2008 and Warr, 2009). Kinman and Jones (2008) revealed that teaches, who perceived less control over work, rigid schedule and less support from superiors, experienced higher level of work-life imbalance which is also connected with job dissatisfaction and the intention of giving up the academic career. All these research findings reveal the same or similar results as that of the current study with respect to the factors enhancing the job satisfaction level.

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A Study to Evaluate the Effect of Yoga on Insomnia among Post Menopausal Women in Selected Rural Areas at Vadodara, Gujarat, India

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Abstract

Introduction: Sleep is a universal behavior that has been demonstrated in every animal species studied, from insects to mammals. It is one of the most significant human behaviors occupying roughly one third of human life. Sleep occupies a greater portion of our life and is considered as one among the three *upasthambhas* of existence. Sleep disturbance have been a major concern of physicians, psychologists and social scientists especially since last few decades because of the rising trend of different sleep disorders. Although the exact functions of sleep are still unknown, it is clearly necessary for survival, because prolonged sleep deprivation leads to physical and cognitive impairment. *Objectives:* (1) To assess the pre test and post test level of insomnia among post menopausal women. (2) To evaluate the effectiveness of yoga among post menopausal women. (3) To associate the post test level of insomnia with selected demographic variables. *Material and method:* The research approach used for the study was the Quantitative research approach. The study was conducted using pre experimental design with one group pre-test and post-test. The independent variable is yoga and dependent variable was insomnia among post menopausal women. The study was conducted on 30 post menopausal women in rural area of Vadodara using non probability convenient technique. The data was collected by using rating scale. The data was tabulated and analyzed in terms of objectives of the study, using descriptive and inferential statistics. *Results:* In the pre-test, post menopausal women having 55. 83% level of insomnia and mean score was 40.20 ±8.24. In the post test post menopausal women having average 35.28% of insomnia and mean score was 25.40±5.73. The post test mean insomnia score is significantly lesser than the pre test mean insomnia score. The *t* calculated value 13.690 is more than tabulated value 2.045 at 0.05 level of significance. So we accept H_1 and conclude that there is significant difference between level of pre test and post test insomnia among post menopausal women exposed to YOGA. In the pre test majority (63.3%) of the post menopausal women had moderate insomnia but in the post test there was marked reduction in the level of insomnia with majority (83.3%). The ANOVA (analysis of variance) was used to determine the association between level of post test insomnia and selected demographic variables. From the entire demographic variables no significant association was found with post test score. *Conclusion:* It can be concluded that post menopausal women can utilize the knowledge regarding yoga and practice the same. The study findings reveal that yoga was highly effective in improving sleep quality of post menopausal women.

Keywords: Evaluate; Effect; Yoga; Insomnia; Post Menopausal Women.

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Introduction

Woman is a precious creature of God. She has many roles in the society to perform being a daughter, sister, wife and a mother. She works easily with the opposite sex at work place but also has responsibilities to perform as a home maker and to rear a child. In order to perform these functions effectively her health needs have to be taken care and requires more attention [1].

Menopause is a complex time in a woman's life leading to both physical and emotional challenges. Menopause currently affects the lives of millions of women globally and will be an issue of increasing concern as the population ages over the next few decades. The word menopause literally means the permanent physiological or natural cessation of menstrual cycle. In other words, menopause means the natural and permanent stopping of monthly reproductive cycles, which is usually manifest as a permanent absence of monthly periods or menstruation. Post menopause refers to the period of life after menopause has occurred. It is generally believed that the postmenopausal phase begins when 12 full months have passed since the last menstrual period. From then on, a woman will be postmenopausal for the rest of her life [3].

During menopausal period women experience both physiological as well as psychological changes. Physiological changes include hot flushes, joint pain, irritable bowel movements, and weight gain and hair loss. Psychological changes include anxiety, depression, sleep disturbance and stress. Women experience stresses in many ways and can be external and internal. It can cause changes in body images, attitude towards ageing and also leads to mood changes [2].

The best management of menopausal problems is accepting it with ease. Lord Krisna in Bhagvadgita says Yoga is nothing but equanimity towards the pairs of opposites like happiness and sorrow, loss and victory etc. Accepting the unavoidable is the best way to counter it. Human life is a continuous process of changes and menopause is one of them. Accepting this fact reduces major fraction of the problems since it induces a psychological strength to combat the same. Thus a psychological adaptability along with a few yogic practices may be sufficiently helpful for a woman in facing menopause, one of the major turning points of her life [4].

Nurses play a vital role in maintaining women's health and to make them aware about menopause and stress related to it. Menopausal stress is usually mild to moderate levels of stress. Some women may go through severe level of stress and this level of stress has to be identified by the nurses. The nurse should advise them to practice some sort of relaxation techniques, yoga or exercise to practice in daily life. As a nurse she should give psychological support to the menopausal women [5].

