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Journal of Nursing Practices and Research (JNPR)

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Contents

Use of Physical Assessment Knowledge Skills and Educational Requirement Levels of Emergency Nurses: A Quantitative Study

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A B S T R A C T

Physical assessment, which is a professional nursing practice, is an important component in making a nursing diagnosis, planning patient centered goals, and evaluating patient outcomes by making appropriate interventions. The research has been done to determine the level of information and skill about the physical assessment and training requirements of emergency nurses. The descriptive research has been done with the participation of 130 nurses, who are working in adult emergency room. The data has been collected with nurse information form and physical assessment skills assessment form. It was determined that the physical assessment skills of the nurses, which had the highest level of knowledge and skill, were vital findings, skin and neurological evaluation, and the evaluation of genitourinary system was the lowest. Nurses stated that they need training for heart-peripheral vascular system, thorax-lung and neurological assessment. In the research, it is determined that the nurses did not use physical assessment skills at desired level. Although the physical assessment knowledge and skill levels of some nurses were high and the frequency of application was high, it was found that the nurses who see physical assessment among their roles were high in the training requirements related to the same fields.

Keywords :*Educational requirement, emergency nurses, nursing assessment, physical assessment, physical assessment knowledge physical assessment skills*

INTRODUCTION

Today, the development of technology, the aging of the population, socioeconomic and political reasons bring rapid changes in health care systems. Considering the complexity of patient care along with these changes, the need for qualified nurses increases, and there is a development and change in the roles of nurses. [1][2] Along with the developing nursing roles in this direction, it is argued that physical assessment is one of the most important roles of nurses and has become a basic nursing skill. [3]

Nurses must be adept at identifying patient care needs and making assessment-based decisions to meet patient needs effectively. [3] Physical assessment contributes to the collection of objective data for the nursing process that directs nursing interventions to practice and to the appropriate interpretation of subjective and objective data about the individual. [4][5] Providing effective and holistic care is possible when nurses understand and evaluate the underlying pathology by using inspection, palpation, auscultation and percussion methods that can only be done through physical assessment. [5][6] The necessity of nurses to perform physical assessment, whether there is a nursing role and its content in education programs have been widely discussed. [7][8] The nurse uses the physical assessment as part of the data collection process to formulate a nursing diagnosis, not to draw a firm conclusion about the patient's health, but to assist in the development of an effective care plan regarding the patient's current and potential condition.

The education of physical assessment in nursing care has become widespread since the 2000s and its role in the evaluation of health has been strengthened. [9] However, studies show that there are some barriers in using physical assessment skills of nurses. These barriers are lack of knowledge, lack of trust [10], the belief that the nurse has no role [11][12]13], lack of physical environment and resources [14], time limitations [12][15], and lack of support from colleagues/trainers in performing the physical assessment. [13][15] Studies on the use of physical assessment skills by nurses in the clinical setting show that nurses do not use these skills at the desired level. [10][15][16] It is stated that nurses have low competency and need training in assessment methods that require special knowledge and skills such as auscultation of heart and lung sounds, deep palpation and percussion [4][12]. It is seen that most of the routinely applied skills are vital signs, skin assessment and neurological assessment. [4][15]

Emergency services are one of the areas where patients who require urgent intervention such as acute illness, violence, injury, pain and death risk apply and work flow is fast. In addition to using professional skills and technological resources, nurses working in these units need to be highly knowledgeable, experienced and specialized in order to ensure emergency patient safety and referral if necessary. [17] It is a known fact that emergency nurses should be prepared to take care of pediatric and adult patients of all ages in the emergency room and that they should have broad-based training and certain competencies. [18][19] Nurses have an important role in the early diagnosis of patients at high risk of worsening through observing and evaluating patients. In particular, it is of great importance that the emergency nurse evaluates the patients effectively in triage. The nurse's proficiency and timing in physical assessment play a critical role in ensuring positive patient outcomes and safe care. [20] In deteriorating health conditions such as severe pain, active bleeding, stupor or sleepiness, orientation and emotional disorders, dyspnea, cyanosis, excessive sweating and vital signs outside the normal values, which are classified as emergency situations, in order to have the ability to notice any changes in the patient in a timely manner [21], it is very important for the emergency nurse to have knowledge about diseases and physical assessment skills. [22] The physical assessment provides a more complete database for nurses and enhances the nurse's ability to monitor and identify changes in patients and to support patients' functional competencies. Otherwise, delays in the treatment of patients and negative patient outcomes may occur. [20] This study was conducted to determine the physical assessment knowledge and skill levels, frequency of application and training needs of emergency nurses.

MATERIALS AND METHODS

Study Design

This study was conducted a quantitative design study.

Study Setting

The population of the study consisted of a total of 223 nurses working in the adult emergency services of a university hospital and three public hospitals located in the city center of Antalya. This study was conducted between October 2017 and May 2018. This was a descriptive study with a questionnaire design following the STROBE checklist.

Participants

No sample selection was made in the study, and all nurses who met the inclusion criteria were included in the study. The eligibility criteria included the nurses a) Working in the emergency department for at least 6 months, b) Working in the adult emergency department, c) Nursing graduate, d) Volunteering to participate in the research, e) Completely filling in the data collection tool and exclusion criteria from the study included the nurses a) Graduated from Emergency Medical Technician and Emergency Medical Technician, b) Working in pediatric emergency departments of emergency services. In line with the inclusion criteria of the study, a total of 130 nurses were included in the sample.

Data Collection Tools

Sociodemographic Form: The form data was collected using nurse information form. It variables were age, gender, length of experience working in the emergency department, and viewing physical assessment as its role.

Physical Assessment Skills Assessment Scale: The scale was used to determine nurses' knowledge-skill application status, frequency of application and training requirement. The scale was developed by Bingöl in 2019. [23] The physical assessment skills assessment scale consists of 10 body system sub-dimensions and a total of 56 items of physical assessment skills. Each item is evaluated with likert scales consisting of three parts including knowledge-skill application status, application frequency and training requirement. The structure of the Nurses' Physical Assessment Skills Assessment Scale (Table 1), Cronbach's Alpha Values of the scale total and subdimensions are given in (Table 2).

Table 1. Nurses' Physical Assessment Skills Evaluation

Scale

Scale Structure	Scale Item Number
Sub-Dimensions	
Vital Signs	**6**
1. Evaluation of pulse rate and rhythm 2. Measuring body temperature 3. Evaluation of oxygen saturation 4. Evaluation of respiratory rate and depth 5. Manual blood pressure measurement 6. Assessment of pain	
Skin Assessment	**5**
7. Inspection of the skin (Color/Moisture/Wound/Hair distribution.etc.) 8. Palpation of the skin 9. Evaluation of edema 10. Evaluation of skin turgor 11. Evaluation of nails	
Head-Neck Assessment	**14**
12. Inspection of the head 13. Facial inspection 14. Inspection of the oral cavity (Teeth, palate, pharynx, tonsils and uvula) 15. Evaluation of airway patency 16. Nasal inspection 17. Neck inspection 18. Inspection of the external structures of the eye 19. Evaluation of extraocular movements 20. Evaluation of visual acuity 21. Inspection of the outer ear 22. Evaluation of the external auditory canal with otoscope 23. Evaluation of speech-based hearing 24. Palpation of the head 25. Neck palpation (Troid/Trachea/Lymph nodes)	
Evaluation of Thorax and Lungs	**4**
26. Thorax Inspection (Shape of the thorax / Whether it is evenly ventilated or not) 27. Thorax palpation (expansion of the chest wall and evaluation of sound vibrations) 28. Thorax percussion 29. Listening (Auscultation) of lung sounds	
Evaluation of Breast and Axilla	**3**
30. Breast inspection 31. Breast palpation 32. Evaluation of axillary lymph nodes	

Heart and Peripheral Vascular System Evaluation	**5**
33. Auscultation of heart sounds 34. Measurement of jugular venous pressure 35. Evaluation of peripheral pulses 36. Evaluation of capillary refill time 37. Palpation of the carotid artery	
Abdomen Evaluation	**5**
38. Abdomen inspection 39. Abdomen palpation 40. Abdominal percussion 41. Auscultation of bowel sounds 42. Evaluation of stool by inspection	
Musculoskeletal Evaluation	**3**
43. Inspection of the musculoskeletal system 44. Evaluation of joint range of motion 45. Evaluation of muscle strength	
Neurological Assessment	**8**
46. Evaluate the speech 47. Evaluating walking 48. Mental state-Assess the level of consciousness 49. Evaluation of the sensory system 50. Evaluation of coordination 51. Evaluation of deep tendon and superficial reflexes 52. Evaluation of pupil size and light reaction 53. Evaluation of Glasgow coma scale	
Genitourinary System Evaluation	**3**
54. Inspection of external genitalia 55. Palpation of external genitalia 56. Inspection of the anus and rectum	

Table 2. Cronbach Alpha Values of Total and Sub-Dimensions of Physical Assessment Skills Evaluation Scale

Sub-Dimensions	Scale Item Number	Knowledge-Skill Level α	Application frequency α	Educational Requirement α
Vital Signs	6	.87	.95	.98
Skin Assessment	5	.93	.94	.95
Head-neck Assessment	14	.96	.95	.97
Evaluation of Thorax and Lungs	4	.92	.94	.93
Evaluation of Breast and Axilla	3	.96	.97	.99
Heart and Peripheral Vascular System Evaluation	5	.88	.91	.94
Abdomen Evaluation	5	.93	.94	.97
Musculoskeletal Evaluation	3	.95	.94	.96
Neurological Assessment	8	.94	.95	.97
Genitourinary System Evaluation	3	.85	.87	.97
Scale Total	**56**	**.98**	**.98**	**.98**

The knowledge-skill application situation has a 4-point Likert feature and consists of options such as "I don't know", "I know but I can't apply it skillfully", "I can apply it but I can't make sense of it", "I know and I can apply it skillfully". A minimum of 56 and a maximum of 224 points can be obtained from the scale. An increase in the scale score indicates that the level of knowledge and skill of nurses about physical assessment has increased.

The frequency of application is in a 5-point likert scale, and it is made up of "never", "very rarely (1-2 times a year)", "rarely (1-2 times a month), "often (1-2 times a week)" and " very often (every shift) " options. A minimum of 56 and a maximum of 280 points can be obtained from the scale. An increase in the scale score indicates that the frequency of nurses' practice in physical assessment has increased.

The training requirement consists of "not required" and "required" options. In the education need scale, the total and subscale scores are converted into scores between 0-100. The scores of 56 items are summed (no requirement: 0, yes: 1) and a raw score between 0 and 56 is obtained. The raw score is divided by 56, which is the total number of items, and a score between 0-1 is obtained. The score between 0-1 is multiplied by 100 to obtain a total education requirement score between 0-100. The increase in the scores of the nurses from the scale indicates that their educational needs on physical assessment increase.

