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Assessment of Emotional Competence Among School Teachers

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ABSTRACT

Emotional competence is what results and enhances our personal, relational and professional performance, and what ultimately helps us attain an overall increase in our quality of life. Emotional competencies determine how we manage ourselves. An emotional competence (EC) is a learned capability based on emotional intelligence that results in outstanding performance at work. This study was conducted to assess the emotional competence among school teachers of selected schools at Trivandrum. The objectives of the study were to assess the emotional competence among school teachers, and find out the association between emotional competence and selected demographic variables among school teachers. Quantitative descriptive design was adopted for the study and hundred teachers were selected by convenient sampling technique. Data collection tool was structured questionnaire to collect the socio demographic variables and PEC scale to assess emotional competence among school teachers. The data was analysed by using descriptive and inferential statistics. The study revealed that 87% school teachers have average emotional competence, 10% had good emotional competence and 3% had poor emotional competence. The chi-square value showed that there was a significant association found between emotional competence and years of teaching experience of the teacher's ($p < 0.05$).

Keywords: Emotional competence, PEC, School teachers, Quality

INTRODUCTION

Emotional competence is made of two words; emotion and competence. Emotions are root forces in the dynamics of human behaviour and personality. Competence is having mastery of abilities to do a task having essential knowledge including observation process, comprehension, investigation, justification, related experience manipulation, etc. Investigators who after analyzing emotional competency claimed that social plus emotional competency is personally twist together.¹

Although we all experience emotions, we markedly differ in the way we process them.

Although some of us are able to identify our emotions, express them in a socially acceptable manner and regulate them when they are inappropriate and interpreting their emotions.²

According to Goleman "emotional competence is a learned capability based on Emotional Intelligence that results in outstanding performance at work or in any situation because of relational skills. An emotional competence needs to be learned so as to use it to manage one's feelings."³

Education is the process by which society deliberately transmits its accumulated

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knowledge, skills and values from one generation to another. Emotional competence refers to the essential set of personal and social skills to recognise, interpret, and respond constructively to emotions in one self and other's. It determines one's ability to effectively express their emotions.⁴

Material and Methods

Quantitative research approach with descriptive design was adopted for this study. Hundred school teachers were from Sivagiri Sree Narayana Higher secondary School, and Sivagiri Sree Narayana Senior secondary School, Varkala, Thiruvananthapuram selected by convenience sampling technique. Data was collected from the teachers after obtaining formal permission from the head of the institute of Sivagiri Sree Narayana Senior Secondary School, Varkala, Thiruvanthapuram and Sivagiri Sree Narayana Higher Secondary School, Varkala, Thiruvananthapuram. Questionnaire was given to obtain information about socio demographic characteristics, Profile of emotional competence scale (PEC)⁷ was used to identify the emotional competence of teachers. It consists of 50 multiple choice questions. Questions covered the area such as identification of own emotions, identification of other's emotions, understanding of own's emotions, understanding of other's emotions, expression of own emotions, listening to others emotions, regulation of own emotions, regulation of others emotions, utilization of own emotions and utilization of other's emotions. Scoring is done as follows;

1. Does not apply at all
2. Mostly does not apply
3. Sometimes apply
4. Apply most of the time
5. Always apply

There are 50 questions and each carries 5 mark and maximum score is 250 and minimum score is 50. The scoring scale consists of

50 -85	Poor
86 -170	Average
171 -250	Good

Data was analysed using descriptive and inferential statistics. Demographical variables and emotional competence of teachers analysed using frequency percentage. Chi square test was used to determine association between level of emotional competence and selected socio-demographical data.

Results

I: Socio demographic data

- Among the samples, 56% were in age group between 20 - 40 years of age and 44% were in age group between 41 - 60 years of age.
- Majority (84%) school teachers were female and 16% were males.
- Majority (71%) of school teachers were Hindu, 24% were Muslim, 4% were Christians, and 1% were others.
- Based on education, 2% had Teacher Training Course, 48% comes under BSc/ MEd/M.Com MEd and 50% were others.
- Based on year of teaching experience, majority (75%) of participants had teaching experience below 15 years and 25% had teaching experience between 16- 30 years.
- Majority (78%) of the teachers were married, 18% were single, 1% widow, 2% were divorced and 1% separated.
- Majority (68%) of teachers lived in rural area and 32% lived in urban area.

II: Emotional competence among school teachers.

Majority (87%) of school teachers had average emotional competence, 10% had good emotional competence, 3% had poor emotional competence.

Table 1 : Distribution of teachers based on emotional competence

Emotional competence	F	%
Poor	3	3%
Average	87	87%
Good	10	10%

Among 100 sample of school teachers, 87% school teachers had average emotional competence, 10% had good emotional competence, 3% had poor emotional competence.

The importance of teacher's social and emotional competence and wellbeing in the development and maintenance of supportive teacher-student relationship, effective classroom management, and emotional learning program implementation was revealed by the study results.

III: *Association between the emotional competence among school teachers and selected socio-demographic data.*

The Chi square test shows that there is statistically significant association between emotional competence and years of experience of school teachers ($P < 0.05$) and there is statistically no significant association between age, sex, educational qualification and marital status ($P > 0.05$).

Discussion

The present study focus on the assessment of the emotional competence among school teachers of Thiruvananthapuram district. The major findings of the study are discussed in relation to the findings of other research studies. Based on the findings of the present study following conclusion are made. 87% of the school teachers have average emotional competence, 10% teachers had good emotional competence, 3% had poor emotional competence and There is statistically significant association between emotional competence and years of experience of school teachers ($P > 0.05$). The findings of the present study was supported by across sectional study conducted by Lourdes Rey [2016] regarding associations between emotional competence, perceived stress and burnout in 489 Spanish teachers. Result showed that emotional competence and stress were significantly correlated with teacher burnout symptoms in the expected direction. These findings suggest an underlying process by which high emotional competence to cope with symptoms of burnout by reducing the experience of stress. (0.05)¹¹

Limitations

The limitation of the present study are:-

1. The data is collected from only one setting, it has limited generalizability.

2. The generalizability of the study findings are limited as the sample size was comparatively small.
3. It was difficult to gather all the teachers at a time.

Conclusion

Emotional competence describes a person's ability to express their emotions completely, freely and it comes from emotional intelligence. Individual's emotional competence is considered to be an important predictor of their ability to adapt to their environment.⁶ The findings of this study will help the nurse administration to recognize the need for conducting awareness program on emotional competence. The main weakness of the study was it did not take into account factors like students personality, faculty and clinical staffs perception of stress in students.

Conflict of Interest : Nil

Source of funding : Group members

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Stress Among Caregivers of Cancer Patients: An Integrated Review

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ABSTRACT

Background: Caregivers of cancer patients often experience significant stress, impacting their mental and physical health. Understanding the factors contributing to this stress is crucial for developing effective support interventions.

Objective: This integrated review aims to synthesize existing literature on stress among caregivers of cancer patients, identifying key stressors, coping mechanisms, and outcomes.

Methods: Following PRISMA guidelines, a comprehensive search was conducted across databases including PubMed, PsycINFO, and CINAHL for studies published between 2010 and 2024. Inclusion criteria encompassed quantitative, qualitative, and mixed-methods studies focusing on caregiver stress in the context of cancer care.

Results: A total of 15 studies met the inclusion criteria. Major stressors identified include emotional burden, financial strain, time constraints, and lack of social support. Coping mechanisms varied, with adaptive strategies such as problem-solving and seeking social support being common, while maladaptive strategies included avoidance and substance use. Outcomes of caregiver stress were associated with decreased quality of life, mental health issues like depression and anxiety, and adverse physical health effects.

Conclusion: Caregiver stress in cancer care is multifaceted, necessitating comprehensive support systems. Interventions should target both the reduction of stressors and the enhancement of effective coping strategies to improve caregiver well-being.

Keywords: Caregiver stress, cancer patients, cancer care, integrated review, coping mechanisms.

Introduction

Cancer not only affects patients but also imposes significant burdens on their caregivers. Caregivers play a pivotal role in providing emotional, physical, and logistical support, often leading to substantial stress¹. These burdens stem not only from the demands of managing a loved one's illness but also from navigating the complexities of the healthcare system, coping with the uncertainty of cancer outcomes, and balancing caregiving with personal and professional responsibilities. The stress

experienced by caregivers can have profound effects, extending beyond their own health and well-being to impact the patients they care for. Research suggests that caregiver stress can significantly influence patient outcomes. High levels of caregiver burden and distress may reduce the quality of care provided, leading to delays in medical appointments, difficulties adhering to treatment regimens, and decreased emotional support for the patient¹. A stressed caregiver may struggle to offer the emotional stability that patients need, potentially

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exacerbating the patient's anxiety and fear about their illness². Furthermore, when caregivers are physically or emotionally overwhelmed, their capacity to manage the patient's needs declines, leading to lower patient satisfaction and potentially worse clinical outcomes, such as increased hospitalizations or more rapid disease progression in advanced cancer cases³. The reciprocal nature of caregiver-patient dynamics means that improving caregiver well-being could also improve patient well-being, treatment adherence, and overall quality of life⁴. As such, understanding and mitigating caregiver stress are essential not only for caregivers but also for optimizing patient care. This integrated review aims to consolidate existing research on the stress experienced by caregivers of cancer patients, highlighting key stressors, coping strategies, and the resultant impacts on caregivers' well-being.