Material and Method

Research Approach

A quantitative approach was used.

Research Design

A one group pre-test post-test Pre experimental research design was adopted.

Setting of the Study

The study was conducted among post menopausal women in rural area of Vadodara.

Sample

The sample for the present study comprises of 30 post menopausal women in rural area of Vadodara

Sampling technique

Convenient sampling technique was used.

Development of tool for data collection

It consists of 2 sections:

Section I: It consists of selected demographic data of sample.

Section II: A structured insomnia rating scale

Total 24 items were included in the rating scale.

Validity of instrument

To ensure content validity of the tool, the self structured rating scale was sent to 7 experts. The experts were selected based on their clinical expertise, experience and interest in the problem being studied. They were requested to give their opinions on the appropriateness and relevance of the items in the tool. The experts were from the field of nursing, psychiatrists and psychologists. Modifications of items in terms of simplicity and order were made.

Reliability

In this study, the reliability was done in the Piparia village of Waghodia tehsil, Vadodara. After obtaining administrative permission the tool was administered to 4 samples as per the set criteria. The reliability was established by using spearman brown spilt–half method and test retest method. The score was analyzed and the value r = 0.819 was found which indicates the high degree of positive correlation which is statistically significant. This indicates that the tool was reliable.

Data collection procedure

To conduct research study at rural area of Dabhoi

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tehsil at Baroda, formal written permission was obtained from the superintendent of Dabhoi Community health center. Data were collected from 30 subjects who met the inclusion criteria as per the study. The questionnaire was distributed for pre test and instructions were given on answering the questionnaire and doubts were clarified. Each post menopausal woman took an average of 15-20 minutes to complete the pre-test. On the 1st and 2nd day the pre test data was obtained using structured rating scale. Then from 3rd day to 18th day 30 minutes planned yoga was administered. On the 18th day and 19th day post test was conducted using the same tool to assess the level of insomnia. The investigator continued this pattern of data gathering process till the completion of data collection.

Analysis of data

It was analyzed by using both descriptive and inferential statistics on the basis of the objectives and hypothesis of the study.

Descriptive statistics

➢ Baseline Proforma containing characteristics of post menopausal women would be analyzed using frequency and percentage. Percentages were worked out for interpretation.

➢ The level of insomnia among post menopausal women before and after administration of yoga would be calculated using mean, median, range and standard deviation.

Inferential statistics

➢ Paired 't' test was used to assess the effectiveness of yoga among post menopausal women.

➢ The ANOVA (analysis of variance) was used to find out the association between post test level of insomnia and selected demographic variables.

Data presented in the form of tables and graphs.

Findings

Section- I: Description of sample characteristics

➢ 14(46.7%) of post menopausal women were in the age group of above 52 years, 11(36.7%) in 45-47 years and only 5(16.7%) were in the 48-51 years.

➢ 24(80.0%) of post menopausal women belongs to the primary education group while 3(10.0%) belonged to the secondary education group, 2(6.7%) illiterate and 1(3.3%) higher secondary group of education.

➢ 28(93.3%) of post menopausal women lived in the joint family while 2(6.7%) of post menopausal women lived in the nuclear family.

➢ 19(63.3%) of post menopausal women were housewives while 4(13.3%) post menopausal women were engaged in the business and 3(10.0%) post menopausal women in the government job.

➢ 21(70.0%) post menopausal women were 1(3.3%) unmarried and rest 8(26.7%) were married but widow.

➢ 14(46.7%) attained menopausal more than 6 years ago, 4(13.3%) attained 5-6 years ago, 7(23.3%) attained 3-4 years ago and rest 5(16.7%) attained 1-2 years ago.

Section-II: Level of insomnia among post menopausal women before and after administration of YOGA.

Table 1: Range, mean, percentage and standard deviation of pre test and post test level of insomnia among post menopausal women

Observation	Range	Mean	Percentage	S.D.
Pre test	0-72	40.20	55.83%	8.24
Post test	0-72	25.40	35.28%	5.73

Table 1 shows range, mean, mean percentage and standard deviation (S.D.) of insomnia score before (Pre-test) and after (post-test) administration of yoga among post menopausal women. Range of maximum score was 0-72.

Pre-test mean score and mean % were 40.20 and 55.83% respectively with S.D. 8.24. Post-test mean score and mean % were 25.40 and 35.28% respectively with S.D. 5.73.

Section- III: Analysis of effectiveness of YOGA on insomnia among post menopausal women.

Table 2: Mean, standard deviation, mean difference and 't' value of pre- test and post test scores.

