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ORIGINAL ARTICLE

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Concept Mapping Among II Year B.Sc (N) Students at Yashoda College Of Nursing, Secunderabad

G Jyothsna

Author Affiliation: Assistant Professor, Department Child Health Nursing, St. Joseph's College of Nursing.

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Abstract

Background: Learning is a complex process of cognition which occurs among individuals at all ages. Meaningful learning requires understanding of the concepts that is an important element of topic under study. The Concept Maps are used as an effective teaching plan in promoting critical thinking. It also serves as an instructional and learning tool in nursing education. *Objectives*: 1. To assess the Knowledge of II year B.Sc(N) students regarding Concept Mapping in terms of pretest. 2. To provide Structured Teaching Programme regarding Concept Mapping among II year B.Sc (N) students. 3. To assess the Effectiveness of Structured Teaching Programme by comparing the pretest and post test scores regarding Concept Mapping among II year B.Sc (N) students. 4. To determine the association of the pretest Knowledge scores with selected demographic variables regarding Concept Mapping among II year B.Sc (N) students. *Methods*: A Quasi-experimental study involved sample of 49 students where Paper-pencil technique was used among II year B.Sc (N) students. Each student was given 20-30 minutes of the time with Structured Knowledge Questionnaire which includes Knowledge regarding Concept Mapping. *Results*:In pre-test scores, 45 (91.83%) of II yearB.Sc (N) studentshad average Knowledge and 4 (8.16%) had below average Knowledge. In post-test 47 (95.91%) of them had above average Knowledge and 2 (4.08%) of them had average Knowledge.This increase in post-test Knowledge scores indicates that the STP regarding Concept Mapping was effective in increasing the Knowledge among II year B.Sc (N) students. *Conclusion*: Concept Maps are one of the educational innovations in nursing education since 25 years. The nursing students should be motivated to apply Concept Mapping as a learning method in their curriculum to analyze and attain better understanding of the topic. Thus the use of contemporary teaching approaches such as Concept Mapping in Nursing education can be advantageous.

Keywords: Concept Mapping; Graphic tools; Visual representation; Logical thinking; Nursing education.

Introduction

The development of educational innovation is significant in future research towards strengthening of nursing education. Concept maps are one of the educational innovations in nursing education since 25 years.[1] Constructing a concept map requires a great deal of patience and skill for processing the information. Two or three versions of a map are often required to construct a rational map. The nursing students should be given sufficient time for preparation of concept maps in order to obtain an accurate map; so that the students can develop confidence to integrate this strategy as assignments which needs logical thinking.[2]

Concept is a word picture or mental idea of a phenomenon of a study. Concepts are the words or terms that symbolize some aspects of reality. For example:

Corresponding Author: G Jyothsna, Assistant Professor, Department Child Health Nursing, St. Joseph's College of Nursing.

E-mail: josetalli@gmail.com

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stress, pain, or love. Maps are either graphic or pictorial tool which allows the visual representation of a student's knowledge about a certain topic. These depictions include the antecedents, consequences, and attributes of the main concept.[3]

Concept maps are graphical tools for organizing and representing students' knowledge in a group of concepts and it requires keywords to link these concepts about a topic. A group of concepts are usually encapsulated in circles or boxes and the relationship between concepts or propositions are denoted by means of a connecting line. Propositions are statements about some objects or events that contain two or more concepts connected by linking words or phrases to form meaningful statements. Concepts maps are of four types which include spider mapping, hierarchy mapping, flow chart mapping and system mapping.[4]

Concept map was developed by Joseph D. Novak at Cornell University in the year 1970. Concept maps are based on the assimilation theory of meaningful learning created by David Ausubel in 1963. The A concept map is a schematic diagram used for representing a set of relationships between concepts in a framework of propositions.[1] The intent of Concept Mapping in nursing education is to develop students' critical thinking skills that are to assess the patient, gather information from the literature, select relevant points, correlate all the gathered information clinically and illustrate the information graphically. This process helps the students to establish priorities, seek relationship among large classroom situation. It is very effective for students to analyze the up-to-date information with the old and to inter-connect it in different ways.

Mapping can be simple or complex and can vary significantly to enhance learning. Primarily, a map construction is done by identifying the main idea (concept) of a study. Secondly, a hierarchical structure is developed by branching out it into specific topics. Thirdly, select appropriate linkages to form valid relationships. Concept maps serve as an instructional tool for the students to acquire meaningful learning as the relevant information is presented in a meaningful way. It makes the learner to anchor new ideas skillfully by creating a network between old and new material.[2]

Using this technique, the students can plan and direct overall concepts or ideas to draw the map of contents, and therefore use their cognitive skills of analysis, evaluation, and reasoning. Also they will be able to summarize the content while preserving the meaning. The concept maps are used as assessment tool which encourages the students to empower their growth in education, encouraging student's reflection and communication and imparting a sense of empowerment to the students based on their observed growth.

Furthermore, it enables the students to evaluate what they have learned and what they need to learn. In nursing education, the key concepts are assessment data that students collect either through case studies or clinical assignments. This process assists the students to visualize complex relationships and apply theory to the clinical area.[5]

Methodology

After obtaining the permission from the Principals of selected college, the subjects were approached individually with the permission of authorities. The data was collected from II year B.Sc (N) studentsof selected college with informed consent included in the study. The sample was selected by simple random sampling technique. A total of 49 samples were given self-administered questionnaire.

Inclusion Criteria:

The study included II year B.Sc (N) students- Who are willing to participate in the Study, Who were available during the period of data collection and Who can understand English.

Development and Description of Tool

The instrument is developed based on related studies, review of literature, research problem and objectives of study. The tool helps to assess the Knowledge of II year B.Sc (N) students regarding Concept Mapping at Yashoda College of Nursing, Secunderabad.

The instrument used in the study consists of 2 parts:

Part - A:

Deals with sociodemographic data such as Age in years, Religion, Education of parents, Type of family and Previous Knowledge regarding Concept Mapping.

Part - B:

Deals with Structured Knowledge Questionnaire regarding Concept Mapping comprising of 24 multiple choice questions.

Score Interpretation:

Part - A:

Explaining regarding the coding of sociodemographic data.

Part - B:

Presents that maximum score was 24.

- Correct answer carries- 1 mark.
- Wrong answer carries- 0 mark.

Score Interpretation for Knowledge:

- Below average Knowledge (below 33%)
- Average Knowledge (33-36%)
- Above average Knowledge (more than 36%)

Reliability of The Tool:

Reliability of the research instrument is defined as "the extent to which the instrument yields the same results on repeated measures." It is then concerned with consistency, accuracy, precision, stability, equivalence and homogeneity. The reliability of the study is r=0.75

Procedure for Data Collection:

As mentioned earlier, formal permission was obtained. After explaining about study, the investigator made the students to sit comfortably and paper-pencil technique was administered. They were asked them to note correct answer in the brackets given. The data collection took 20-3-mins for completion from each participant.

Results:

Table 1: reveals that in relation to Age; majority 27(55.1%) of them were 19 to 20 and remaining 22(44.8%) of them were 21 to 22. In relation to Religion, majority, 22(44.8%) of them were both Hindus and Christians, and the remaining 5(10.2%) of them were Muslims. Pertaining to Education of parents; majority 31(63.2%) of them were both educated, while 11(22.4%) of them were one educated and one illiterate, and the remaining 7(14.2%) of them were both illiterate. Related to Type of family; majority 40(81.63%) of them belongs to nuclear family, while 6(12.2%) of them belongs to joint family and the remaining 3(6.12%) of them belongs to extended family. With regard to Previous Knowledge regarding Concept Mapping; majority 47(95.91%) of them do not have Knowledge regarding Concept Mapping and the remaining 2(4.08%) of them had heard regarding Concept Mapping.