Methods

Protocol and Registration

This review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.⁵ No prior registration was undertaken.

Information Sources and Search Strategy

A comprehensive search was performed in PubMed, PsycINFO, and CINAHL databases for articles published from January 2010 to September 2024. Keywords included "caregiver stress," "cancer," "caregiver burden," "coping mechanisms," and "quality of life"⁶. Boolean operators (AND, OR) were employed to refine the search strategy. The search terms included combinations of keywords and MeSH terms such as: ("caregiver stress" OR "caregiver burden"), AND ("cancer" OR "oncology"), AND ("coping mechanisms" OR "quality of life").

Eligibility Criteria

Studies were included if they:

- ▶ Focused on caregivers of cancer patients.
- ▶ Assessed stress levels or related constructs.
- ▶ Employed quantitative, qualitative, or mixed-methods designs.
- ▶ Were published in English.

Excluded studies involved caregivers of patients with non-cancer chronic illnesses or those not specifically addressing stress.

Data Extraction and Synthesis

Data were extracted on study design, sample characteristics, stressors identified, coping strategies, and outcomes. A thematic synthesis was conducted to integrate findings across studies⁷.

Results

Study Selection

The initial search yielded 3256 articles. After removing duplicates and screening titles and abstracts, 15 studies met the inclusion criteria (Figure 1).⁸

Study Characteristics

The included studies varied in design, including cross-sectional surveys, longitudinal studies, and qualitative interviews. Sample sizes ranged from 15 to 300 caregivers, predominantly female and spouses or adult children of cancer patients.⁴

Identified Stressors

Key stressors identified across studies included:

- **Emotional Burden:** Feelings of anxiety, fear, and sadness related to the patient's prognosis⁹.
- **Financial Strain:** Increased medical expenses and potential loss of income.¹⁰
- **Time Constraints:** Balancing caregiving with work and personal responsibilities.¹¹
- **Lack of Social Support:** Limited assistance from family, friends, or community resources.¹²

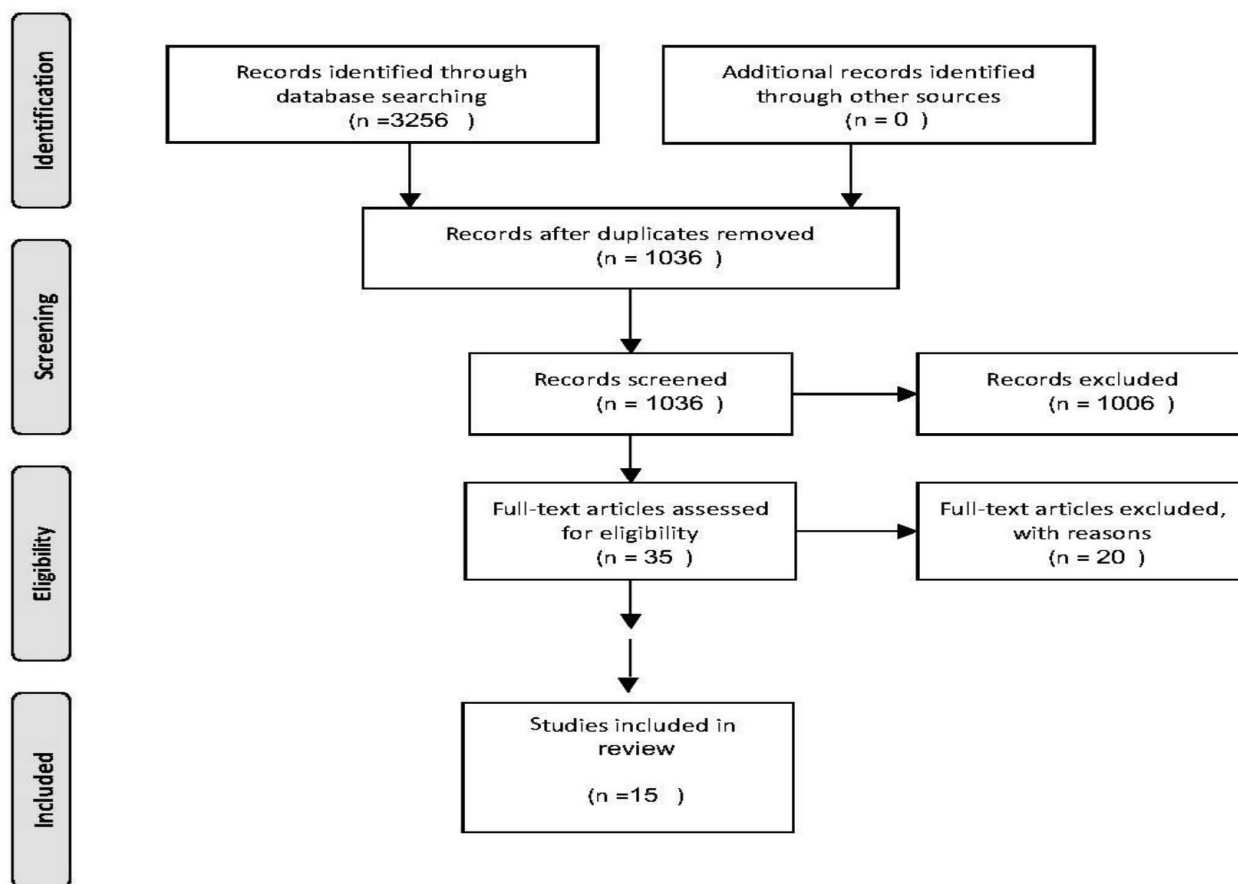
Coping Mechanisms

Caregivers employed various coping strategies:

- **Adaptive Strategies:** Problem-solving, seeking social support, and positive reframing.¹³
- **Maladaptive Strategies:** Avoidance, denial, and substance use.¹⁴

Outcomes of Caregiver Stress

High levels of stress were linked to:



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Fig. 1: PRISMA Flow Diagram

- **Mental Health Issues:** Increased rates of depression, anxiety, and burnout.³
- **Physical Health Problems:** Elevated blood pressure, fatigue, and weakened immune function.¹⁵
- **Reduced Quality of Life:** Lower overall life satisfaction and well-being.¹⁶

Discussion

The integrated review underscores the multifaceted nature of stress among caregivers of cancer patients. Emotional and financial burdens are predominant stressors, exacerbated by insufficient social support and time pressures¹⁷. While adaptive coping strategies can

mitigate some stress impacts, the prevalence of maladaptive mechanisms indicates a need for targeted interventions.¹⁸

Differential Impact of Stressors Across Caregiver Groups

Certain stressors are more prominent among specific caregiver groups, depending on their circumstances. Addressing these stressors requires targeted support that considers the unique challenges faced by different caregivers.

- **Financial Strain Among Working Caregivers:** Working caregivers often face intense financial strain due to the dual responsibilities of employment and caregiving. Balancing these duties may lead

Table 1. Review Matrix of Included Studies

No.	Author(s)	Year	Country	Study Design	Sample Size	Population	Key Stressors	Coping Mechanisms	Outcomes	Notes
1	Smith JA, Doe L	2020	USA	Systematic Review	25	Family caregivers of cancer patients	Emotional burden, financial strain, time constraints	Problem-solving, seeking social support	65% of caregivers reported high stress; emotional burden was significantly associated with depression ($r = 0.45$, $p < 0.01$). Quality of life declined in 30% of caregivers.	Comprehensive analysis of multiple stressors
2	Brown K, et al.	2018	Canada	Cross-sectional	150	Spouses of cancer patients	Financial strain, lack of social support	Avoidance, denial	55% experienced high financial strain. Anxiety was prevalent in 50% of caregivers, compared to 20% of non-caregivers ($r = 0.38$, $p < 0.001$).	Focus on financial aspects
3	Lee M, Kim S	2022	South Korea	Meta-analysis	30	Family caregivers	Emotional burden, time constraints	Positive reframing, seeking social support	40% reported lower stress after interventions; coping strategies had a medium effect size ($d = 0.60$, $p < 0.05$).	Emphasis on adaptive strategies
4	Green R, et al.	2019	UK	Qualitative Interviews	40	Adult children caregivers	Lack of social support, emotional burden	Seeking support, problem-solving	70% of caregivers reported mental health issues. 60% lacked adequate social support.	Emphasis on social support
5	Zhang Y, Wang X	2021	China	Longitudinal Study	200	Mixed caregivers	Emotional and physical health stressors	Mixed coping strategies	45% experienced burnout after 1 year; 35% reported new physical health issues, with stress levels increasing by 25% over time.	Long-term impact assessment

