

A Study to Assess the Knowledge Regarding Meditation Therapy among 1st Year B.Sc Nursing Students at Selected Nursing Colleges at Chintamani

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ABSTRACT

Health is commonly defined as an organism's ability to efficiently respond to challenges (stressors) and effectively restore and sustain a "state of balance," known as homeostasis.

A comprehensive approach to maintaining good health includes increasing self-responsibility for wellness, healthy lifestyle choices, health-promoting diet and a positive mental attitude. For centuries, humans have been aspiring to achieve healthy mind and body all at the same time¹.

Meditation which has been practiced for thousands of years is an effective means of treating stress and managing pain. Meditation therapy is an activity that calms the mind and keeps it focused on the present. In the meditative state, the mind is not cluttered with thoughts or memories of the past nor is it concerned with future events. Meditation relies on the body's ability to switch to an alpha (resting) or theta (relaxing) brain wave state, during which the brain's rhythm slows appreciably and endorphins, the body's natural pain killers are released. During meditation, metabolism is lowered, resulting in a slower heart rate, decreased blood pressure and slower breathing³.

KEYWORDS: meditation, knowledge

INTRODUCTION

"Health is not the condition of matter, but of mind"
Mary Baker Eddy

Health is commonly defined as an organism's ability to efficiently respond to challenges (stressors) and effectively restore and sustain a "state of balance," known as homeostasis.

A comprehensive approach to maintaining good health includes increasing self-responsibility for wellness, healthy lifestyle choices, health-promoting diet and a positive mental attitude. For centuries, humans have been aspiring to achieve healthy mind and body all at the same time¹.

For maintaining a healthy body, one should follow a healthy nutrition and diet. One should eat food that are healthy, high in important nutrients, and free from chemicals to provide the body with quality fuel to function properly. One should keep mind sharp and sound by mental stimulation and exercise. The mind and body are intimately connected, and the

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relationship of the mind to the body in meditation is very interesting. The mind creates a situation in which we see the body as peaceful and beautiful. By creating peaceful feelings in the body, the mind is absorbed in those feelings. Although the body is the object to be healed, it also becomes the means of healing the mind which is the ultimate goal of meditation².

Meditation which has been practiced for thousands of years is an effective means of treating stress and managing pain. Meditation therapy is an activity that calms the mind and keeps it focused on the present. In the meditative state, the mind is not cluttered with thoughts or memories of the past nor is it concerned with future events. Meditation relies on the body's ability to switch to an alpha (resting) or theta (relaxing) brain wave state, during which the brain's rhythm slows appreciably and endorphins, the body's natural pain killers are released. During meditation,

metabolism is lowered, resulting in a slower heart rate, decreased blood pressure and slower breathing³.

There are hundreds of meditation techniques most of which fall into one of 3 categories: They are concentrative, mindfulness and transcendental meditation. In concentrative meditation, one simple common technique involves sitting or lying comfortably in a quiet environment, closing the eyes and focusing attention on the breath while inhaling through the nose for a count of three, and then exhaling through the mouth for a count of five. This focus on the breathing rhythm-slow, deep, regular breaths-allows the mind to become tranquil and aware⁴

In mindfulness meditation, the mind becomes aware of, but does not react to the wide variety of sensations, feelings and images tied in with a current activity. The technique involves sitting quietly and allowing the images of the surroundings to pass through one mind without reacting to or becoming involved with them, one can attain a calm state of mind⁴.

The transcendental meditation (TM) technique is a simple, natural, effortless procedure practiced for 15-20 minutes in the morning and afternoon while sitting comfortably with the eyes closed. During this technique the individual's awareness settles down and he/she experiences the simplest form of human awareness-transcendental consciousness-where consciousness is open to itself. Transcendental consciousness is a fourth major state of consciousness, a state of restful alertness, distinct from the commonly experienced states of waking, dreaming, and deep sleep. TM brings about a state of deep relaxation in which the body is totally at rest, but the mind is highly alert⁴.

In the past four decades, the transcendental meditation programme has been learned by over four million people of all cultures, religions and education backgrounds worldwide. It has been implemented in universities and schools in many countries, including Maharishi University of Management in the USA. Meditation is used in various high stress professions to ease worker tension and anxiety. It is a good way to relax, reduce or eliminate irrational fears and to enter into an altered state of consciousness⁴.

NEEDS OF THE STUDY

As a therapeutic model, meditation has been practiced for thousands of years. It is estimated that approximately 52% of the Australian population uses complementary medicines now a days and 65 percentage of population practice meditation as a complementary therapy. Meditation can cut stress,

level of anxiety, depression, anger and fatigue. The British newspaper Daily Mail reported that five short sessions of meditation could be enough to help us achieve peace of mind. The British newspaper Daily Telegraph reported that after meditation training of 20 minutes once a day for only five days, people had measurably less anxiety and lower level of stress hormone level⁵.