Table 2: depicts that there was an increase in the post-test scores when compared to the pre-test scores. In pre-test scores, 45(91.83%) of nursing studentshad average Knowledge and 4(8.16%) had below average Knowledge. In post-test 47(95.91%) of them had above average Knowledge and 2(4.08%) of them had average Knowledge. This increase in post-test Knowledge scores indicates that the STP regarding Concept Mapping was effective in increasing the Knowledge among nursing students.

Table No: 4 shows the chi-square was carried out to determine the association between pretest Knowledge scores with Religion (x2 value=1.34, df=3), Type of family (x2 value=5.81, df=3) andPrevious Knowledge regarding Concept Mapping (x2 value=1.26, df=1) were found to be significantly associated at $p< 0.05$ level. However, Age in years and Education of parents was found to

Table 1: Frequency and percentage distribution of demographic variables of B.Sc(N) II year students.

n=49

Knowledge scores	Demographic variables	Frequency	Percentage
1.	Age in years		
1.1	19-20 years	27	55.1
1.2	21-22 years	22	44.89
1.3	23-24 years	00	00
1.4	Above 24 years	00	00
2.	Religion		
2.1	Hindu	22	44.89
2.2	Muslim	5	10.2
2.3	Christian	22	44.89
2.4`	Others	00	00
3.	Education of parents		
3.1	Both educated	31	63.26
3.2	One educated and one illiterate	11	22.44
3.3	Both illiterate	7	14.28
4.	Type of Family		
4.1	Nuclear	40	81.63
4.2	Joint	6	12.24
4.3	Extended family	3	6.12
4.4	Others	00	00
5.	Do you have previous Knowledge regarding Concept Mapping?		
5.1	Yes	02	4.08
5.2	No	47	95.91

Table 2: Frequency and percentage distribution of pre-test and post-test Knowledge scores among B.Sc (N) II year students regarding Concept Mapping.

Knowledge scores	Pre-Test		Post-Test	
	Frequency (f)	Percentage (%)	Frequnecy (f)	Percentage (%)
Below average	4	8.16	00	00
Average	45	91.83	2	4.08
Above average	00	00	47	95.91
Total	49	99.99	49	99.99

Table 3: Paired 't'-test to find out the effectiveness of STP regarding Concept Mapping.

n=49

KnowLedge Score	Mean	StanDard DeviaTion	Standard Error	Paired 'T' Test		Inference
				Cal Value	Tab Value	
Pre-test	11.04	1.38	0.03			
Post-test	18.81	0.70	0.01	10.39	2.23	S*

Table 4: Association between pre-test Knowledge scores of B.Sc(N) II year students with selected demographic variables.

n=49

S.No.	Demographic variables	Knowledge			Chi-square		df	Inference
		Below average	Average	Above average	Cal. Val	Tab. Val		
1	Age in years							
	19-20 years	02	25	00				
	21-22 years	02	20	00	0.04	0.87	3	NS
	23-24 years	00	00	00				
	Above 24 years	00	00	00				
2	Religion							
	Hindu	02	20	00				
	Muslim	01	04	00	1.34	0.87	3	S*
	Christian	01	21	00				
	Others	00	00	00				
3	Education of parents							
	Both educated	02	29	00				
	One educated &one illiterate	01	10	00	0.48	0.95	2	NS
	Both illiterate	01	06	00				
4	Types of family							
	Nuclear							
	Joint	02	38	00				
	Extended	02	04	00	5.81	0.87	3	S*
	Others	00	03	00				
		00	00	00				
5	Previous knowledge regarding concept mapping				1.26	0.99	1	S*
	Yes	01	01	00				
	No	03	44	00				

be non-significant. Hence the research hypothesis (H2) was accepted for association of pretest Knowledge scores with Religion, Type of family and Previous Knowledge regarding Concept Mapping. The research hypothesis (H2) was rejected for Age in years and Education of parents.

Conclusion

The findings of the study revealed that out of 49 samples, in pre-test scores, 45(91.83%) of nursing studentshad average knowledge and 4(8.16%) had below average knowledge. In post-test 47(95.91%) of them had above average knowledge and 2(4.08%) of them had average knowledge. This increase in post-test knowledge scores indicates that the STP regarding Concept Mapping was effective in increasing the knowledge among nursing students.

Recommendations

On the basis of the study that had been conducted, certain suggestions are given for further study.

- A comparative study can be conducted between Medical and Nursing University students.
- A comparative study can be conducted between Nursing and Non-nursing students.
- A cross sectional study can be conducted to assess the Knowledge and Attitude of nursing students regarding Concept Mapping.
- A descriptive study can be conducted to assess the Knowledge regarding Concept Mapping among nursing students.
- A similar study can be undertaken with a control group design.

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ORIGINAL ARTICLE

Effectiveness of Warm Foot Bath on Quality of Sleep Among Cancer Patients Admitted in Selected Hospitals

Aboli Kiran Lanjewar [1], Lata Sukare[2], Pascaline David[3]

Author Affiliation: [1]Student, [2]Professor, [3]Associate Professor, Departmenet of Nursing, VSPM's College of Nursing and Research Center, Nagpur.

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Abstract

Background: Cancer is now one of the top causes of death in India, after heart attack. Some of the world's highest incidences of cancer in found in India. Fatigue and sleep disturbance are two of most frequent side effects experienced by cancer patients. Medications use for people suffering from insomnia to get sleep but they cannot cure and prolonged use resulted in dependency but non pharmacological interventions give reliable and durable changes in the sleeping patterns of patients with cancer. *Objectives*: To assess the quality of sleep among cancer patients in experimental group and control group. To assess the effectiveness of warm foot bath on quality of sleep among cancer patients in experimental group. To compare quality of sleep among cancer patients in experimental and control group. To find out association between quality of sleep among cancer patients in experimental group and control group with selected demographicvariables. *Methodology*: Quantitative research approach used for the study. Research design was quasi experimental nonrandomized control group design. And sampling technique was Non probability purposive sampling and sample size was 60 cancer patients (30 in each experimental group and control group). *Result*: Analysis reveals, in experimental group after warm foot bath mean score is 6.62 and in control group 10.13. Unpaired 't' test was used to calculate t value. The calculated t-value is 9.92. Which is higher than tabulated't' value at 5 percent level of significance. Hence the research hypothesis H1 accepted and null hypothesis H_0 is rejected. *Conclusion*: study conclude that there is significant difference between mean quality of sleep among cancer patients in experimental group and control group. Hence based on above cited finding it was concluded that the warm foot bath was effective for improving quality of sleep among cancer patients.

Keywords: Assess; Effectiveness; Warm foot bath; Quality of sleep; Cancer patient.

Introduction

Cancer is a disease distinguished by the uncontrolled growth of abnormal cells. If the growth and spread is remains uncontrolled, it can result in death. Cancer is occurring due to both external and internal factors, in external tobacco, infectious organisms, chemicals, radiation and internal factors like, hormones, immune conditions, and mutations that occur from metabolism.[1] Insomnia is defined as a subjective complaint of inadequate nocturnal sleep. Insomnia commonly reported by cancer patients. Although alterations in sleep patterns are endemic in cancer patients but sleep problems are rarely assessed in patient evaluation. In cancer patient, poor quality of sleep disturbed daily routine, but unfortunately, most patients with cancer do not mention sleep problems unless explicitly asked. Most of the work related to sleep disorders in cancer patients focuses on insomnia

Corresponding Author: Aboli Kiran Lanjewar, Student, Departmenet of Nursing, VSPM's College of Nursing and Research Center, Nagpur.

E-mail: abolilanjewar151@gmail.com

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and fatigue but there is evidence that other sleep disorders are also prevalent among cancer patients such as sleep disruption, insufficient sleep, restlessness, and diminished sleep duration And that they decrease quality of life of cancer patients.