Statistical Analysis

After the emergency room nurses of the hospitals where the research would be conducted were informed about the research, the consent of the nurses who met the inclusion criteria was obtained. The questionnaire forms were given to the nurses during working hours when they were available, and they were received by waiting for them to be filled in during working hours. The data of the study were evaluated in SPSS for Windows Version 16.0. (Chicago, SPSS Inc.) statistical package program, and the number, percentage distributions and average scores were calculated.

Ethical Considerations

Written approval was obtained from the Local Ethics Committee (212-KAEK-20) and the hospitals where the research was conducted to carry out this study. The purpose of the study was explained verbally and in writing to the nurses who participated in the study, and their consent was obtained.

RESULTS

Sample characteristics

It was determined that more than half of the nurses (67. 7%) were women, and their mean age was 34.95±8.18. 53.1% of the nurses are undergraduate and 32.3% of them are associate degree graduates. When the working time of the nurses in the emergency service is examined, the rate of nurses with a working time of 4-9 years is 38.5%, and the rate of nurses with a working time of 1-3 years is 30%. 70% of the nurses within the scope of the study stated that they did not receive training on physical assessment, and more than half (64.6%) stated that they had a role in physical assessment (Table 3).

Table 3. Nursing characteristics (N=130)

Age (min-max / $\bar{x}$ ±SS)	20-57	34.95±8.18
	n	%
Gender		
Female	88	67.7
Male	42	32.3
Level of education		
Diploma	53	40.8
Bachelor's	69	53.1
Master's	8	6.2
Years of work in ED		
6ay-1 yıl	19	14.6
1-3 yıl	39	30.0
4-9 yıl	50	38.5
≥ 10 yıl	22	16.9
Belief in the role of nurses in performing physical assessment		
Yes	84	64.6
No	46	35.4

Physical Assessment Skills Assessment Scale

The knowledge-skill level of the nurses' Physical Assessment Skills Assessment Scale sub-dimensions (vital signs, skin,head-neck, thorax-lungs, breast-axillary, heartPVS, abdomen, musculoskeletal, neurological and gastrointestinal), the frequency of application and the distribution of the scores obtained from the level of education need are presented in Table 4.

Table 4. Mean Scores of Nurses' Physical Assessment Skills Evaluation Scale Sub-dimensions (N=130)

Physical Assessment Items	**Knowledge-Skill Level (1-4)**	**Application frequency (1-5)**	**Educational Requirement ***	
	$\bar{x}$ ±SS	**$\bar{x}$ ±SS**	**n**	%
Vital Signs	**3.83±.32**	**4.42±.82**	**65.26±45.23**	
1. Evaluation of pulse rate and rhythm	3.82±.53	4.42±.94	89	68.5
2. Measuring body temperature	3.91±.42	4.50±.93	80	61.5
3. Evaluation of oxygen saturation	3.90±.43	4.49±.91	85	65.4
4. Evaluation of respiratory rate and depth	3.85±.47	4.38±1.00	86	66.2
5. Manual blood pressure measurement	3.90±.46	4.52±.92	81	62.3
6. Assessment of pain	3.60±.83	4.08±1.29	88	67.7
Skin Assessment	**3.52±.79**	**3.37±1.25**	**75.85±38.80**	
7. Inspection of the skin (Color/Moisture/Wound/Hair distribution.etc.)	3.60±.87	3.58±1.39	92	70.8
8. Palpation of the skin	3.45±.94	3.31±1.39	102	78.5
9. Evaluation of edema	3.61±.80	3.52±1.36	101	77.7
10. Evaluation of skin turgor	3.40±.99	3.19±1.43	100	76.9
11. Evaluation of nails	3.56±.83	3.24±1.39	98	75.4
Head-Neck Evaluation	**2.58±1.01**	**2.15±1.04**	**72.91±36.83**	
12. Inspection of the head	3.00±1.23	2.57±1.41	96	73.8
13. Facial inspection	2.98±1.24	2.59±1.38	92	70.8
14. Inspection of the oral cavity (Teeth, palate, pharynx, tonsils and uvula)	2.89±1.25	2.50±1.35	98	75.4
15. Evaluation of airway patency	3.33±1.11	3.16±1.56	108	83.1

16. Nasal inspection	2.78±1.28	2.24±1.39	93	71.5
17. Neck inspection	2.63±1.26	2.21±1.37	97	74.6
18. Inspection of the external structures of the eye	2.75±1.27	2.32±1.42	98	75.4
19. Evaluation of extraocular movements	2.39±1.27	1.82±1.20	96	73.8
20. Evaluation of visual acuity	2.45±1.28	1.81±1.23	92	70.8
21. Inspection of the outer ear	2.29±1.33	1.76±1.23	90	69.2
22. Evaluation of the external auditory canal with otoscope	1.90±1.23	1.64±1.13	94	72.3
23. Evaluation of speech-based hearing	1.96±1.22	1.63±1.16	89	68.5
24. Palpation of the head	2.46±1.31	1.96±1.25	92	70.8
25. Neck palpation (Troid/Trachea/Lymph nodes)	2.34±1.30	1.83±1.20	92	70.8
Evaluation of Thorax and Lungs	***2.29*±1.13**	**2.07±1.27**	**79.42±36.76**	
26. Thorax Inspection (Shape of the thorax / Whether it is evenly ventilated or not)	2.62±1.30	2.41±1.47	107	82.3
27. Thorax palpation (expansion of the chest wall and evaluation of sound vibrations)	2.20±1.26	1.95±1.29	103	79.2
28. Thorax percussion	1.99±1.25	1.89±1.33	99	76.2
29. Listening (Auscultation) of lung sounds	2.35±1.28	2.02±1.41	104	80.0
Evaluation of Breast and Axilla	**2.45±1.25**	**1.73±1.01**	**76.15±42.17**	
30. Breast inspection	2.49±1.31	1.77±1.09	98	75.4
31. Breast palpation	2.53±1.31	1.72±1.01	98	75.4
32. Evaluation of axillary lymph nodes	2.32±1.29	1.69±1.02	101	77.7
Heart and Peripheral Vascular System Evaluation	**2.47±1.06**	**2.18±1.22**	**81.54±35.01**	
33. Auscultation of heart sounds	2.39±1.27	2.09±1.41	108	83.1
34. Measurement of jugular venous pressure	2.15±1.21	1.92±1.29	110	84.6
35. Evaluation of peripheral pulses	2.99±1.27	2.72±1.59	103	79.2
36. Evaluation of capillary refill time	2.62±1.35	2.26±1.47	105	80.8
37. Palpation of the carotid artery	2.22±1.32	1.92±1.31	104	80.0
Abdomen Evaluation	**2.24±1.13**	**1.83±1.11**	**73.54±41.46**	
38. Abdomen inspection	2.46±1.28	1.98±1.29	98	75.4
39. Abdomen palpation	2.27±1.26	1.88±1.28	99	76.2
40. Abdominal percussion	2.12±1.27	1.82±1.23	96	73.8
41. Auscultation of bowel sounds	2.24±1.28	1.75±1.14	94	72.3
42. Evaluation of stool by inspection	2.12±1.30	1.73±1.19	91	70.0
Musculoskeletal Evaluation	**2.44±1.22**	**2.09±1.28**	**76.67±40.80**	
43. Inspection of the musculoskeletal system	2.38±1.28	2.05±1.33	100	76.9
44. Evaluation of joint range of motion	2.33±1.30	2.08±1.36	99	76.2
45. Evaluation of muscle strength	2.61±1.28	2.15±1.34	100	76.9
Neurological Examination	**2.97±.99**	**2.90±1.32**	**79.33±36.62**	
46. Evaluate the speech	3.24±1.11	3.31±1.56	100	76.9
47. Evaluating walking	3.27±1.10	3.19±1.57	101	77.7
48. Mental state-Assess the level of consciousness	3.22±1.13	3.26±1.56	104	80.0
49. Evaluation of the sensory system	3.06±1.21	2.92±1.55	104	80.0
50. Evaluation of coordination	3.05±1.18	2.91±1.57	102	78.5
51. Evaluation of deep tendon and superficial reflexes	2.37±1.24	2.18±1.47	105	80.8
52. Evaluation of pupil size and light reaction	2.75±1.25	2.56±1.48	102	78.5
53. Evaluation of Glasgow coma scale	2.82±1.27	2.88±1.61	107	82.3
Genitourinary System Evaluation	**2.07±1.09**	**1.67±1.01**	**68.21±45.25**	
54. Inspection of external genitalia	2.39±1.34	1.86±1.28	90	69.2
55. Palpation of external genitalia	1.98±1.23	1.59±1.07	88	67.7
56. Inspection of the anus and rectum	1.85±1.16	1.55±1.04	88	67.7
Physical Examination Skills Evaluation Scale Total	**2.75±.76**	**2.53±.86**	**74.68±29.01**	

* Only the numbers and percentages of those who said “education is required” are given.

Knowledge-Skill Level Scores of Physical Assessment Skills Evaluation Scale Items and Sub-Dimensions

When the knowledge-skill level scores of the Physical Assessment Skills Assessment Scale were examined, it was found that the nurses' vital signs (3.83±.32), skin evaluation (3.52±.79) and neurological assessment (2.97±.99) knowledge-skill level scores were very high. It was determined that the body system with the lowest physical assessment knowledge-skill levels of the nurses was gastrointestinal (2.07±1.09). When the items in the subdimensions of the Physical Assessment Skills Assessment Scale were examined, it was figured out that the lowest mean score of the head and neck assessment sub-items was evaluation of the ear with otoscope (1.90±1.23) and evaluation of speech-based hearing (1.96±1.22).

Application Frequency Scores of Physical Assessment Skills Evaluation Scale Items and Sub-Dimensions

Application frequency scores of the Physical Assessment Skills Assessment Scale were found as vital signs (4.42±.82) skin evaluation (3.37±1.25. It was determined that the neurological assessment (2.90±1.32) was very high and the body system with the lowest frequency of application was the genitourinary system (1.67±1.01). Other systems with low mean scores were breast axilla (1.73±1.01), abdomen (1.83±1.11), thorax-lung (2.07±1.27) and musculoskeletal system (2.09±1.28). It has been determined that 15 skills, which are frequently used by nurses, include all subdimensions of vital signs and skin assessment, speaking, walking and evaluating mental status-consciousness level from neurological assessment sub-dimensions, and evaluation of airway patency from head-neck evaluation sub dimensions. (Table 2). It is obvious that the 15 skills, which are frequently practiced by nurses, include all sub-dimensions of vital signs and skin evaluation, speaking, walking and evaluating mental status-consciousness level from neurological assessment sub-dimensions, and evaluation of airway patency from head-neck evaluation sub-dimensions (Table 4).