Parameter	Mean	Standard deviation	Mean difference	't'$_{cal}$ value	P value	't'$_{tab}$ value
Pre test	40.20	8.24	14.8	13.690	.000	2.045
Post test	25.40	5.73				

Table 2 depicts mean, standard deviation of pre test and post test with the mean difference, 't' value and p value of pre test and post test scores. The mean difference of pre and post test score was 14.8. Calculated t-value 13.690 was greater than the table t-value 2.045 at 0.05 level of significance. Hence, it proves that yoga is effective on insomnia among postmenopausal women.

Section-IV Association between level of post test insomnia and selected demographic variables.

So here ANOVA (analysis of variance) has been used. Data have been analyzed with the use of SPSS version 20.0 and there is no significant association between level of post test score and selected demographic variables with 0.05 level of significance.

Conclusion

The overall pre test mean insomnia score of the post menopausal women was 40.20 ±8.24 and post test mean insomnia score of the post menopausal women was 25.40±5.73. The post test mean insomnia score is significantly lesser than the pre test mean insomnia score. So the YOGA was effective.

The ANOVA (analysis of variance) was used to determine the association between level of post test insomnia and selected demographic variables like age, education, type of family, occupation, marital status and years after menopause. There was no significant association between level of post test score and selected demographic variables at 0.05 level of significance.

Conclusively, result of the current study revealed that yoga has marked impact on insomnia among the post menopausal women in rural India. Problems of sleep disturbance among these women can be significantly reduced by the practice of yoga and hence the assumption of the researchers in this regard proved to be true.

Thus nurses can utilize yoga therapy to tackle the problems of insomnia among post menopausal women by means of an information booklet, video or live demonstrations as a teaching tool.

Limitations of the Study

➢ Data collection period was limited to 4 weeks; hence the sample size was relatively very small.

➢ Sample size was selected from only rural areas of Vadodara.

➢ The questionnaire with rating scale has the possibility of getting average or good score which could be chance factor in this study.

➢ The study was confined to 30 subjects, which resulted in reduced power in statistical analysis.

➢ The study is limited to post menopausal women who are willing to participate in the study.

➢ The setting of timing for the yoga is quite difficult for the rural women.

➢ It is difficult for the samples to continue the therapy for continuous 15 days.

Recommendations

Based on the findings of the present study recommendations offered for the future study are:

➢ Similar study can be conducted on a larger sample.

➢ A comparative study can be conducted with control group.

➢ Similar study can be conducted on urban sample.

➢ Similar study can be conducted with different population and setting.

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Assessment of Knowledge on Autism Spectrum Disorder among Nurses of Selected Hospital of Pune City

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Abstract

Background: Autism Spectrum Disorder (ASD) is pervasive and lifelong neurodevelopmental disorder characterized by impaired socialization, impaired verbal and nonverbal communication, and restricted interests and repetitive patterns of behaviour. The nurses' level of understanding of Autism Spectrum Disorders can have a great impact on the prognosis of children with Autism Spectrum Disorder. This study is aimed at assessing knowledge of nurses about Autism spectrum Disorder. *Objectives:* To assess the level of knowledge among nurses regarding Autism Spectrum Disorder. *Material and method:* Quantitative Non Experimental research approach and descriptive research design was used with 50 sample size. Tool consisted of demographic variables and structured questionnaire with 65 items related to Autism Spectrum Disorder under the following domains: meaning, diagnosis, causes, sign and symptoms and management. The data were analyzed with descriptive statistics wherever required. *Results:* Majority of nurses, 54% had poor level of knowledge related to Autism spectrum disorder, 35% of nurses had average level of knowledge and only 8% of nurses had good level of knowledge about Autism spectrum disorder. *Conclusion:* findings of the study projected well the level of knowledge of nurses about the Autism Spectrum Disorder. Majority of nurses had poor knowledge regarding Autism Spectrum Disorder.

Keywords: Knowledge; Nurses; Autism Spectrum Disorder.

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Introduction

Autism Spectrum Disorders (ASD) are pervasive and lifelong neurodevelopmental disorders characterized by impaired socialization, impaired verbal and nonverbal communication, and restricted interests and repetitive patterns of behavior [1,2,3]. In the absence of national studies, the estimated rate for autism in India so far ranged between an impressionistic 1 in 500 to 1 in 150. The survey was conducted in 4,000 households in Andhra Pradesh, Odisha, Himachal Pradesh, Haryana and Goa in collaboration with AIIMS, Thiruvananthapuram Medical College and universities of Stanford and Pennsylvania, US [4]. It has long been presumed that there is a common cause at the genetic, cognitive, and neural levels for autism's characteristic triad of symptoms [5].

Caring for children with childhood autism and other pervasive developmental disorders requires the services of professionals like psychiatrists, paediatricians, nurses, clinical psychologists among others [6].

