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Journal of
PSYCHIATRIC NURSING

Tri-Annual Journal of Psychiatric Nursing

Volume 1

January - April 2012

Number 1

CONTENTS

9 Effectiveness of Pranayama on Stress Reduction among Software Employees in Selected Settings at Bangalore
Kamal

13 A Comparative Study to Assess the Knowledge of Anorexia Nervosa among Adolescent Girls in Rural and Urban Areas of Vidarbha Region
Liza D. Hiradhar

17 An Experimental Study to Assess the Effect of Relaxation Therapy on Anxiety Level among Student Nurses in a Selected Institute, Ludhiana, Punjab
Riya, Triza Jiwan, Ponnamma R. Singh

25 A Study to Assess the Self-Concept and Adjustment Levels of 1st Year B. Sc. (Nursing) Students in Selected Colleges of Mangalore Taluk (Dakshina Kannada)
Gururaj Udapi

Effectiveness of Pranayama on Stress Reduction among Software Employees in Selected Settings at Bangalore

KAMAL

ABSTRACT

Design: One group pre test post, test pre experimental design was selected for the study. **Subjects:** The participants were 60 software employees from selected companies at Bangalore. **Methods:** Purposive sampling technique was used to select the samples for the study. **Data collection tool:** A stress rating scale was used to collect data from the subjects. **Data analysis:** The obtained data was analyzed by using descriptive and inferential statistics. Frequency, percentage, mean and standard deviation was used to explain socio-demographic variables and to assess the level of stress. The level of significance was set at 0.05 levels. **Results:** In the pre intervention stage, the subjects had mild stress with a mean of $50.6\% \pm 7.9$, where as in post intervention, there was a significant mean stress reduction of 31.0 ± 9.1 . A significant association was found between age, gender, marital status, transportation facilities, awareness of pranayama and source of information and mean pre intervention stress score. **Conclusion:** In pre intervention, 46.7% of the subjects had moderate stress where as in post intervention all the subjects had only mild stress. The study

Lecturer, Dept of Psychiatry,
Mittal College of Nursing, Ajmer, Rajasthan. India

findings indicate that the pranayama program was effective for stress reduction among software employees.

Key words: Pranayama; Stress; Software employees

Introduction

Everyone experiences some stress in their working conditions at one point or the other everybody suffers, from stress. Relationship demands, physical as well as mental health problems, pressure at workplaces, traffic snarls, meeting deadlines, growing-up tensions are conditions and situations that are valid causes of stress. People have their own methods of stress management. People react to stress in their own ways. In some people, stress-induced adverse feelings and anxieties tend to persist and intensify. Learning to understand and manage stress can prevent the counter effects of stress. Methods of coping with stress are plenty. The most significant or sensible way is a change in lifestyle. Relaxation techniques such as meditation, physical exercises, listening to soothing music, deep breathing, various natural and alternative methods, personal growth techniques, visualization and massage

Corresponding author: Kamal, Lecturer, Mittal College of Nursing, Ajmer, Rajasthan. Mob: 09799467946. E-Mail: kamaljos@gmail.com.

are some of the most effective of the known non-invasive stress busters.

This study was conducted to evaluate the effectiveness of pranayama for stress reduction among software employees in selected settings at Bangalore

Objectives

- Assess the level of stress among software employees as perceived by them.
- Provide pranayama for software employees.
- Assess the level of stress after providing pranayama among software employees.
- Find out the association between pre intervention perceived stress and selected socio demographic variable.

Assumptions

Software employees in their work have significant amount of stress due to self direction and desire to make the best use of their capabilities to fulfill their own responsibilities.

- Stress should be avoided.
- Software employees can realize their stress level.

Hypothesis

H_1 : The mean post intervention stress scores of the software employees are significantly lower than their mean pre intervention stress scores.

H_2 : There is a significant association between the pre intervention perceived stress and the selected socio demographic variables.

Research Methodology

Research Approach: Pre experimental approach

Research Design: One group pre test post test design

Study variable: Stress among software employees.

