

**EFFECTIVENESS OF SELECTED NURSING
INTERVENTIONS ON QUALITY OF LIFE AMONG
WEAVERS AT SELECTED VILLAGE,
ANDHRA PRADESH.**

DISSERTATION SUBMITTED TO
**THE TAMIL NADU DR. M.G.R.MEDICAL UNIVERSITY
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IN PARTIAL FULFILMENT OF REQUIREMENT FOR THE DEGREE OF
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**EFFECTIVENESS OF SELECTED NURSING
INTERVENTIONS ON QUALITY OF LIFE AMONG
WEAVERS AT SELECTED VILLAGE,
ANDHRA PRADESH, 2014.**

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LIST OF ABBREVIATIONS

AFP	-	Agence France - presse
ANOVA	-	Analysis of Variance
FEF	-	Forced expiratory flow
FEV	-	Forced expiratory volume
FVC	-	Forced vital capacity
HOD	-	Head of Department
ICCR	-	International Centre for Collaborative Research
IERB	-	Institutional Ethics Review Board
LTD	-	Limited
PG	-	Post Graduate
QOL	-	Quality of life
QOL – BREF	-	Quality of life scale by a person named BREF
SD	-	Standard Deviation
WHO	-	World Health Organization
WCS	-	Weavers co – operative society

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***Effectiveness of selected nursing interventions on Quality of life among weavers
at selected village, Andhra Pradesh.***

Aims and objective: To assess effectiveness of selected nursing interventions on Quality of life among weavers. **Methodology:** A Pre experimental one group pre test and post test design study was conducted at Mangalagiri village, Andhra Pradesh. The weavers who satisfied the inclusion criteria were selected by purposive sampling technique. Selected nursing interventions comprising of psycho education which includes protection to eyes, clean home environment, balanced diet, sleep, and problems related to alcohol and smoking and supporting relations. Demonstration on range of motion exercises, breathing exercises, guided imagery and positive thinking. Pamphlet includes all the topics covered in psycho education as reinforcement. The assessment was done by using modified WHOQOL – BREF scale. **Results:** The findings of the study revealed that the pretest mean quality of life score was 16.25 with the SD of 5.70 and the post test mean score was 31.66 with the SD of 5.72. The calculated 't' value, $t = 24.9$ highly significant at $p < 0.001$ level. **Conclusion:** The study findings revealed, after the selected nursing interventions there was a moderately significant improvement in Quality of life among weavers. Thus selected nursing interventions were effective in improving Quality of life of the weavers.

Key words: *selected nursing interventions, Quality of life, weavers.*

INTRODUCTION

The Quality of life is relatively recent in academic literature. It did not appear in the international encyclopedia of social sciences until 1968, and for what people are actually craving at present though they are well accommodated with quantified requirements. The recognition of the importance of quality as well as quantity of life is well captured by the world health organization's definition of health as a state of complete physical, mental and social wellbeing.

Handloom sector is an important cottage and an old profession that owns a great place in history of India. Handloom weavers are known for their knowledge, innovation and brilliance in designs. Handloom sector providing employment for more than 15 millions of weavers in India. But at present the situation is entirely different for weavers and facing severe livelihood crisis.

OBJECTIVE

To assess the effectiveness of selected nursing interventions on Quality of life among weavers from selected village, Andhra Pradesh.

METHODOLOGY

Research design

Pre experimental one group pre test and post test design was used for this study.

Variables

Independent variable – Selected nursing interventions.

Dependent variable – Quality of life among weavers.

Setting

The study was conducted at Mangalagiri village, Andhra Pradesh.

Population

Target population - All the weavers who are living in the villages, Andhra Pradesh.

Accessible population - Weavers who are living in the Mangalagiri village.

Sample

It included weavers at Mangalagiri village and who fulfilled the inclusion criteria were selected by non probability purposive sampling technique.

Intervention: Selected nursing interventions

Psycho education: On protection to eyes, clean home environment, balanced diet, sleep, problems related to alcohol, smoking, and supporting relations.

Demonstration: On Range of motion exercises, breathing exercises, guided imagery and positive thinking.

Pamphlet: Comprises of protection to eyes, home environment, balanced diet, sleep, problems related to alcohol and smoking, and supporting relations.

Measurement tool

Modified WHOQOL - BREF scale was used to assess the pre and post test level of Quality of life among weavers residing at Mangalagiri village. Both descriptive and inferential statistics were used for data analysis.

RESULT

The findings of the study revealed that the overall post test mean score was 31.66 with standard deviation of 5.72. The calculated 't' value was $t = 24.997$ which showed a statistical significance at $p < 0.005$. Hence the study concluded that practice of selected nursing interventions had moderate significance on the improvement of Quality of life among weavers.

DISCUSSION

The interpretation of the present study showed that there was a moderate significant improvement in the Quality of life among weavers residing at Mangalagiri village, after practicing the selected nursing interventions. Thus selected nursing interventions were an effective intervention for the improvement in the level of Quality of life among weavers.

IMPLICATION

The nurse has a primary responsibility in extending the role towards the vulnerable population like weavers and their mental health to meet their psychological needs. The nurse educator should be competent enough to teach the nursing students about occupational health and its management among various kinds of population. Occupational nurse can implement selected nursing intervention to enhance Quality of life among workers. Nurse researcher can encourage for further researches in the area of alternative therapies to enhance Quality of life.

CONCLUSION

The study findings concluded that there was a moderate significant difference in the Quality of life among weavers after administration of selected nursing interventions and it was proved as an effective method to improve the Quality of life among weavers.