Background of The Study

Cancer is the second leading cause of death globally, and responsible for an estimated 9.6 million death in 2018. Approximately 70% of death from cancer occur in low and middle-income countries. According to Indian council of medical research data on specific cancer burden in India in male most common cancer are mouth, pharynx, tongue, oesophagus, stomach and breast, cervix, oesophagus and oropharynx in female India recorded an estimated 3.99 million cancer cases in 2016.[3] Cancer patient are at risk of sleep-wake disturbances resulting from demographic factor like female gender, emotional characteristics, depression related emotional stress, physical symptoms, cancer pain and hospitalization, impact of mastectomy, colostomy, financial burden, chemotherapy etc. and other pain, pruritis, anxiety, depression, night sweating all have impact on sleep wake cycle of cancer patients.[3]

Need of The Study

Cherian S. in December 2012 conducted a study on "effectiveness of footbath on sleep onset latency and relaxation among cancer patients". Research design used for study was a quasi-experimental, and sample size was 40 by purposive sampling. The tool used were a baseline Performa, an observational checklist for sleep onset latency and relaxation rating scale. The data was analyzed by descriptive statistics, ANOVA, paired test, Karl Pearson correlation co-efficient, and chi-square test.

Result: shows that there is significant difference between pre and post intervention on sleep onset. Conclusion–the study showed that footbath is effective for sleep onset latency and relaxation. in various studies the prevalence of these disorders varies widely though rates are always higher in patients with cancer compared with the general population or control group.[4]

By reviewing all the study, researcher found that sleep disturbances is very common problem among cancer patients. In clinical experience researcher found that cancer patient has more sleep disturbances than normal patients and very few research study has been done to improve sleep quality among patients suffering from cancer so researcher is interested to find out the whether the warm foot bath is effective or not for cancer patients to improve sleep quality. As warm foot bath is non pharmacological and cost effective for patient so researcher is interested in conducting the study on effectiveness of warm foot bath on quality of sleep among cancer Patient.

Statement of the Problem

An experimental study to assess effectiveness of warm foot bath on quality of sleep among cancer patients admitted in selected hospitals of the city

Objectives

1. To assess the quality of sleep among cancer patients in experimental group and control group.
2. To assess the effectiveness of warm foot bath on quality of sleep among cancer patients in experimental group.
3. To compare quality of sleep among cancer patients in experimental group and control group.
4. To find out association between quality of sleep among cancer patients in experimental group and control group with selected demographic variable

Operational Definition

- *Assess*: In this study, assess refers to evaluate sleep quality.
- *Effectiveness*: In this study, effectiveness means, the desired change brought by warm foot bath
- *Warm foot bath*: In this study, it refers to the immersion of feet into water at 40-440C for 15 minutes at bed time
- *Quality of sleep*: In this study, it refers to subjective feeling of the patient regarding duration of sleep, depth of sleep and how well they rested during previous night as assessed by Groningen sleep quality scale.
- *Cancer patient*: In this study it refers to the adult patients who are diagnosed with any type of cancer suffering from sleep disturbances, and who are admitted in the selected hospitals of the city

Delimitation

This study is delimited to cancer patients admitted in selected hospitals of the study and suffering from poor quality of sleep.

Hypothesis

Will be tested at 0.05 level of significance

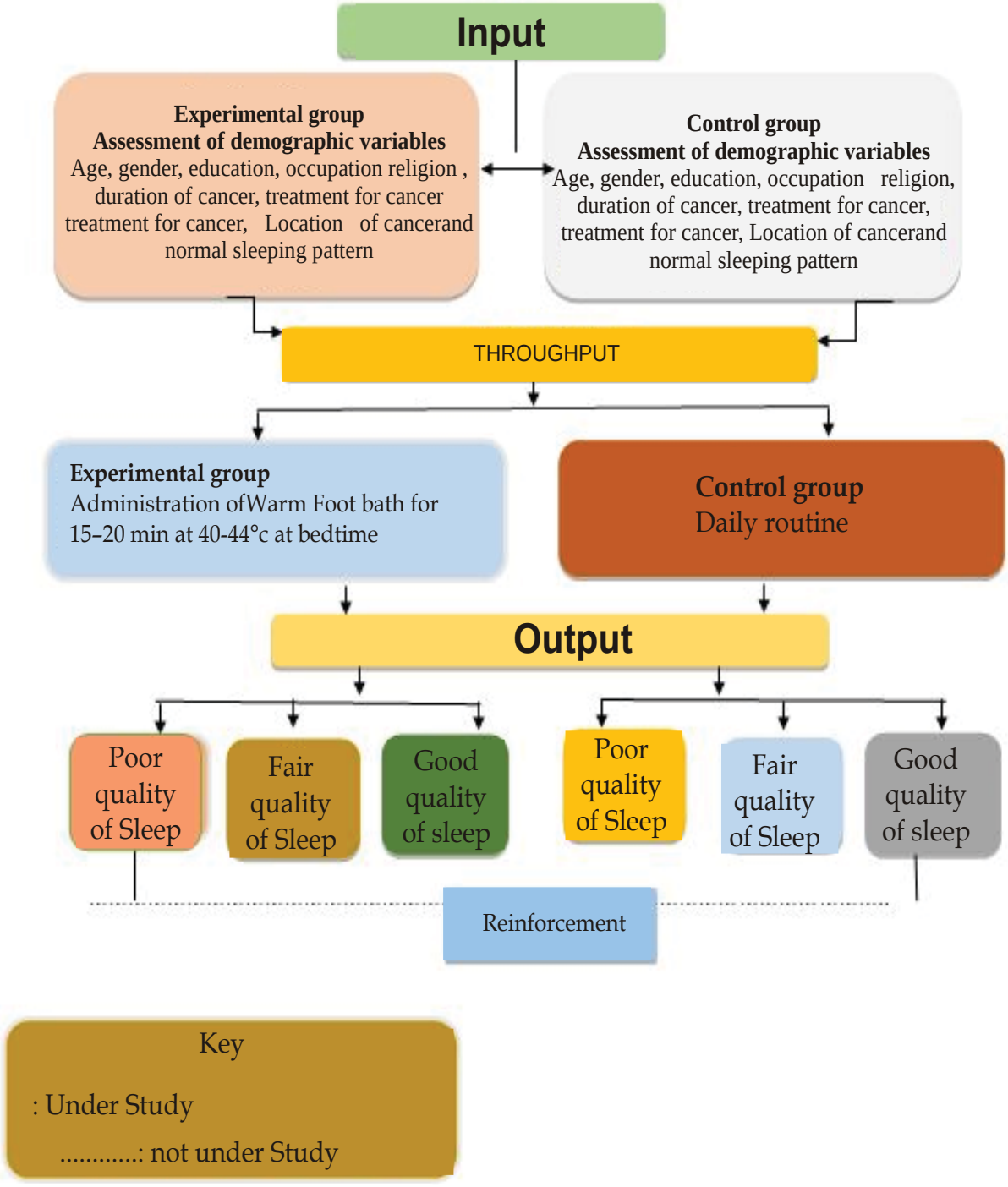
H_{01}: There will be no significant difference in quality of sleep among cancer patients in experimental group and control group

H_1: There will be significant difference in quality of sleep among cancer patients in experimental group and control group

H_{02}: There will be no significant association between the quality of sleep among cancer patients in experimental group and control group with selected demographic variables. H_2: There will be significant association between the quality of sleep among cancer patients in experimental group and control group with selected demographic variables.

Ethical Aspect:

The study proposal was accepted by ethical committee of the institution. Permission was



obtained by the concern authorities before conducting study. Concert later was obtained by individual sample after explaining them the research process in their own language. Confidentiality regarding the samples information were maintained by using code number by investigator.

Review of Literature:

The literature review has been organized under the following heading.

- Literature related to incidence of cancer
- Literature related to quality of sleep among patients with cancer.
- Literature related to effectiveness of foot bath in general
- Literature related to effectiveness of foot bath in cancer patient Literature related to effectiveness of foot bath in cancer patient.