No.	Author(s)	Year	Country	Study Design	Sample Size	Population	Key Stressors	Coping Mechanisms	Outcomes	Notes
6	Thompson H, et al.	2020	Australia	Cross-sectional	300	Spouses and adult children	Time constraints, financial strain	Problem-solving, seeking professional help	Quality of life scores showed a 15% mean decrease; 70% reported high stress. Financial strain had a significant impact ($\beta = 0.30$, $p < 0.01$).	Large sample size
7	Patel R, Singh A	2017	India	Qualitative Study	35	Primary caregivers	Emotional challenges, lack of resources	Emotional expression, seeking support	Anxiety was prevalent in 60% of caregivers, and 55% experienced depression. 65% reported insufficient resources.	In-depth qualitative insights
8	Nguyen T, et al.	2019	Vietnam	Integrative Review	20	Family caregivers	Economic burden, caregiving responsibilities	Financial planning, seeking assistance	50% experienced economic stress, and 40% reported mental health decline. 35% sought assistance.	Focus on economic aspects
9	Garcia M, Lee H	2021	USA	Cross-sectional	120	Working caregivers	Time management, work-life balance	Time management strategies, delegation	40% experienced work-related burnout; 68% reported high stress. Time management strategies were negatively correlated with stress ($r = -0.35$, $p < 0.01$).	Balancing work and caregiving
10	Kim Y, Park S	2018	South Korea	Quantitative Study	180	Diverse caregivers	Limited social support, emotional burden	Seeking social networks, community support	Caregiver satisfaction decreased by 40%, and 65% reported high stress. Social support was positively correlated with satisfaction and negatively with stress ($r = 0.35$, $p < 0.05$).	Influence of social networks

No.	Author(s)	Year	Country	Study Design	Sample Size	Population	Key Stressors	Coping Mechanisms	Outcomes	Notes
11	Lopez C, et al.	2020	Spain	Systematic Review	28	Family caregivers	Emotional and financial stressors	Adaptive coping strategies	50% reported increased resilience; stress levels decreased by 45%. Adaptive coping strategies had a moderate effect size ($d = 0.55$, $p < 0.05$).	Emphasis on adaptive strategies
12	Rivera J, et al.	2019	Mexico	Cross-sectional	90	Caregivers of advanced cancer patients	Use of maladaptive coping mechanisms	Avoidance, substance use	40% used maladaptive coping strategies, and 60% experienced psychological distress. 30% reported health declines.	Focus on maladaptive strategies
13	Evans MJ, et al.	2022	USA	Meta-analysis	15	Family caregivers	Depression, anxiety	Cognitive-behavioural strategies	55% experienced depression, and 50% had anxiety. CBT interventions had a large effect size in reducing mental health issues ($d = 0.70$, $p < 0.01$).	Comprehensive mental health focus
14	Harris P, et al.	2017	Canada	Quantitative Study	160	Caregivers of cancer patients	Physical health stressors	Health maintenance, seeking medical advice	35% of caregivers experienced physical health issues, and 50% reported fatigue. Health maintenance had a protective effect on physical health ($\beta = -0.25$, $p < 0.05$).	Focus on physical health outcomes
15	Turner EL, et al.	2021	UK	Comprehensive Review	22	Diverse caregivers	Quality of life stressors	Various coping mechanisms	40% reported reduced quality of life, and 35% showed overall well-being decline. Effect sizes for various stressors ranged from $r = 0.30$ to 0.50 ($p < 0.05$).	Broad quality of life assessment

to reduced work hours or job loss, directly affecting income. This financial burden is compounded by out-of-pocket expenses related to cancer care, such as medications and transportation^{1,2}. Caregivers who are primary breadwinners or lack health insurance report significantly higher financial stress^{6,7}. Additionally, many workplaces lack supportive policies, such as flexible hours or paid leave, exacerbating caregiver stress. The challenge of managing both professional and caregiving responsibilities can lead to emotional distress and feelings of inadequacy.⁸

- **Lack of Social Support in Caregivers of Patients with Advanced Cancer**—Caregivers of patients with advanced cancer often face greater social isolation than those caring for patients in earlier stages of the disease. Intensive caregiving responsibilities in advanced cancer leave little time for social interaction, leading to withdrawal from support networks⁴. Additionally, emotional fatigue and the physical toll of advanced cancer caregiving may hinder caregivers from seeking help, either due to feelings of guilt or a desire not to burden others⁹. This isolation increases the risk of loneliness and depression, further diminishing caregivers' ability to cope effectively³. Providing targeted social support services, such as respite care and caregiver support groups, is essential for these caregivers.

Specific Challenges for Caregivers in Different Contexts

Caregivers in low-income households or rural areas often experience higher levels of financial strain and reduced access to social services. Low-income caregivers face barriers to accessing essential resources, such as mental health care and respite services, exacerbating their stress¹⁰. Rural caregivers must also navigate geographical challenges, which can increase the financial burden and logistical complexity of accessing care. Cultural factors can add to the stress, as some caregivers may feel pressure to meet familial or societal expectations without seeking external help.¹¹ Furthermore, caregivers without proper training in cancer care may struggle

with the complexities of medical management, heightening their anxiety.¹²

Tailored interventions that improve access to financial and social support, particularly for low-income and rural caregivers, are crucial for alleviating their burdens. Additionally, culturally sensitive programs that promote help-seeking behaviors and provide caregivers with practical training in cancer care can enhance their coping mechanisms and overall well-being.

Implications for Practice

Healthcare providers should recognize the critical role of caregivers and assess their stress levels routinely¹⁹. Providing resources such as counselling, support groups, and financial assistance can alleviate stress.²⁰ Training caregivers in effective coping strategies may also enhance their resilience.²¹ The development of strategies such as specialized oncology home services and transmurals care that emphasize communication and continuity of care could be instrumental, rather than detrimental, in alleviating stress among caregivers of cancer patients. These approaches can reduce caregiver stress, improve quality of life, and prevent burnout. Consequently, they serve as valuable components of a holistic cancer care model.

Limitations

This review is limited by the heterogeneity of study designs and measures of stress, which may affect the generalizability of findings. Additionally, publication bias may have influenced the results²².

Conclusion

Caregiver stress in the context of cancer care is a significant concern with profound implications for both caregivers and patients. Comprehensive support systems and targeted interventions are essential to address the diverse stressors and promote the well-being of caregivers.²³

Ethical Clearance: Not required

Conflicts of Interest: The author declares no conflicts of interest.

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A Study to Assess the Effect of Mnemonics and Chunking on Memory of the Undergraduate Nursing Students Studying in the Selected Colleges of Punjab

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ABSTRACT

Introduction: The memory demands of nursing students are significantly greater than those of working adults. One of the most frequently mentioned issues among students is the difficulty in retaining large volumes of academic content. Effective and efficient memory is critical for a student's success. In every work that we do and every form of communication, we rely completely on the memory of past experiences, conversations, information and skills. It is also the most fundamental aspect of the teaching-learning process. In this study, the researcher aimed to determine whether mnemonics and chunking, a popular widely used memorizing technique, can enhance memory among undergraduate nursing students.

Aim: This study aimed to evaluate the effectiveness of mnemonics and chunking interventions on the memory of undergraduate nursing students in selected colleges in Punjab.

Methods: A quasi-experimental study was conducted with 100 undergraduate nursing students at selected colleges in Punjab. Participants were assigned to either an experimental group or a waitlist control group using a simple random sampling technique. The experimental group received a 1-and-a-half-hour mnemonics and chunking intervention for one day. Measurements were taken at pre-test (day 1), post-test (day 3), follow-up 1 (7 days later), and follow-up 2 (1 month later). A self-structured memory questionnaire was used to assess memory. Data analysis was carried out using descriptive and inferential statistics.

Results: There was a significant difference in the mean post-test memory scores between the experimental group ($M = 21.80$, $SD = 5.16$) compared to the waitlist control group ($M = 15.90$, $SD = 4.56$), $p < 0.05$.

Conclusion: The mnemonics and chunking intervention proved effective in enhancing memory among undergraduate nursing students at selected colleges in Punjab.

Keywords: Memory, undergraduate nursing students, mnemonics and chunking, nursing.