In the past three decades, systems of self training adapted from Eastern culture, have been practiced on an increasingly large scale in the western world. The process of meditation training can be seen from different perspectives. From the view point of the state theorists meditation can be understood as a body of methods designed to guide the individual into special conditions of consciousness.

Alternative therapies like meditation have become increasingly popular in recent years. Studies were done among the patients visiting OPDs for 6 months, over all patients visiting OPD had used one or more complementary therapies like meditation in the past 1 year. Most patients who used alternative therapies used them on their own because of the widespread use of alternative system of medicine⁶.

A Study on the effectiveness of a meditation based stress management programme for anxiety disorder patients were conducted in the USA. 46 patients were randomly assigned to either meditation programme or education programme. Duration of programme was 8 weeks with 60 minutes sessions provided weekly. There was significant decrease in all Anxiety Scale scores for the meditation programme group compared with patients on the education programme⁷.

Studies of transcendental meditation demonstrate that it stabilizes autonomic functioning and lowers physiological arousal. It was reported to produce ongoing psychological changes such as positive restructuring of self concepts, attainment of feelings of inner peace, and stabilizing of mood. Studies have shown that short term meditation is no more effective, so it needs to be practiced on a long term basis⁸. Approximately 508 research studies have been conducted on transcendental meditation therapy. Studies showed that meditation, especially TM is effective in controlling anxiety, enhancing the immune system, and reducing conditions such as high blood pressure. Meditation has also been used successfully to treat chronic pain and to control substance abuse. In addition it can benefit those who have heart disease and hypertension. It improves exercise tolerance in CAD patients, reduces stress related hormones, and also reduces obesity ⁸. Meditation has long history across many cultures.

There are many types of meditation, all involving techniques for the focusing attention. It is an efficient and effective means of reducing stress and managing pain. Traditional medicine is slowly learning and accepting the benefits of meditation as a complementary protocol in treating many mild, chronic and acute conditions⁹. The area in which meditation can be used allows the individual to employ it alone or with others in the privacy of his or her own home. People today are so overburdened with high stress jobs and other activities; they can chose meditation to enter into their lives in order to help to cope with everyday stress and its deleterious effects. The meditation helps in reducing stress and giving the mind an enhanced clarity¹⁰.

The students who join for Bsc Nursing will be new into the world of professional course and will have to surmount new challenges and will have more stress compared to their school days. Meditation therapy will help them manage their day to day stresses. The investigator will gauge the knowledge of the students on meditation therapy and will provide suggestion to practice meditation therapy to students. So the investigator selected assessing the knowledge regarding meditation therapy as the problem statement for the research.

OBJECTIVES OF STUDY.

- To assess the existing knowledge of the 1st year BSc nursing student regarding meditation therapy.
- To assess the effectiveness of structured teaching programme on knowledge of the 1st year BSc nursing student regarding meditation therapy.
- To associate the socio – demographic variables with the knowledge of 1st year BSc nursing student regarding meditation therapy

HYPOTHESIS

H1: There will be a significant difference between pre-test and post-test knowledge level of students regarding Meditation therapy.

H2: There will be a significant association between the knowledge level of students regarding Meditation therapy with their selected variables.

ASSUMPTIONS

- 1st year B.Sc Nursing students may have some knowledge regarding meditation therapy.
- Students may have interest to know more about meditation therapy.

OPERATIONAL DEFINITION

Knowledge

Refers to the correct responses of 1st year B.Sc Nursing students regarding meditation therapy as

assessed by the Structured Knowledge Questionnaire.

1st Year B.Sc Nursing Students

Refers to the individuals belonging to the age group of 17 to 19 years and studying in 1st year B.Sc Nursing classes at selected Nursing Colleges Chintamani.

Meditation therapy

Refers to activities that calm the mind and help to focus on the present. It involves sitting or lying comfortably in a quiet environment, closing the eyes and focusing attention on the breath while inhaling through the nose for a count of three, and then exhaling through the mouth for a count of five.

DELIMITATION

The study is delimited to the 1st year B.Sc nursing students at selected Nursing Colleges, Chintamani.

Conceptual framework

Conceptual framework means: “Interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme”

Polit & Hungler (2006)

The conceptual framework for the study was derived from general system theory. According to this theory, is an organized whole unit that produces an effect or product when inter dependent component parts interact with the environment.

All living system are open, in that there is a continual exchange of matter, energy and information. Open system has varying degrees of interaction from which the system receives input, along with the through put which gives output in the form of matter, energy and information.

Input

Input refers to the information, energy or matter which enters the system. In this study the input includes age of the students, gender, and source of information, which may influence the knowledge of students.

Throughput

Throughput refers to the action needed to accomplish the desired task to achieve the desired output

In this study it refers to the development of validated tool and its administration to assess the knowledge level of nursing students based on analysis of the knowledge scores.

Output

Output refers to the end result or product of the system

In this study it refers to the result of college students performance showing their knowledge level as inadequate, moderate and adequate in relation to road safety measures. If knowledge level found inadequate and moderate rectification can be done by administering video assisted teaching.