The nurses' level of understanding of ASD can have a great impact on the prognosis of children with Autism Spectrum Disorder. This study is aimed at assessing knowledge of nurses about Autism spectrum Disorder.

Material and Method

Quantitative Non Experimental research approach was adopted for the study. Descriptive research design was used. Population was nursing personnel and sample size was 50 in number, selected through Non Probability convenience sampling technique. Setting was Yashwantrao Chavan Memorial

Hospital, Pune. Developed tool contained two sections: *Section A* consisted of demographic variables like age, gender, professional qualification, years of experience, training attended related to Autism Spectrum Disorder and exposure to Autism Spectrum Disorder. *Section B* consisted of self structures questionnaire of 65 items related to Autism Spectrum Disorder under the following domains: meaning, diagnosis, causes, sign and symptoms and management. It took 20mins to fill the questionnaire. The possible total maximum score was 65 and minimum score was 0. After obtaining the permission form the concerned authority and informed consent from the samples, the investigator administered the tool. The data were analysed for the findings.

Result

Section-I: Description of samples according to Demographic characteristics by frequency and percentage is given in Table 1.

Table 1: Frequency and Percentage of nurses as per their Demographic characteristics   (N= 50)

Variable	Frequency	Percentage (%)
Age (years)		
20-25	07	14
26-30	13	26
31-35	09	18
>35	21	42
Gender		
Male	01	02
Female	49	98
Qualification		
Diploma in Nursing	37	74
Graduation in Nursing	12	24
Post-Graduation in Nursing	01	02
Professional experience (Years)		
< 2	14	28
2.1 – 5	14	28
5.1 – 10	08	16
>10.1	14	28
Training attended related to Autism Spectrum Disorder		
Yes	05	10
No	45	90
Exposure to child with Autism Spectrum Disorder		
Yes	11	22
No	39	78

➢ Majority of nurses were found to be in more than 35years of category and least number was found in the 20-25yeras of category.

➢ 98% samples were female and only 2% are from the male category.

➢ Majority of nurses, 74% of them have done Diploma in nursing and only 2% fall in the post-graduation in nursing category.

➢ Except 5.1 -10 years of experience category, rest all three category have equal percentage of years of experiences.

➢ 90% of samples had not attended any training related to Autism Spectrum disorder; only 10% nurses had undergone the training.

➢ Majority of the samples, 78% had not exposure with the child with autism and only 22% had come across with a child with Autism Spectrum Disorder.

Section II: Analysis of data related to the level of knowledge of nurses on Autism Spectrum disorder.

Table 2: Level of knowledge of nurses on Autism Spectrum Disorder   (N=50)

Knowledge score	Frequency	Percentage (%)
0-22 (Poor)	27	54
23-45 (Average)	19	38
46-65 (Good)	04	08

Fig. 1: Pie diagram shows the level of knowledge of Nurses on Autism spectrum disorder

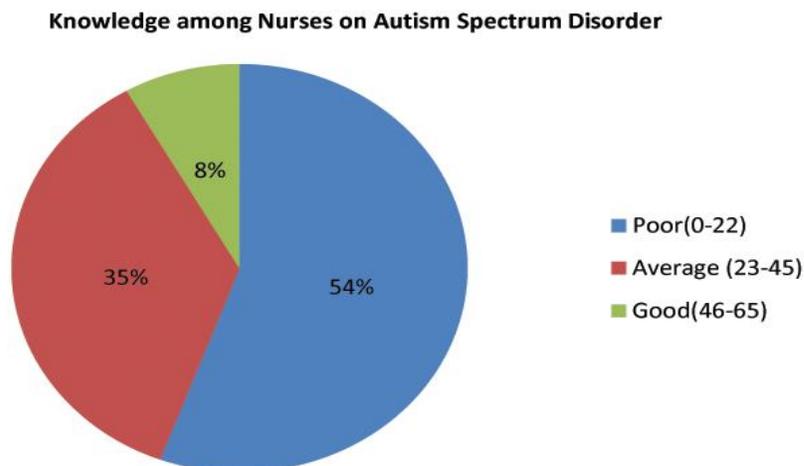**Knowledge among Nurses on Autism Spectrum Disorder**

Table 2 and Fig 1 reveal that 54% of samples had poor level of knowledge related to Autism Spectrum Disorder, 35% of samples had average level of knowledge and only 8% of samples had good level of knowledge.

Discussion

The purpose of this study was to assess the knowledge level of nurses on Autism Spectrum Disorder. Results of this study indicated poor knowledge among the nurses regarding Autism Spectrum Disorder. These findings are consistent with the findings of study of Bakare et al [7]. They had noted that nurses working in tertiary health institutions in south-east and south- regions of Nigeria scored low on the knowledge about childhood autism among health workers (KCAHW). Knowledge gap was found to be higher in domain 3 (symptoms of obsessive and repeated pattern of behaviour), followed by domain 1 (symptoms of impairments in social interaction), domain 4 (type of disorder childhood autism is and associated co-morbidity) and domain 2 (symptoms of communication impairments).