Educational Requirement Levels of Physical Assessment Skills Evaluation Scale Items and Sub-Dimensions

When the educational requirement scores of the Physical Assessment Skills Evaluation Scale were examined, nurses were onserved to have the highest level of training needs regarding the heart and PVS assessment (81.54±35.01) subdimension. The sub-dimension with the lowest education requirement of nurses was determined as vital signs (65.26±45.23) (Table 4).

The mean scores of the nurses from the Physical Assessment Skills Evaluation Scale according to their physical assessment skills were given in Table 5. In the study, it was determined that the nurses' knowledge and skill levels (2.93±.67) and the frequency of application (2.90±.88) regarding the multiple method, among the physical assessment skills used in the evaluation of the systems in the sub-dimensions of the Physical Assessment Skills Evaluation Scale, had the highest average score. It was understood that the multiple method was followed by inspection with a mean score of 2.67±.91. Auscultation (78.46±33.94) was determined as the physical assessment skill that nurses need the most training.

Table 5. The Average Scores of the Nurses from the Physical Assessment Skills Evaluation Scale According to their Physical Assessment Skills (N=130)

Physical Examination Skills	Item Number	Knowledge-Skill Level		Application frequency		Educational Requirement	
		Lowest/ highest	$\bar{x}$ ±SS	Lowest/ highest	$\bar{x}$ ±SS	Lowest/ highest	$\bar{x}$ ±SS
Inspection	16	1-4	2.67±.91	1-4.63	2.32±.93	0-100	73.37±31.36
Auscultation	3	1-4	2.33±1.10	1-5	1.95±1.14	0-100	**78.46±33.94**
Palpation	11	1-4	2.56±.84	1-4.73	2.16±.85	0-100	75.66±31.21
Multiple Methods	26	1.54-4	**2.93±.67**	1.23-5	**2.90±.88**	0-100	74.64±29.13

DISCUSSION

The current study focused on determining the physical assessment knowledge and skill levels, frequency of application and training needs of emergency nurses. It is very important for nurses working in the emergency room to provide fast and safe care to patients, to detect patients at risk of worsening early [21] to apply physical assessment knowledge-skills for the referral of patients if necessary. [22] The importance and necessity of using the physical assessment knowledge and skills of nurses in the clinic is emphasized in many studies. [8] [24][25][26][27] The findings obtained from our study were discussed under three headings in line with the literature and research questions.

Knowledge-Skill Level

In the study, it was found out that the body systems with the highest level of knowledge and skills of nurses were vital signs, skin assessment and neurological assessment, respectively. A study determined that 30 skills were used routinely and 79 out of 126 skills were not used in the clinical setting. [28] Changes in the health system and increasing responsibilities require nurses to gain advanced knowledge and skills. [1] Considering that nurses working in the emergency department have to manage high-risk patients who require urgent intervention, it is very important to observe the vital signs, level of consciousness, skin and trauma symptoms of the patients in the early period. It is possible for nurses to manage the care of patients by making the right clinical decisions. Since vital signs and neurological evaluation are required, especially in basic and advanced life support, it is thought that nurses' physical assessment skills related to these areas more frequently are effective in finding high levels of knowledge and skills in these areas.

In our study, it was determined that nurses' knowledge skill level of application of genitourinary system, speechbased hearing and evaluation of the ear with otoscope and percussion of the thorax was very low. In a study was determined that 71 out of 126 physical assessment skills were not known how to be performed by nurses. [1] It is thought that nurses do not have the opportunity to develop these skills and their knowledge-skills are low because the majority of patients who come to the emergency department with gynecological, eye, ear, nose and throat complaints are referred to the relevant polyclinics for assessment or are discharged after the assessment. In addition, the use of technological tools (radiography, ultrasound, etc.) in the diagnosis and treatment of these patients is seen to affect this situation. In the study, it was determined that the frequency of application of the skills with a high mean of knowledgeskills in FMSQ of nurses was also high, and the frequency of application of items with a low mean of knowledge-skills was also found to be low, which is consistent with the literature. There are studies showing that having good knowledge increases the practice of physical assessment skill. [27][29]

Nurses use inspection, auscultation, palpation and percussion skills while performing the physical assessment. In the study, it was observed that the knowledge-skill levels of the emergency room nurses about multiple methods and inspection were high, but their knowledge and skills levels about auscultation were very low. With nurses working in internal, surgical, intensive care and emergency departments, determined that nurses felt the least competent in auscultation of heart and lung sounds and spine assessment.[4] In other it was stated that most of the routinely applied skills were skin assessment and general observation (inspection), and spinal assessment, auscultation (heart, abdominal and lung sounds) skills were not considered as a part of nurses' practice and were considered advanced skills that should be practiced by physicians.[30] The necessity of nurses to perform physical assessment, whether they have a nursing role and the content of their education programs are still controversial in the literature. [10][27]

Application Frequency

The frequency of practice of physical assessment skills by nurses is very important in early detection of changes in the condition of patients in the emergency department and in providing the necessary care. In our study, the frequency of application of physical assessment skills was highest in body systems vital signs, skin evaluation and neurological assessment. In addition, it was determined in the study that the frequency of application of auscultation skills was very low. A study had similar findings. [31] Registered nurses reported feeling less competent when performing auscultation of heart and lung sounds and examining the spine. Their perceived lack of competence also led to a decrease in the frequency of performing these skills.

It has been observed that nurses evaluate patients' vital signs, skin evaluation, mental status/consciousness level using physical assessment skills, especially inspection and palpation methods [15][16][17][18][27][30] besides, it is understood that they do not use complex palpation, percussion or auscultation skills. More importantly, there are studies showing that even basic vital signs are missed or not performed. [32][33]

In a study nurses' physical assessment performance levels were compared, it was determined that the skills frequently practiced by nurses were mental state, consciousness level and speech evaluation, facial movements and sensory evaluation, and skin evaluation based on general observation and inspection. [34] On the other hand, it was determined that nurses working in Japan used auscultation skills more than inspection in the physical evaluation of the chest. It can be said that the differences in education programs are effective. The inconsistencies between what is taught in educational programs and physical assessment skills performed in practice are still a controversial issue in the literature. [10]

In our study, it was identifed that only 15 of the 56 physical assessment skills of the nurses had a high frequency of application (frequently or rarely), and the frequency of application of the other 41 skills was very little (never or very rarely). Similarly, in a study 193 nurses, it was observed that only 30 of the 126 physical assessment skills evaluated were routinely practiced by nurses, 22% were done occasionally or rarely, and 54% were never used. [24] Physical assessment skills that nurses routinely use include assessment and general observation, which are related to cardiovascular and respiratory assessment. A study found that 10 skills such as musculoskeletal, gastrointestinal assessment, and auditory assessment were performed occasionally, while 12 skills such as auscultation of lung sounds, assessment of jugular venous pressure, and abdominal palpation were rarely performed. However, it was determined that the skills that could never be learned and never done were percussion, auscultation

of lung sounds, assessment of jugular venous pressure, and abdominal palpation were rarely performed. However, it was determined that the skills that could never be learned and never done were percussion, auscultation and skills that require special techniques or special equipment. [16] Especially basic and advanced life support training is given to emergency room nurses in in-service training programs, and since the content of these trainings covers vital signs, respiratory, circulation and neurological evaluation, it is thought that the frequency of physical assessments in these areas has increased. In a study conducted to determine the learning needs of nurses regarding physical assessment, it was stated that perceived competence was positively related to the frequency of skill use. [4] Competence is defined as a performance level that demonstrates the effective application of knowledge, skill and decision making. In our study, it was observed that the knowledge-skill levels of the body systems where the frequency of application of nurses was low, was also low. In this context, it is thought that nurses' frequency of practice may be related to their knowledge-skill levels and their feeling of competence. Institutional requirements change the expectations of nurses in practice. Since institutions determine the physical assessment skills required for various units, there may be unit-specific expectations within health services. [35] The frequency of using physical examination skills of nurses may vary according to the clinics they work. There are sources stating that this may be due to the fact that nurses are competent in the field they work in. [30][34].

When the literature is examined, it is stated that the fact that nurses do not see physical assessment as their role is a hindering factor in the use of physical assessment skills. [29] [36-37] It is important to clearly define the nurse's role and the benefits of practicing these skills in the successful implementation of physical assessment by nurses. In our country, it is stated that in the duties, authorities and responsibilities of emergency nurses, especially the emergency nurse should perform a quick physical assessment of the patient. In particular, determining patient triage, following current and potential problems related to fluidelectrolyte balance, participating in advanced/basic life support practices, etc. In their duties and responsibilities, it is seen that it is necessary to perform a comprehensive physical assessment. [38]

Educational Requirement

In nursing programs, theoretical education is given in undergraduate and graduate education curricula to perform many physical assessment skills. However, very few of these skills are practiced by nurses in the clinic. [1][15][17][24] In the study, the physical assessment skills that emergency nurses need the most training in were determined as heartPVS, thorax-lungs and neurological system evaluation, respectively. It was stated by the nurses that the fields they needed the least training were vital signs and gastrointestinal evaluation. [4] Respiratory system and abdominal system evaluation of Korean nurses were determined as the two systems that they need training the most. Although the body system with the lowest knowledge-skill levels of the nurses in the study was the gastrointestinal evaluation, the education requirement in this area is quite low.

Study Limitations

Our study had several limitations. A university located within the provincial borders of Antalya is limited to the emergency nurses working in the adult emergency departments of three public hospitals, and the sample may not be representative of Turkish nurses. Since the study was on a voluntary basis, self-reported data may cause bias, as volunteer nurses may be more interested in the subject and may be more likely to perform physical assessments. Therefore, the frequency of performing physical

assessments is lower than those indicated in the scale and there may be a need for training on different body systems.

CONCLUSION

The results show that emergency nurses do not use a significant part of their physical assessment skills. It was determined that the knowledge-skill levels and application frequency of multiple methods and inspection of emergency nurses were high, but their knowledge-skill levels and application frequency regarding auscultation were very low. Nurses mostly need training in the fields of heart-PVS, thorax-lungs and neurological system evaluation. It is clear that training on physical assessment needs a continuity that starts with basic nursing education and should continue throughout their professional life. It is seen that it is necessary to integrate physical assessment training into both certificate training and in-service training programs of emergency nurses. In addition, it will be important to conduct studies to determine the effect of physical assessment on patient outcomes in the clinical setting.

Emphasis should be placed on areas where the level of knowledge and skills of emergency nurses is low and the need for education is higher. Therefore, we believe that effective physical examination will contribute to assuring the quality of patient care and to nurses' perception of physical examination as their role.

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Psychological Impact and Resilience among College Students in the Midst of Covid-19 Pandemic: A Review

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A B S T R A C T

Background: By the end of the 2019, a new virus hit the world and make the people afraid of their lives. The impact caused by this tiny virus is enormous, no wonder the educational sectors all over the world. By the end of March 2020, WHO declared as pandemic. In view of the rapid spread of this virus all the institutions remain closed for a period of time. Due to the fast spread, it is difficult to have education offline. Institutions decided to have online or virtual sessions to further go with the student's education in view of raised uncertainty of the learning environment and the fear of getting sick. Sudden transition to online learning has also affects the academic performance, educational plans and future expectations of the students in view of learning and career planning.

