

RESEARCH ARTICLE

www.jolnt.com

e-ISSN 2456-1630

A Study to Assess the Knowledge Regarding Meditation and its Effects on Mental Health among 3rd year B. Sc. Nursing Students from Selected Nursing Colleges at Udaipur, with A View to Develop an Information Booklet

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ABSTRACT

Meditation that cultivates mindfulness is particularly effective at reducing stress, anxiety, depression, and other negative emotions. The present study aims to assess the knowledge regarding meditation and its effects on mental health among 3rd year B. Sc. Nursing students in the selected nursing college at Udaipur with a view to develop an information booklet. The quantitative research approach and pre-experimental one-group pre-test post-research design was adopted for this study. The non-probability purposive sampling technique was used for data collection. The data collection tool consists of a structured knowledge questionnaire. Data were analyzed through descriptive and inferential statistics. The study revealed that the knowledge score in the pre-test majority of participants i.e. 97 (80.83%) had inadequate knowledge, whereas 23 (19.17%) had moderate knowledge and none (0%) of the participants had adequate knowledge regarding meditation and its effects on mental health. In the post-test, after administering the information booklet, the participants gained adequate knowledge regarding meditation and its effects on mental health i.e. 72 (60%), whereas 48 (40%) participants had moderately adequate knowledge & none (0%) participants had inadequate knowledge. The results showed that the pre-test knowledge score mean and SD were 10.90±3.81 and the post-test knowledge score mean and SD were 23.48±1.95 with a mean difference of 12.58. The mean pretest and post-test score was compared and tested using paired t-test (t-value=32.26 df=119 and pvalue=0.05) and were highly significant than the tabular value 1.660 at p-value<0.05 level of significance. The study findings showed that an information booklet was effective in improving the knowledge of 3rd-year B. Sc. Nursing students regarding meditation and its effects on mental health. Hence, research hypothesis H_1 was accepted. There was a significant association between the pre-test level of knowledge and demographic variables such as gender ($\chi 2=3.86$), marital status (χ 2=9.08), any previous knowledge of meditation (χ 2=14.69), exposure to meditation $(\chi 2=18.66)$ and experience of practicing meditation $(\chi 2=9.96)$ is higher than the tabular value which indicates that there was a significant association at p>0.05 level and other demographic variables such as religion ($\chi 2=3.73$), type of family ($\chi 2=5.44$) were non-significant at P<0.05. Hence, research hypothesis H_2 was accepted.

KEYWORDS Knowledge; Meditation; Metal Health; B. Sc. Nursing Students; Information Booklet

Date Received: 19/11 / 22 Date Revised: 26 / 12 / 22 Date Published: 15/01/2023

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INTRODUCTION

Health is a unique interaction since it is evolving. We all have times of good health, times of illness, and perhaps times of difficult sickness. As our ways of life change, so does our degree of fitness. Wellness is the search for enhanced quality of life, personal growth, and potential through positive lifestyle behaviors and attitudes. We can all lead healthier lives if we take personal responsibility for our health and well-being. Our degree of well-being is influenced by some variables, such as diet, exercise, stress management techniques, positive interpersonal interactions, and professional achievement.¹

Meditation is a mind-body practice in complementary and alternative medicine (CAM). There are many types of meditation, most of which originated in ancient religious and spiritual traditions. Generally, an individual who meditates uses certain strategies, like a specific posture, focused attention, and an open attitude toward distractions. Meditation may be practiced for several reasons, for example, to increase calmness and physical relaxation, to improve psychological balance, to cope with illness, or to enhance overall wellness. In meditation, a person learns to focus attention. In meditation, a person learns to focus attention. A few types of contemplation educate the specialist to become aware of considerations, sentiments, and sensations and to notice them in a non-critical manner. These practices are acceptable to bring about greater calmness, physical relaxation, and psychological balance. Practicing meditation can change how an individual connects with the progression of feelings and considerations in the brain.²

Meditation therapy is an activity that calms the mind and keeps it focused on the present. In the meditative state, the mind is not cluttered with thoughts or recollections of the past nor is it concerned with future events. Meditation therapy is an activity that calms the mind and keeps it focused on the present. Meditation depends on the body's capacity to change to an alpha (resting) or theta (relaxing) brain wave state, during which the mind's rhythm slows appreciably, and endorphins, the body's natural painkillers released. During meditation, metabolism is lowered, resulting in a weak heart rate, decreased blood pressure, and slower breathing.³

NEED FOR STUDY

The B. Sc. Nursing students will be learning mental health nursing in their 3rd year of the academic session. Introducing an awareness of meditation will help them manage their day-to-day stresses

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and connect them with their psychiatric disorders which they are learning during 3rd year. The investigator will gauge the knowledge of the students on meditation and its effects on mental health and will provide suggestions to practice meditation students. So, the investigator selected assessing the knowledge of meditation and its effects on mental health as the problem statement for the research.