Similar findings were observed by Strunk JA [8]. The Study showed that the school nurses are not adequately knowledgeable concerning communication skills, behavioural therapies and safety issues.

Study findings are consistent with findings of Monday N Igwe et al [9]. The total mean knowledge score was 12.56 ± 3.23 out of a total of 19 possible on the KCAHW questionnaire by the study group which

was low and a reflection of deficit in knowledge, education and awareness about childhood autism among the paediatric and psychiatric nurses.

Conclusion

Thus the findings of the study projected well the level of knowledge in nurses about the Autism Spectrum Disorder. Majority of nurses had poor knowledge regarding Autism Spectrum Disorder and they updated about ASD through workshops, seminars or conferences so that early diagnosis of children can be made.

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Thought Stopping Activity as Innovative Trend to Deal with Stresses

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Abstract

Introduction: Modern age is the age of stress. Stress is unavoidable and an integral part of our lives. Though stopping activity is one of the techniques to manage the stresses. The current study was conducted to assess the effectiveness of thought stopping activity on level of stress among industrial workers of selected industries of Pune. *Approach:* Descriptive Evaluative approach. *Design:* Quasi experimental nonequivalent control group design. *Subject–Population:* Target Population: Industrial workers of Industries from Maharashtra. Accessible Population: Industrial workers of selected Industries from Pune; *Sample:* Industrial workers of selected areas; *Sample Size:* Sample consisted of 60 subjects; *Sampling Technique:* Non probability quota sampling; Industrial worker in selected industries was taken as samples. Non probable quota sampling technique is used. Samples size 60 (30 experimental, 30 control group). *Data collection tool:* A self reported semi structured questionnaire and perceived stress assessment scale. *Data analysis:* The collected data was coded, tabulated and analyzed by using descriptive statistics (mean percentage standard deviation) and inferential statistics. Significance difference between pre test and post test reading was analyzed by paired t test. Association of selected demographic variables with demographic data was done by ANOVA test. Then analyzed data is presented in tabulate form. *Result:* Findings of experimental group: overall pre-test stress score was 73.7 and post test stress score was 48.3. t test was used to test the research hypothesis and it was accepted as t calculated > t table. (7.9>2.05). It shows that thought stopping activity was very effective in reduce level of stress among the industrial worker.

Keyword: Effectiveness; Thought Stopping Activity; Stress; Industrial Workers.

Introduction

Our thoughts give colour our perceptions, and affect our stress level. What thoughts are serving you today? Which thoughts are weighing you down? As stress is a disease of modern life. We generally use the word "stress" when we feel that everything seems to have become too much – we are overloaded and wonder whether we really can cope with the pressure placed upon us. Anything that poses a challenge or threat to our well- being is a stress. Some stresses get you going and they are good for you. Without any stress at all many say our lives would be boring and we would probably feel pointless. However when stresses undermine both our physical and mental health they are bad. Stress is unavoidable and it is not possible to eliminate it from our lives entirely. Life is full of challenges, and a life without some turmoil is not only impossible but is also undesirable. The hassles, deadlines, frustrations, and demands of modern life have made stress so common that it has become a way of life for many people.

There are many techniques to manage the stress. Out of which thought stopping activity is one of the most effective technique to manage the stress. Thought

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stopping is a cognitive techechnique in which train of negative thought is stopped by various means such as shouting 'stop' or silently saying 'stop' to oneself, clawing and rubber band snapping as thought proceed in mind. Keeping this information in the background a study was conducted for the industrial workers at pune.

Objectives of the study were as follows:

➢ To assess the level of stress before thought stopping activity among the industrial workers of control and experimental group.

➢ To assess the level of stress after thought stopping activity among the industrial workers of control and experimental group.

➢ To evaluate the level of stress before and after thought stopping activity among the industrial workers.

Research Methodology

Research approach and design

Evaluative approach. A non-equivalent control group design was chosen for the study.

Sampling technique

The sampling technique used in this study was non-probability. Quota sampling. Sample size 60 (30 experimental group, 30 control group).

Industrial workers who already had undergone any yoga or thought stopping activity program and who were practicing it daily, were excluded from the study.

Development and description of tool

A self reported semi structured questionnaire and Perceived Stress Assessment Scale were used for data collection. Reliability of tool was done by Guttmann Split Half method. Coefficient vale (0.82) showed that the tool was reliable to conduct study.

The demographic data of the industrial workers was collected by the semi-structured questionnaire.