Extraneous variable

This refers to the socio-demographic variables such as age, gender, marital status, religion, type of family, number of children, family income, educational qualification, experience, hobbies, working hours, transportation facilities, awareness of pranayama and source of information.

The study was conducted at two companies; Elegence Technology Pvt. Ltd, Bangalore and Confocal Technology Pvt. Ltd., Bangalore. The target population for the study was the software employees working in these two companies. In order to assess the effectiveness of pranayama on stress reduction among software employees, purposive sampling technique was used.

Sampling Criteria

Inclusion Criteria

- Working at selected settings at Bangalore.
- Willing to practice pranayama.

Exclusion Criteria

- Diagnosed with medical conditions like diabetes mellitus, hypertension and asthma.
- Practicing pranayama daily.

Development and description of tools

Section A: Socio-demographic proforma.

Section B: Perceived stress scale.

Results

In the pre intervention stage, the subjects had mild stress with a mean of $50.6\% \pm 7.9$, whereas in post intervention, there was a significant mean stress reduction of 31.0 ± 9.1 . A significant association was found between age,

gender, marital status, transportation facilities, awareness of pranayama and source of information and mean pre intervention stress score.

Conclusion

In the pre intervention stage, 46.7% of the subjects had moderate stress, whereas in the post intervention all the subjects had mild stress. The study findings indicate that the pranayama program was effective for stress reduction among software employees.

Implications of the study

Nursing practice

Nursing personnel can contribute towards stress reduction by creating awareness of pranayama through health programs, camps and special programs and mass media education.

Nursing education

The changing values of the society, globalization, urbanization, industrialization etc, have influenced the level of stress. The need today is to include stress related education in the nursing curriculum at the basic level, which will prepare nurses to address the issue of stress reduction both in the clinical as well as community areas.

Nursing administration

The main focus of nursing administration should be on organizing seminars and workshop and other educational programmes by which knowledge towards stress reduction shall be enhanced.

Nursing research

Research has to be carried out on a large scale to assess stress level adopted by the software employees. This helps to give meaningful, need-based information and create awareness towards stress reduction.

Acknowledgement

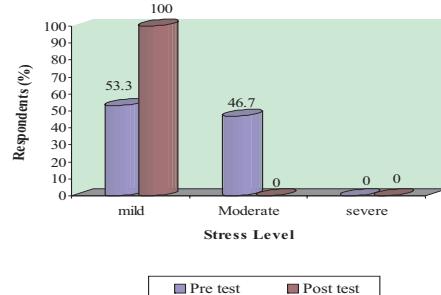
The author commits before the gracious presence of Almighty for the kind blessings bestowed on throughout the course of this study.

The author owes a deep sense of gratitude to all those who have contributed to the successful completion of the study.

No work is successful without the proper assistance, co-operation and guidance from learned and responsible persons. The author takes this opportunity to extend his sincere gratitude to all those who have encouraged him in this work and expresses affectionate and sincere thanks to his beloved parents Sri. Satyanarayan and Smt. Vimla Devi for their love, prayer, source of inspiration and moral and indebted to his soulmate Mrs. Vinitha for her constant support, inspiration and encouragement.

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A Comparative Study to Assess the Knowledge of Anorexia Nervosa among Adolescent Girls in Rural and Urban Areas of Vidarbha Region

LIZA D. HIRADHAR

Abstract & Keywords: Not available

Lecturer, Dept of Psychiatry
Mission Hospital Compound, Takhatpur, Dist. Bilaspur
(C.G.)

Introduction

People with anorexia have an extreme fear of gaining weight, which causes them to try to maintain a weight far less than normal. They will do almost anything to avoid gaining weight, including starving themselves or exercising too much. Adolescents have limited knowledge and awareness about anorexia nervosa. Female students presented unhealthy weight control behavior as dieting; laxative use or self induced vomiting to lose weight than males. The prevalence rate of students at high risk for eating disorders was 14.9% for male and 20.8% for female. Anorexia is a life-threatening condition that can result in death from starvation, heart failure, electrolyte imbalance, or suicide.^{1,3}

Alone the author contributed this study

Corresponding author: Ms. Liza D. Hiradhar, Lecturer of Psychiatric Dept., Mission Hospital Compound, Takhatpur, Dist. Bilaspur (C.G.)