Feedback

Feedback is the process whereby the output is redirected to input and throughput of the system. If the knowledge is found to be inadequate and moderate.

METHODOLOGY

This chapter deals with the methodology of the study. In a research study the researcher moves from the beginning of the study (posing a question) to the end (obtaining an answer) in a logical sequence of pre-determined steps that is similar across studies. There is general flow of activities that is typical of quantitative study.⁴³ This chapter deals with that flow, which was selected by the investigator in order to solve the research problem.

This chapter comprises of research approach, research design, setting of the study, population, sample, sampling techniques, sampling criteria, development and description of the tools, validation and testing of the tools, reliability of the tools, pilot study, data collection procedure and the plan for data analysis.

The present study aim to evaluate the STP on knowledge on Meditation therapy among 1st year B.Sc nursing students at selected colleges at chintamani”.

Research approach

Research approach is a systematic, controlled, empirical and critical investigation of natural phenomena guided by theory and hypothesis about the presumed relations among the phenomena.⁴⁴

In view of the nature of the problem and objectives, evaluative approach is selected for the present study.

Research design

Research design is the researcher’s overall plan or blue print for obtaining answers to the research

questions or for testing the research hypothesis. It spells out the strategies that the researcher adopts

to collect information that is accurate, objective and interpretable. It helps the researcher in defining attributes, selection of population, their manipulation and control observations to be made and type of statistical analysis to interpret the data.⁴⁵

In view of the nature of the problem and to accomplish the objectives of the study a pre experimental design was used to assess a study to assess the effectiveness of STP on knowledge regarding meditation therapy among 1st year b.sc nursing students at selected colleges in chintamani.

In this study investigator assessed knowledge level of students using a structured questionnaire. The pretest knowledge score were assessed, and implementation of STP module was done on the same day. On 8th day post test knowledge scores were assessed using the same structured knowledge questionnaire.

The research design is represented diagrammatically as follows:

O1 X O2

O1 – Assessment of pre test knowledge scores on meditation therapy.

X – Implementation of STP module.

O2 – Assessment of post test knowledge scores on meditation therapy after implementation of STP.