PROBLEM STATEMENT

"A study to assess the knowledge regarding meditation and its effects on mental health among 3rd year B. Sc. nursing students in the selected nursing college at Udaipur, with a view to develop an information booklet"

OBJECTIVES

- To assess the pre-test knowledge score regarding the knowledge of meditation and its effects on mental health among 3rd-year B.Sc. Nursing students.
- \bullet To administer the information booklet regarding the knowledge of meditation and its effects on mental health among 3rd-year B.Sc. nursing students.
- To assess the post-test knowledge score regarding the knowledge of meditation and its effects on mental health among 3rd-year B.Sc. Nursing students.
- To evaluate the effectiveness of information booklet regarding the knowledge of meditation and its effects on mental health among 3rd-year B.Sc. nursing students.
- To find out the association between pre-test knowledge scores of 3rd-year B.Sc. Nursing students with selected demographic variables.

HYPOTHESIS

 $\mathbf{H_1}$: There will be a significant difference between the pre-test and post-test knowledge scores after the administration of the information booklet regarding the knowledge of meditation and its effects on mental health at the 0.05 level of significance.

H₂: There will be a significant association between pre-test knowledge scores with their selected demographic variables at the 0.05 level of significance.



MATERIALS AND METHODS

Research Approach: A quantitative research approach was used in the study.

Research Design: Pre-experimental, one group pre-test post-research design used.

Sample: In the present study the sample comprises 120 B. Sc. Nursing 3rd Year Students.

Sampling Technique: In the present study the samples were selected through a non-probability purposive sampling technique.

Setting: In the present study the setting was selected nursing colleges in Udaipur city.

Population: In the present study, the target population consisted of 120 B. Sc. Nursing 3rd year students studying in the selected nursing colleges at Udaipur city.

Description of tool: Structured questionnaire to assess the knowledge regarding meditation or its effects on mental health. It consisted of two parts:

Section A: 7 Demographic data, includes gender, marital status, religion, type of family, any previous knowledge of meditation, exposure to meditation, and experience of practicing meditation.

Section B: 30 structured questionnaires, in these self-structured multiple choice questions, was considered appropriate for assessing knowledge score. The maximum total score of the knowledge questionnaire was 30 (for each correct response 1 mark will be given and 0 mark for an incorrect answer).

Ethical consideration

- Approval from the ethical committee of Venkteshwar College of Nursing Udaipur.
- Before data collection, written permission was obtained from the concerned authority of the nursing college, at Udaipur.
- Anonymity and confidentiality of subjects were maintained.
- Informed consent was obtained from the subjects.

Plan for data analysis

The data analysis will be done according to the study objectives by using descriptive and inferential statistics. The plan of data analysis would be as follows:

- Frequency, percentage, mean, and standard deviation will be calculated.
- A paired t-test will be used to test the hypothesis.
- The chi-square test will be used for association with demographic variables.

RESULTS AND DISCUSSION

The data obtained are divided into sections for easy and accurate interpretation of data. The data finding has organized under the following section:

Section A: Description of the demographic variables of the participants.

Section B: Findings related to the level of knowledge score regarding meditation and its effects on mental health among 3rd-year B.Sc. Nursing students.

Section C: Findings related to the effectiveness of the information booklet on the level of knowledge regarding meditation and its effects on mental health among 3rd-year B.Sc. Nursing students.

Section D: Findings related to the association between pre-test knowledge score with demographic variables.

Section A: Description of the demographic variables of the participants:

The demographic data consists of 7 items seeking information about gender, marital status, religion, type of family, previous knowledge of meditation, exposure to meditation, and experience of practicing meditation.

Table 1 Description of the demographic variables of the participants

N = 120

| S. N. | Demographic variable | Frequency (n) | Percentage (%) | | |
|------------|------------------------------------|----------------|----------------|--|--|
| 1 | Gender | • • • | | | |
| a) | Male | 68 | 56.67 | | |
| b) | Female | 52 | 43.33 | | |
| | Total | 120 | 100.00 | | |
| 2 | Marital Status | | | | |
| a) | Single | 26 | 21.67 | | |
| b) | Married | 34 | 28.33 | | |
| c) | Widow | 36 | 30.00 | | |
| d) | Divorced | 24 | 20.00 | | |
| | Total | 120 | 100.00 | | |
| 3 | Religion | | | | |
| a) | Hindu | 36 | 30.00 | | |
| b) | Christian | 30 | 25.00 | | |
| c) | Muslim | 30 | 25.00 | | |
| d) | Other | 24 | 20.00 | | |
| | Total | 120 | 100.00 | | |
| 4 | Type of family | | | | |
| a) | Nuclear family | 24 | 20.00 | | |
| b) | Joint family | 36 | 30.00 | | |
| c) | Extended family | 26 | 21.67 | | |
| d) | Single parent | 34 | 28.33 | | |
| | Total | 120 | 100.00 | | |
| 5 | Do you have any previous knowledge | of meditation? | | | |