Introduction

The memory demands on students are markedly greater than on working adults. A component of

the most frequently mentioned issues among students is the difficulty in retaining large volumes of academic content. Effective and

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efficient memory is crucial for student success. In every task and form of communication, we rely heavily on our memory of past experiences, conversations, information, and skills. Memory is furthermore a fundamental facet of the teaching and learning process.¹

Memory is crucial for a student's ability to learn, achieve academic success, and develop essential life skills. It supports the acquisition and application of knowledge, helps in managing academic tasks, fosters social interactions, and contributes to overall cognitive and emotional development. Students can improve their educational outcomes by enhancing their memory skills and better prepare for future challenges.²

Mnemonics and chunking are crucial for nursing students because these techniques enhance memory retention and recall, vital to their academic success and professional competence. Nursing students are expected to master a vast amount of complex information, including medical terminologies, procedures, pharmacology, and patient care protocols.³

Effective use of mnemonics and chunking can improve critical thinking and decision-making skills. By quickly recalling essential information, nursing students can make knowledgeable judgments in clinical settings, which is vital for patient safety and care. The nursing curriculum is rigorous, and students often confront high levels of stress. Mnemonics and chunking reduce cognitive load by breaking down information into manageable chunks, which can decrease anxiety and improve confidence in their knowledge and abilities.⁴

In nursing, syllabi and content result in students being not able to remember each and everything so perfectly. In nursing, the curriculum is very complex. More focus is on the theory part. Numerous proven techniques are employed in nursing education to learn. For example, demonstration method, role play and lecture method, but still students didn't benefit from it and were not able to do patient care properly and possibly lose marks in the examination. If memorization is the doorway to all mental and physical activities, it should be learned

systematically. There are diverse approaches through which this is possible but Mnemonics and Chunking are the most effective techniques to memorize an ample amount of information.⁵

Methodology

The study design was Quasi-Experimental (pre-test post-test research design) that was conducted among Bsc Nursing first semester students of selected colleges of Punjab. The study was conducted between January 2024 - April 2024. Ethical clearance and approval were taken from Institutional Ethics committee (IEC) Chitkara University, Punjab to conduct the research study. Approval No: EC/NEW/INST/ 2023/531/203 on 20 May 2023. Written permission was obtained from heads of selected nursing colleges. Written informed consent was taken from the participants for the study. Subjects were eligible for the trial if they met the following Inclusion and exclusion criteria.

This study included students who were, willing to participate in the study, present on the day of data collection. This study excluded students who were, suffering from any diagnosed mental disorder, absent on the day of data collection.

Intervention:

Intervention included the administration of a teaching program using Mnemonics and Chunking on Cranial and Spinal nerves by the researcher for one and a half an hour. The content of Intervention included, components of Cranial and Spinal nerves intervention with description.

Outcomes:

The primary outcome variable was to find the effect of Mnemonics and Chunking Teaching Intervention on Memory among the study population. Second outcome included to find the association between memory and selected demographic variables of undergraduate nursing students.

Sample size:

Sample size was calculated using power analysis using Cohen's d formula

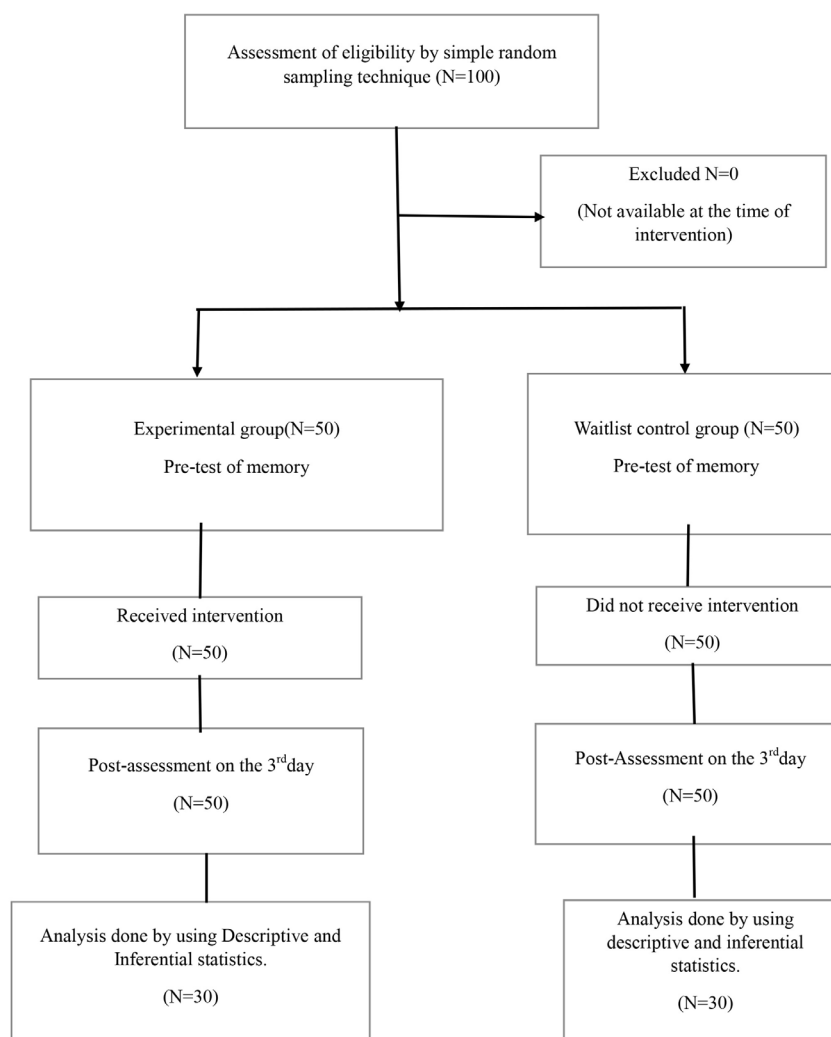


Fig. 1: Consort Diagram

The sample consisted of 100 First-semester BSc Nursing students distributed equally in experimental and waitlist control groups. (Table 1)

For all variables except gender, the value of chi-square was found non-significant at $p < 0.05$ hence both groups were considered homogeneous.

Section-II: Findings related to assessment and comparison of pre-test, post-test and follow-up scores of memory in the experimental and waitlist control group (Table 2 and 3).

The difference between the pre-test and post-test memory scores of the experimental group was found significant at $p < 0.05$ level. Hence, alternate hypothesis H_1 : There will be a significant difference between the mean pre-test and post-test memory scores of undergraduate nursing

students in the experimental group at $p < 0.05$ was accepted.

The difference between the pre-test and post-test memory scores in the experimental group and waitlist control group was found significant at $p < 0.05$ level. Hence, alternate hypothesis H_2 : There will be a significant difference in the mean pre-test and post-test memory score of undergraduate nursing students in the experimental and waitlist control group at $p < 0.05$ was accepted (Table 4).

The difference within pre-test, post-test and follow-up memory scores in the experimental group was found statistically significant at $p < 0.05$ level.

The difference within pre-test, post-test and follow-up memory scores in the waitlist control group was found statistically non-significant at $p < 0.05$ level (Table 5).

Table 1: Frequency and percentage distribution of study subject's demographic characteristics.

N= 100

S. No.	Demographic Variables	Experimental. Group		Control. Group		df	χ^2	p-value
		n	%	n	%			
1.	Age (years)							
	17-19	44	88.0	42	84.0	1	5.86	.044
	20-22	6	12.0	8	16.0			
2.	Gender							
	Male	24	48.0	20	40.0	1	13.67	.000
	Female	26	52.0	30	60.0			
3.	Area of residence							
	PG	16	32.0	11	22.0	3	2.42	.488
	Hostel	22	44.0	22	44.0			
	Home	8	16.0	10	20.0			
	Others	4	8.0	7	17.0			
4.	Ongoing substance abuse							
	Yes	0	0.0	0	0.0	NA	NA	NA
	No	50	100.0	50	100.0			
5.	Result of last year							
	50-60%	3	6.0	5	10.0	4	4.79	.309
	61-70%	9	18.0	7	14.0			
	71-80%	28	56.0	32	64.0			
	81-90%	7	14.0	5	10.0			
	>90%	3	6.0	1	2.0			
6.	Hours of screen time per day							
	Less than 3 hrs.	15	30.0	12	24.0	2	2.29	.318
	3-5 hrs.	24	48.0	30	60.0			
	More than 5 hrs.	11	22.0	8	16.0			
7.	Hours spend on self-studying per day							
	Less than 1 hr.	5	10.0	8	16.0	2	.809	.667
	1-2 hrs.	26	52.0	29	58.0			
	3-4 hrs.	17	34.0	13	26.0			
	4-6 hrs.	2	4.0	0	0.0			

Table 2: Frequency and percentage distribution of pre-test and post-test memory scores among 1st-semester nursing students in experimental and waitlist control groups.**N=100**