Methods: An online or web literature review or artcles review related to the Covid-19 and resilience were conducted throughPubmed/Google scholar and BMJ and NIH databases published during the years between Jan 2017 to Jan 2022. Results: Coronavirus pandemic has left a remarkable marking all the over the world and the changes are continuing in all the aspects of human life, work, education and recreational activities. This review of literature studied the impact of COVID-19 on college students. This specific area of review and study is very strenuous and difficult. Above all the effects of pandemic in student's life, they are also affected mentally, emotionally, academically and financially which needs to be addressed in a timely and appropriately to protect the general well being for the students as well as to provide support where necessary as they are the pillars of tomorrow.

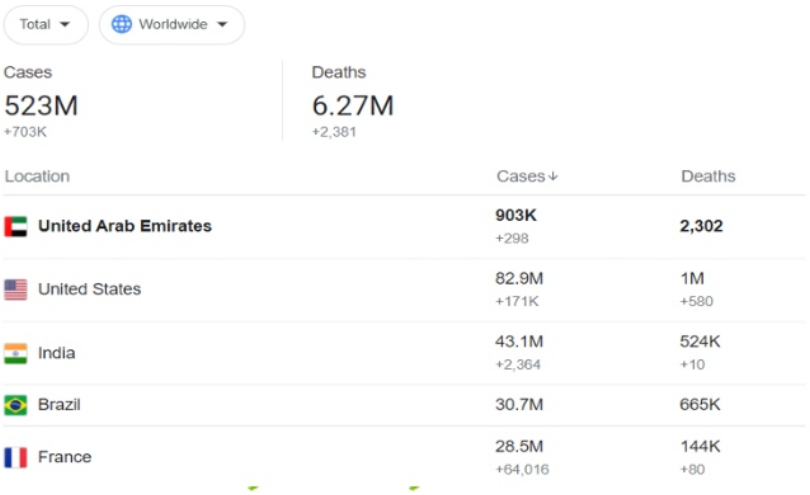
Conclusion: The article search found that in all the selected literature review, there is a significant psychological impact during the COVID-19 pandemic among college students. The main strategies which is used to maintain the well being is resilience in every aspect of the life. Resilience helps in improving the health and well being of the students and there by reduce the impact of mental health disorders among students

Keywords :*college students, COVID-19 pandemic, psychological impact, resilience.*

INTRODUCTION

College is filled with opportunity, growth and challenge- as students expand their relationships and social capital, make formative life decision, and oversome stress to achieve life goals. Since the extent of the pandemic worldwide is drastic, it affects the government and the leaders decisions which lead to a handicapped state among the students. There are universities and colleges where students never visited during the year 2020 and even in 2021. So the impact has brought any advantages to the students life or it had an negative impacts only among their emotional, mental, academic and financially or the other hand how the educational programs of the college students who are doing as full time are impacted. Research on resilience has been gaining momentum, and it has already been shown that increased resilience creates positive changes at the individual and collective levels.

As of now (May 2021) below is the statistics of WHO regarding the COVID-19:



Search Strategy:

This Online literature review/article search is filled with papers and reports from Pubmed/google scholar and BMJ and NIH databases from a systemic perspective published during the year Jan 2017 to Jan 2022 looking mainly about the importance of resilience and the impact and their responses by using the key terms such as Covid-19 and resilience among college students, Impact of COVID 19 among college students

During the initial stages of search, titles, abstracts and full articles were screened when needed to segregate the eligible literature reviews. Then all the eligible articles selected were reassessed for the appropriateness and the data needed were extracted.

The core questions for this review included were

1. What is the the importance of resilience during disasester or emergencies?
2. What is the psychological impact and resilience during COVID -19 pandemic among students
3. What are the factors associated with resilience?
4. What is the effect of improved resilience on psychological well being during COVID-19 pandemic?
5. What are the stratergies to improve reslilience and psychological well being?

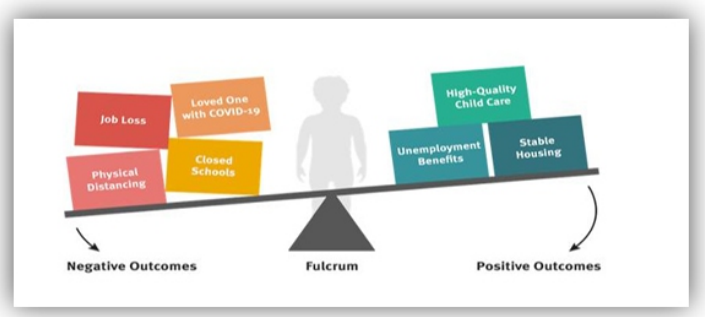
INCLUSION AND EXCLUSION CRITERIA:

After the identification of the related articles, the inclusion and exclusion criteria were decided and applied by the researchers. The initial process of literature review was conducted to include the articles which are published in English between the time frame of Jan 2017 to Jan 2022. Followed by this, the titles,abstracts and when needed full text of the articles were screened as per the relevance and the scope of the current reivew. Articles which were not relevant to the scope of this current study were excluded. Also, studies focussed on resilience in health care workers, resilience in family, resilience among elderly etc were excluded. Articles where access to the full text were not feasible were also excluded. This resulted in articles included are Covid-19 and resilience among nursing, paramedics, arts and science, physiotherapy, dental, medical and allied health sciences were included.

IMPORTANCE OF RESILIENCE DURING DISASESTER OR EMERGENCIES

Resilience is defined as a persons ability to, in different degrees, when exposed to negative experience, recover and even grow as a result of the adversity experienced, by way of a positive psychosocial adaptation to the experience. The understanding about resilience was earlier restricted to children, but currently it is expanded to a variety of settings(corportate world, communities etc. health, education, All people are subject to negative situations and, often times, the causes cannot be controlled. Learning how to cope with such situations may reduce the damage they cause and increase one's ability to address daily challenges. So, one way to improve the ability to cope with undesirable situations is to increase individual resilience. [1]

Resilience refers to an individuals healthy coping abilities when encountering adverse life events. Resilience is a seesaw or a balance scale, where negative experiences tip the scale toward bad outcomes, and positive experiences tip it toward good outcomes. For some people during the COVID-19 outbreak, the resilience scale may look like this:



The covid-19 pandemic represents a situation with a high amount of stress exposure which in turn may be associated with negative emotional outcome like depressive symptoms.Resilience help us to go through the process of hardship. It is not inherited by itself and it is built over the exposure and experiences by the individual. That's why human respond to stress and adversity—like that from the COVID-19 pandemic—differently [2]

Some individuals are more psychologically resilient to adversity than others, and is most importantly required during the emerging mental health issues associated with COVID-19 pandemic. Inorder to identify the factors that may contribute to greater psychological resilience during the initial stages of worldwide lockdown. The study results proved that greater amount resilience is prevalent among the individuals who tended to get outside more often, more social support from family, friends and significant others. and The study recommended that psychological resilience in the face of the pandemic is related to modifiable factors [3]

SS Luthar and D Cicchetti did a constructive analysis and published a article on resilience and its practical application.The main focus of this article is intermittent between the research on resilience and the application of this work to the development of interventions and social polices. Salient features of the research in resilience is delineated as there are various advantages, limitations and precautions linked to the application of resilience framework to developing interventions. A series of guiding principles are presented along with exemplars of existing programs of the paradigm. The article concludes with the discussions of directions for the future work in this area and the emphases on an enhanced interface between science and practice and a broadand scope of resilience-based interventions

in terms of the types of the populations, types of adjustment domains that are included [4]

PSYCHOLOGICAL IMPACT AND RESILIENCE DURING COVID -19 AMONG STUDENTS

Brewer, M. L. (2019) conducted a survey among the university students, out of which 80 percent of the students reported that they were affected mentally very heavily due to this COVID pandemic which includes stress, anxiety, disappointment, sadness, loneliness, and relocation. In view of the above effect they were affected physically and financially. [5]

Giacomo Bono, KresimirReil Jadwifa Hescozx(2020) assessed the stress and wellbeing in urban college of US during the COVID-19 pandemic by short term longitudinal study which started before campus closure due to CVODI-19 pandemic. The study investigated the stress and subjective wellbeing of freshemen, impact of the pandemic on their psychological, acadmic and financial wellbeing and their resilience to the pandemic during this period and the role of the social and economic status. Comparisons were done based on the parentseduation and parents social status and the students current level of education. The results were analysed by two groups as low and high. It is found that the group which is segregated as high have low level of stress and higher level of wellbeing and the low group have higher level of stress and lower level of wellbeing. The two groups were examined in terms of pandemic impacts and pandemic resilience which realed that the low group reported significantly more financial and academic impacts than the high group but not the resilience or life stress events. The study results suggested that grit and gratitude can be promoted to protect the college students subjective well being and better cope with the adversity of the pandemic and the study closed with the suggestions for interventions. [6]

Basema Saddiket. et. al. (2020),"assessed the impact of covid-19 pandemic on the psyshological wellbeing of the medical students. The researchers surveyed 1485 medical and non medical students across 4 places in UAE. Based on the analysis, majority of students demonstrated high levels of knowledge and utilised reliable sources of information. Non medical students exercised higher compliance with social restrictions. Medical students practiced better hand hygiene. Almost half of the students reported higher anxiety levels and more among female students. Medical students reported higher levels of anxiety during their clinical rotations and is decreased with online learning. The study concluded that the initial responses and anxiety levels in university students across the UAE during the COVID-19 pandemic. The findings of the study can be used to support the development of effective screening strategies and interventions to build psychological resilience among university students during the COVID-19 pandemic and any other public health emergencies in the future [7]

Zhi Ye, XueyingYang (2020) investigated the association of COIVD-19 related stressful experience with ASD and possible psychological mechanisms of the asspciation among sudents. Data was colleged among 7800 college students through an online survery by using the existing scales to measure stressful experiences, resilience, coping, social support and ASD symptoms. The study results confirmed that there is a strong relationship exists between CoVID 19 stress levels and the moderator for the same is resilience. [8]

Bouali, H., Okereke, et al (2020) in a survey analysis reported that the mental health of the students in the higher education is already beyond their capacity prior to the pandemic. This pandemic crisis exacerbated the emotions or the inner feelings of the students which leads to sadness, isolation and anxiety. [9]

Frymier, A. B., & Houser, M. L. (2020) analyzed that the mental health effect of the students in colleges and universities found that the most common problem among them is the stress and resilience and the coping ability of the students was lower and it was very top concern currently. Forty-seven percent of presidents surveyed in April, 2020, said they are very concerned about student mental health. [10]