Four point Perceived Stress Assessment Scale consist of total 30 questions. Range of scores was 0-120. Stress was graded as per the score obtained by the subjects as:

➢ 0-30 = Mild stress

➢ 31-60= Moderate stress

➢ 61-90 = Severe stress

➢ 91-120 = Extreme stress.

Results

Finding of stress level in experimental and control group before and after intervention

Table 1: Percentage Distribution of the Industrial Workers in Control and Experimental Group by their Grades of Stress   N=30+30=60

Group	Grades of Stress	Percentage of Subjects	
		Pre-test	Post-test
Control of Group	Mild	-	-
	Moderate	10	6.6
	Severe	83.33	93.33
	Extreme	6.66	-
Experimental Group	Mild	-	-
	Moderate	13.33	90
	Severe	66.66	10
	Extreme	-	-

In the control group before intervention, moderate, serve and extreme stress was reported by 10%, 83.33% and 6.66% subjects respectively. In the experimental group before intervention; moderate and severe stress was reported by 13.33% and 66.6% subjects respectively.

In the control group no intervention was done but with the post intervention in the experimental group,

again stress level was assessed. In the control group then moderate and severe stress was reported by 6.66% and 93.3% subjects respectively. In the experimental group, post intervention moderate and severe stress was reported by 90% and 10% subjects respectively.

Finding of Stress Score and effect of thought stopping activity in Experimental Group

Table 2: Mean, Standard Deviation and 't' values of Pre and Post Test Stress Scores of Experimental Group   N=30

Experimental Group	Mean Score	Standard Deviation	't' Value
Pre Test	73.7	15.8	7.9
Post Test	48.3	8.0	

Significant at 0.05 level of significance.

Fig. 1: Mean pre and post test stress scores in experimental group
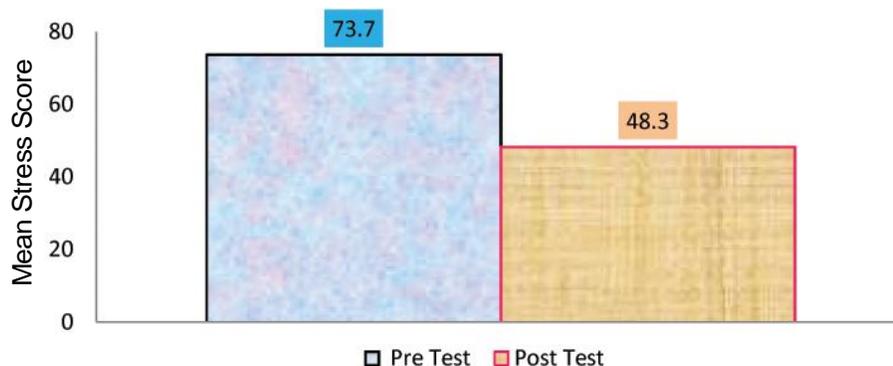
The mean pre test score 73.7 was higher than mean post test score 48.3. Dispersion of pre test score SD 15.8 was more than that of their post test score SD 8.0 and 't' value was 7.9, which was more than table value of 't' 2.05 at the level of 0.05. Thus data in the Table 2 and figure 1 showed higher value of 't' than the table value 2.05 at $p<0.05$ indicating significant difference between pre test and post test stress level among industrial workers. Thus, it can be concluded that thought stopping exercise was effective to deal with stress. Thus, research hypothesis is accepted i.e. there is significant effect of thought stopping activity on level of stress among industrial workers as measured by Perceived Stress Assessment Scale at 0.05 level of significance.

Finding of Stress Level in Control Group

Table 3: Mean, Standard Deviation and 't' values of Pre and Post Test Scores of Control Group   N=30

| Control Group	Mean Score	Standard Deviation	't' Value
Pre Test	73.5	10.3	-0.72
Post Test	75.4	9.89	

The mean pre test score 73.5 which was less than mean post test score 75.4. Dispersion of pre test score SD 10.3 was more than post test score SD 9.89 and 't' value -0.72 was less than table value of 2.05 at the level of 0.05. Thus data in the Table 3 indicated no significant difference between pre-test and post-test stress levels among industrial workers without any intervention.