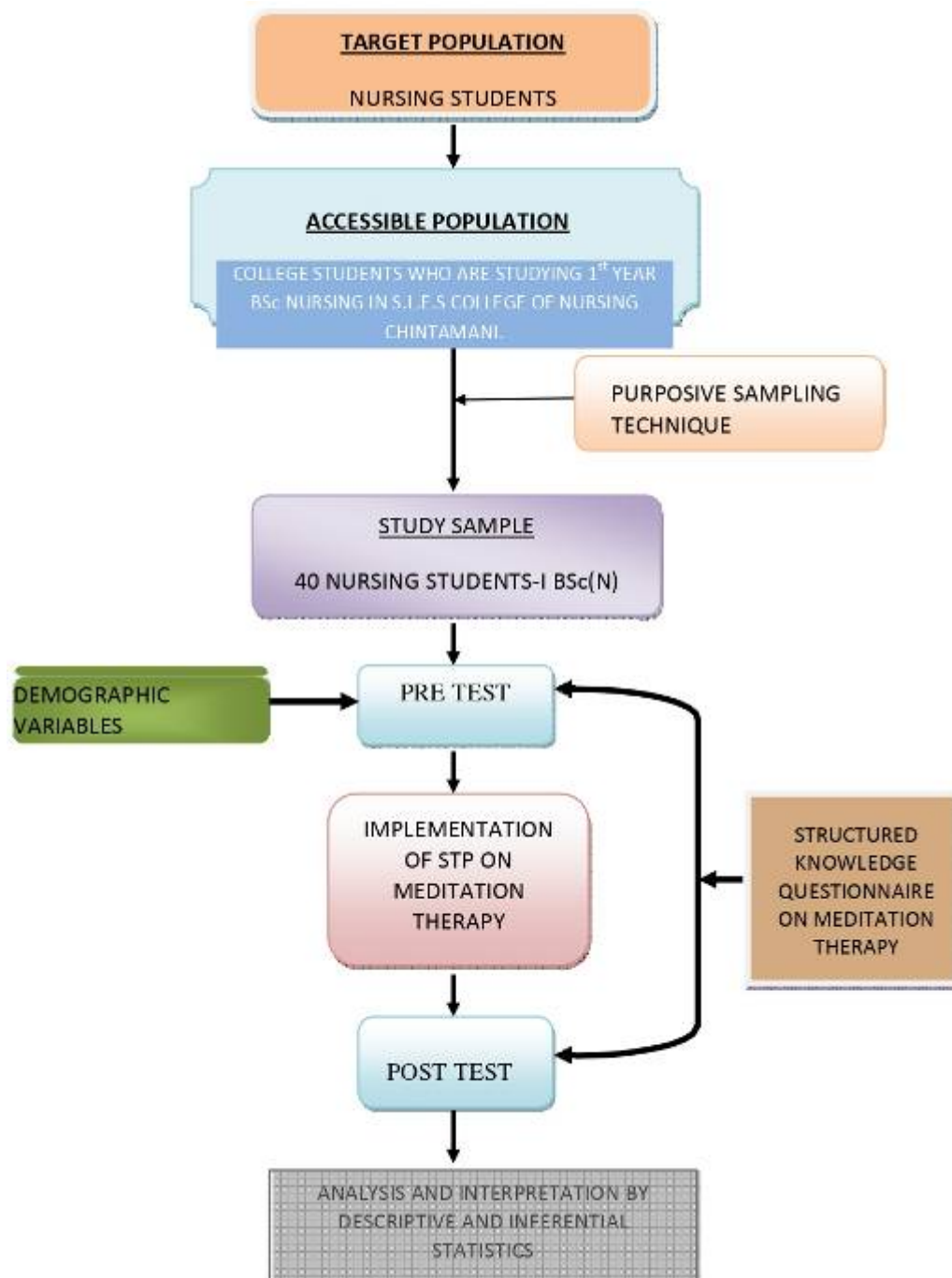


Fig 2: Schematic representation of research design

Setting

The setting is the location in which a study is conducted.⁴⁶

The study was conducted in S.L.E.S College of Nursing, chintamani.

Population

Population means all possible elements that could be included in research. It represents the entire group under study.⁴⁷

The population selected for the study comprised of College students

Sample and sample size:

A sample is a subset or portion of the population that has been selected to represent the population of interest.⁴⁸

The present study was conducted among 40 1st year BSc nursing College students

Sampling technique

Sampling is the process of selecting a group of people, events or portion of the population to represent the entire population.⁴⁹

Purposive sampling technique was used in this study to select the samples.

Sampling criteria:

1. Inclusion criteria:

Student who have been pursuing Bsc nursing.

Student who are not sensitized previously with similar studies

Student who are willing to participate.

2. Exclusion criteria:

Student who are not willing to participate. Students who are not available at time of study.

Development of the tool:

An instrument is a device used to measure the concept of interest in consideration in a research project.

Tool was developed by using the following :

- Books, journals, research studies were reviewed
- Internet Google search, Pub med, Medline
- Expert's opinions and suggestions were taken from the field of Psychiatric nursing (7), Statistician (1), and Doctors (2).
- Personal experience and discussion with acquaintances.

Tool was prepared according to experts suggestions. The above sources provided adequate content for the tool preparation. Items were collected, scrutinized, selected and checked for ambiguity and error.

Modifications were made in consultation with experts from Psychiatric nursing, Statistician, and Doctors.

Preparation of blue print

Based on the concept of the study the blue print was prepared under three main areas i.e., Knowledge (23), Comprehension (14), Problem Solving (08)

Development of criterion check list

A criteria check list for validation of the tool was developed, which consist of following parts

Part I: Demographic data

Part II: Instruction and information questionnaire regarding Meditation therapy which had relevant, need modification, not relevant and remarks of expert.

DESCRIPTION OF THE TOOL

Structured knowledge questionnaire consist of two parts i.e., part I and part II

Part I: Consist of items on demographic variables age, gender, educational status, source of information regarding Meditation therapy.

Part II: Consist of 32 knowledge items related to Meditation therapy.

SCORING KEY

Scoring key was prepared for part II, Score '1' and '0' were awarded to correct and wrong responses respectively. Thus the maximum score was 32.

To interpret the level of knowledge the scores subjected as follows: Inadequate < 50, Moderate 50 – 75 Adequate > 75 and above.

DEVELOPMENT OF STP ON MEDITATION THERAPY

The STP was prepared by the researcher using audio visual aids comprising general information regarding meditation therapy, Advantages and disadvantages, Preliminary assessment, Procedure, and Health education.

The content was prepared in English for 20 minutes for the whole teaching programme with verbal interactions.. The content of STP was validated by obtaining the suggestion of 10 experts, 7 from Psychiatric nursing department, 2 Doctors, including statistician as one expert. The modifications, suggestions and recommendations (i.e., expansions of abbreviations used and correction of certain items) the final draft of STP was prepared.

Development of criteria rating scale

A criterion rating scale was prepared to assess the validity of the plan i.e., to find out the relevancy of the content according to the objectives of the teaching, appropriateness, content selection organization of content, presentation of the language of content and appropriateness of visual images used.

CONTENT VALIDITY

It refers to whether an instrument accurately measures what it is supposed to measure.⁵⁰

The developed structured knowledge questionnaire and Meditation therapy were given to 10 experts, 7 from the field of Psychiatric nursing, 2 doctors and 1 statistician along with the criteria rating scale for establishing the validity. Based on their suggestion and recommendations the tool and STP module was modified.

Reliability

Reliability of a research instrument is defined as the extent to which the instrument yields the same result on repeated measures.⁵⁰

In order to establish the reliability, the tool was administered to 10 nursing students of Chennegowda College of Nursing. The split half method was used to estimate homogeneity. The tool was first divided into two equal halves with odd and even number of questions. Correlation of the test was found out by using Karl-Pearson's correlation co-efficient formula.