Lorcanetc al,(2020) studied the level of stress for the medical students which thereby affect the mental health of the students which necessitated the author to assess the effect. An online cross sectional survey was conducted to determine the impact of COVID-19 perceived stress levels of medical students, investigated the possible contributing factors and alleviating factors and produce recommendations for future disasters or emergencies. The majoritiy (54.5%) of respondents reported higher level of stress ranging from (p=0.031). A significant association was also noted between reported stress and transition to online learning and online assessment formatting, concerns of personal health and for the health of the family members. [11]

Mental health problems are prevalent among university students in Saudi Arabia. The study conducted by the authors investigated the impact of the COVID-19 pandemic on the university students on their mental health and sleep. The results of the study clearly stated a significant relationship between the low level of resilience and the high level of mental health problems. Also there is a significant association between sleep disorders(insomnia) and resilience. The study provided evidence that lower level of resilience and insomnia are associated with mental health problems of the students. The study also recommended that psychological resiliencemand interventions to support sleep and mental health are vital to support student well being outcomes throughout the pandemic. [12]

Yuamfa Tan et al,(2021)" assessed the psychological well-being in Chinese college students. Psychological well-being is an important indicator of well-being and has been found to associates with the multitude of positive life outcomes. Data was collected from 1871 Chinese college students for the period of September 23 to October 05, 23 2020 to examine students psychological well being during COVID-18 pandemic and investigated how resilience and pandemic related environmental stress may affect psychological wellbeing. Results showed a strong positive effects towards resilience on the psychological well-being during the pandemic. At the same time environmental stress had a moderate effect and marginally reduced psychological well-being. The Overall estmiates suggested that increasing resilience can effectively buffer the negative effect of environment of environmental stress on psychological wellbeing. [13]

BOZKURT, Aras(2022) examined the COVID 19 from the higher education persperctive by applying data mining and analyustics approaches. The study identified three broad themes from the body of research themes and patterns. 1. Educational crisis and higher education in the new normal, resilience, adaptability and sustainability (2) psychological pressures, social uncertainty, and mental well-being of learners, and (3) the rise of online distance education and blended-hybrid modes. The study concludes that the survival of higher education depends on the resilience, adaptability, and sustainability skills of higher education institutions. [14]

Livia Quintiliani et al(2022) studied the university students psychological impact and resilience during COVID-19 pandemic. The study results showed that there are 54.5 percent students reported decreased attention span and difficulty in studying with consequent concern about the exam outcomes. They also reported that resilience skills positively affect the stressful events and in particular the

COVID-19 impact on study and interpersonal relationships. The study showed a psychological impact of COVID-19 emergency on college students. When stress significantly decreases the learning and negatively affects the psychological wellbeing of students, whereas resilience skills were a protective factor to overcome difficulties in learning [15]

FACTORS ASSOCIATED WITH RESILIENCE

Anna Christina et al(2017) identified the factors associated with resilience among medical students through a corss-sectional census by using a resilience scale and questions related to sociodemographic, behavioural health-related and academic vafriables, the association between these variables and resilience were investigated. The mean resilience score was considered moderate. The factors like gender, race, previous schools attended, financial independence, living situation, educational level of the parents, religion were not associated with resilience. The only factor that is associated is perception ofones own health (OR: 0.57; 95% CI 0.41 to 0.81). [16]

Jesus Muyor-Rodriguez et al, (2021) addressed the gap in the literature by conducting a cross sectional study among 517 college stiudents from a public university of spain. Participants were requested to completed the Fear of COVID-19 scale, and answer questions related to resilience, social support, anxiety and suicidal risk levels using validated scale. The results siuggested positive association between the selected aspects of the questionnaire with the demographic variables. As a recommendations, university insitutions must adopt support mechanisms to alleviate psychological impacts on students during the pandemic, treating it simialarly to other disasters. Discussion and recommendations also were made for the social work to reduce the COVID-19 fear. [17]

Wattick Rachel, Hagedom RL, Olfert MD (2021) investigated how the COVID-19 pandemic impacted students mental health and alcohol use and determined how resilience could alleviagte negative outcomes. The study results showed that there was a significant increase in prevalence of severe depression, anxiety and stress and a significant decrease in prevalence of high risk for problem drinking before and during COVID-19. Self rated health was the strongest predictors for changes in depression, anxiegty and stress in each of the models displayed a neagive relationship when the dependent variables were analysed using regression analysis, The study concluded that universities should prepare students using resilience training and provide employement and other resources to mitigate the effects of stressful situations [18]

Angela serranosarmiento et al(2021) studied the social-emotional consequences of the confinement. The study examined the self perceived resilience and its most important determining factors among the university students. The tool used was Connor-Davidson resilience scale divided into four factors and distributed to graduate and postgraduate students. Irrespective of socio-demographic variables, the results showed high levels of resilience. Factor analysis shows resilience were highest among the male students and those over 25. Self-perceived resilience were also higher among students who lived along than with parents. The student concluded that students of health sciences were more likely to adopt changes, deal with challenges and capable of bouncing back hardship faster than others. [19]

Inna Reddy Edara et al(2021)investigated the levels of centrality of religiosity, emotions towards god, resilience and wellness among 399 taiwanese university students. The collected dtawas analysed by using descriptive statistics, factor analysis, group comparisions, multiple regressions and mediation analysis. Findings showed that most of the participants were religious. More further,16 emotions

towards god were successfully segregated into three distinct sub-groups. The results suggested that the resiliency of the individual can be attributed to their belief in the existence of god or divine while the wellness indicators of security and satisfaction were related to ones religiosity. The study included the implications specially the importance of religiosity and emotios toward god or the divine in sustaining resilience and promoting wellness, expecilly in the context of crisis such as the current covid-19 pandemic. [20]

Beisland E C et al(2021), in a cross sectional survey targeted nursing students from five different universituies of 2605 students by using a Fear of COVID-19 Scale (FCV-19S), the Hopkins symptom checklist 5(SCL-5) one general health and one overall QoL questionnaire. The mean scores were compared to reference data. Hierarchical regression analysis were conducted and the effect sizes (Cohen's d) were evaluated. The students FCV-19S scores(mean 2.45, CL 2.42,2.48) were significantly higher than those of the reference population. Nursing students scored significantly lower general health (mean 3.50±0.93 SD and Cohen's d=0.07), higher levels of psycholol gical distress(mean 2.68+ 1.03 SD, Cohen's d = 0.55) and lower overall QoL (mean 5.50+ 2.16 SD) compared to pre-pandemic data. The study concluded that FCV scores were significantly associated with the levels of general health(Cohen's d=0.26) psychological distress Cohen's d=0.76) and overall QoL (Cohen's d=0.18) and nursing students reported worse outcomes on general health, psychological distress and Overall QoL than the reference population. [21]

Samira Hamadeh Kerbage(2021), explored the undergraduate nursing students resilience, challenges experienced and supports utilized during the pandemic. Both Qualitative and Quantiative data were collected by convenient sampling technique among 340 nursing students from one program. The difference in the median resilience scores among the participants were statistically significant (p=0.029). major themes identified were fear, isolation and mental health programs. The study concluded with the recommendations to alleviate the identified problems were coping strategies like daily routines, staying connected, establishing self help techniques. Optimising students learning experience, enhancing resilience and promotion of mental health and physical well being are the implications bought out by the current study. [22]

EFFECT OF IMPROVED RESILIENCE ON PSYCHOLOGICAL WELL BEING DURING COVID-19 PANDEMIC

Ka Ming Chow et al(2018), assessed the resilience and wellbeing of the nursing students. University nursing students experience higher levels of academic stress than other disciplines. This stress leads to psychological distress and has detrimental effects on well being. A cross-sectional descriptive correlational design which includes recruitments of students from pre-registration programs both undergraduate and postgraduate levels. The tool used was CD-RISC-10 and world health organization - 5 well being index(WHO-5). The questionnaire was given to 678 students. The mean score for Resilince was 24.0. The difference between the undergraduate and postgraduate resilience scores were 23.8 and 24.8 respectively which is statistically significant (p=0.020). The mean score for perceivecd well being (WHO-5) was 15.5. and there was no significant difference between the two groups. Bivariate analysis showed a mediuam positive correlation of resilience with perceived well being(r=.378, p=.000). Senior students had higher level of perceived well being then the junior students(16.0 VS 15.1, p=.003). The results demonstrated that nursing students with high level of

resilience have better perceived well being and the level of resilience was significantly higher for the postgraduates than the undergraduates. Therefore it is recommended to develop educational strategies in the nursing curriculum and adequate supportive learning environment should be created to foster resilience in students [23]

Besser A (2020), investigated the association among the adaptability to the pandemic among the adaptabllity, personality and the levels of learning experiences(affective, cognitive and Behaviours) among higher education students required to swift to online learning by an online questionnaire of a sample of 1217 college students from Izrael. The study results reactions showed that students had negative reactions to online learning which became part and parcel of the currect pandemic situation. And percentage of adaptability have positive reactions across multiple indicators. The current findins of the study acknowledged the role of adaptability and the significant challenges experienced by the college students who experienced changes in their learning and life conditions due to the need to rapidly adjust to changes and uncertainity brought about by the COVID-19 pandemic. [24]

Kuhn TA, Vander Horst A, Gibson GC, Cleveland KA, Wawrosch C, Hunt C, Woolverton CJ, Hughes JW(2021)

evaluated whether resilience moderated the relationship between distress and covid-19 prevention behaviours early in the pandemic. Data were collecgtedvir surveys in which all students at the large Midwestern university were emailed invitations beginning march 18, 2020. Surveys were completed by 5530 individuals. The items included were COVID-19 prevention behaviours, distress and resilience. Data were analysed by using moderator regression analysis. The results showed that resilience moderates the effects distress to prevention behaviours, such that the relationship were stronger for individuals with higher resilience than the individuals with lower resilience. The study concluded that resilience appreated to influence the strength of the relationship between distress and covid-19 prevention behaviours. Individuals with higher resilience have increased adaptation to stress leading to engage in greater prevention behvaiours. The authors also recommended that there should future research that should examine the relationship linearly with different constructs of resilience. [25]

Tina Antill et al(2021) examined the relationship between quality of life, resilience and associated factors among nursing students during the unprecedented COVID-19 pandemic and subsequent social distancing requirements by using an anonymous survey among 152 nursing students ina public university of rural Appalachia in April 2020. The tools included were QOL-BREF, Connor Davidson resilience scale, and an open ended questions along with demographic questionnaires. The collected data were analysed using descriptive,bivariate and multiple linear regression analysis. 21 to 54 percent of the nursing students quality of life scores were poor. The study concluded that cultivating resilience among nursing students may improve Quality of life, help wqith academic success and prepare students to sustain the demands associated with the nursing profession. [26]