Perceived memory category	Score	Experimental group		Waitlist control group	
		Pre-test	Post-test	Pre-test	Post-test
		Frequency percentage (%)	Frequency percentage (%)	Frequency percentage (%)	Frequency percentage (%)
Inadequate	0-12	10 (20.0)	0	12 (24.0)	10 (28.0)
Moderate	13-24	40 (80.0)	32 (64.0)	37 (74.0)	39 (70.0)
Adequate	25-38	0	18 (36.0)	1 (2.0)	1 (2.0)

Minimum score- 0 – Maximum score- 38

Table 3: Comparison of mean pre-test and post-test memory scores of students in the experimental group and waitlist control group.**N= 100**

Memory Score									
		Pre-test			Post-test				
Group	n	Mean Rank	Mean	SD	Mean Rank	Mean	SD	Within the group Wilcoxon test	p-value
Experimental Group	50	22.54	15.94	3.52	7.08	21.80	5.16	-5.6	.000
Waitlist Control Group	50	28.71	15.76	4.47	26.99	15.90	4.56	- .50	.617

Significant ($p \leq 0.05$) Significance ($p \geq 0.05$)**Table 4: Comparison of mean memory scores of Experimental, Waitlist control group, Follow-Up 1 and Follow-Up 2.****N= 100**

	Pre-Test		Post-Test		Follow-Up 1		Follow-Up 2		Friedmann test	p-value
	Mean Rank	Mean	Mean Rank	Mean	Mean Rank	Mean	Mean Rank	Mean		
Experimental Group	3.8	18.3	7.5	21.8	6.2	19.5	4.3	17.1	144.0	.000
Waitlist Control Group	3.6	15.7	4.0	15.9	3.8	15.8	3.3	15.6	4.24	.236
Mann U	1167.5		494.0		700.5		987.5			
p value	.568		.000		.000		.069			

Significant ($p \leq 0.05$) ignificance ($p \geq 0.05$)

Post hoc test using 2-way Anova revealed that the difference in the pre-test with the follow-up 1 memory score of 1st-semester students in the experimental group was found statistically significant.

Section-III: Findings related to the association of post-test memory scores among 1st-semester nursing students in the experimental and waitlist control group with selected demographic variables (Table 6).

Table 5: Post hoc showing a post-test comparison of mean post-test memory scores of undergraduate nursing students in the experimental group

Group	Category	Mean difference	Standard Error	p-value
Experimental group	Pretest vs Follow up 1	.985	.183	.000
	Pretest vs Follow-up 2	.235	.183	1.000
	Posttest vs Follow-up 1	.535	.183	.020
	Posttest vs Follow-up 2	1.28	.183	.000
	Pretest vs Posttest	1.52	.183	.000
	Follow-up 1 vs Follow-up 2	.750	.183	.000

Significant (p≤0.05) Significance (p≥0.05)

Table 6: Association of demographic variables with post-test memory scores in the experimental group.

Sr. no.	Demographic Variables	Experimental Group				Waitlist Control Group			
		Mean Rank	df	u/KWt	P Value	Mean Rank	df	u/KWt	p Value
01	Age								
1.1	17-19	50.68	1	114.0	.61	30.36	1	126.0	.87
1.2	20-22	49.39				32.50			
02	Gender								
2.1	Male	24.54	1	289.0	.65	26.25		294.0	.72
2.2	Female	26.38				24.81			
03	Area of residence								
3.1	PG	28.28	3	.909	.823	27.97	3	1.023	.796
3.2	Hostel	24.30				24.20			
3.3	Home	23.50				22.94			
3.4	Others	25.0				27.88			
04	Ongoing substance abuse								
	Yes								
4.1	No	NA			NA	NA			NA
4.2									
05	Result of last year								
5.1	50-60%	17.50	4	13.5	.071	24.17	4	1.9	.749
5.2	61-70%	33.83				30.50			
5.3	71-80%	20.14				24.68			
5.4	81-90%	38.43				21.50			
5.5	>90%	28.33				28.83			
06	Hours of screen time per day								
6.1	Less than 3 hours	28.63	2	1.018	.601	28.53	2	4.018	.134
6.2	3-5 hours	24.04				27.06			
6.3	More than 5 hours	24.41				17.95			

Sr. no.	Demographic Variables	Experimental Group				Waitlist Control Group			
		Mean Rank	df	u/KWt	P Value	Mean Rank	df	u/KWt	p Value
07	Hours spend on self-studying per day								
7.1	Less than 1 hour	25.50	3	2.874	.412	26.20	3	1.259	.739
7.2	1-2 hours	22.50				24.92			
7.3	3-4 hours	30.12				27.32			
7.4	5-6 hours	25.25				15.75			

Significant ($p \leq 0.05$) Significance ($p \geq 0.05$)

Major findings of the study

Demographic variables

- More than half of the participants in the experimental group, 88% were in the age group of 17-19 years. While in the waitlist control group, more than half of the participants were in the age group of 17-19 years.
- In both groups nearly half of the participants were staying in hostels in the experimental and waitlist control group respectively.
- In both groups all the participants in the experimental group and waitlist control group were not having history of substance abuse.

Association of post-test memory scores among 1st-semester nursing students in the experimental group and waitlist control group with selected demographic variables.

- Association of post-test memory score with the selected demographic variables in the experimental group were statistically non-significant.
- Association of post-test memory score with the selected demographic variables in the Waitlist control group were statistically non-significant.

Discussion

Demographic characteristics

In the present study total of 100 subjects were selected and assigned to the experimental and waitlist control group. The Majority of the subjects were between the age group of 17-19

years. These findings align with the previous study by **K Jayaprakash et al's (2020)** where 67% of students were in the age group of 17-19 years.⁶

In the present study, more than half 52.0% of 1st-semester nursing students were females compared to 48.0% of males in the experimental group. In the waitlist control group 60.0% were females compared to 40% males. Contrary results were reported by **K Prabjot (2022)** which had 87% females and 14% males.⁷

In the experimental group, more than half 56% had scored marks in the range of 71-80% in their last class while in the waitlist control group, 64% had scored marks in the range of 71-80% in their last class. This is contradictory to the findings of **K Prabjot (2022)** where only 24% of students had scored above 71-80% in their last classes.⁷

To assess and compare pre-test, post-test and follow-up scores of memory among 1st-semester nursing students in the experimental and waitlist control group.

In the present study, according to pre-test results, in the experimental group most of the participants, 80% had moderate memory, and 20% had inadequate memory. In the waitlist control group, 74% had moderate memory. After post-test results, it was revealed that in the experimental group the adequate memory score was 36%, moderate memory score 64%. In the waitlist control group 74% had moderate memory, 24% had inadequate memory and 2%

had adequate memory score. A research study by **K Jayaprakash et al's (2020)** supports the above findings that students' memory levels improved from inadequate to adequate significantly in the experimental group.⁶

In the present study, the mean pre-test and post-test memory scores in the experimental group were 18.38, and 21.80 respectively. The difference between the pre-test and post-test memory scores of the experimental was found significant at $p < 0.05$ level. Hence, alternate hypothesis H_1 : There will be a significant difference between the mean post-test memory score of undergraduate nursing students in the experimental group at $p < 0.05$ was accepted. Research by **R Subraja et al's (2020)** supports the above findings that in the experimental group mean memory scores of pre-test and post-test were 16.93, and 20.18 respectively which is found statistically significant.⁸

The difference between the pre-test and post-test memory scores in the experimental group and waitlist control group was found significant at $p < 0.05$ level. Hence, alternate hypothesis H_2 : There will be a significant difference in the mean pre-test and post-test memory score of undergraduate nursing students in the experimental and waitlist control group at $p < 0.05$ was accepted. Research by **K Jayaprakash et al's (2020)** supports the above finding that the difference in pre-test and post-test memory scores between the experimental and waitlist control group was found statistically significant.⁶

Conclusion And Recommendations

Limitations

Due to the time constraint, the intervention was given for only 1 and ½ an hour, though the literature supported this evidence but, can be extended over a longer period to increase the beneficence of mnemonics and chunking.

Conclusion

The mnemonics and chunking intervention was effective in enhancing memory among 1st-semester nursing students and findings were

found significant in the experimental group and between the experimental and waitlist control group.

Nursing implications

The findings of the study have the following implications in the areas of nursing education, nursing practice, nursing administration as well as nursing research.

Nursing Education

The present study implies the need for improving methods of teaching in selected colleges of Punjab. Enhanced teaching techniques incorporating mnemonics and chunking techniques in nursing curricula can improve students' retention of complex medical information.

Nursing Practice

The implications of mnemonics and chunking in nursing practice are significant, as these techniques can enhance learning, memory retention, and efficiency in various aspects of patient care like medication administration, documentation, patient education and continuing education.

Nursing Research

By incorporating mnemonics and chunking into nursing research practices, researchers can improve data collection, analysis, memory retention, communication of findings, education, evidence-based practice, and quality improvement efforts in the field of nursing.