The reliability co-efficient of the whole test was then estimated by using Spearman- Brown Prophecy formula. The knowledge questionnaire was found reliable (r =0.89). Hence the tool was reliable for the study.

Pilot study

Pilot study is a small scale version or trial run of major study.⁵² the purpose of the pilot study was to

find out the feasibility of the study, clarity of language of the tool, and to finalize the plan for analysis. Prior permission was obtained from the concerned authority Principal Chennegowda College of Nursing and informed consent from the sample was obtained. The pilot study was conducted from 15-05-2018 to 22-05-2018 among 10 1st year BSc students by using purposive sampling technique. The pretest was conducted on 15-05-2018 at Chennegowda College of Nursing then, followed by STP on Meditation therapy on the 8th day post test was conducted by using the same tool.

The pilot study findings revealed that the overall post test knowledge scores (85.61) was obtained was higher than the overall pre-test knowledge scores (37.65) with 't' value 18.67 which showed significant at $p < 0.001$, so this significant gain in knowledge among college students after attending STP on Meditation therapy.

Pilot study findings

- Majority of the subject, 100% belongs to the age group 21 - 22 years.
- In relation to the gender of students 80% were female students.
- In relation to the source of information, most of the subjects (70%) got information from printed media and (30%) health personnel respectively.

Data collection procedure

Formal permission was obtained from Principal, S.L.E.S College of Nursing, Chinthamani, Chikkaballapur.

The data collection procedure was carried out for a period of one week from 12-06-2018 to 19-06-2018. The investigator himself conducted both pre test and post-test and also administered STP.

Pre test

Pre test was conducted with the help of structured questionnaire among 40 college students from S.L.E.S College of Nursing, Chinthamani, selected by using purposive sampling technique.

Implementation of STP on Meditation therapy.

Video assisted teaching was administered on the same day after the pre test only for experimental group.

Post-test

Post-test was conducted on 8th day with same structured questionnaire for the same group of college students

PLAN FOR DATA ANALYSIS

The data obtained was analyzed in terms of achieving the objectives of the study using descriptive and inferential statistics.

Descriptive statistics

Descriptive statistics such as mean, percentage and standard deviation will be used for assessing the knowledge.

Inferential statistics

Inferential statistics such as chi – square, to assess the association of knowledge with their selected demographic variables and paired 'T' test will be used to evaluate the effectiveness of video assisted teaching programme.

RESULTS

This chapter deals with the analysis and interpretation of data collected from 40 college students studying 1st year BSc nursing, in order to evaluate the effectiveness of STP on Meditation therapy.

The purpose of the analysis is to reduce the data to a manageable and interpretable form, so that the research problem can be studied and tested.

The data collected were analyzed according to the plan for data analysis which includes both descriptive and inferential statistics. The data findings have been tabulated according to the plan for data analysis and interpreted under the following objectives.

- To assess the existing knowledge of the 1st year BSc nursing student regarding meditation therapy.
- To assess the effectiveness of structured teaching programme on knowledge of the 1st year BSc nursing student regarding meditation therapy.
- To associate the socio – demographic variables with the knowledge of 1st year BSc nursing student regarding meditation therapy.

HYPOTHESIS

H1: There will be a significant difference between pre-test and post-test knowledge level of students regarding Meditation therapy.

H2: There will be a significant association between the knowledge level of students regarding Meditation therapy with their selected variables.

Presentation of data

The data obtained were entered in a master data sheet for tabulation and statistical processing. The analysis of data is organized and presented under the following sections.

Section I: Demographic variables of college students.

Section II: Assessment of Pretest knowledge level of students on Meditation therapy. **Section III:** Assessment of Posttest knowledge level of students on Meditation therapy. **Section IV:** Effectiveness of STP on knowledge on Meditation therapy.

among 1st year b.sc nursing students.

Section V: Association between the levels of knowledge scores of college students with demographic variables.

Section I: Demographic variable of College students

The demographic variables of the nursing students are described in terms of age, gender, Source of information regarding Meditation therapy.

Table – 1 Frequency And Percentage Distribution of Nursing Students According to Their Age

Sl. no	Demographic Variables	(N=40)	
1	Age in years	Frequency	Percentage
a	19-20	-	-
b	21-22	36	90%
c	23-24	4	10%
d	25 and above	-	-
	Total	40	100%

Table 1 shows that maximum number of nursing students 90% (36) belong to the age group of 21-22 years and 10% (4) are in the age group of 23-24 years, there are no nursing students in the age group of 19– 20 years and 25 years above.