Table 4: Mean, Standard Deviation Significance difference between post test stress level in control group and experimental group   (N= 60)

Test	Mean	SD	SE	t calculated	t table
Post test control group	75.4	9.89	2.32	11.68	2.02*
Post test experimental group	48.3	8			

*Significant at 0.05 level of significance

Fig. 2: Graph showing Mean Post Test Stress Scores in Control and Experimental Groups
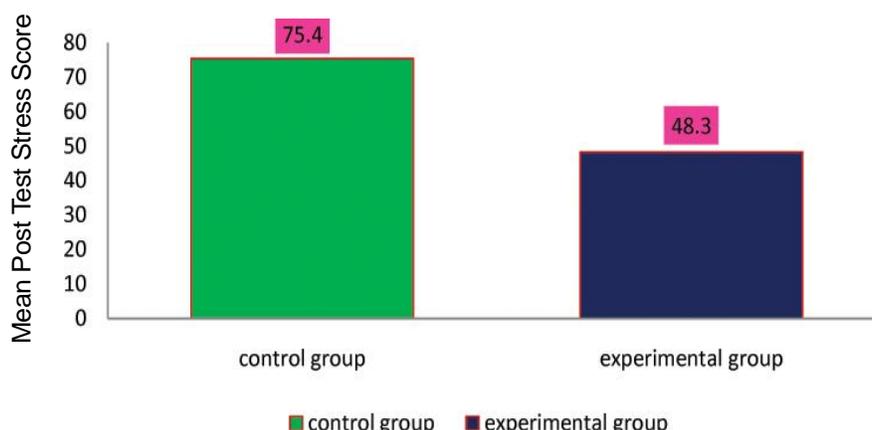
As shown in table 4 and figure 2; mean post test score of control & experimental groups respectively were 75.4 and 48.3 and their corresponding SD values were 9.89 and 8 with stand error of mean difference as 2.32. Computed 't' value 11.68 was more than table value 2.02 at 0.05 level. Hence, research hypothesis is accepted i.e. there is significant difference of thought stopping activity on the level of stress as measured by Perceived Stress Assessment Scale between control and experimental groups at 0.05 level of significance.

Discussion

The present study was conducted on industrial workers to assess the effectiveness of thought stopping activity on their stress levels. Finding revealed that they had moderate to severe levels of stress and this activity reduced their stress level significantly. This technique may be used, to manage the stress, mental and community health nurses in various situations. In hospitals as well, thought stopping can be taught to the nurses and other health care workers to effectively deals with their stress.

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Multidisciplinary Management Approach in Mental Health: Role of Psychiatric Nurses

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Mental illnesses have enormous impact on the psychological and physical wellbeing of the individuals affected as well as on their families and the society. Management of mental illnesses is of utmost importance and is often a challenge. Since time immemorial, patients with mental illnesses are seen differently, treated badly and highly stigmatized as mental illness is perceived as an enigma (unknown cause, unpredictable course & outcome).

The history of mental health treatment is centuries old. The approaches of management of mental illnesses have been evolved with time. For a quite long time, the approaches followed were experiential ones and only recently, the focus is shifting towards the evidence based approaches.

Multidisciplinary approach is a noble management approach, which blends multiple disciplines in a single platform to achieve a holistic therapeutic goal [12]. Multidisciplinary approach in mental illnesses is required for several reasons like:

- Multiple needs of the clients
- Provision of more focused care
- Exercising the skills on the area of expertise
- To provide a holistic care
- Commonness of physical co-morbidities with mental illnesses

In a multidisciplinary team, each team member has a defined role, but due to some contextual factors there occurs blurring of the individual roles which always remains a challenge [1]. For example – in the management of psychosexual disorders or evaluation of a victim with sexual assault, the patients often face difficulty in discussing the issues with opposite gender. In such cases, to respect the privacy and comfortability of the client, one of the members of the team, who may not be expert enough to deal with a specific issue, may have to go beyond the expected role. Mental health nurses, sometimes play pivotal roles in such crisis situations.

Studies suggest that integrated and multidisciplinary approach is more effective than conventional approach in conditions like – substance use disorders with co-morbidity [2], dementia & other cognitive disorders [4, 5], functional gastrointestinal disorders [3], severe somatoform disorder [6], psychiatric disorders associated with pregnancy [7], mood disorders [8]. Multidisciplinary approach is also essential for continuity of care as well as minimizing the gap between physical and mental wellbeing [9, 10]. Continuity of care includes – continuity of information, management and therapeutic relationship [10]. Psychiatric disorders need long term treatment; hence continuity of care is highly essential which need to be maintained by the nurse.

Nurses have an important role in providing care for both mental as well as physical health [10]. Nurses can effectively provide general health care, health education, information about healthy life styles. Assessment and monitoring is an integral part of mental health. Nurses play an important role in assessment of general condition, ward behavior, mental status examination, monitoring of general as well as mental health, monitoring of side effects etc. As per the Mental Health Atlas, 2011 released by World Health Organization (WHO), mental health section, approximately 30 countries (mostly underdeveloped) face severe scarcity of manpower in mental health, as a result of which, nurses used to

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prescribe medications [11]. In resource scarce settings, nurses have to handle added responsibilities and imagining about multidisciplinary approach for psychiatric care is a dream.