| a) | Yes | 56 | 46.67 | | | |
|------------|--|-----|--------|--|--|--|
| b) | No | 64 | 53.33 | | | |
| | Total | 120 | 100.00 | | | |
| 6 | Which among the following provided exposure to meditation? | | | | | |
| a) | TV | 32 | 26.67 | | | |
| b) | Radio | 28 | 23.33 | | | |
| c) | Newspaper | 40 | 33.33 | | | |
| d) | Health personnel | 20 | 16.67 | | | |
| | Total | 120 | 100 | | | |
| 7 | Have you done meditation any time in the past? | | | | | |
| a) | Yes | 54 | 45.00 | | | |
| b) | No | 66 | 55.00 | | | |
| Total | | 120 | 100 | | | |

Gender: Table 1 showed that the majority of the participants i.e. 56.67% were males, whereas 43.33% participants were females.

Marital Status: Table 1 depicts that the majority of the participants i.e. 30% were widows, whereas 28.33% of participants were married, 21.67% were single and 20% were divorced.

Religion: Table 1 revealed that the majority of the participants i.e. 30% were Hindu, whereas 25%-25% participants were Christian or Muslim, and 20% were other.

Type of Family: Table 1 mentioned that the majority of the participants i.e. 30% belonged to joint families, whereas 28.33% of participants belonged to single parents, 21.67% belonged to extended families and 20% were nuclear families.

Previous knowledge of meditation: Table 1 showed that the majority of the participants i.e. 53.33% had previous knowledge about meditation; whereas 46.67% of participants had no idea about meditation.

Exposure to meditation: Table 1 revealed that the majority of the participants i.e. 33.33% got knowledge from the newspaper, whereas 26.67% got knowledge from TV, 23.33% got knowledge from radio, and 16.67% got knowledge from health personnel.

Meditation any time in the past: Table 1 showed that the majority of the participants i.e. 55% had experience with meditation, whereas 45% of participants had no experience with meditation.

Section B: Findings related to the level of knowledge score regarding meditation and its effects on mental health among 3rd year B. Sc. Nursing students:

N=120

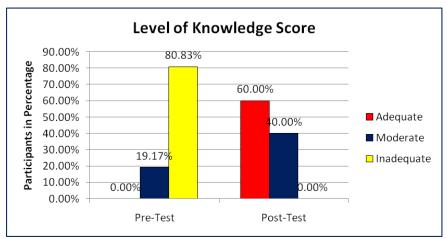


Figure 1 Comparison of pre-test & post-test knowledge score

Figure 1 showed that in the pre-test majority of participants i.e. 97 (80.83%) had inadequate knowledge, whereas 23 (19.17%) had moderate knowledge, and none (0%) of the participants had adequate knowledge regarding meditation and its effects on mental health. In the post-test, after administering the information booklet, the participants gain adequate knowledge regarding meditation and its effects on mental health i.e. 72 (60%), whereas 48 (40%) participants had moderately adequate knowledge & none (0%) participants had inadequate knowledge.

Section C: Findings related to the effectiveness of information booklet on the level of knowledge regarding meditation and its effects on mental health among 3rd year B. Sc. Nursing students:

N=120

| Test | Mean | SD | Mean Difference | df | t- value | Inference |
|-----------|-------|------|--------------------|-----|----------|--------------|
| Pre-test | 10.90 | 3.81 | 12.50 | 110 | 22.26 | 1.98* |
| Post-test | 23.48 | 1.95 | - 12.58 | 119 | 32.26 | (0.05 Level) |

H₁: There will be a significant difference between the pre-test and post-test knowledge scores after the administration of the information booklet regarding the knowledge of meditation and its effects on mental health at the 0.05 level of significance.

Table 2 revealed that the pre-test knowledge score means and SD was 10.90±3.81, and the post-test knowledge score means and SD was 23.48±1.95 with a mean difference of 12.58. The mean pre-test or post-test was compared and tested using a paired t-test (t value=32.26 df=119 and p value=0.05) and were highly significant than the tabular value 1.660 at p-value<0.05 level of significance. The study findings showed that an information booklet was effective in improving the knowledge of

3rd-year B. Sc. Nursing students regarding meditation and its effects on mental health. Hence, research hypothesis \mathbf{H}_1 is accepted.