Figure – 3 Bar Diagram Representing the Percentage Distribution of Nursing Students According to Their Age

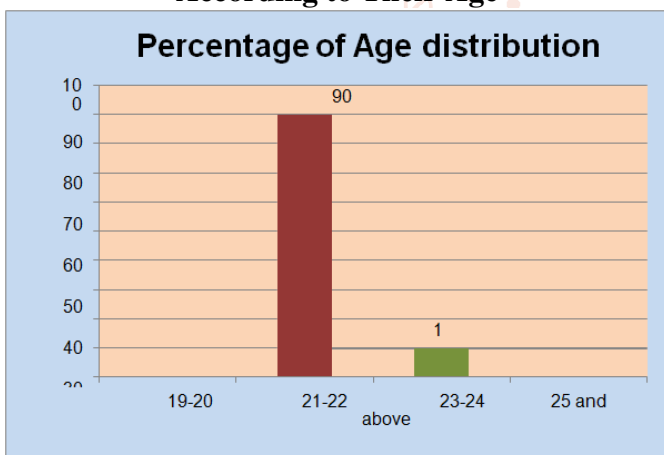


Table – 2 Frequency And Percentage Distribution of Nursing Students According to Their Gender

Sl. no	Demographic Variables	(N=40)	
2	Gender of the study	Frequency	Percentage
a	Male	6	15%
b	Female	34	85%
	Total	40	100%

In relation to the gender of the study most of the subjects (85%) were females, and (15%) of the subjects were males.

Figure – 4 Bar Diagram Representing the Percentage Distribution of Nursing Students According to Their Gender

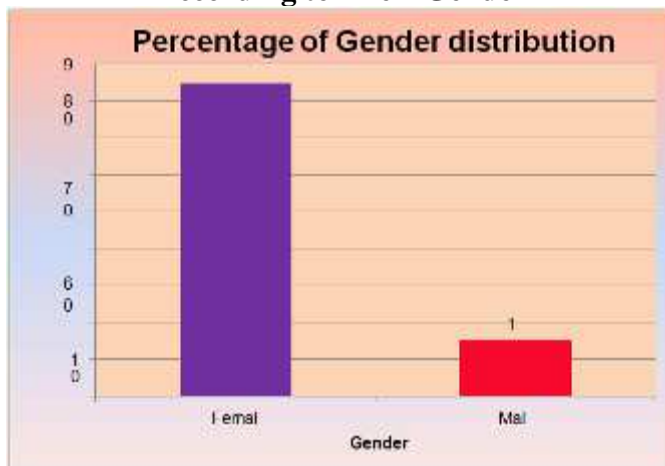
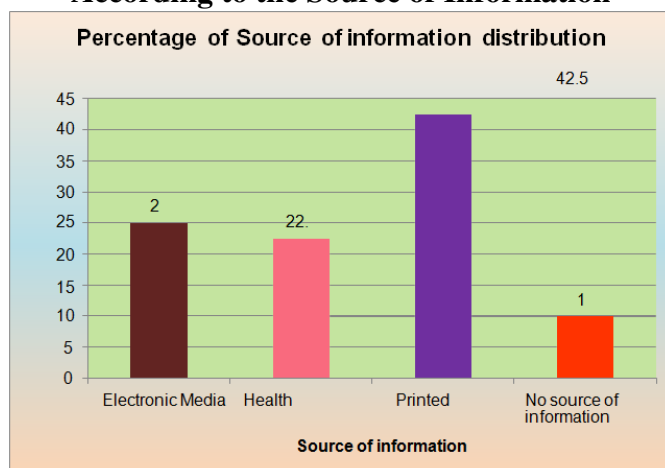


Table – 3 Frequency and Percentage Distribution of Nursing Students According to Their Source of Information Received Regarding Tracheostomy

Sl. no	Demographic Variables	(N=40)	
4	Source of information	Frequency	Percentage
a	Printed media	17	42.5%
b	Electronic media	10	25%
c	Friends and relatives	0	-
d	Health personnel	9	22.5%
e	Not received information	4	10%
	Total	40	100%

Table 3 shows that in relation to the source of information, most of the subjects (25%) got information from electronic media, printed media (42.5%), Health personnel (22.5%) and none of the subjects got information from friends and relatives and 10% of students did not receive information from any source.

Figure – 5 Bar Diagram Representing the Percentage Distribution of Nursing Students According to the Source of Information



SECTION – II ASSESSMENT OF PRETEST KNOWLEDGE LEVEL OF STUDENTS ON MEDITATION THERAPY.**Table 4 Pretest Knowledge Level of Nursing Students on Meditation Therapy.**

Sl. No	Level of knowledge of Nursing students	(N=40)		
		Mean	Mean %	S.D
1	Meditation therapy	2.55	67.400	0.60
2	Indication of meditation therapy	1.05	32.330	0.39
3	Purpose of meditation therapy	1.03	40.330	0.16
4	Advantages and disadvantages of Meditation therapy	1.30	30.500	0.46
5	Preliminary assessment	0.88	12.460	0.33
6	Procedure	5.60	23.340	1.85
7	Evaluation of meditation therapy	0.53	19.030	0.51
8	Merits of meditation therapy	0.43	22.350	0.50
9	Health education	0.00	27.690	0.00
	Overall knowledge	14.30	37.260	4.98

The above stated table shows that the maximum mean percentage obtained among college students is 67.40 with standard deviation 0.60 in the aspect of Meditation therapy. The minimum mean percentage is 12.46 with standard deviation 0.33 in the aspect of preliminary assessment. The overall Knowledge mean percentage in pretest is 37.26 and standard deviation 4.98.