Conceptual Framework:

The conceptual framework used for the present study is "Modified Roy's adaptationmodel"[6]

Methodology

Research approach: Quantitative approach

Research design: Quasi experimental non randomized control group design.

Setting: Rashtrasant Tukdoji Maharaj cancer hospital, Nagpur and Baraskar clinic and Research Centre, Nagpur.

Variable

- *Independent variable*: Warm foot bath
- *Dependent variable*: Quality of sleep
- *Demographic variables*: It includes age, gender, education, occupation, religion.

Population

- *Target population*-It includes cancer patients who are admitted in hospital.
- *Accessible population*: It includes cancer patients admitted in selected hospitals and available at the time of data collection.

Sampling

- *Sample size*: 60
- *Sampling technique*: non–probability purposive sampling technique used.

Sampling criteria

- *Inclusive criteria:*

Inclusive criteria was, cancer patients who are:

1. Above 18 yr. of age.
2. Suffering from poor quality of sleep.
3. Willing to participate in the study.
4. Available at the time of data collection

- *Exclusion criteria*

Exclusive criteria was, cancer patients who are:

1. Unconscious and critically ill
2. Taking medication for sleep
3. Suffering from peripheral vascular disease, hyposensitivity , foot ulcer, neuropathy etc.

Description of Tools

Section I. A – semi- structured questionnaire on demographic variable

Section I. B – Questionnaire on clinical data

Section I. C- Questionnaire on Normal Sleeping Pattern

Section -II: Modified Groningen sleep quality scale

Validity

Content and construct validity of tool was determined by 22 experts including medical surgical nursing subject and statistician.etc

Reliability

For reliability Parallel correlation coefficient formula was used. The questionnaire was said to be reliable if the correlation coefficient was more than 0.80. The correlation coefficient 'r' of the interview schedule was r=0.93. Hence the interview schedule was reliable.

Pilot Study

It was conducted on 12 cancer patients. and collected data was coded, tabulated and descriptive and inferential statistics used to analyze. The pilot study was feasible in terms of time, money and resources.

Data Collection

Data collection Main study was done by following steps

1. Permission obtained from the Higher Authorities of the Hospitals.
2. Purposive sampling technique was used to select the samples for both group from different hospitals.

3. Consent of the samples was taken .and data is collected by questionnaire schedule on demographic variables, clinical data and data related to normal sleeping pattern in both experimental and control group.
4. Intervention of warm foot bath given to experimental group for consecutive six days in night. Post test conducted both in experimental and control group and quality of sleep is assessed by scale and observation checklist used for assessment of quality of sleep for 6 days in experimental and control group

Result

Section–I:

A. Description on demographic variables of cancer patients in experimental and control group. (Table 1)

B. Description of cancer patients according to clinical data in experimental and control group (Table 2)

C. Description of Cancer patients according normal sleeping pattern (Table 3)

Table 1: showing the percentage wise distribution of cancer patients according to their demographic characteristics.

		n=30		n=30
Demographic Variables	**Experimental Group**		**Control Group**	
	Frequency (n)	**Percentage (%)**	**Frequency (n)**	**Percentage (%)**
Age in years				
18-30 years.	3	10%	0	0%
31-40 years.	7	23.3%	12	40%
41-50 years	10	33.3%	11	36.7%
51-60 years.	9	30%	6	20%
≥61 years	1	3.3%	1	3.3%
Gender				
Male	10	33.3%	13	43.3%
Female	20	66.7%	17	56.7%
Educational Level				
Primary	5	16.7%	4	13.3%
Secondary	9	30%	6	20%
Higher Secondary	9	30%	8	26.7%
Graduate	6	20%	8	26.7%
Post Graduate	1	3.3%	3	10%
Other	0	0%	1	3.3%
Occupation				
Laborer	3	10%	3	10%
Farmer	4	13.3%	4	13.3%
Service	8	26.7%	5	16.7%
Business	1	3.3%	6	20%
Unemployed	2	6.7%	0	0%
Others	12	40%	12	40%
Religion				
Hindu	27	90%	26	86.7%
Muslim	1	3.3%	2	6.7%
Christian	0	0%	0	0%
Buddhist	2	6.7%	2	6.7%
Others	0	0%	0	0%

Table 2: Table showing Percentage wise distribution of cancer patients according to their clinical data

n = 30 n = 30

Clinical Data	Experimental Group		Control Group	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Location of cancer				
Gastrointestinal	8	26.7%	3	10%
Reproductive	13	43.3%	18	60%
Genitourinary	0	0%	0	0%
Endocrinal	0	0%	0	0%
Head and Neck	8	26.7%	8	26.7%
Musculoskeletal	0	0%	0	0%
Neurologic	0	0%	0	0%
Respiratory	1	3.3%	0	0%
Skin	0	0%	0	0%
Hematologic	0	0%	1	3.3%
Other	0	0%	0	0%
Staging of Cancer				
Stage I	20	70%	26	86.7%
Stage II	9	26.7%	4	13.3%
Stage III	1	3.3%	0	0%
Stage IV	0	0%	0	0%
Duration of cancer				
Recently diagnosed	27	90%	25	88.3%
Less than 1 year	3	10%	4	13.3%
1-2 years	0	0%	0	0%
3-4 years	0	0%	1	3.3%
>4 years	0	0%	0	0%
Present line of treatment for cancer				
Surgery	11	37 %	14	44.7%
Chemotherapy	18	60 %	16	53.3%
Radiation Therapy	0	0%	0	0%
Other	1	3.%	0	0%
Problem in falling sleep				
Yes	27	90%	28	93.3%
No	3	10%	2	6.7%

Table 3: showing percentage wise Distribution of Cancer patients according their normal sleeping pattern

n = 30 n = 30

Quality of sleep	Experimental Group		Control Group	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
Normally how long does it take you to fall sleep?				
0-15 min	1	3.3%	2	6.7%
16-30 min	14	46.7%	23	76.7%
31-45 min	13	43.3%	4	13.3%
>45 min	2	6.7%	0	3.3%
Normally how many hours of sleep you usually get in nights?				
2-4 hours	25	83.3%	20	66.7%

Cont...../-

5-7 hours	5	16.7%	10	33.3%
8-10 hours	0	0%	0	0%
>10 hours	0	0%	0	0%
Do you have any other illness that interfere with sleep?				
Yes	24	80%	16	53.3%
No	6	20%	14	46.7%
If yes then specify illness? **n = 24 n = 16**				
Pain	20	80%	3	10%
Emotional Stress	04	13.34%	5	16.7%
Gastrointestinal disturbances	0	0%	8	26.7%
Genitourinary disturbances	0	0%	0	00%
Obstructive Breathing	0	0%	0	0%
Restless leg syndrome	00	0%	0	0%
Other	00	0%	0	0%
n =30	**n =30**			
Which sleep inducing environment you prefer to fall sleep?				
Dark Room	23	76.7%	14	46.7%
Soft music	3	10%	1	3.3%
Cold room temperature	0	0%	0	0%
Warm room temperature	0	0%	0	0%
Silence	2	6.7%	10	33.3%
Other	1	3.3%	5	17%

Section II

Description on quality of sleep among cancer patients (pre-test)

Table 4: Table showing the frequency and percentage distribution on quality of sleep among cancer patient in experimental group and control group (pretest)

			n =30	n =30
Quality of sleep	**Experimental group**		**Control group**	
	Frequency (n)	**Percentage (%)**	**Frequency (n)**	**Percentage (%)**
Good (0-5)	0	0%	0	0%
Fair (6-10)	10	33.3%	16	53.3%
Poor(11-14)	20	66.7%	14	46.7%
Mean	11		10.1	
S.D.	2.12		2.24	

Section III

Description on quality of sleep among cancer patients in experimental and control group (posttest)