Nureva et al,(2021) explored the correlation between academic resilience and the subjective well being of the students experiencing online learning during the COVID-19 pandemic. The study used a relevant literature review to collet data, focussed on theoretical studies and the references were taken from the scientific literature. The results showed that resilience is an mandatory part in online learning to keep and improve the students well being in relation to the learning. The results proved that students with a

higher level of resilience tend to have a higher level subjective well being (i.e) they were able to regulate their emotions better then the students who is having lower level of resilience. [27]

Labrague LJ et al(2021) determined the influence of coping behaviours, resilience and social support on the students emotional and social lonliness by a cross sectional survey during COVID-19 pandemic. The findings of the study proved that lonlioness were high during the COVID-19 pandemic and coping behaviours and social support were identified as protective factors to maintain the positive mental health. Also the study suggested the practical implications to protect the mental health were towards increasing resilience, social support and coping behaviours may helpt decrease emotional and social lonliness caused by lockdown during the covid-19 pandemic‖. [28]

Muyor-Rodriguez J,et al (2021) addressed the gaps in the literature by conducting a cross-sectional survey among 517 college students from a public university in the southeast of spain. Survery questionnaire included were fear of covid-19 scale and resilieance, social support, anxiety and suicide risk level by using a validated scales. Based on the findings, the authors recommended that university and institutions must adopt support mechanisms to alleviate psychological impacts on students during the pandemic as similar to other national and worldwide disasters. [29]

Zeyu Zhang et al (2021) in a cohort study described the importance of professional identity among Chinese nurseing students the sense of professional identity among Chinese nursing The mainaim of the study is to explore the relationship between pshychological resilience and professional identity. A cross sectional survey questionnaire was sent to 18 differient Chinese universities. CD-RISC-10 was used to assess the psychological resilience and Professional identity questionnaire was used to assess the idendity. 80 percent of nursing students have higher level of professional identifity and Psychological resilience was considered as the strongest contributor for professional identity. The study also recommended that policy support is crucial to enhance the professional identity by improving the psychoglocial resilience among nursing students. [30]

Rizal Angelo N grande et al,(2021)" investigated the relationshop between nursing students profile variables and the state of mental well being and resilience during the midst of COVID-19 pandemic and their impact over the holistic nursing care provision. The design was cross sectional and a total of 439 nursing students were enrolled fom the college of nursing of the state run university. The survey was conducted by using 10-item Connor-Davidson Resilience scale and 14-item Warwick Edinburgh Mental well being scale(WEMWBS). The relationship was analysed by using Correlational analysis. The findings of the study revealed that there is no significant differences identified in the age, gender and year of study in CD-RISC and WEMWBS. In view of WEMWBS, the mean total score of 61 to 100% were significantly higher than with 31-60%. As a end result, the CD-RISC scores revealed that participants with a general point average(GPA) of A were significantly higher than those with GPA of B+ or B. The study concluded that students with High GPA(Academically performing well) were more resilient than Low GPA. Also there is an existing linear relationship between high mental well being and the ability to pursue academic loads. [31]

A study conducted by **Andrea V Fuentes et al(2021),** to assess the significant contributions of coping, resilience, personal characteristic and health and emotions well being of 3 colleges of pharmacy students during the period of may to July 2020 through an online 64-item questionnaire. The main

assumptions for this study was pharmacy students may undergo greater stress during this outbreak due to class interupptions, personal and family health concerns and social isolation etc. Descriptive and linear regression analysis were conducted using SPASS version 26. There is a significant association between coping stratergies, personal resilience and Hispanic ethnic identify (29%) variances in emotional well-being scores were identified(F(2.76)=11.785, P< 0.000, R2 = 0.317, R2 adjusted = 0.291). Higher levels of reilisence, greater use of coping sgtrategies and identifying as Hispanic were significant predictor for emotional well-being. The study discussed the important aspects especially during crisis and pndemics. Pharmacy programs should be cultivated in a environment that supports the emotional well-being of their students. Colleges or universities should develop campus based inittiatives to encourage healthy coping behaviors and promote students personal resilience to better prepare them for providing front-line patient care in the future. [32]

Daniel Joseph E Berdida, F Rizal Angelo N Grande(2022) in a cross sectional descriptive survey that used two self reported questionnaires to evaluate the Qol and academic resilience of nursing students and their relationship with the predictors during the COVID-19 pandemic. Chi square test and multiple regression were sued to analyse the data. The results found that there was no significant association between QoL and academic resilience to participants profile variables. But there is a significant predictors as graduate and Year of nursing students with QoL and academic resilience. The study concluded that a better understanding of QoL and academic resilience which are two distinct concepts but are critical in developing a students mental well being, will benefit the stakeholders in nursing education to establish an effective psycholeducation programs for the nursing students which is an integral part of the students life. [33]

Joanna Forycka et al,(2022), conducted an online survey by using an validated questionnaires to assess resliesence and wellbeing and burnout as as self created survey concerning mental health problems, use of stiumulats, SARS-COV-2 infection, work in covid-19 units, medical education and social attitude towards health care professionals in the era of pandemic. The questionnaire was distributed through facebook and other online students platforms. The survey was filled by 1858 medical students.Very low, low and on the low end levels of resilience were found in 26%, 19.1%, 26.9% respectively. Higher level of resilience is associated with better attitude towards online and hybrid classes. About 16.8% of participants showed willingness to work as a frontlines and some of the also reported working currently. Types of burnout presented were Lower exhaustion(p=0.003) and cynicism(p=0.02) and higher academic efficacy (p=0.002). Around 31 per cent of participants declared need of psychological or psychiatric consultation due to pandemic challenges.26.4% percent participants were diagnosed with mental health disorders before and the symptoms were worsening during this pandemic. 28.6 percent respondents were taking alcohol, cigarettes or other stimulants. About 80.2 percent participants reported that social aversion and mistrust towards doctors have increased during pandemic and half of them claimed that they lose their enthusiasm towards their career. The study recommended that necessary support specially regarding mental health and building up resilience of the vulnerable group are the crucial elements to reduce harm and face similar challenges. [34]

Stratergies influencing reslilience and psychological well being

Reslience also play a major role and make a huge difference between the people who experience burnout and who do not. When any distress occurs, resilience gives the ability to resist the destruction of the

normal life and functionality by means of anticipation and preparation for the event. The stratergies mainly used to increase reslilience, decrease burnout and increase coping beajvour.First stratergy is self care. Secondly physical activity and good sleep. Mindfulness, attention to present moment, stress management work, yoga, meditation, group discussion are other effective ways of resilience. Other suggestions are optimisim, gratitutde and humor and reduce news you watch or watch with intention and plan to watch only specific programs of choice. Social support helps to mitigate distress thereby build resilience. People who are having strong connection towards the distress should follow the strategies to reduce the burnout and bring positive outcomes in life even when there is distress situation. [35]

Borjian, A. (2018) suggested that the due to the instability of the environment, globally students' needs resilience and adaptability. These are becoming basic skills necessary to move effectively during the pandemic. In future, employers may look for these skills as important for a job offer which includes above two which thereby leads to creativity, communication, collaboration, empathy, emotional intelligence which fruitfully ended up with effective work environment and effective team collaboration. [36]

Castle, S. R., et al, (2019), in order to prepare the future universities needs to have preparation to manage the changes. Since the changes will impact the educational system both present and in future. Based on the location and strength of the students, recovery should be considered. These requires leadership in the academic levels to assess, plan, implement and evaluation and provide opportunities for improvement and innovation. It is imperative that leaders in institutions of higher learning work with stakeholders to utilize federal and state funds wisely to improve and innovate during a time of re-building and restructuring. In a survey of 187 two- and four-year college presidents conducted by Inside Higher Ed, the changes referenced in the aforementioned paragraphs are representative of long-term goals. The survey results showed the short-term, immediate focus to be on employees' and the most vulnerable students' mental and physical health, student attrition, and unbudgeted financial costs. [37]

The Global Resilience institute (2020) also recommends physical wellness activity or physical wellness program to take care of their physical and mental health. Along with that everyone should take at least eight hours of sleep and healthy diet. They are urged to undergo virtual exercise or yoga and engage in activities that allow physical distancing. Walking with friends is a good way of spending time with the friends and family also. Students can engage themselves in medication and mindfulness activities. Universities should extent their helping hand for the students to manage their financial burden in ways that is feasible without affecting their productivity. With the unprecedented levels of uncertainty, disruptions, and stress students are facing as they try to make sense of new and constant demands and requirements, educators are in a unique position to support students. Therefore, they need to understand the potential obstacles that might get in the way of their learning. [38]

The University of Michigan (2020) is another university that has offered ways to support students during the pandemic. Like the Global Resilience Institute (2020), they suggest that students find their new normal. They want their students to recognize that without their usual routines, they may miss the structure. Students are urged to take the time to find resources and create productive routines such as creating schedules, making checklists of things to be done just for today, as well as creating a productive work space. [39]

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Robin Jacobs, Michelle Lanspa, Michael Kane, Joshua Caballero, (2021), conducted an anonymous online survey to all medical students enrolled at Nova Southeastern University in May 2020(n-1310) via an email invitation by using the students database. 335 students participated in the survey, About half were in the clinical phase of their medical school training. A significant regression equation was found (F[4,171]=17.481, p<0.000, R 2 =0.290, R 2adjusted=0.274), representing the levels of coping, personal resilience and health behaviours which carried a significant amount of varianace in emotional wellbeing. Higher levels of resilience, greater use of coping strategiues, not sleeping more then usual and not exercising less than usual were predictors off emotional wellbeing. The study concluded that cultivating positive mental health should the high priority and curriculum based initiatives were required to help medical students to boost their personal resilience and to encourage healthy coping during crisis and thereafter. Proactiveness will assists to build personal resilience and develop stress management which not only help them to face the challenges related to their training but also with the uncertainity and stress that exists during major global health crisis. [40]

The COVID-19 pandemic disrupted all aspects of human life from health to financial to social etc. This drastic change has bought lot of difficulties in role achievement as a students due to an entirely virtual atmosphere, compounding the normal stressors that come with full case loads and transitioning into more independent adult lives. As a response to the onset of the COVID-19 crisis, a faculty member at the university of south florida's college of public health designed impromptu, free dance lessons offered through a virtual video platform to the college students. The main aim were to provide a healthy and engaging environment to help students wot cope with lockdown stress, depression and anxiety through spring and summer 2020. This article concluded that the structure of the intervention, lessons learned throughout implementation and the borader practice potentil during COVID-19 pandemic and beyond. [41]

CONCLUSION:

This literature review has looked at how researchers and authors have addressed COVID-19 impact of the psychological aspect of the college students and how resilience paved a way to relieve the stress and mental health problems among the students from different parts of the world. The ability to overcome such adversity and learn to be stronger from the experience is regarded as resilience. Resilience is found to have an impact on learning experience, academic performance, course completion and, in the longer term, professional practice. Resilience and positive coping strategies can resist stress and improve personal well-being. However, the relationship between resilience and well-being remains unexplored in nursing students, which are significant attributes to their academic success and future career persistence.In terms of implications for future research, universities or colleges have a responsibility to review implementation plans that support students in terms of and data collected on their effectiveness. Implementation plans should be addressing emotional, mental, academic, and financial issues. It will definitely help programs to review their strategic plans to ensure that in the next three to five years, academic departments and colleges are addressing these critical matters to ensure a culture of resilience exists for students.