Table – 5 Frequency and Percentage Distribution of Pretest Knowledge Level of College Students on Meditation Therapy

Sl. No	Level of knowledge	Inadequate knowledge < 49%		Moderately adequate knowledge 50-74%		Adequate knowledge > 74 %	
		f	P	f	p	f	P
		1	IN PRETEST	7	17.5%	33	82.5%

The above table shows that, in pretest, the maximum number of college students had moderate knowledge (82.5%), (17.5%) students had inadequate knowledge, and none of college students had adequate knowledge regarding Meditation therapy

SECTION – III ASSESSMENT OF POSTTEST KNOWLEDGE LEVEL OF STUDENTS ON MEDITATION THERAPY**Table 6 Post Test Knowledge Level of Nursing Students on Meditation Therapy**

Sl. No	Level of knowledge of Nursing students	(N=40)		
		Mean	Mean %	S.D
1	Meditation therapy	4.00	96.47	0.82
2	Indicatin for Meditation therapy	2.00	84.34	0.74
3	Purpose of Meditation therapy	2.00	80.58	0.79
4	Advantages and disadvantages of Meditation therapy	2.70	86.36	0.61
5	Preliminary assessment	1.35	87.54	0.62
6	Procedure	11.13	83.35	2.37
7	Evaluation of Meditation therapy	1.00	88.87	0.47
8	Merits of Meditation therapy	0.80	87.90	0.41
9	Health education	1.00	85.67	0.82
	Overall knowledge	25.98	87.90	2.63

The above stated table shows that, in posttest, the maximum mean percentage obtained among college students is 96.47% with standard deviation 0.82 in the aspect of Meditation therapy. The minimum mean percentage is 80.58% with standard deviation 0.79 in the aspect of Indication. The overall Knowledge mean percentage in posttest is 87.90% and standards deviation 2.63.

Table -7 Frequency and Percentage Distribution of Posttest Knowledge Level of College Students on Meditation Therapy

Sl. no	Level of knowledge	Inadequate knowledge < 49 %		Moderately adequate knowledge 50-74 %		Adequate knowledge > 74 %	
		f	P	F	p	f	P
1	IN POSTTEST	--	--	8	20%	32	80%

The above table shows that the maximum number of (80%) college students had adequate knowledge, 20 % had moderate knowledge and none of college students were in the group of inadequate knowledge regarding tracheostomy care.

SECTION – IV EFFECTIVENESS OF STP ON KNOWLEDGE ON MEDITATION THERAPY AMONG 1st YEAR B.SC NURSING STUDENTS.

Table – 8 Comparison of pre test and post test knowledge scores regarding Meditation therapy among nursing students of experimental group

Sl. no	level of knowledge of nursing students on tracheostomy care	Pretest score		Posttest score		PAIRED T - TEST	df	P- Value
		Mean	S D	Mean	S D			
1	Meditation therapy	2.55	0.60	4.00	0.00	15.36	39	<0.001*
2	Indication of Meditation therapy	1.05	0.39	2.00	0.00	15.45	39	<0.001*
3	Purpose of Meditation therapy	1.03	0.16	2.00	0.00	39.00	39	<0.001*
4	Advantages and disadvantages of Meditation therapy	1.30	0.46	2.70	0.61	11.90	39	<0.001*
5	Preliminary Assessment	0.88	0.33	1.35	0.62	4.43	39	<0.001*
6	Procedure	5.60	1.85	11.13	2.37	17.36	39	<0.001*
7	Evaluation of Meditation therapy	0.53	0.51	1.00	0.00	5.94	39	<0.001*
8	Merits of Meditation therapy	0.43	0.50	0.80	0.41	3.78	39	<0.05*
9	Health education	0.00	0.00	1.00	0.00	1.03	39	<0.001*
	Overall knowledge	13.37	4.3	26.7	1.66264	53.341	39	<0.05*

* is significant; ^{NS} is not significant

From the above table it is evident that the obtained ‘t’ value 53.341 is greater than the table value at P<0.05 (2.045) level of significance. Therefore, ‘t’ value is found to be significant. It means there is gain in knowledge level of nursing students. This study supports that the STO regarding Meditation therapy in is effective in increasing the knowledge level of nursing students.

Table – 9 Comparison of Pre Test and Post Test Knowledge Scores Regarding Meditation Therapy.