E-mail: liza_hiradhar@yahoo.com

Problem statement

A comparative study to assess the knowledge of anorexia nervosa among adolescent girls in selected rural and urban areas of Vidarbha region.

Objectives

- To assess and compare the knowledge of rural and urban adolescent girls regarding anorexia nervosa.
- To associate the knowledge of adolescent girls regarding anorexia nervosa with their selected demographic variables in rural and urban areas.

Research Methodology

The researcher adopted an exploratory survey method to assess the knowledge of anorexia nervosa among adolescent girls in selected rural and urban areas of Vidarbha region. Convenience sampling technique was used for the selection of adolescent girls. Data was collected from 100 adolescent girls: fifty from rural and fifty from urban areas. The content validity of the tool was obtained by 14 experts, and reliability of the tool was elicited by Guttman Split Half Coefficient=0.87. The duration of data collection for each participant

was 15 to 20 minutes and each subject herself administered a structured questionnaire.

Major Findings

- The knowledge of adolescent girls in urban area regarding anorexia nervosa was significantly higher as compared to the adolescent girls of rural area.
- Eighty percent of the rural adolescents were having poor knowledge, 18% were having average knowledge, and only 2% were having good knowledge. In urban areas, 60% of adolescent girls were having poor knowledge, 8% were having good knowledge, 70% were having average knowledge, and only 2% were having excellent knowledge.
- Association was noted between the knowledge of adolescent girls in rural area and their education and type of family. That the knowledge of adolescents in urban area depends upon age, income per month, type of family, and nature of diet.

Implications

Nursing Practice

The most important role of a nurse is to provide awareness to the adolescent girls regarding anorexia nervosa.

Nursing Education

The study will encourage the nurse educators to arrange conferences and seminars regarding anorexia nervosa. Rural health services need to be improved, especially through providing in-service education to the health workers.

Nursing Administration

This study will create a natural interest to any nursing administrator to work out and to create proper material and aids to educate the nursing community.

Nursing Research

The study will motivate other investigators to conduct further studies in different settings on a large scale sample.

Conclusion

Anorexia nervosa is a life-threatening condition and should be taken seriously. Media, often promotes extremely thin models and entertainers as being powerful and popular. Fashion plays a role as the new trend towards fitting into a "double zero" has hit the magazines. Some experts feel that demands from society and families could possibly be the underlying causes for anorexia. Because of modernization there is a need to improve knowledge and awareness about anorexia nervosa among teens.

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This century will be the century of the brain. Intelligence will define success of individuals; it remains the main ingredient of success. Developed and used properly, intelligence of an individual takes him to greater heights. Ask yourself, is your child intelligent! If yes, is he or she utilizing the capacity as well as he can? I believe majority of people, up to 80% may not be using their brain to best potential. Once a substantial part of life has passed, effective use of this human faculty cannot take one very far. So, parents need to know how does their child grow and how he becomes intelligent in due course of time. As the pressure for intelligence increases, the child is asked to perform in different aspects of life equally well. At times, it may be counter-productive. Facts about various facets of intelligence are given here. Other topics like emotional intelligence, delayed development, retardation, vaccines, advice to parents and attitude have also been discussed in a nutshell. The aim of this book is to help the child reach the best intellectual capacity. I think if the book turns even one individual into a user of his best intelligence potential, it is a success.

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By **Dr. Rajesh Shukla**

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This book has been addressed to young doctors who take care of children, such as postgraduate students, junior doctors working in various capacities in Pediatrics and private practitioners. Standard Pediatric practices as well as diseases have been described in a nutshell. List of causes, differential diagnosis and tips for examination have been given to help examination-going students revise it quickly. Parent guidance techniques, vaccination and food have been included for private practitioners and family physicians that see a large child population in our country. Parents can have some understanding of how the doctors will try to manage a particular condition in a child systematically. A list of commonly used pediatric drugs and dosage is also given. Some views on controversies in Pediatrics have also been included. Few important techniques have been described which include procedures like endotracheal intubations, collecting blood samples and ventilation. I hope this book helps young doctors serve children better.