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Psychological Distress among Primary Caregivers of Alcoholics

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A B S T R A C T

Introduction: Alcoholism is a major threat to the individual as well as the society and the maximum burden of the illness is born in the family. Alcoholism can have a psychological impact on the family involved in care giving, and coping with the alcohol dependent patient. Caregivers play a crucial role in the life of alcoholics. Basically, stress creates an emotional and physical imbalance while caring for a spouse with alcohol abuse problems. Methodology: A descriptive study was conducted using a non probability convenient sampling technique. A total number of 56 study participants who were the caregivers of alcoholics were selected. The data was collected from the study participants at psychiatric unit for 2 weeks. Each study participant took around 15 to 20 minutes to complete the modified self-instructional questionnaires. Average 8 to 9 study participants per day Results: Among caregivers of alcoholics, the majority of them 27(48.2%) had severe level of psychological distress, 23(41.1%) had moderate level of psychological distress, 4(7.1%) had mild level of psychological distress and only 2(3.6%) had no psychological distress. Among 56 caregivers, 26(46.4) of them feel tired for good reason, 31(55.4) of them feel so nervous, 15(26.8) of them feel calm down, 26(46.4) of them feel hopeless, 20(35.7) of them feel restless, 21(31.5) of them feel restless and unable to sit still, 19 (33.9) of them feel depressed, 19(33.9) of them feel that everything was an effort, 17(10.4) of them feel so sad, and 18(32.1) of them feel worthless. Conclusion: The present study assessed the level of psychological distress among primary caregivers of alcoholics in psychiatric unit at PIMS. The study assessed the Level of Psychological Distress among caregivers of alcoholics with their Socio Demographic Variables and by using modified Kessler psychological distress scale. The study reveals that there is statistically high significant association between the level of psychological distress with education and family income per month. Pamphlets were distributing to the all the participants like a psychological distress reduce and maintain the stress management.

Keywords :*Alcoholism, primary givers, psychological distress.*

INTRODUCTION

Alcohol dependence has been a serious social and private threat in most countries Alcohol dependence is considered as a “family disease.” Alcohol dependence affects the individual as well as those around them in terms of occupational and social dysfunction, physical and emotional distress and financial burden which has a serious impact on the lives of the significant others.

Alcohol is a common substance abuse that causes both acute and chronic changes in almost all neuro chemical systems. Heavy consumption is the major public health concern in most of the countries. It results in untold misery to the individual by affecting physical, psychological, economic, and social spheres. The Diagnostic and Statistical Manual for Mental Disorders, has defined the dependence as a cluster of physiological, and cognitive symptoms indicating that the individual continues the use of the substance despite significant substance-related problems.

Need for the study

Nowadays alcoholism has become a major problem for primary caregivers has an increased level of distress and face many problems in meeting needs of the family, isolation, fear and worry. Psycho education can be given to primary caregivers of alcoholics who reduce the Stress, Frustration, worry and improvement in coping strategies. It can develop positive thinking, confidence and can help to adopt to the situation, to solve problem, and to taken responsibility of their family.

Health professionals, particularly those who are within the psychiatry field, are available have regular contact with the of alcohol dependents. Conducting a study during this specialization will assist in planning and teaching effective coping strategies, in order that they will stress and enhance their integrity. Therefore, the investigator felt the necessity to spot the distress among the alcohol dependents and analyze their coping mechanism.

Statement of the Problem

A Descriptive Study to Assess the Psychological Distress among Primary Caregivers of Alcoholics in Psychiatry Unit at PIMS, Puducherry.

Objectives

1. To assess the psychological distress among primary caregivers of alcoholics.
2. To associate the psychological distress among primary caregivers of alcoholics and selected Socio-Demographic Variables.

OPERATIONAL DEFINITION

Psychological distress:

In this study may be a state of emotional suffering related to stressors and demands that are difficult to deal with lifestyle. The shortage of effective look after difficulty in identifying is frustrating for patients.

Primary caregivers:

Primary caregiver is that the one who spend most of their time in caring for the ill person.

Alcoholic's patients:

In this study it refers to a person who consumes alcohol.

Psychiatry unit:

In this study it refers to Hospital or ward specialized in giving the treatment of patients with Acute and Chronic Mental Disorders.

Hypotheses:

1. H1 There is significant association between the levels of psychological distress experienced by the primary caregivers of alcoholics with selected socio demographic variables.

3. RESEARCH METHODOLOGY

RESEARCH APPROACH
Quantitative Approach
↓
RESEARCH DESIGN
Descriptive Research Design
↓
SETTING OF THE STUDY
Psychiatry unit at Selected Hospital, Puducherry.
↓
SAMPLE
Primary Caregivers of Alcoholics
↓
SAMPLING TECHNIQUE
Convenience Sampling Technique
↓
SAMPLE SIZE
56
↓
DATA COLLECTION
Section -1 Demographic data: It includes Age, Gender, Relationship with Patient, Education, Occupation, Income, Domicile, Types of Family, Duration of time spend by caregivers with alcoholics.
Section-2 Modified psychological distress Scale: (k10) to assess the psychological distress among primary caregivers of alcoholics.
↓
DATA ANALYSIS
Descriptive and Inferential Statistics
↓
INTERPRETATION OF FINDINGS AND RESULTS

DATA ANALYSIS AND INTERPRETATION

Table -1 : Frequency and percentage distribution of selected demographic variables of caregivers of alcoholics.

Sl. No	DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
1.	**Age (in years)**		
	a) 20 – 30 years	9	16.1
	b) 31 -40 years	21	37.5
	c) 41 and above years	26	46.5
2.	**Gender**		
	a) Male	21	37.5
	b) Female	35	62.5
3.	**Education**		
	a) Illiterate	8	14.3
	b) Primary	16	28.6
	c) Secondary	10	17.9
	d) Higher	14	25
	e) Dip/ Deg/ Graduate	8	14.3
4.	**Occupation**		
	a) Unemployed	2	3.6
	b) Self employed	24	42.9
	C) Private employed	28	50
	a) Govt employed	2	3.6
5.	**Income**		
	a) < 10,000	38	67.9
	b) 10,001 – 20,000	14	25
	c) > 20,000	4	7.1
6.	**Domicile**		
	a) Urban	19	33.9
	b) Rural	34	60.7
	c) Semi urban	3	5.4
7.	**Relationship**		
	a) Parents	15	26.8
	b) Spouse	19	33.9
	c) others(siblings/friends)	22	39.3
8.	**Type of family**		
	a) Nuclear	41	73.2
	b) Joint	12	21.4
	c) Broken	2	3.6
	d) Separated /Divorced	1	1.8
9.	**Duration of time spend with alcoholic patients**		
	a) 0-5 years	30	53.6
	b) 6-10 years	15	26.8
	c) >10 years	11	19.6

Table-1: Reveals the frequency and Percentage Distribution of Demographic Variables of caregivers of alcoholics. Out of 56 caregivers, the majority of them 26 (46.5%) were in the age group of 41 and above years. Most of them were females 35(62.5%). Most of them come under primary in education 16

(28.6%). The majority of the caregivers of alcoholics belong to private employment 28(50%).

The majority of the caregivers of alcoholics were in the monthly income of rupees < 10000/- 38(67.9%).Most of the caregivers lived in rural areas 34(60.7%).

SECTION B: ASSESSMENT OF THE LEVEL OF PSYCHOLOGICAL DISTRESS AMONG PRIMARY CARE GIVERS OF ALCOHOLIC PATIENTS n=56

S.no	Level of Psychological Distress	Score	Frequency	Percentage
1	Normal	0-39	2	**3.6%**
2	Mild Psychological Distress	40-49	4	**7.1%**
3	Moderate Psychological Distress	50-59	23	**41.1%**
4	Severe Psychological Distress	60-69	27	**48.2%**

SECTION C: FREQUENCY AND DISTRIBUTION OF PSYCHOLOGICAL DISTRESS AMONG PRIMARY CAREGIVERS OF ALCOHOLICS.

MODIFIED BY KESSLER PSYCHOLOGICAL DISTRESS SCALE

Table 2: Frequency and distribution of psychological distress among primary caregivers of alcoholic's. modified by Kessler psychological distress scale.

SL.NO	PSYCHOLOGICAL DISTRESS LEVEL	FREQUENCY	PERCENTAGE (%)
1	**No Good Reason**		
	a) 1	5	8.9
	b) 2	26	46.4
	c) 3	23	41.1
	d) 4	2	3.6
2.	**Feel Nervous**		
	a) 1	3	5.4
	b) 2	12	21.4
	c) 3	31	55.4
	d) 4	7	12.5

	e) 5	3	5.4
3.	**Calm Down**		
	a) 1	9	16.1
	b) 2	15	26.8
	c) 3	11	19.6
	d) 4	7	12.5
	e) 5	14	25
4.	**Feel Hopeless**		
	a) 1	3	5.4
	b) 2	18	32.1
	c) 3	26	46.4
	d) 4	3	5.4
	e) 5	6	10.7
5.	**Feel Restless**		
	a) 1	2	3.6
	b) 2	17	30.4
	c) 3	20	35.7
	d) 4	12	21.4
	e) 5	5	8.9
6.	**Not Sit Still**		
	a) 1	5	8.9
	b) 2	18	32.1
	c) 3	21	37.5
	d) 4	6	10.7
	e) 5	6	10.7
7.	**Feel Depressed**		
	a) 1	2	3.6
	b) 2	11	19.6
	c) 3	19	33.9
	d) 4	8	14.3
	e) 5	16	28.6
8.	**Everything Was Effort**		
	a) 1	3	5.4
	b) 2	19	33.9
	c) 3	16	28.6
	d) 4	11	19.6
	e) 5	7	12.5
9.	**Nothing Cheer**		
	a) 1	6	10.7
	b) 2	17	30.4
	c) 3	14	25
	d) 4	12	21.4
	e) 5	7	12.5
10.	**Feel Worthless**		
	a) 1	12	21.4
	b) 2	14	25
	c) 3	18	32.1
	d) 4	4	7.1
	e) 5	8	14.3

Table 2: Reveals that out of 56 caregivers, 26(46.4) of them feel tired out for good reason, 31(55.4) of them feel so nervous, 15(26.8) of them feel calm down, 26(46.4) of them feel hopeless, 20(35.7) of them feel restless, 21(31.5) of them feel restless could not sit still, 19 (33.9) of them feel depressed, 19(33.9) of them feel that everything was an effort, 17(10.4) of them feel so sad, 18(32.1) of them feel worthless.