Sl. no	Level of knowledge	Inadequate knowledge < 49 %		Moderately adequate knowledge 50-74 %		Adequate knowledge > 74 %		P-Value
		f	p	F	p	f	p	
1	IN PRETEST	33	17.5	7	82.5	--	--	<0.001
2	IN POSTTEST	--	--	8	20%	32	80%	<0.05

SECTION V: ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE OF NURSING STUDENTS WITH DEMOGRAPHIC VARIABLES

Table – 10 Association Between the Level of Knowledge of Nursing Students with Demographic Variables

Demographic variables		Overall Knowledge				Chi square
		Median and below		Above median		
		Frequency	%	Frequency	%	
Age of the students	19-20	0	0	0	0	2.495 ^{NS} DF=1
	21-22	36	90	1	100.0	
	23-24	4	10	0	0.0	
	25 and above	0	0.0	0	0.0	
Gender of the student	Male	6	85	8	80.0	7.076* DF=1
	Female	34	15	14	28.0	
	No	36	62.1	22	37.9	

Source of information	Printed media	17	42.5%	1	50.0	7.72 * DF=1
	Electronic media	10	25%	0	0.0	
	Friends and relatives	0	-	20	37.0	
	Health personnel	9	22.5%	1	33.3	

It is evident from the above table that the chi- square computed between knowledge scores of nursing students with their age, were found not significant at 0.05 level of significance, hence for these variables the research hypothesis was rejected, where as the chi- square computed between knowledge scores of nursing students with their gender and sources of information was found to be statistically highly significant at 0.05 level of significance, hence for these variables research hypothesis was accepted.

DISCUSSION

The aim of the present study was to evaluate the effectiveness of STP on Meditation therapy in terms of knowledge among the 1st year bsc nursing students who are studying at

S.L.E.S. College of nursing chintamani. Total sample selected for this study was 40.

The findings of the study are discussed under following headings:

Section I: Demographic variables of college students.

Section II: Knowledge level of nursing students regarding Meditation therapy in pretest and posttest

Section III: Effectiveness of STP on Meditation therapy among 1st year b.sc nursing students.

Section V: Association between the levels of post test knowledge scores of college students with demographic variables.

Section I: Demographic Variable of the nursing students Age

The distribution of the subject by age revealed that majority of the subjects of 90% (36) belong to the age group of 21-22 years.

This finding is supported by et al, who conducted study on the assessment of knowledge regarding Meditation therapy among students who were in the age group (75%) between 16 - 18 year.

Gender

In relation to the gender of the students most of them were females (85%), and (15%) of the subjects were males.

Source of information

In relation to the source of information most of the subjects (25%) got information from electronic media, printed media (42.5%).

Section II: Knowledge level of nursing students regarding Meditation therapy in pretest and post test

The present study reveals that overall mean knowledge score obtained by subjects was 37.26 % with standard deviation 4.98.in the pretest and in

posttest, overall mean knowledge score was 87.90% with standard deviation 2.63.

The finding were supported by Smith-Miller and Cherie who conducted study on knowledge of Meditation therapy among nursing students, revealing in the result that they were deficient regarding knowledge

Section III: Effectiveness of STP on Meditation therapy among 1st year b.sc nursing students.

The present study reveals that that overall mean knowledge score obtained by subjects was 37.26 % with standard deviation 4.98.in the pretest and in posttest, overall mean knowledge score was 87.90% with standard deviation 2.63 with 't' value 53.341 is greater than the table value at P<0.05 (2.045) level of significance evidencing video assisted teaching is effective.

Section V: Association between the levels of post test knowledge scores of college students with demographic variables.

It is evident that, the chi- square computed between knowledge scores of nursing students with their age, were found not significant at 0.05 level of significance, hence for these variables the research hypothesis was rejected, where as the chi- square computed between knowledge scores of nursing students with their gender and source of information was found to be statistically significant at 0.05 level of significance, hence for these variables research hypothesis was accepted.

These finding were not compared with other studies as investigator could not find any related studies.

CONCLUSION

This chapter deals with the conclusion, implications, recommendations **A study to assess the knowledge regarding meditation therapy among 1st year B.Sc Nursing students at selected Nursing Colleges at Chintamani.**

IMPLICATION OF THE STUDY

The findings of this study have implications in various areas of nursing namely nursing practice, nursing education, nursing administration and nursing research.

Nursing education:

- The need for study to emphasize the need for developing good knowledge among student nurses regarding Meditation therapy.
- Nurses should be equipped with updated knowledge to teach students regarding Meditation therapy.
- The nurse educator should emphasize health education on Meditation therapy.

Nursing practice:

- Nurses need to take responsibility to create awareness among students regarding Meditation therapy.
- Nurses should organize health education campaign for nursing students.
- Nurse administrator should ensure that periodical conduction of training programme to the students regarding Meditation therapy.
- Nurse administrator must make sure that educational and informational material should have consistent information which can be displayed at student's curriculum.

Nursing research:

- This study will be motivated for budding researcher to conduct similar studies on large scale.
- The study will be a reference for research scholars.
- A similar study may be replicated on a larger sample for wider generalization.
- A similar study can be done among staff nurses.

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