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An Experimental Study to Assess the Effect of Relaxation Therapy on Anxiety Level among Student Nurses in a Selected Institute, Ludhiana, Punjab

RIYA*, TRIZA JIWAN**, PONNAMMA R. SINGH***

Abstract

In the present study, humming therapy was used for treating anxiety in nursing students. The sample consisted of 60 nursing students. Thirty students (15 GNM, 15 B.Sc. Nsg) were in control group and 30 students (15 GNM, 15 B.Sc. Nsg) in experimental group. The method of sampling used was stratified simple random sampling.

The tools used were (1) personal data questionnaire (2) state and trait anxiety scale. Each student of the control group was assessed on both the scales and, again, after 10 days they were assessed on the same scale. Each student of experimental group was also assessed on the same scales but the students of this group has been trained for humming therapy (30 min humming, 15 min awareness, 15 min rest) daily for 10 days. Then this group of students was again assessed on the same scales. Results revealed that there was no statistically significant difference between pre and post test anxiety level of control group while the difference was statistically significant at $p<0.001$ level in experimental group after the administration of humming therapy.

Keywords: Anxiety Level; Student Nurses; Relaxation therapy.

All three authors contributed this study

*Baba Farid University of Health Sciences, Punjab,

**Professor, CMCH Ludhiana,

***Principal, CMCH Ludhiana.

Introduction

Background

Anxiety is a general feeling of apprehension about the possible danger. Interestingly, a bit of it improve performance but an increased amount always leads to under performance, and if it continues for a longer period it leads to various physical and mental diseases.

A number of therapies have been used to treat anxiety, i.e. behavior therapy, psychotherapy, autogenic training etc. In the present study humming therapy was used for treating anxiety in nursing students.

Purpose of the study

The purpose of the study was to evaluate the effectiveness of relaxation therapy on anxiety and to prevent anxiety disorder among student nurses.

Research approach & research design

Evaluative approach & Experimental design was used to conduct the study.

$$\begin{array}{c} R \ O_1 \times O_2 \\ R \ O_1 \quad O_2 \end{array}$$

Corresponding author: Miss Riya (M.Sc. Mental Health Nursing). E-mail: soodriya3@yahoo.com, 9815889928.

Independent variables were age, family income, type of course, year of class, type of family, & relaxation therapy.

Dependent variables were state & trait anxiety levels.

The study was conducted in College of Nursing, Christian Medical College & Hospital, Ludhiana, Punjab. A standardized state and trait anxiety inventory was used to assess the anxiety level of subjects.

Formal written permission was taken from the Principal, College of Nursing, Christian Medical College & Hospital, Ludhiana. Informed consent was taken from the student nurses selected for the study.

A pilot study was conducted during the month of August 2008 on student nurses undergoing GNM or B.Sc. (N) nursing program in Dayanand Medical College & Hospital, Ludhiana, Punjab to ensure the reliability and feasibility of the tool.

Data collection procedure

Data was collected in the month of September and October. Random sampling (lottery without replacement) was used to collect the sample of 60 subjects. From each class the investigator selected 14 subjects. Selected subjects were assigned to control and experimental group on the basis of even - odd classification. The subjects of both experimental and control group were matched in relation to sample characteristics, i.e type of course, & year of class. Selected subjects were made to sit in the class room. Investigator informed about the nature and importance of the study. A final list was prepared in which 10 subjects were from GNM 1st, 2nd, 3rd and B.Sc(N) 2nd year, whereas from B.Sc(N) 1st and 3rd year 11 subjects were there from each class. Subjects were made to sit in a classroom. Investigator made sure that the subjects were comfortable and free to fill the tool. After that pre test was taken from the control group. After 10 days post test for control group and pre test for experimental group was taken, then the control group was asked to leave and therapy was started with the experimental group.