Table 5: Table showing the frequency and percentage distribution on quality of sleep among cancer patients after warm foot bath in experimental group and control group(Posttest)

		n =30		n =30
Quality of sleep	**Experimental group**		**Control group**	
	Frequency (n)	**Percentage (%)**	**Frequency (n)**	**Percentage (%)**
Good (0-5)	12	40%	0	0%
Fair (6-10)	18	60%	19	63.3%
Poor(11-14)	0	0%	11	36.7%
Mean	6.62		10.13	
S.D.	2.45		2.15	

Section IV

Description on the comparison post test score on quality of sleep among cancer patients in experimental group and control group. (Table 6) shows that warm the table shows the comparison of post test score on quality of sleep among cancer patients in experimental and control group. The Mean score in experimental group is 6.62 and standard deviation is 2.45. In control group the mean score is 10.13 and standard deviation is 2.15. values of mean score and standard deviation are compared and unpaired t- test was use dat 5% level of significance. The tabulated value for n=58 degree of freedom is 2.00. The calculated t-value is 9.92. The calculated't' value is higher than the Tabulated 't' value at 5 percent level of significance which is statistically acceptable level. Hence the research hypothesis H_1 is accepted and null hypothesis H_0 is rejected. Thus, it is statistically interpreted that there is a significant difference in quality of sleep among cancer patients in experimental group and control group. It foot bath is effective on improving quality of sleep among cancer patients in experimental group

Section V

Description on association of post test score with selected demographic variables. Analysis reveals that, no association were found with age, gender, education, occupation, and religion of cancer patients in either of the two group.

Table 6: The table show the comparison post test score on quality of sleep among cancer patient in experimental group and control group

Group statistics

Group	n	Mean Median score	S. D	Std. error Mean	Calculated 't' value	Tabulated 't' value	Df	P value
Experimental group	30	6.62	2.45	0.44	9.92	2.00	58	<0.05
Control Group	30	10.13	2.15	0.39				

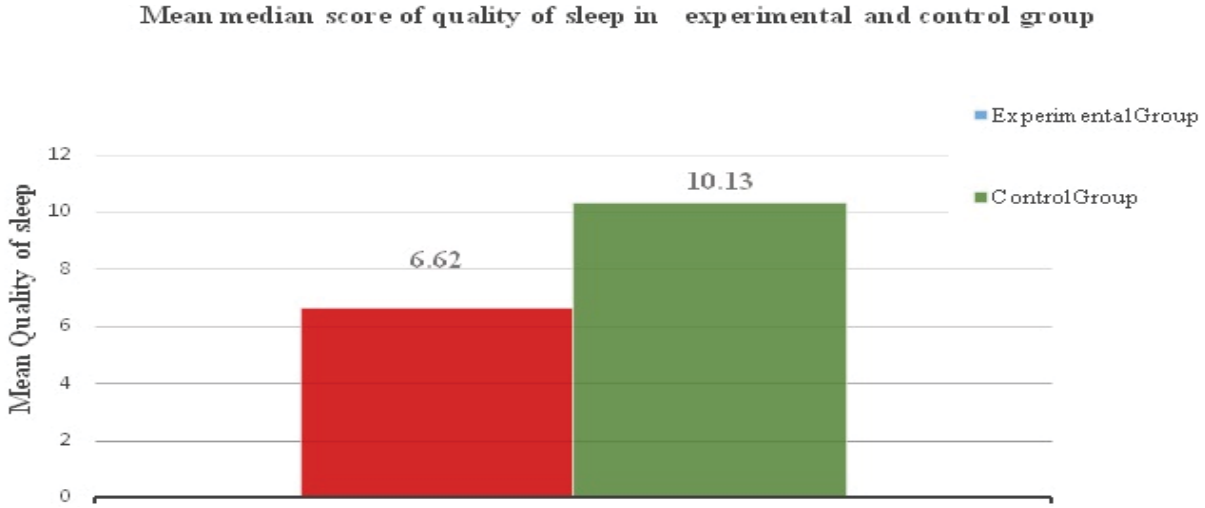


Fig 2: Bar diagram representing comparison of Mean median score of quality of sleep in experimental and control group.

Discussion

Phillip A, carried out a study on effect of foot bath on sleep quality among cancer patients. The sample size was 58 divided in experimental and control group. the effect of warm foot bath on quality of sleep among patients with cancer was assessed by Groningen sleep quality scale. Phillips A had given intervention of foot bath at bed time for 5 consecutive days to experimental group. Assessment on sleep quality scores among cancer patients after warm foot bath in experimental group On fifth day shows, 23 (82.1%) patients had normal sleep, 4 (14.3%) patients had disturbed sleep and 1 (3.6%) patient had poor sleep. In the control group, 2 (7.15%) patients had normal sleep, 8 (28.57%) patients had disturbed sleep and 18 (64.28%) patients had poor sleep. The effect of warm footbath on sleep quality among cancer patients in the experimental and control group on fifth day shows , the mean score of quality of sleep and standard deviation in the experimental group on fifth day is 3.96 and 1.7 respectively and in the control group is 8.07 and 1.70 respectively with mean difference of -4.11.that is found to be greater than the table value of 3.46 at 0.0001 level of significance. The result shows highly significant difference in the quality of sleep among cancer patients after warm foot bath. In present study, Finding shows that in experimental group after warm foot bath 12(40%) had good quality of sleep, 18(60%) had fair quality of sleep and none of the cancer patients had poor quality of sleep The mean median score on quality of sleep is 6.62 and standard deviation is 2.45. In control group, 11 (36.67%) had poor quality of sleep, 19(63.3%) had fair quality of sleep and none of the cancer patients had good quality of sleep. The mean median score on quality of sleep is 10.13 and standard deviation is 2.15. Mean median score and standard deviation values are compared and unpaired t- test is used at 5percent level of significance. The tabulated value for n=58 degree of freedom is 2.00. The calculated t-value is 9.92 The calculated't'value is higher than tabulated 't' value at 5% level of significance which is statistically acceptable level of significance. Hence the research hypothesis H_1 is accepted and null hypothesis H_{01} is rejected. Thus, it is statistically interpreted that there is a significan't difference in quality of sleep among cancer patients in experimental group and control group. It shows that warm foot bath is effective on improving quality of sleep among cancer patients.

Conclusion

After the detailed analysis, this study have following conclusion that there is significant difference in quality of sleep in cancer patients in experimental group and control group It shows that warm foot bath is effective on improving quality of sleep among cancer patients

Implications of The Study

Nursing practice

In nursing clinical practice this research will help as independent nursing intervention to reduce insomnia in cancer patients. This will help nurses in giving palliative care to cancer patients. This can also help other patients who is suffering from sleep disturbance. This technique can be used by cancer patients in home to alleviate sleep disturbance

Nursing education

The results can be used by nursing teachers as an informative illustration for nursing students while teaching palliative care to cancer patients suffering from sleep disturbance Other researcher may utilize the suggestion and recommendation for conducting further studies.

Nursing research

The tool, technique and review of literature can provide an avenue for further research studies. It certainly increases the body of knowledge and can be used as reference material for the future. The suggestions and recommendations can be utilized by other investigator for conducting further research studies in the same area.

Nursing administration

She/ He should communicate this knowledge to the clinical staff and ensure practice of use warm foot bath to reduce insomnia in cancer patients

Limitations

- The sample size was small to generalize the findings of the study. The study was conducted only on admitted patients.
- Only plain water is used for warm foot bath. Any medicine to clean foot could have been used

Recommendations

- A similar study can be replicated on a large number of populations for a generalization.
- A similar study can be done using one group

pretest post-test only design.

- A similar study can be conducted using warm foot bath in experimental group and other alternative like foot reflexology therapy for control group.