SECTION D: ASSOCIATION BETWEEN THE LEVEL OF PSYCHOLOGICAL DISTRESS AMONG PRIMARY CAREGIVERS OF ALCOHOLICS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table 3: Association between the level of distress among primary caregivers of alcoholics with their selected demographic variables.

n=56

Sl. No	DEMOGRAPHIC VARIABLES	LEVEL OF PSYCHOLOGICAL DISTRESS				P-value"
		NO PSYCHO LOGICAL DISTRESS (10-19)	MILD PSYCHO LOGICAL DISTRESS (20-24)	MODERATE PSYCHO LOGICAL DISTRESS (25-29)	SEVERE PSYCHO LOGICAL DISTRESS (30-50)	
		(f)	(f)	(f)	(f)	
1	**Age (in years)**					
	a) 20 - 30 Years	0	0	5	4	0.428
	b) 31 – 40 years	1	2	11	7	NS
	b) 41 and above years	1	2	7	16	
2	**Gender**					
	a) Male	2	3	8	8	0.083
	b) Female	0	1	15	19	NS
3	**Education**					
	a) Illiterate	0	1	2	5	0.001*
	b) Primary	0	0	3	13	S
	c) Secondary	0	1	6	3	
	d) Higher	0	0	8	6	
	e) Dip/Deg/Graduate	2	2	4	0	
4	**Occupation**					
	a) Unemployed	0	1	1	0	0.071
	b) Self employed	1	1	12	10	NS
	c) Private employed	0	2	10	16	
	d) Govt employed	1	0	0	1	
	a) < 10,000	0	1	16	21	0.048
	b) 10,001-20,000	2	2	6	4	S
	c) >20000	0	1	1	2	
6	**Domicile**					
	a) Urban	1	0	10	8	0.126
	b) Rural	1	4	10	19	NS
	c) Semi urban	0	0	3	0	
7	**Relationship**					
8	**Type Of Family**					
	a) Nuclear Family	2	3	15	21	
	b) Joint Family	0	1	7	4	O.837
	c) Broken Family	0	0	1	1	NS
	d) Separated/ Divorced	0	0	0	1	

9	**Duration of Time Spend with alcoholic patients**					
	a) 0-5 Years	1	4	12	13	0.426
	b) 6 -10 Years	0	0	8	7	NS
	c) Above 10 Years	1	0	3	7	

P<0.001highly significant p<0.05significant

Table3: reveals that there is statistically highly significant association between the level of psychological distress with education at p<0.005 by using Fishers exact test.
There is significant association between the family income per month at p<0.005 by using Fishers exact test.
There is no statistically significant association between the level of psychological distress with age, gender, occupation, domicile, relationship, type of family, duration of time spends with alcoholic patients at p >0.005 by using Fishers Exact test.

RESULTS OF THE STUDY

Among 56 caregivers of alcoholics, the study revealed that 46.5% were in the age group of 41 and above years, 62.5% of the study participants were female, 28.6% of the study participants belongs to primary education, 50% of the study participants belong to private employment, 67.9% of the study participants were having an income of below 10000/- rupees per month, 60.7% belongs to rural area residence, 39.3% of the study participants come under others relationship with the patient, 73.2%of the study participants belongs to nuclear family, 53.6% of caregivers belong to 0-5 years of duration of time spend with alcoholic patients.

In caregivers of alcoholics, the majority of them had severe level of psychological distress 27(48.2%), 23(41.1%) had moderate level of psychological distress, 4(7.1%) had mild level of psychological distress and only 2(3.6%) had no psychological distress. Among 56 caregivers, 26(46.4) of them feel tired out for good reason, 31(55.4) of them feel nervous, 15(26.8) of them feel calm down, 26(46.4) of them feel hopeless, 20(35.7) of them feel restless, 21(31.5) of them feel restless could not sit still, 19 (33.9) of them feel depressed, 19(33.9) of them feel that everything was an effort, 17(10.4) of them feel so sad, 18(32.1) of them feel worthless, The present study shows that there is statistically highly significant association between the level of psychological distress with education and family income per month at p<0.005 by using Fishers exact test.There is no statistically significant association between the level of psychological distress with age, gender, occupation, domicile, relationship, type of family, duration of time spend with alcoholic patients at p >0.005 by using Fishers Exact test. These are the major findings of the present study.

SUMMARY OF THE STUDY

The study was conducted in the Psychiatric unit of Pondicherry Institute of Medical Sciences. The purpose of the study was to assess the level of psychological distress among the primary caregivers of alcoholics, through non probability convenience sampling technique. The study includes 56 caregivers of alcoholics, who fulfilled the inclusion and exclusion criteria selected from the Psychiatric unit of PIMS hospital.

The objective of the study was to assess the level of psychological distress among caregivers of

alcoholics

7. MAJOR FINDINGS OF THE STUDY

Among 56 caregivers of alcoholics, the study revealed that 46.5% were in the age group of 41 and above years, 62.5% of the study participants were female, 28.6% of the study participant belongs to primary education, 50% of the study participants belong to private employed, 67.9% of the study participants were having an income of below 10000/- rupees per month, 60.7% belongs to rural area residence, 39.3% of the study participants come under others relationship with the patient, 73.2%of the study participants belongs to nuclear family, 53.6% of caregivers belong to 0-5 years of duration of time spend with alcoholic patients. In caregivers of alcoholics, the majority of them had severe level of psychological distress 27(48.2%), 23(41.1%) had moderate level of psychological distress, 4(7.1%) had mild level of psychological distress and only 2(3.6%) had normal level of psychological distress . Among 56 caregivers, 26(46.4) of them feel tired out for good reason, 31(55.4) of them feel so nervous, 15(26.8) of them feel calm down, 26(46.4) of them feel hopeless, 20(35.7) of them feel restless, 21(31.5) of them feel restless could not sit still, 19 (33.9) of them feel depressed, 19(33.9) of them feel that everything was an effort, 17(10.4) of them feel so sad, 18(32.1) of them feel worthless, The present study shows that there is statistically highly significant association between the level of psychological distress with education and family income per month at $p<0.005$ by using Fishers exact test. There is no statistically significant association between the level of psychological distress with age, gender, occupation, domicile, relationship, type of family, duration of time spend with alcoholic patients at $p>0.005$ by using Fishers Exact test. These are the major findings of the present study.

IMPLICATIONS OF THE STUDY

The results of the finding should be implicated in the nursing profession. The following headings would show how to implement the above finding into nursing service. Nursing Practice, Nursing administration, Nursing education, and Nursing research.

1.Nursing Practice
2. Nursing Education
3. Nursing Administration
4. Nursing Research

Nursing Practice:

- The studies will help the nurse to understand the psychological stress experienced by primary caregivers of alcoholics.
- The nurse should take the responsibility in educating the alcoholics regarding harmful effects of alcoholism in family and prevent potential problems in future.
- Nurses can intervene to alter the physical and psychological discomfort of primary care givers of alcoholics by strengthening the coping mechanism by which psychological distress level may be reduced among primary caregivers of alcoholics.
- It will help the nursing personnel to be in the best position to impart health education to the people in the psychiatric unit or in any community set up which strengthens the community psychiatry.
- Supportive interventions such as diversional therapy, Relaxation technique, Meditation can be taught

by the nurses to the primary caregivers of alcoholic which is a cost-effective treatment method.

Nursing Education:

- The knowledge about level of psychological distress among primary caregivers and it's coping mechanism should be updated by nursing educator for excellent clinical teaching experience.
- Nurse educator can impose the routine utilization of Modified Kessler psychological distress scale for primary care givers in psychiatric unit by the nursing students.

Nursing Administration:

- The use of mass media can help in promotion of good health among the alcoholics.
- The nurse administrator should take care to give awareness program in hospital with active support of the available resources.
- Nurse administrators can plan various complementary and alternative therapies in the hospital and community to place emphasis on the psychological distress management.

Nursing Research:

- The knowledge regarding the Psychological distress level of the primary caregivers of alcoholics should be published in journals.
- The finding of this study serves as the basis for the nursing professional, also the students must conduct further studies in different aspects of alcoholics.
- There is plenty of scope for research in the field of psychological distress among primary caregivers of alcoholics.
- Research studies on psychological distress among primary caregivers of alcoholics can help to identify the existing knowledge gap in nursing education and to fill in existing gaps.

RECOMMENDATIONS

Based on the findings, the following recommendations has been made for further studies,

- A similar study could be replicated on a larger population to generalize the findings.
- A comparative study can be conducted to find out the similarities and differences in the level of psychological distress among primary caregivers of alcoholics places/states. on large samples of different
- A survey can be conducted among caregivers of alcoholics in reducing the level of psychological distress.

CONCLUSION

The present study assessed the level of psychological distress among primary caregivers of alcoholics in psychiatric unit at PIMS. The study assessed the level of psychological distress among caregivers of alcoholics with their socio demographic variables and by using modified Kessler psychological distress scale. It reveals that there is statistically highly significant association between the level of psychological distress with education and family income per month.

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The article should be in English. The grammar and style of the article should be of good quality. The systematized text should be without abbreviations (except standard ones). All measurements must be in SI units. The sequence of formulae is denoted in Arabic numerals in parentheses on the right-hand side.

Abstract and Summary

An abstract is a concise informative presentation of the article content for fast and accurate Evaluation of its relevance. It is both in the Editorial Office's and the author's best interest for an abstract to contain terms often used for indexing and article search. The abstract describes the purpose of the study and the methods, outlines the findings and state the conclusions. A 100- to 250-Word abstract should be placed between the title and the keywords with the body text to follow. Besides an abstract are advised to have a summary in English, at the end of the article, after the Reference list. The summary should be structured and long up to 1/10 of the article length (it is more extensive than the abstract).

Keywords

Keywords are terms or phrases showing adequately the article content for indexing and search purposes. They should be allocated heaving in mind widely accepted international sources (index, dictionary or thesaurus), such as the Web of Science keyword list for science in general. The higher their usage frequency is the better. Up to 10 keywords immediately follow the abstract and the summary, in respective languages.

Acknowledgements

The name and the number of the project or programmed within which the article was realized is given in a separate note at the bottom of the first page together with the name of the institution which financially supported the project or programmed.

Tables and Illustrations

All the captions should be in the original language as well as in English, together with the texts in illustrations if possible. Tables are typed in the same style as the text and are denoted by numerals at the top. Photographs and drawings, placed appropriately in the text, should be clear, precise and suitable for reproduction. Drawings should be created in Word or Corel.

Citation in the Text

Citation in the text must be uniform. When citing references in the text, use the reference number set in square brackets from the Reference list at the end of the article.

Footnotes

Footnotes are given at the bottom of the page with the text they refer to. They can contain less relevant details, additional explanations or used sources (e.g. scientific material, manuals). They cannot replace the cited literature.
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Note