Relaxation therapy was given for 10 days in 2 sessions (morning 10- 11am, evening 6-7pm). Subjects who completed minimum seven sessions of relaxation therapy were considered as final sample.

Plan of Data Analysis

The analysis of data was done in accordance with the objectives of the study. The data was analyzed by using descriptive and inferential statistics by calculating mean, frequency, SD, 't' test, chi square, ANOVA.

Conclusion

Results revealed that there was no statistically significant difference between pre and post test anxiety level of control group while the difference was statistically significant in experimental group after the administration of humming therapy. No statistically significant relationship was found between dependant and independent variables.

Table 1 reveals that in control group, 56.7% of student nurses in control group had high level of pre test state anxiety whereas 63.37% of student nurses of experimental group had average level of pre test trait anxiety. However majority of the student nurses, i.e. 80%, and 76.7% of experimental group and 46.7% of control group had average level of post test state and trait anxiety respectively.

Acknowledgement

This acknowledgement is to express my deep sense of gratitude to the team of dedicated scholars who helped in the completion of this study. I convey thanks personally and individually to all of them.

Although words are not enough for her, still with these words only I express my sincere thanks to my supervisor Mrs. Triza Jiwan, Professor & Principal, College of Nursing, for her valuable time, keen guidance, incisive comments and personal interest taken in the

Table 1. Frequency and percentage of State and Trait Anxiety level in experimental and control group

Types of anxiety	State and Trait Anxiety level							
	Control Group				Experimental Group			
	Pre test	Post test	Pre test	Post test	Levels of anxiety			
n (30)	%	n (30)	%	n (30)	%	n (30)	%	
State	4	13.3	4	13.3	2	6.7	-	-
								Extremely high
Trait	7	23.3	8	26.7	4	13.3	1	3.3
State	17	56.7	10	33.3	12	40	2	6.7
								High
Trait	7	23.3	8	26.7	7	23.3	4	13.3
State	8	26.7	14	46.7	16	53.3	24	80
								Average
Trait	16	53.3	14	46.7	19	63.3	23	76.7
State	1	3.3	2	6.7	-	-	4	13.3
								Low
Trait	-	-	-	-	-	-	2	6.7

research project. Compilation of thesis was just impossible without her.

My heartfelt gratitude to my co supervisor, Prof. Mrs. Ponnamma R Singh, Vice Principal, College of Nursing for her expert guidance, encouragement and support to complete this study. Her analytical approach helped me to shape this project.

I am thankful to my research coordinator Mrs. Pennamma Ranadive, Professor, College of Nursing, for expert guidance and support in this endure. I take pleasure in acknowledging the kindness of all the members of panel. I particularly would like to thank, Prof. Dr. Rajinder Mahal, Prof. Mrs. Usha Sharma, Prof. Mrs. Asha Emmanuel, Prof. Mrs. Veena Barkat, Prof. Mrs. Shamim Sagar and all nursing faculty member, College of Nursing, Christian Medical College & Hospital, Ludhiana for their Valuable suggestions.

My sincere thanks to Dr. Krishnanad H.O.D. Department of Clinical Psychology, Dr. Deswal H.O.D. Department of psychiatry, Dr. Arvind Sharma, Psychiatrist, C.M.C & Hospital for helping me throughout the process of my thesis writing. My sincere thanks to Dr. R.K. Soni, Prof. (biostatistics), D.M.C & Hospital Ludhiana who helped me in analysis of data.

I am thankful to library staff, office staff for their cooperation. Special thanks to all clinical instructors and subjects for their cooperation at the time of data collection. I appreciate Mr. Kamaljit Rai for his constant guidance in typing thesis and Staff of Preet café for their cooperation.

I am greatful to my parents, my dear sister Isha, my aunties and my friends for their support which kept my working spirit alive.

Above all I thank Almighty God for all of them and his abundance grace and guidance in conducting this study.