Acknowledgement

I give all thanks to God, for the consent blessing to me for successfully completion of my research work. my sincere gratitude and respect to my Research guide, Mrs. Lata Sukare , professor , for her expert advice. My deepest appreciation to Mrs. Pascaline David, Associate Professor for her valuable suggestion. I thank my Father Mr. Kiran Lanjewar , and my mother Mrs. Manjusha Lanjewar for all the love and affection which they gave to me for successful completion of Master degree. I thank the participants who spent their valuable time and energy to help make this research study successful.

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ORIGINAL ARTICLE

Home Accidents And Its Prevention Among Under-5 Children

M P Venkatesan[1], K Kamala[2]

Author Affiliation: [1]PhD Scholar, [2]Principal, Vinayaka Mission's College of Nursing, Vinayaka Mission's Research Foundation (Deemed to be University), Salem, Karaikal.609609, Puducherry (U.T)

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Abstract

A study to assess home accidents and its prevention among mothers of under -5 children in Vinayaka mission's medical college and hospital in Karaikal was aimed to assess the knowledge on prevention of home accidents among mothers of under-5 children.30 samples were selected by using purposive sampling method, semi structured interview questionnaire was used to collect the data from mother of under-5 children. The study revealed the frequency and percentage distribution shows mothers of under-5 children based on the knowledge maximum 21(70%) have moderate knowledge, 8(26.67%) have inadequate knowledge, 1(3.33%) have adequate knowledge. There was significant association between levels of knowledge on demographic variables such as Age, Education of the mother, Monthly income, Type of family, Sex of the baby, Developmental age of child, Type of house, Source of health relative information. Mothers of under-5 children were distributed pamphlets on prevention of home accidents.

Keywords: Home accidents; Under-5 children; Prevention, Mothers; Pamphlets

Introduction

"Out of this nettle, danger, we pluck this flower safely."- (William Shakespeare)

Children being less aware of danger are one of the most vulnerable groups to expose accidents in developing countries and developed countries alike, are one of the leading causes of under-five deaths. It is imperative to accept them as a public health programme since they frequently occur early childhood and cause death and vital injuries.[1] According to Piaget's theory of cognitive development, children are unable to protect themselves from the accidents in preoperational symbolic stage (from ages 2 to 4).[2] Children may happen to have an accident while trying to copy behaviour of their parents and /or people they live within preoperational sensory period from ages 4 to 7. Children may avoid behaviour that have resulted in accidents earlier but they are still considered to be under risk because they seem to be unable to transfer their past experience to changing occasions. Besides, children may also have accidents simply because they can't foresee the results of their actions or they can't figure out cause and effect relationships.[3]

A child's community includes a number of places such as playground, gardens, fields, ponds; rivers and most crucially home itself. But their relative importance depends on a child's way of

Corresponding Author: M P Venkatesan, PhD Scholar, Vinayaka Mission's College of Nursing, Vinayaka Mission's Research Foundation (Deemed to be University), Salem, Karaikal.609609, Puducherry (U.T)

E-mail: venkateshmscn@gmail.com.

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life. Home injuries is the leading cause for deaths and hospitalization were seen to a higher extent in male children (79%), falls second leading cause of hospitalization among children less than 5 years, and the commonest places of falls was home (70%), burns (9%) commonly due to kitchen fires, spillage of hot liquids. 90% of the burn injuries occurred at home. Drowning and burns occurred 6% &5%, animal bites were generally due pets.[4]

As per WHO news bulletin, the global childhood unintentional injury conducted a pilot study in 2007, to determine the frequency and nature of childhood injuries and to explore the risk factors for such injuries in low–income countries. Sequential sample of children less than 10 years of age of either gender was taken. Emergency Departments of selected countries such as Bangladesh, Colombia, Egypt and Pakistan over a 3–4 month period which varied for each site of 1559 injured across all sites, 1010 (65%) were male, 941 (60%) were aged less than 5 years, 32 (2%) were less than 1 year old. Injuries were especially frequent (34%) during the morning hours. The occurred in and around the home 56% of the cases outside while children in 63% of all injuries observed 913 (56%) involved falls, 350 (22%) road traffic injuries 210 (13%) burns 66 (4%) poisoning, 20 (1%) near drowning or drowning.[5]

According to Manjulika Debnath et al (2014) a cross-sectional study was conducted on the knowledge of rural mothers regarding common domestic childhood injuries and home-safety measures adopted by them in west district of Tripura, India. A systematic random sampling technique was used Among 230 rural mothers to select individual participant and information collected using pre-tested semi-structured interview schedule. The majority (71.3%) of respondents were in the age group 20-25 year, housewives (79.56%), nuclear families (67.7%), up to primary education (60.9%) and family income of < Rs 5000/- per month (53.5%). Only 3.9% met minor domestic injuries. Out of which 6(66.7%) of respondents' children 3 were treated at home, remaining at hospital and all of them recovered. There was significant relation (p= 0.016) between sex of the child and level of knowledge of mothers. The study revealed that sex of the children was important factor for knowledge level of mothers. The reported incidence of domestic injury was low that might have been due to under reporting.[6]

Statement of the problem

A study to assess knowledge about home accidents and its prevention among mothers of under-5 children in Vinayaka mission medical college and hospital (VMMC&H), Karaikal.

Objective

- To assess the knowledge on prevention of home accidents among mothers of under 5 children.
- To find association between selected demographic variables with knowledge on prevention of home accidents among mothers of under 5 children.
- A view to develop and distribute pamphlets on prevention of home accidents among mothers of under 5 children.

Materials and Methods:

In the present study, non-experimental descriptive design was used to assess the knowledge about home accidents and its prevention among mothers of under-5 children in VMMC & H. The study was conducted in Vinayaka mission medical college and hospital, Karaikal. 30 mothers who are having under–5 children who are attending OPD in VMMC&H were selected for this study. Informed consent was obtained from all the mothers of under-5 children who have accepted to participate in the study. Semi structured interview questionnaire knowledge about home accidents and its prevention among mothers of under-5 children. Pamphlets were distributed on prevention of home accidents among mothers of under 5 children.

Statistical Analysis:

Statistical analysis was used by SPSS software to identify the knowledge level and association with demographic variables with the formula used as follows.[7]

Mean: $\frac{(\sum x2)}{n}$

Chi Square $\frac{(O-E)^2}{E}$

Results

Table 1. Frequency and percentage distribution shows demographical variables of mothers of under 5 children considering age 14 (46.67%) mothers were in the age group of 26 to 30 years,7 (23.33%) mothers were in the age group of 21 to 25 years, 2 (6.67%) mothers were less than 20 years. Based on the religion 22 (73.33%) mothers were Hindu, 6 (20%) were Christian, 2 (6.67%) were Muslims and lowest 0% were in others. According to education

Table 1: Frequency and percentage distribution of demographic variables n= 30

S. No	Nominals	Frequency	Percentage
1.	Age		
	➢ Less than 20years	2	6.67
	➢ 21-25 years	7	23.33
	➢ 26-30years	14	46.67
	➢ Above 30 years	7	23.33
2	Religion		
	➢ Hindu	22	73.33
	➢ Muslim	2	6.67
	➢ Christian	6	20.00
	➢ Others	0	0
3	Education Of The Mother		
	➢ Uneducated		
	➢ Primary	2	6.67
	➢ Higher secondary	6	20.00
	➢ Diploma/Degree	17	56.67
		5	16.67
4	Occupation		
	➢ House wife	20	66.67
	➢ Self-employee	4	13.33
	➢ Private job	1	3.33
	➢ Government job	5	16.67
5	Monthly Family Income		
	➢ Rs.1000 – Rs 2000		
	➢ Rs 2001 –Rs 4000	18	60.00
	➢ Rs 4001 –Rs 6000	0	0
	➢ Rs 6000 above	2	6.67
		10	33.33
6	Type Of Family		
	➢ Nuclear family	15	50.00
	➢ Binuclear family	1	3.33
	➢ Joint family	14	46.67
	➢ Extended family	0	0
7	Sex Of The Child		
	➢ Male	18	60
	➢ Female	12	40
8	Developmental Age Of The Child		
	➢ New born	0	0
	➢ Infant	6	20
	➢ Toddler	12	40
	➢ Preschooler	12	40
9	Type Of The House		
	➢ Katcha	7	23.33
	➢ Pukka	11	36.67
	➢ Tatched	11	36.67
	➢ Hut	1	3.33
10	Source Of Health Related Information		
	➢ Mass media		
	➢ Newspaper and magazine	2	6.67
	➢ Health care professionals	3	10
	➢ Friends and relatives	15	50
		10	33.33

maximum 17 (56.67%) mothers studied till Higher secondary, 6 (20%) mothers studied till Primary school, 5 (16.67%) mothers studied up to Diploma/ Degree, 2 (6.67%) were uneducated.