Community mental health is an important emerging mental health service. Mental health nurse has an important role in community mental health services. In India, national mental health program (NMHP) is running for more than three decades. Under NMHP, several districts of different states of India, multidisciplinary teams are working at the community level. Mental health nurses have to play multiple roles, where there is scarcity of other mental health professionals. Similarly, mental health nurses working with intravenous drug users and other substance use disorders have to dispense drugs, counsel patients and monitor general health conditions of patients as well as coordinating with physicians for the holistic care of the patients.

Multidisciplinary approach gives a learning experience. All members of the multidisciplinary team learn from each other, which helps them in providing holistic care. An experience of working in a multidisciplinary team increases the confidence as well as competence.

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Nursing Care in Mental Health: Challenges in Resource Scarce Settings

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Holistic mental health care needs the collaborative effort of psychiatrists, psychologists, psychiatric social workers, psychiatric nurses as well as occupational therapists. All the individuals involved in mental health care have their unique responsibility, without which mental health care delivery is compromised.

As per the Mental Health Atlas 2011, majority of underdeveloped and developing countries are struggling to provide holistic mental health care to the people in need [1]. Globally, nurses constitute the most prevalent mental health professional (5.8 per 100,000 population) to provide mental health care [1]. So far the mental health resources are concerned, African and South East Asian countries have 0.61 and 0.77 nurses respectively for every 100,000 population in comparison to global median rate of 5.8 per 100,000 populations [1]. All over the world, there are very few nurses associated with mental health settings (1.67%) [2]. In European, Western pacific and American countries the proportion are 4.53, 2.30 and 2.14 respectively, where as in African and South East Asian countries, it is found to be 0.56 and 0.76 respectively for every 100,000 population [2]. The above data indicates about the gross global scarcity of mental health nurses [2]. So far the psychiatric units of general hospitals are concerned, the global median rate of 0.31 nurses per 100,000 populations [2]. There is scarcity of all mental health resources including mental health nurses in developing countries like India [3]. In low income countries the rate is 0.07 and in high income countries, it is 5.99 per 100, 000 population [2]. In the psychiatric units of South East Asian countries, there are 0.05 nurses' per 100,000 populations [2]. In the community mental health settings of South East Asian countries, there are 0.01 nurses per 100,000 populations [2].

Globally, it is found that 71% of countries do not allow nurses to prescribe medicines, whereas 26% countries allow it with some restriction and 3% countries without any restriction [1]. Globally 13% countries have the law or policy to permit primary health care nurses to independently diagnose and treat mental health disorder in primary care settings, however in South East Asian Region (SEAR), there is no such law or policy [1]. Though in many developing and most underdeveloped countries, nurses involve in prescribing other than routine nursing care, but they were either not formally trained or inadequately trained in prescribing drugs [2]. In the developed countries, nurses are adequately trained and play a pivotal role in mental health care delivery [2].

As per the survey data from World Health organization (WHO), across the globe, nurses are involved in various activities related to delivery of mental health like [2]:

- Primary health care
- Promotion & prevention of mental health
- Psychiatric rehabilitation
- Pharmacological, psychosocial as well as occupational management & follow-up
- Assisting doctors/ psychiatrists
- Psycho-education
- Teaching and training (mental health nursing)
- Referral services
- Independent consultation

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- Management of mental health services

- Developing mental health nursing policy

- Research

In resource, poor settings with inadequate training and exposure these responsibilities are difficult to be dealt with. It is likely to compromise the quality of mental health care. As per the mental health Atlas 2011, in India, 0.301 psychiatrist, 0.166 nurses, 0.047 psychologists and 0.033 social workers per 100,000 populations are working in different sectors of mental health [4]. So far the training of mental health professionals in educational institutions is concerned, 0.0364 psychiatrists, 0.016 nurses, 0.010 psychologists and 0.003 social workers per 100,000 population, are trained [4]. These figures reflect the scarcity of mental health professionals in delivery of mental health care delivery and grossly inadequate training of the existing manpower.

Due to scarcity of nurses, inadequate training, nurses have to face a lot of challenges in delivering the mental health care. The burden of nurses further increased due to scarcity of other mental health professionals like: psychiatrists, psychologists, psychiatric social workers, pharmacists and occupational therapists. In resource poor settings, nurses have to bear additional responsibilities, which are supposed to be dealt by other mental health professionals. This ultimately compromises the quality of mental health care. Another big challenge that all mental health professionals face, so also the nurses is enormous social stigma related to mental illnesses.

In most of the undeveloped countries and developing countries, there is inadequate spending on mental health, so the mental health professionals including the nurses have to work in a compromised condition to provide the best possible mental health service.

There is a need to focus on increasing, empowering as well as enabling the mental health professionals including the nurses to provide a quality mental health care.

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