Appendix

Part I

Sample Characteristics

Note: Following statements are meant for obtaining personal information. It is purely for research purpose and your identity will be kept confidential.

Complete the following by placing a tick (p), mark at appropriate place.

Age

- 16 - 18 years
- 19 - 21 years
- 22 - 25 years

Gender

- Male
- Female

Family income in Rs.

- < 5000
- 5000 - 10000
- > 10000

Type of course

- GNM(Diploma)
- BSc. Nursing (Degree)

Year of class

- 1st year
- 2nd year
- 3rd year

Type of family

- Joint
- Nuclear

Any health problem

- Physical
- Mental
- Specify _____

Any health problem in the family

- Physical
- Mental
- Specify _____

Part II

A number of statements are given below. Read each statement carefully and tick (p) to

the response which suits you very much to indicate how are you feeling right now at this moment. None of the response is right or wrong. Try to respond all the statements at the earliest.

State anxiety scale (how are you feeling right now)

S. no	Items	Always	Sometimes	Never
1	I feel tense.			
2	I feel regretful.			
3	I am at ease.			
4	I feel upset.			
5	I am worried about possible failures.			
6	I feel perplexed.			
7	I feel anxious.			
8	I feel comfortable.			
9	I feel confident.			
10	I feel nervous.			
11	I feel frightened.			
12	I feel joyful.			
13	I feel relaxed.			
14	I feel content.			
15	I feel excited.			
16	I feel embarrassed.			
17	I feel calm.			
18	I feel secure.			
19	I feel inferior.			
20	I feel exhausted.			

Trait anxiety scale

A number of statements are given below. Read each statement carefully and tick (p) to

the response which suits you very much to indicate how you feel generally. None of the response is right or wrong. Try to respond all the statements at the earliest.

Trait anxiety (how you feel generally)

S. no	Items	Always	Sometimes	Never
1	I wish to be happy.			
2	Nervous breakdown is problem for me.			
3	Even minor things create problem for me.			
4	I am self confident.			
5	My life is calm.			
6	I ponder over insignificant things.			
7	I am anxious about the future.			
8	I try to avoid facing a crisis or difficulty.			
9	I feel at ease even in hot group discussion.			
10	I am worried about possible misfortunes.			
11	I worry over things that really don't matter.			
12	I like to deal with tough problem.			
13	I take disappointments too keenly that I can't make up my mind instantly.			
14	I wish I could have been as lucky as others are.			
15	I lose opportunities because I can't make up my mind instantly.			
16	I get in a state of tension when things going around are not of my interest.			
17	I don't bother of public talks.			
18	I feel that life is full of difficulties and one can't			

Humming relaxation therapy

This is an ancient Tibetan Yoga technique. It is to be done either at night before one goes to bed or early in the morning. If one takes the time to do this, one will experience incredible changes in one's body and mind. It is best to rest for at least 15 minutes after one has completed this breathing technique. One can do this alone or with others. One will get better results if one's stomach is empty. Otherwise, the inner sound cannot go very deep.

First stage - 7 1/2 minutes

Use a silent timer and set it for at least 30 minutes. Sit in a relaxed position with eyes closed, lips together, but loose. Begin to hum, loudly enough to create a vibration throughout the entire body. It should be loud enough to be heard by others. One can alter the pitch and inhale as one pleases and if the body moves, allow it, providing that the movements are smooth and slow.

Visualize body as a hollow tube, an empty vessel (a horn), filled only with the vibrations of the humming. A point will come where the humming occurs by itself and one becomes the listener. This activates the brain and every fiber in body is cleansed. It is particularly useful in self-healing work.

Second stage - palms up - 7 1/2 minutes

Move your hands, palms up, in a circular outward motion. The right hand moves to its right, the left to its left. Make these circles large, moving as slowly as possible. At times the

hands will appear not to be moving at all. If needed, the rest of the body can move but also slowly and silently.