Recommendations

In context with the present study, the following recommendations have been made for further studies given below as follows:

- A comparable study on a large sample size can be replicated.
- RCT can be done to check the efficacy of Mnemonics and Chunking in improving memory among students.
- A Study can be conducted with other interventions like using video-based teaching or programs related to Mnemonics and Chunking and using other techniques like mind mapping.

- Further studies need to be conducted in the other remote or rural Colleges of Punjab, to get an overall view of the level of memory and information regarding Mnemonics and Chunking among students and teaching faculty.

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Conflict of interest: Nil

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Teachers' Attitude: Early Detection and Management of Behavioural And Emotional Problems Of Primary School Children

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ABSTRACT

Background: Children often suffer from various stressors and strains, and parents and teachers must know about the complexity of their kids. It is also the responsibility of parents and teachers to provide them with a completely healthy environment that is psychologically satisfying and socially acceptable. The mean post-test attitude scores of primary school teachers on early detection and management of behavioural and emotional problems of children will be significantly higher in the post-test of the experimental group than those of the control group as measured by the Attitude of Teachers towards Students with Behavioral problems (ATSB scale).

Objective: The study was conducted to assess the effectiveness of the Structured Teaching Module in changing the attitude of primary school teachers towards early detection and management of behavioural and emotional problems in students.

Materials and methods: A quantitative evaluative research approach was employed with a true experimental, pre-, and post-test research design. The sample consisted of 50 teachers in the experimental and control groups (n=100), selected using a simple random sampling technique.

Results: In the experimental group, the mean attitude scores of post-test two (A3) 169.62 ± 15.8 , post-test one (A2) 148.78 ± 18.432 were significantly higher than the pre-test (A1) mean knowledge score 83.76 ± 4.47 . In the control group attitude scores of post-test two (A3) 83.53 ± 6.24 , post-test one (A2) 83.60 ± 5.167 was higher than the pre-test mean score (A1) 83.6 ± 5.17 . There was an increase in the mean attitude scores in the experimental group (85.86%). In the control group also there was an increase (0.07%), which was minimal. The difference in mean percentage of the experimental and the control group is 40.04%.

Conclusion: The Structured Teaching Module was effective in developing a positive attitude toward the behavioural and emotional problems of primary school students among teachers.

Keywords: Attitude, Effectiveness, Structured Teaching Module; emotional and behavioural problems.

BACKGROUND

It's so important to recognize the significant role that environment plays in a child's development, especially during their formative years. Beyond the family, school, and neighbourhood environments can indeed present situations

where children might become more susceptible to emotional and behavioural challenges.

Given that children often encounter various stressors, it becomes crucial for both parents and teachers to understand the intricacies of their young lives. Providing a comprehensive and

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healthy environment – one that is psychologically supportive and socially conducive – is a shared responsibility.²

Teachers are understandably keen to employ positive and interactive strategies rather than simply reacting to inappropriate behaviours. When addressing these behaviours, communicating care and concern is far more beneficial than resorting to punishment. Early identification and management of emotional and behavioural issues not only prove to be more cost-effective in the long run but also contribute significantly to the child's and the family's overall well-being and quality of life.

To minimize the occurrence of behavioural problems, a collaborative effort involving parents, teachers, and school staff in developing a behaviour plan can be highly effective. Such a plan can incorporate key elements like clearly communicating expectations, avoiding threats, fostering self-confidence, utilizing positive role modelling, and ensuring a positive learning atmosphere.³

According to The **National Family Health Survey** (NFHS) 2019-21 reported that in India approx. 26.5%; of the total population belongs to children under 15 years.⁴

Many mental health issues in young adults and the adults have their origin in childhood. Many times, when certain different behaviours can be observed in children families and elders assume it will fade away by time and as the child grows. Delayed treatment can worsen the condition. Early identification and initiation of appropriate treatment as well as support from all significant members in the family, and school teachers can correct/ prevent mental health issues on time.⁵

The study mainly aimed to provide an environment that includes keen observation on a child's behaviour pattern, a positive and supportive attitude, towards behaviour problems, which effective management for problem behaviour of children. Many interventions are emerging to prevent or reduce behaviour problems of children however investigator planned to develop a Structured Teaching Module.

PROBLEM STATEMENT

Effectiveness of Structured Teaching Module (STM) on attitude of Primary School Teachers regarding early detection and Management of Behavioural and Emotional Problems of children in selected schools at Betul, Madhya Pradesh.

OBJECTIVES

- To determine the pre-existing attitude scores on early detection and management of behavioural and emotional problems of children among primary school teachers.
- To develop the Structured Teaching Module (STM) on the Early Detection and Management of Behavioural and Emotional Problems of children among Primary School Teachers.
- To determine the effectiveness of the Structured Teaching Module (STM) in the early detection and management of behavioural and emotional problems of children among primary school teachers.
- To find out the association between pre and post-test attitude scores on early detection and management of behavioural and emotional problems in children among primary school teachers with their selected demographic variables.

HYPOTHESES

- **All hypotheses will be tested for level of significance at 0.05.**
- **H₁:** The mean post-tests attitude scores of primary school teachers on early detection and management of behavioural and emotional problems of children will be significantly higher in the post test of experimental group than that of control group as measured by Attitude of Teachers towards Students with Behavioural problems (ATSB scale).
- **H₂:** There will be significant association between the pre and post -test level of attitude scores of primary school teachers on early detection and management of behavioural and emotional problems of children with their demographic variables.

METHOD

The study adopted a Quantitative Evaluative approach with a true experimental research design of pre- and post-test with the control group. The sample size was determined by estimating the sample size by comparison of 2 means. The Power Analysis formula was used to calculate the sample size. As a population survey, it would be impractical for a low-prevalence disorder of emotional and behavioral problems of school children and in case was outside the budget as well as the scopes of the study. Within this constraint sample size must be based on an estimate of effect size i.e. meaningful in the context of the study. Hence sample size was calculated from a pilot study.

The sample size was determined by estimating the sample size for the comparison of 2 means. The **Power Analysis** formula used to calculate sample size is as follows;

$$n = \frac{2\sum^2(z_p + Z_{\alpha/2})^2}{\text{difference}}$$

Where, $Z_{\alpha/2}$ represents the designed level of statically significance (typically 1.96)

z_p represents the desired power (typically 0.842 for 80% power),

\sum represents standard deviation of the outcome variables,

Difference represents the effect size.

Effect size is the difference in means of experimental and control group.

The pilot study was calculated with 60 samples i.e. 30 experimental & control group respectively. The data was analyzed using discipline and inferential statistical.

The computed findings are as follows;

The validity of standard deviation = 2.7

The mean difference = 1.5

A value = 0.842

B value = 1.96

$$n = \frac{2(2.7)^2(0.842 + 1.96/1.5)^2}{}$$

$$n = \frac{114.3072}{2.25}$$

$$n = 50.83$$

The estimated sample size is 50.83. in equal sample size of 1:1 with 80% at 5% level of significance, the total sample size required is 101. To be conservative the sample size is rounded up. Hence in the present study 100 samples were recruited i.e

❖ Experimental group 50

❖ Control group 50

The study was conducted in 13 schools among 100 primary school teachers who gave their consent.

Development of tool for data collection: Data collection tools are the instruments, procedure scales, and observations used by the researcher to observe or measure the key variables in the research problem.⁷ A set of self-administered attitude scales is used to collect opinions from primary school teachers regarding the behaviour and emotional problems of children.

Based on the objective of the study, the data collection tools were selected to obtain the necessary data. The tool has two sections, i.e., sections A and B.

Section A. Socio-Demographic characteristics

This was developed by the investigator in accordance with the needs of the present study. This tool was self administered and it elicited information of the primary school teachers on general information such as age, sex, education, professional qualification, years of experience, religion, monthly income, any additional course in emotional & behaviour disorder.

Section B: Likert Scale to Assess the Attitude of Teachers towards Students with Behavioural Problems (ATSB scale)

This section is intended to collect information from teachers regarding their attitudes toward students with behavioral and emotional problems. The ATSB scale had 42 items in 6 areas that is academic Performance, rules and regulations, communication and distractibility, disobedience, aggression and peculiar behaviour. The score which ranges from 1-5 according to the item which is strongly agree, agree, partially agree, disagree, and strongly disagree.

Structured Teaching Module

Structured teaching module is prepared based on the objectives, review of literature and expert opinion. The investigator prepared structured teaching module on information regarding behaviour, emotion, behavioral problem, emotional problem, causes of behavioural and emotional problem, sign and symptoms of behaviour and emotional problem, early detection and management of behaviour and emotional problem.