Based on occupation maximum 20 (66.67%) mothers were House wives, 5 (16.67%) were in Government job, 4 (13.3%) were Self employee and 1(3.33%) were in Private Job.Based on the family monthly income maxim 18 (60%) mothers family monthly income were in between Rs 1000 to Rs 2000, 10 (33.33%) were above Rs 6000 above, 2 (6.67%) were in between Rs 4001 to 6000 and lowest and 0% in between Rs 2001 to Rs 4000.According to the type of family maxim 15 (50%) family were Nuclear family, 14 (46.67%) were joint family, 1 (3.33%) were Binuclear family and lowest and 0% were Extended family.

According to the sex of the child maximum 18 (60%) children were male and 12 (40%) children were female. Based on the developmental age of the child maximum and similar 12 (40%) children were Toddler and Preschooler, 6 (20%) were infant, lowest and 0% were Newborn. According to type of house maximum and similar 11 (36.67%) house were Pukka and Thatched, 7 (23.33%) were Katcha and 1 (3.33%) were Hut. Based on the source of health related information maximum 15 (50%) information receive from Health care professionals, 10 (33.33%) from Friends and relatives, 3 (10%) from Newspapers and magazine, 2 (6.67%) from mass media.

Table 2: Knowledge Of The Mothers Of Under-5 Children On Home Accidents And Its Prevention

n:30

S.no	Knowledge On Home Accidents	Frequency	Percentage
1	Inadequate	8	27%
2	Moderate adequate	21	70%
3	Adequate	1	3%
	Total	30	100%

Table 3: Association Between Levels Of Knowledge Among Mothers Of Under-5 Children On Home Accidnts And Its Prevention With Demographic Variables n: 30

S No	Demographie Variable	Differential Value	Table Value	X^2	Level of Significant
1.	Age	6	7.619	12.592	Significant
2.	Religion	6	17.881	12.52	Not Significant
3.	Education of the mother	6	11.36	12.52	Significant
4.	Occupation of the mother	6	12.68	12.52	Not Significant
5.	Monthly income	6	5.59	12.52	Significant
6.	Type of family	6	3.329	12.52	Significant
7.	Sex of the child	2	2.22	5.991	Significant
8.	Developmental age of child	6	3.73	12.52	Significant
9.	Type of house	6	3.96	12.52	Significant
10.	Source of health relative information	6	7.79	12.52	Significant

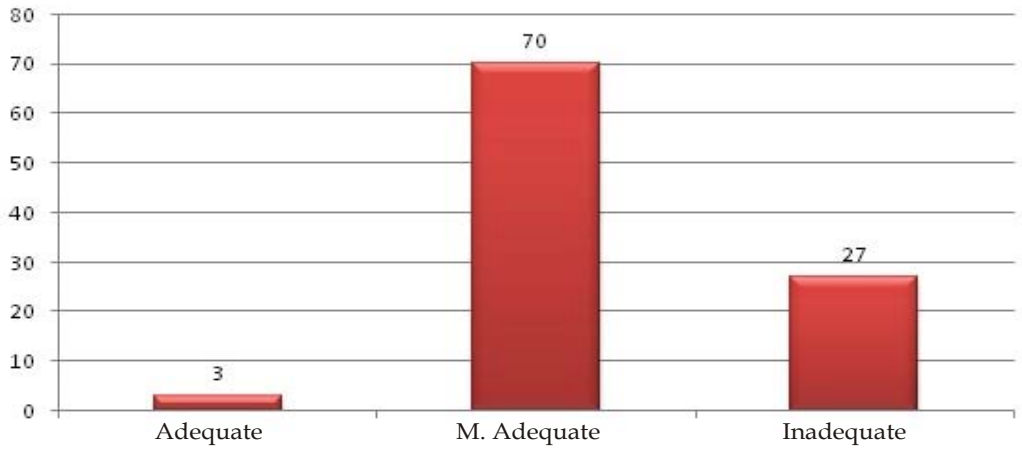

Fig-1: Knowledge about home accidents and its prevention among mothers of under-5 children

Discussion

The present study on home accidents and its prevention among under 5 children revealed the frequency and percentage distribution shows mothers of under-5 children based on the knowledge maximum 21(70%) have moderate knowledge, 8(26.67%) have inadequate knowledge, 1(3.33%) have adequate knowledge.

Similarly Gholap PR et al.(2017) identified in their Study to Assess Mothers Knowledge and Their Practices in Prevention of Home Accidents among toddler represents that majority 60(66.7%) of the urban mother of toddler have adequate knowledge on practice and 30 (33.3%) mother have moderately adequate knowledge on practices and nobody have inadequate knowledge on practice in prevention of home accident among toddler in the present study revealed the frequency and percentage distribution shows mothers of under-5 children based on the knowledge maximum 21(70%) have moderate knowledge, 8(26.67%) have inadequate knowledge, 1(3.33%) have adequate knowledge. There was significant association between knowledge with selected demographic variables such as age, religions, type of family, number of toddler, size of family, educational status of mother, occupation of mother income of family and type of house [8]

In the present study revealed there was significant association between levels of knowledge on demographic variables such as Age, Education of the mother, Monthly income, Type of family, Sex of the baby, Developmental age of child, Type of house, Source of health relative information. Religion and occupation of the mother found to be non-significant with the knowledge.It is important to improve the mother knowledge, attitude and practice to prevent accidents at home. Education is an important nursing role and was the primary intervention strategy chosen to address and prevent childhood home injuries. The nurse will try to ensure that people know how to prevent accidents and injuries in their communities, at homes, schools and work places.

Conclusion

Accidents in child hood are a serious problem. Home accidents are common cause of injury in children belongs to under-5 age. Falling is the most common type of injury occurs to the under -5 children. Mother knowledge on home accidents and prevention plays vital role in preventing the injuries among children. The study concluded that the mothers need to be educated more in home accidents and its prevention among under-5 children.

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REVIEW ARTICLE

Interactive Guided Imagery Therapy For Stroke Patients

N Sabari Vel[1], Reeta Devi[2]

Author Affiliation: [1]Ph.D. Scholar, [2]Assistant Professor, School of Health Science, Indira Gandhi National Open University, New Delhi

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Abstract

Guided imagery is an effective and good stress management technique and it is very popular and common method for many reasons, it will quickly calm your body and relax your mind. It's virtually as simple as indulging in a vivid daydream and, with practice, this technique can help you to better access your inner wisdom. There are many ways to practice guided imagery, including taking a class where you are "guided" by an instructor, using audio recordings, creating your own recordings, or using your inner voice and imagination. it helps to enhance physical and mental ability and most widely used in chronic pain, cancer, and other serious illnesses like stroke and reducing undesirable behaviours.