Third stage - palms down 7 1/2 minutes

Move the hands in the opposite direction with the palms down, moving in circular directions inwards towards the body, for another 7 1/2 minutes. As the hands move outward, feel how the energy is moving away from the body and as they circle inwards, imagine absorbing the energy.

4th stage - silence

Sit absolutely still and quiet. This exercise is also given in the Chakra series for the 5th Chakra (Throat), because it helps to get the vibrations flowing in that part of the body. It can be very helpful for someone who has throat problems.

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A Study to Assess the Self-Concept and Adjustment Levels of 1st Year B. Sc. (Nursing) Students in Selected Colleges of Mangalore Taluk (Dakshina Kannada)

GURURAJ UDAPI

Abstract

Adolescence is a dynamic period of growth and development that bridges childhood to adulthood, while being distinctly different from both groups. Adolescence is characterized by many interrelated changes of body, mind, and social relationships. The broad purpose of the study was to identify the 1st Year B.Sc.(Nursing) students having low self-concept and adjustment problems in order to develop an effective guidance and counseling program for the students. The adjustment among first year university students directly and adversely affected university teaching. Adjustment problems diminish in the first three months and certainly last no longer than first year.

Keywords: Self concept; Adjustment.

Alone the author contributed this study

Corresponding author: Mr. Gururaj Udapi, Assistant Professor cum I/C HOD, Department of Mental Health Nursing, KLE University's Institute of Nursing Sciences, Nehrunagar, Belgaum - 590 010. (Karnataka). Phone No. 0831-2472303(Office), Mobile No. 09448904044.

E-mail: rajguru_2003@yahoo.co.in.

Assistant Professor cum I/C HOD,
Department of Mental Health Nursing,
KLE University's Institute of Nursing Sciences,
Nehrunagar,
Belgaum - 590 010. (Karnataka)

Introduction

The study was done to assess the self-concept and adjustment levels of 1st year B.Sc. (Nursing) students in selected nursing colleges of Mangalore Taluk (Dakshina Kannada).

Objectives

1. To determine the levels of self-concept of 1st year B. Sc. (Nursing) students in physical, social, temperamental, educational, moral and intellectual dimensions as measured by the self-concept questionnaire.
2. To determine the levels of adjustment problems faced by the 1st year B.Sc.(Nursing) students in hostel environment and at home as well as health, social, emotional and educational areas, as measured by the hostel adjustment rating scale and adjustment inventory for college students.
3. To find the relationship between levels of self-concept, adjustment and hostel adjustment levels among 1st year B.Sc.(Nursing) students.
4. To find the association between self-concept score and selected demographic variables.

5. To find the association between adjustment score and selected demographic variables.

6. To find the association between hostel adjustment score and demographic variables.

Methods

The conceptual framework of the study was based on the theory of Roy's adaptation model.

A multistage cluster sample of 200 students was selected from selected nursing colleges of Mangalore taluk (Dakshina Kannada). A descriptive correlation survey was conducted using questioning method for data collection.

An extensive review of literature helped in the preparation of data collection of tools. Blue print was made prior to construction of the items in the tool. The data collection tools were: A) Demographic proforma, to record the background data of the students related to research study. B) Modified self-concept questionnaire to measure physical, social, temperamental, educational, moral and intellectual dimensions of self-concept. C) Modified adjustment inventory for college students to measure the adjustment at home, health, social, emotional and educational areas. D) Self prepared hostel adjustment rating scale was used to measure the adjustment toward hostel life.

The content validity of the tools was done by nine experts in the field of psychiatric nursing and psychology. Above 80% agreement questions were included in the tool.

The reliability of the co-efficient for the tools was:

a. Self-concept questionnaire - 0.965

b. Adjustment inventory for college students - 0.962.

c. Hostel adjustment rating scale - 0.877.

Descriptive and inferential statistics were used to analyze the data.

- Based on the data collected, scores for self-concept were obtained and almost all students

fell under "above average self-concept score" (94.5%). Adjustment level scores shows that majority of the students belonged to "unsatisfactory" adjustment level (56.5%). Hostel adjustment ratings score showed maximum students adjustment level was "low" (50.5%).