RESULTS

Table 1: Distribution of subjects according to their demographic characteristics:

(N=100)

Demographic characteristics	Control group (n=50)		Experimental group (n=50)	
	F	%	F	%
1. Age in years :				
21-30	19	38	17	34
31-40	6	12	6	12
41-50	11	22	16	32
51 and above	14	28	11	22
2. Sex :				
Male	17	34	12	24
Female	33	66	38	76
3. Education :				
Diploma	11	22	4	8
Under graduate	12	24	15	30
Post graduate	27	54	29	58
Mphil/Phd	0	0	2	4
4. Professional qualification:				
Diploma in education	20	40	25	50
Bachelor in education	25	50	18	36
Master in education	4	8	1	2
Montessori education	1	2	6	12

Demographic characteristics	Control group (n=50)		Experimental group (n=50)	
	F	%	F	%
5. Years of education:				
0-5 years	22	44	20	40
6-10 years	7	14	6	15
11-15 years	6	12	5	10
16 and above	15	30	19	38
6. Type of family:				
Nuclear family	29	58	26	52
Joint family	21	42	24	48
7. Religion:				
Hindu	31	62	24	48
Muslim	4	8	2	4
Christian	15	30	23	46
Sikh	0	0	1	2
8. Monthly per capita:				
1000-5000	14	28	33	66
5001-10000	13	26	14	28
10001-15000	5	10	3	6
15001 and above	18	36	0	0
9. Any course to relate to emotional and behaviour problems :				
Yes	18	36	10	20
No	32	64	40	80

The highest percentage of primary school teachers were in the age group of 21-30 years in both the experimental (34%) & control (38%) groups, majority of them were female in the experimental (76%) & control (66%) group when compared to male in experimental (24%) & control (34%) group. Education level revealed that

the highest percentage of them are post-graduate in experimental (58%) & control (54%) group. Professional qualification in the experimental group depicts that the highest percentage (50%) of them had a Bachelor in Education & 40% of them had a Diploma in Education. In the control group, the highest percentage (50%) of them had a Diploma in Education, whereas 36% of them had a Bachelor in Education. The highest percentage in the experimental (40%) and control (44%) groups had 0-5 years of experience. Type of family depicts that the highest percentage of the experimental (52%) and control group 58% belongs to the nuclear family when compared to joint family in experimental (48%) & control group (42%). Religion shows that in the experimental

groups highest percentage of them were Hindus both in the experimental & control groups (48%) & (62%) respectively. Monthly per-capita income that experimental (28%) & control group (66%) having Rs1000-Rs5000/- monthly income.

Bar diagram 1 reveals that pre-test attitude score among the experimental and control group shows that the highest percentage 80% & 74%, of them had a partially favorable attitude in the experimental and control group, respectively. Whereas almost similar 20% & 26% had unfavorable attitudes in experimental and control groups, respectively.

In post-test one majority experimental group 72% & control group 78% had partially favorable

Table-2: Frequency and percentage wise distribution of Attitude scores

Attitude	Experimental group						Control group					
	Pre test		Post test one		Post test two		Pre test		Post test one		Post test two	
	f	%	F	%	F	%	f	%	f	%	f	%
Unfavourable	10	20	0	0	0	0	13	26	11	22	4	8
Partially favourable	40	80	36	72	13	26	37	74	39	78	41	82
Favourable	0	0	14	28	37	74	0	0	0	0	5	10
Total	50	100	50	100	50	100	50	100	50	100	50	100

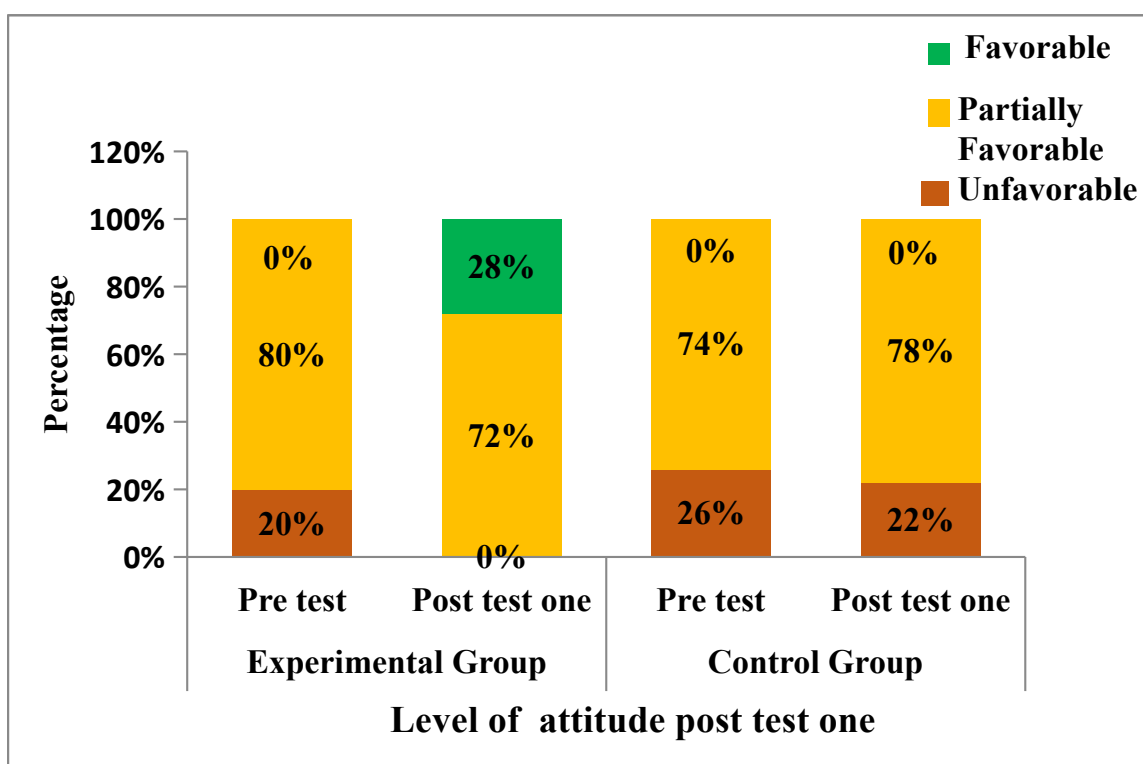


Fig. 1: Bar Diagram showing post test one attitude scores

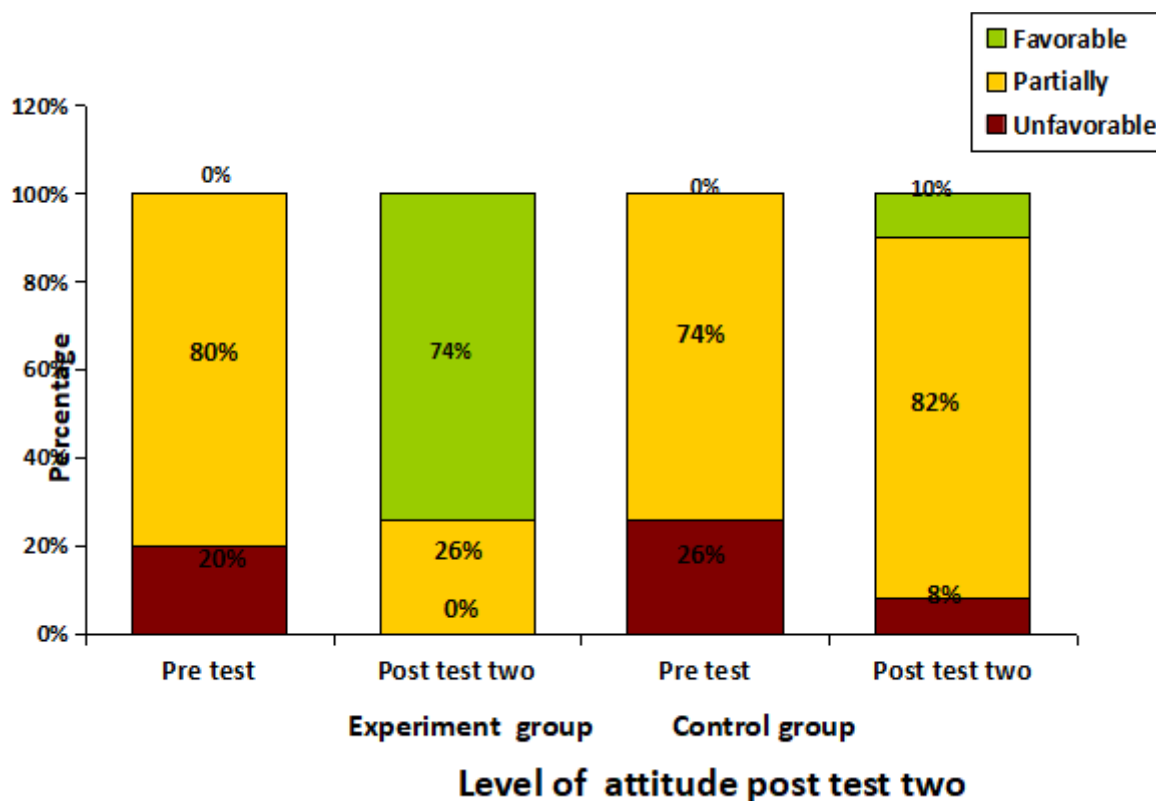


Fig. 2: Bar Diagram showing post test two attitude scores

attitude. Whereas 22% control group had unfavorable attitude. However 28% experimental group shows favorable attitude.