Section D: Findings related to the association between pre-test knowledge score with demographic variables:

Table 3 Association between pre-test knowledge scores with demographic variables

| | | | | | | | | N = 120 |
|------------|-------------------------|-----------------|-----------------|------------|----------|------------|----------------------------|-----------|
| S. N. | Demographic variable | Below Median | Above Median | Total | df | χ2 | P value (0.05 level) | Inference |
| 1 | | | | ender | | | | |
| a) | Male | 38 | 30 | 68 | _ 1 | 3.86 | 3.84 | S |
| b) | Female | 15 | 37 | 52 | _ | | | |
| | Total | 53 | 67 | 120 | | | | |
| 2 | | | | tal Status | | | | |
| a) | Single | 10 | 16 | 26 | _ 3 | 9.08 | 7.82 | S |
| b) | Married | 10 | 24 | 34 | _ | | | |
| c) | Widow | 23 | 13 | 36 | _ | | | |
| d) | Divorced | 10 | 14 | 24 | _ | | | |
| | Total | 53 | 67 | 120 | | | | |
| 3 | | | | eligion | | | | |
| a) | Hindu | 17 | 19 | 36 | _ 3 | 3.73 | 7.82 | NS |
| b) | Christian | 10 | 20 | 30 | _ | | | |
| c) | Muslim | 12 | 18 | 30 | _ | | | |
| d) | Other | 14 | 10 | 24 | _ | | | |
| | Total | 53 | 67 | 120 | | | | |
| 4 | | | | of family | | | | |
| a) | Nuclear family | 15 | 9 | 24 | 3 | 5.44 | 7.82 | NS |
| b) | Joint family | 12 | 24 | 36 | | | | |
| c) | Extended family | 10 | 16 | 26 | _ | | | |
| d) | Single parent | 16 | 18 | 34 | | | | |
| | Total | 53 | 67 | 120 | | | | |
| 5 | | Do you ha | ve any previo | us knowled | lge of n | neditation | | |
| a) | Yes | 36 | 20 | 56 | 1 | 7.61 | 3.84 | S |
| b) | No | 17 | 47 | 64 | | | | |
| | Total | 53 | 67 | 120 | | | | |
| 6 | | Which among t | | | kposure | | | |
| a) | TV | 12 | 20 | 32 | 3 | 18.66 | 7.82 | S |
| b) | Radio | 20 | 8 | 28 | _ | | | |
| c) | Newspaper | 9 | 31 | 40 | _ | | | |
| d) | Health personnel | 12 | 8 | 20 | _ | | | |
| | Total | 53 | 67 | 120 | | | | |
| 7 | | | u done medita | | ime in 1 | | | |
| a) | Yes | 11 | 43 | 54 | 1 | 9.96 | 3.84 | S |
| b) | No | 42 | 24 | 66 | _ | | | |
| | Total | 53 | 67 | 120 | | | | |

S = Significant / NS = Non Significant

H₂: There will be a significant association between pre-test knowledge scores with their selected demographic variables at the 0.05 level of significance.



Table 3 showed that the demographic variable such as gender ($\chi 2=3.86$), marital status ($\chi 2=9.08$), any previous knowledge of meditation ($\chi 2=14.69$), exposure to meditation ($\chi 2=18.66$), and experience of practicing meditation ($\chi 2=9.96$) is higher than the tabular value which indicates that there is a significant association at p>0.05 level and other demographic variables such as religion ($\chi 2=3.73$), type of family ($\chi 2=5.44$) is non-significant at P<0.05. Hence, research hypothesis **H**₂ is accepted.

CONCLUSION

The present study aims to assess the knowledge regarding meditation and its effects on mental health among 3rd year B. Sc. Nursing students in the selected nursing college at Udaipur, to develop an information booklet. The quantitative research approach and pre-experimental one-group pre-test post-research design was adopted for this study. The non-probability purposive sampling technique was used for data collection. The data collection tool consists of a structured knowledge questionnaire. Data were analyzed through descriptive and inferential statistics. The study findings showed that an information booklet was effective in improving the knowledge of 3rd-year B. Sc. Nursing students regarding meditation and its effects on mental health. There was a significant difference between the pre-test knowledge score and post-test knowledge score after the administration of the information booklet regarding the knowledge of meditation and its effects on mental health at the 0.05 level of significance. There was a significant association between the pre-test level of knowledge and demographic variables.



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