Keywords: Interactive guided imagery; Stroke

Imagery Therapy

Interactive guided imagery therapy is mind-body interventional therapy that comes under complementary and alternative medicinal therapy. It is a therapeutic technique for relieving pain or anxiety and for promoting relaxation in which a patient is inspired to think on an image that helps relieve discomfort.[1]

History Of Guided Therapeutic Imagery

- The different method of guided imagery has been used for hundreds years back as ancient Greek and romans times,the technique established in Chinese medicine and some evidence shows Tibetan monks following meditation early as 13th century they believed imaging Buddha curing disease.
- In the year of 18th century, hypnosis was introduced by Franz Mesmer, based on hypnosis many new mind body interventions was created so it is called a cousin to guided imagery.
- In the year of 1940 Jacob Moreno's develop technique of psychodrama, it also has linked to guided imagery as the enactment of the person in therapy's unique concerns can be understood as a method of directing a person's own imagery. Hans Leuner further developed psychodrama, known as the approach guided affective imagery.
- In the year of 1970 Dr. David Bressler and Dr. Martin Rossman supported that imagery therapy is best solution for chronic pain, cancer, and other serious illnesses. Throughout the

Corresponding Author: Reeta devi, Assistant Professor, School of Health Science Nursing, Indira Gandhi National Open University, New Delhi, Delhi.

E-mail: reetadevi@ignou.ac.in

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year of 1980s, a variety of health professionals support to published materials exploring the positive impact of guided imagery on health status.

- Currently, guided imagery is a longtime approach in complementary and alternative medicine, it helps to reduce the side effect of some condition such as nausea, fatigue, anxiety, pain and stress of cancer treatment and studies show it's frequently helpful when used as part of the therapeutic process it help to improve individual ability to cope and improve quality of life .[2]

Purpose of Imagery Therapy

The guided imagery techniques are shown to be effective in people learn or modify behaviours such as:

- Learning to relax
- Changing or dominant their negative emotions in response to a particular situation or event.
- Preparing themselves for changes they are likely to have to deal with in the future (children leaving home, parent moving)
- Eliminating or reducing undesirable behaviors (smoking, obesity)
- Increasing effective pain management
- Coping with difficult situations
- Learning new and fascinating behaviors (assertiveness)
- Becoming more motivated in coping with their issues
- Coping with how they behaved in an earlier situation (had a temper tantrum) so as to feel less shame or guilt
- Experimenting with ways that manage stressful or anxiety-producing situations (giving a presentation in public)

Guided imagery techniques are applied to individual and found to be effective or show promise with a spread of populations, as well as people with

- Phobias
- Mild to Moderate depression
- Generalized anxiety disorders
- Post-traumatic stress disorder
- Obsessive-compulsive disorder
- Sexual difficulties
- Habit disorders
- Chronic fatigue syndrome
- Children's behavioral disorders
- Stuttering of speech
- Acute and chronic pain
- Stroke
- Cancer patient

Advantages of Guided Imagery

- Guided imagery techniques are relatively simple, easy to learn and practice in day today life.
- The techniques, once learned, can be applied to a wide range of challenges to effectively reduce negative feelings and improve coping mechanism.
- Guided imagery can be easily combined with other forms of psychotherapy to enhance treatment
- The methods can be used effectively in the treatment of a wide range of life challenges, mental health disorders, and physical health issues and symptoms.[3]
- The client can control the imagery process, if something doesn't feel right or safe during the process, the client can stop or change the imagery
- Sessions don't have to take a full hour; brief sessions make it easier to fit them into a busy schedule

Mechanism of Action

Physiological mechanism of action: Imagery therapy can directly influence the autonomic nervous system to change physiological process to healing. The imagery therapy stimulates physiologic status through immune system, nervous system, and endocrine system response to accelerate the healing process. If any physical, emotional or behavioural symptoms or illnesses that are not affected by the mind. imagery therapy mobilizes the latent, innate healing abilities of the client to promote pain control, accelerated healing, rehabilitation, recovery and health improvement.

The imagery therapy controlling pain in the gate control theory, pain stimuli are transmitted through the substantia gelatinosa in the spinal cord, it may act as a gating mechanism. Transmission of painful stimuli are blocked at the gate level before reaching higher levels of conscious awareness. This theory influences of cognitive control or higher CNS processing of pain control.[4]

Biologic mechanism of action:

Imagery therapy act in physiological consequences, and the body respond imagery to a genuine external experience. For instance, if you imagine slowly sucking on the bitter, tart slice of a fresh juicy lemon, you will soon begin to salivate. Another example is sexual fantasy and its attendant physical responses. What happens to your body when you bring to mind something that makes you fiercely angry? Imagery has been shown to have an affect on most major physical systems of the body, as well as respiration, heart rate, blood pressure, metabolic rates in cells, gastrointestinal mobility and secretion, sexual function, cortisol levels, blood lipids, and even immune responsiveness. With relevant manufacturing specific physiological changes which will promote healing, guided imagery represents a crucial alternative to pharmacotherapy with a lot of larger safety and much fewer complications.[5]

Motor imagery has been shown to boost athletic performance and even muscle strength. These benefits clearly show that visualization taps into the mind-body connection, and facilitate make a case for why IGI is commonly used with success in cases of physical and psychological problem.[6]

Mental imagery technique athletes will use to supplement physical practice and improve their performance in their specific field. Mental imagery is often part of a mental practice routine that might also include such techniques as relaxation, self-talk, and goal setting.[7]

Steps in Administration of Imagery Therapy in Stroke Patient

Interactive guided imagery technique:

- First written informed consent will be taken from patient
- After getting consent the patient will be provided information about his or her role to listen the guided motor imagery audio for 30 minutes.
- The calm, quiet & comfortable environment will be created in patient side.
- The patient will ask to maintain comfortable position and instructed to close the eyes.
- The patient will be instructed to take slow and deep breaths and remain calm.
- Patient will be encouraged to focus on the slow, in and out sensation of breathing and focus on releasing the feelings of tension from muscle, starting with the toes and working up to the top of the head.
- Prerecorded verbal prompts through headphone are introduced to direct the client to visualize the imagery.
- Patient will be encouraged to focus on the tasks involved imagining the sequence of

movements that are performed using his/her hands and legs.

- The included imagery tasks for hand movement are:
  - Drinking water from a cup,
  - Turning pages of a book,
  - Plugging a cord into an outlet,
  - Brushing his/her teeth with a toothbrush using both hands,
  - Sorting chopsticks and spoons, and putting them in a box,
  - Folding a towel,
  - Making a phone call,
  - Changing batteries,
  - Opening and closing a zipper wallet,
  - Using scissors,
  - Spraying water with a spray bottle,
  - Turning a water tap on and off,
  - Opening a bottle top,
  - Tightening shoelaces.[8]
- The included imagery tasks for leg movement are:
  - Walking in the garden
  - Standing in the prayer hall
  - Playing football in ground
  - Running on the beach
  - Climbing stairs
- The other imagery tasks related to quality of life
  - Performing full energy during activities
  - Spending time and fun with family members
  - Talking fluently with friends and family members
  - Pleasant mood in the doing work
  - Good personality
  - Self-care like prepare own food, getting dressed, bath and toilet
  - Participate socially
  - Think positively
  - Seeing the television well enough to enjoy a show
  - Without any trouble doing daily work of the house.
- Patient will be instructed to remain within the scene; touring its various sensory aspects for 30 minutes.
- Instruct the client to open eyes & then rejoin the world.
- Interactive guided imagery therapy commonly administered for 30 minutes to one hour per day from the day of admission to 15-30 days.

Conclusion

Guided Imagery is a convenient and simple relaxation technique which will assist you quickly and easily manage stress. It is the alternative therapy instead of sedative medication in improving quality of life, guided imagery is taken our own interest. The scientific data to support for patients to regain a sense of control over their lives in the face of crisis. After training, patients are able to evoke the imagery on their own (with audio or visual aids) at any time.

Recommendation

Guided imagery is generally safe and potentially beneficial in providing symptomatic relief to stroke and cancer patients. Guided imagery may allow patients to reduce pain, anxiety, improve quality of life and decrease symptoms of nausea through use of their own sensory recruitment.

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