Bar diagram 2 showing post-test two attitude scores shows that (74%) & (10%) had favorable attitudes in the experimental and control groups respectively. Whereas 26% & 82% had partially favorable attitudes in the experimental & control groups, respectively. Only 8% had unfavorable attitudes among the control group

As shown in Table 3, in the experimental group, the mean attitude scores of post-test two (A3) 169.62 ± 15.8 , post test one (A2) 148.78 ± 18.432 were significantly higher than the

pre-test (A1) mean knowledge score 83.76 ± 4.47 . In the control group attitude scores of post-test two (A3) 83.53 ± 6.24 , post-test one (A2) 83.60 ± 5.167 was higher than the pre-test mean score (A1) 83.6 ± 5.17 . There was an increase in the mean attitude scores in the experimental group (85.86%). In the control group also there was an increase (0.07%), which was minimal. The difference in mean percentage of the experimental and control groups is 40.04%.

The data is also present as line graph as shown in figure 3

ANOVA is a method used to compute the means of repeated measurement. An F test is used

Table 3: Comparison of pre- and post tests attitude scores before and after implementation of the Structured Teaching Module.

Observation		Experimental Group			Control Group			Difference in Mean%
		Mean	SD	Mean%	Mean	SD	Mean%	
Attitude	A1	83.76	4.47	38.96	83.6	5.17	38.88	0.08
	A2	148.78	18.432	69.2	83.60	5.167	38.88	30.32
	A3	169.62	15.8	78.89	83.53	6.24	38.85	40.04

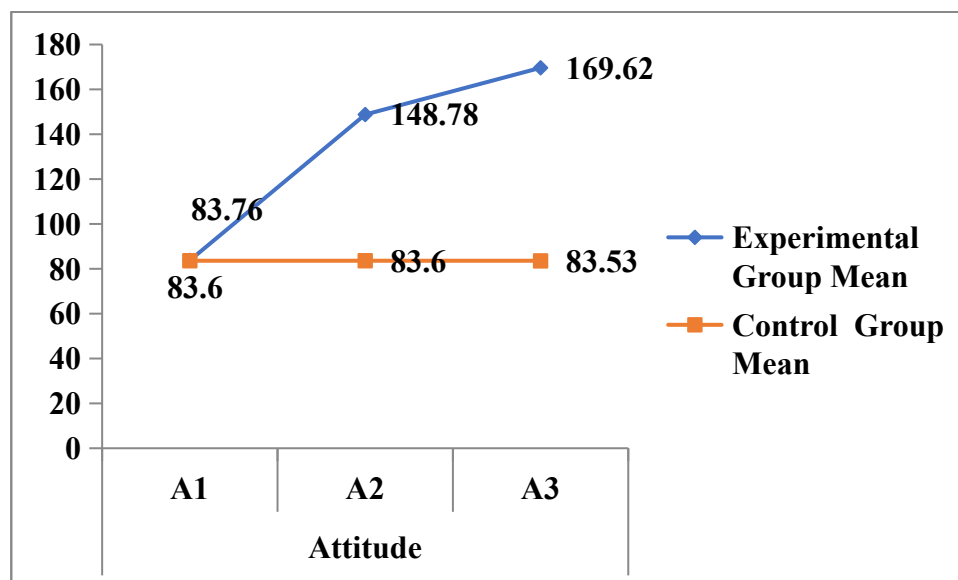


Fig. 3: Line diagram showing comparison of attitude score one among experimental and control group.

Table 4: ANOVA for repeated measure of attitude scores of experimental and control groups.

N=(50+50)=100

Observation		Experimental Group				Control Group			
		Mean	SD	F value	P value	Mean	SD	F value	p value
Attitude	A1	83.76	4.47	19.74	$p<0.001$	83.6	5.17	1.83	0.945
	A2	148.78	18.432			83.60	5.167		
	A3	169.62	15.8			83.53	6.24		

Table 5: Comparison of attitude scores within and between experimental and control groups through post hoc Bonferroni Test.

N=(50+50)=100

Observation		Experimental Group			Control Group		
		SE	P value	Mean difference	SE	p value	
Pre test A1	Post test one A2	65.02	2.607	$p<0.001$	0	0.731	0.945
	Post test two A3	85.86	2.245	$p<0.001$	0.07	0.883	

to test the null hypothesis. The data presented in table 4 shows that there was a significant increase in attitude scores in the experimental group ($F=19.74$, $p<0.001$) than the control group ($F=1.83=0.945$). From the findings, it is clear that the intervention of the Structured Teaching Module was effective in changing the attitude of primary school teachers in the experimental group. Hence the research hypothesis is accepted. It is concluded that there is a change in attitude in the experimental group after the implementation

of the Structured Teaching Module compared to the control group, which is minimal.

The post hoc Bonferroni test presented in table 5 shows that there was a significant difference in scores from pre-test to post-test both in the experimental and control groups ($p<0.001$). The mean difference was from 65.02 to 85.86 in the experimental group and 0 to 0.07 in the control group. The post hoc Bonferroni test showed the difference between the test and

consequent post-test was not by chance and there was high significance between the consecutive assessments. However, there was no significant difference compared to the control group in post-test one and two .

DISCUSSION

The present study data revealed 10 (20%) in experimental group and 13 (26%) in control group has unfavorable attitude, In the experimental group the mean attitude score post-test two (A_3) 169.62 ± 15.8 , and Post-test one (A_2) 14.788 ± 18.432 was significantly higher than the pre-test mean attitude score 83.76 ± 4.47 compared to control group, this finding was parallel to the findings of Chavhan A.N., Tendolkar V.D. (2018), & Nithya S. (2015) , that the mean pre test value is 6.040 ± 6.040 and mean post test value is 40.47 ± 2.528 ,mean scores of attitude before the educational program on primary school teachers was $20. \pm 7.42$ and after the program was 46.60 ± 7.58 .¹

In the present study, computed experimental group paired- t value ($t=36.48$ at $p<0.001$), which is similar to the study finding of Chavhan A.N., Tendolkar V.D. (2018), & Nithya S. (2015) , that The calculated t value is 17.081 $p<0.001$ & t-test ($t=26.718$) with ($p<0.0001$) level of significance. It showed that the primary school teachers gained attitude toward behavior problem of children.

ANOVA repeated measures value ($F=19.74$, $p<0.001$) and Bonferroni test value ($p<0.001$) found highly significant compared to control group.

The findings of the present study indicate significant improvement in attitude among the experimental group than the control group. Hence, it can be conclude that STM (Structured Teaching Module) is effective in terms of change in attitude scores.

Findings of Amal Shehata ,Enas Mahrous Abd El Aziz , Enam Abd El latif Farrag , Zeinab Hassan Hassan conducted study among primary school teachers knowledge and attitude towards ADHD were similar to the present study which showed that the mean scores of attitude before the educational program on primary school teachers was 50.28 ± 5.54 and after the program was 54.93 ± 4.11 .

The statistically significance was proved through paired t-test ($t=4.667$). It showed that the primary school teachers gained attitude toward children with ADHD.⁸

RECOMMENDATION FOR FURTHER RESEARCH

- A similar study can be conducted in other settings.
- A comparative study can be done among urban and rural schools.
- A comparative study can be done among private and government schools.
- A similar study can be conducted among parents.
- A similar study can be conducted on a large number of samples.
- A similar study can be conducted through video-assisted teaching.

LIMITATIONS

- A limited time for data collection.
- The sample was selected from Betul Madhya Pradesh only.
- The study was confined to 100 samples.
- The study was limited to primary school teachers who fulfilled the inclusive criteria of the study.

CONCLUSION

The study concludes that there was a significant change in the attitude of subjects after the introduction of the structured teaching module. To assess the effectiveness of the planned teaching module "t" test was applied and the calculated t value was found significantly higher than the mean value of the post-test value. Thus it was concluded that a structured teaching module on behavior and emotional problems was found effective as a teaching module for improvement in the attitude of teachers towards the behavioral and emotional problems of children .

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Source of Support -Nil

Conflict of interest- Nil

ETHICAL CLEARANCE :Prior to the data collection written administrative permission was obtained from school authority dated 23.01.2022 reference no stmes.2022/01/029. Written informed consent taken from the school teachers before data collection. Confidentiality of the data was ensured through allotment of unique code.

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