- Correlation co-efficient was computed to compare the scores of self-concept and adjustment levels and it was found that there was significant negative co-relation in all the areas. The total self-concept score was negatively co-related with total adjustment score ($r_{(200)} = -0.353$, $P < 0.05$). The total self-concept score was not correlated with hostel adjustment score ($r_{(200)} = 0.125$, $P > 0.05$).

- Association between self-concept score and demographic was data done and there was no significant association found in any areas. Adjustment inventory for college students and demographic data were not associated in any areas. Hostel adjustment score and demographic data were also not significant by associated.

Conclusion

Since the students of first year were exposed to entirely new environment from home situation, they faced greater adjustment problems. The students with higher social self-concept, educational self-concept and temperamental self-concept were better adjusted. Comparison with the norm indicates that the students face more problems in the emotional, educational, and hostel areas.

Acknowledgement

This thesis is the fruit of the assistance of the several people, while it is impossible to mention all by names, there are some, whom I particularly would like to thank.

I acknowledge with gratitude and devotion, the Almighty God for His abundant grace, love,

compassion and immense shower of blessings on me which gave me the strength and courage to overcome all the difficulties and completing the study.

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Website: www.rfppl.com

Happy are those who are concerned for the poor; the Lord will help them when they are in trouble. PS. 41:1

IMMANUEL ASSEMBLY FOUNDATION CHARITABLE TRUST (Regd.4891)

Block-C, H. No. 371, D.D.A. Janta Flats, Pocket-11, Jasola Vihar, New Delhi-110025

Helpline: 7428635101. Email: trust.charitable4@gmail.com, trustezra30@gmail.com

IMMANUEL ASSEMBLY FOUNDATION TRUST is a Delhi based non-governmental organization (NGO). It is a National Level REGISTERED Charitable Trust certified under Section 12AA and 80G of the income Tax Act 1961.

Vision

The vision of the trust is to help. With a base in the city and an establishment in a village we intend to bridge a gap. The situation is ideal. We have watched many paraplegics. It wrenches one's heart to see intelligent human beings moving around with so less dignity. Because many of them are unaware or unable to change. Dignity will encourage them to stand up and prove themselves. There is so much to be done. To turn this vision into reality we need support.

We carry out project work in the following villages

Village Madanpur Khader Centre, New Delhi-76

This is a resettlement colony formed by the Juggi's relocated from seven areas. Totally 50,000 people reside in the village.

Village Jasola Centre, New Delhi-25

This village has been inhabited by the SC/ST from Jharkhand, Bihar, Uttar Pradesh and Haryana.

A total of 25,000 people live in this village

The goal of the Trust is to be a channel of blessing for the weaker section of the society through projects focusing on areas such as Balwadi, Cutting and Tailoring, Computer Operator Courses. Health Care, Day Care and Musician Course. Soon, we will start the mobile repairing course.

Sponsor a Child Today!

We invite you to participate in your own special way to work with us to serve severely impoverished or at-risk children in developing nations throughout the world.

God has called IMMANUEL ASSEMBLY FOUNDATION TRUST in partnership with people like you to meet the physical, educational, emotional and spiritual needs of orphaned and neglected children. This holistic approach not only ensures that each child receives food for life here on earth, but eternal food for life in heaven. Jesus said in Luke 4:4 that, "Man does not live on bread alone."

To accomplish our objective, the following three needs are met on a regular basis from the time a child enters our program until High School graduation:

Spiritual Discipleship: Each child will be loved and be taught God's Word.

Educational Development: Each child will enroll in school and receive tutoring.

Health Advancement: Each child will receive adequate nutrition, potable water and medical care.

Monthly sponsorship is just Rs.400/\$30 and every rupee/dollar you give goes to the Child Sponsorship Program to provide things like education, food, medical care, and spiritual nurturing for your sponsored child. Our general administrative and fund raising costs are covered through other donations.

All your donation from India are tax exempted under Section 80G