INTRODUCTION

Weaving is a method of fabric production in which two distinct sets of yarns or threads are interlaced at right angles to form a fabric or cloth. The spinning wheel is a Nations second lung, next to agriculture told by Mahatma Gandhi. The movement of the wheel takes, only when it is in the hand of weaver. Hence, weaving is an important rural occupation in India. **Mariah Breitenberg (2013).**

India is a land of Unity in Diversity and this statement holds true in each and every aspect, right from the food, to 6147 dialects, to the festivals, to clothing we have unlimited variety and diversity. Every part of our country has got its unique style of weaving, printing and dyeing. And each of these varieties is artistic and elegant in their own right.

The Quality of life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment. **World Health Organization (WHO 2010)**

1.1 BACKGROUND OF THE STUDY

Ancient times, India's hand woven textile industry has been one of the world's largest and most renowned for making a traditional sarees. At present the days are not the same for the weavers, the condition of weavers has deteriorate due to stiff competition with artificial fibers, obsolete machineries, changing fashion trends, high cost and low return which fatherly pulling them in to multiple problems like physical, mental, relational and environmental.

Global Scenario

Handlooms have remained not only one of the important options of livelihoods but also have been the saviors of the various traditional skills that have been inherited by the weavers over generations. India is in the number one in position posses 85% of the world installed capacity. The total world installed capacity is nearly 4.60 Million in which India share is 3.90 million. **(Indian Mirror 1999 – 2014)**

Indian Scenario

Indian Weaving Industry has conventionally been one of the most promising sectors of huge employment. In fact, after agriculture, the Weaving Industry is largest provider of work force. The liberalization of the international trade along with change in the reforms of domestic economy, have affected negatively to Indian Weaving Industry. Over 38, 00,000 Indian Weaving industries have been built throughout the country and more than 15, 00,000 domestic weaving industries. **(Report on growth and prospects of weaving industry 2001)**

Table: 1.1: The number of handlooms and weavers in India

1	Number of hand looms	23.77 in lakhs
2	Number of persons involved in weaving and allied works	43.32 in lakhs
3	Number of adult weavers and allied workers	38.47 in lakhs

(Report of Government of India 2012)

In the southern states a huge share of weaving industries, like in Andhra Pradesh houses some 124714 handlooms and 355838 weavers, which is in second place, next to Tamilnadu weavers industry. Most of the Weaving industries are situated in Chirala, Pedana, Polavaram, Mangalagiri, Pochamapali, Ponduru, Dharamvaram, Narayanpet, Puttapaka, Madhavaram, Emmiganur and Gadwal. **(Government of India 2012)**

In Twelfth Five Year Plan (2012-17) the Planning Commission constituted a “Steering Committee on Handloom” under the Chairpersonship of Dr. Syeda Hameed. The route map intended to improve welfare of weavers by bringing them under social security measures like pension, insurance and better occupational health to maintain the quality of life of weavers. **(Twelfth Five Year Plan (2012 – 2017)**

Varanasi weavers association reported that the silk industry is hanging on by thread and could be killed off with in a generation due to decreased sales, less income and health problems of weavers. The issue was taken to Mr. Modi, the Prime Minister of India and he determined to help the weavers. (Agence France - Presse (AFP) News May 4th 2014)

The changes in textile industry and development of power looms create starvation to weavers which leads to deaths in Andhra Pradesh. (**Association of Handlooms and Textiles, Andhra Pradesh 2010**)

Table 1.2: The number of deaths among weavers in Andhra Pradesh, (2008 – 2010).

District	Number of Deaths
Guntur	31
Prakasam	22
Krishna	5
Ananthapur	2
Nellore	4
Vizianagaram	1
West Godavari	2
East Godavari	2
Nalgonda	2
Srikakulam	2
Total	73

Amrita Singh et al (2008) conducted a descriptive study among 100 weavers at Chalapur, the results revealed that 96% of the weavers were suffered with lack of electricity, 94% had less marketing, 82% had lack of material for production of cloth, 76% had low wages, 52% had health problems and 19% had lack of incentives from government.

1.2 NEED AND SIGNIFICANCE FOR THE STUDY

The Quality of life is the degree to which a person enjoys the important possibilities of his or her life. The quality of life model is based on the categories being, belonging and becoming, respectively who one is, how one is not connected to ones environment, and whether one achieves ones personal goals, hopes and aspirations.

Each human life moves step by step by fulfilling needs which is categorized as basic physical, safety and security, love and belonging, self esteem and actualization told by Maslow for which people chose different occupation to climb ladder and make life Qualitative by achieving quantity of needs. Physical, psychological, social and environmental domains are interlinked with each other in such a way when one domain is affected that influence all other domains that are important for maintenance of quality of life.

Domestic weavers are working for 8 – 12 hours for which the pay is 300 rupees per week, which is very less to meet basic needs and major triggering factor that results psychological problems like depression, stress, and anxiety further becoming a cause of suicide and physical problems like respiratory, musculoskeletal, visual disturbances and tuberculosis, poor environmental hygiene.

Zahmatkesh R, et al., (2012) conducted a descriptive study to screen health related occupational risk among 209 weavers at Iran, using observational checklist and screening. The results revealed that the weavers were diagnosed with psychological, visual, musculoskeletal, respiratory and gynecological problems. The study concluded that weavers are in need of occupational health knowledge and economical support.

Marchand A, Blanc MC (2011) conducted a descriptive study to assess the chronic psychological distress among 122 workers in the textile industry. The results revealed that 46.4% of workers reported one episode of psychological distress, 23.5% more than one episode of psychological distress and 10.6% three or more episodes of psychological distress. The study concluded that research in occupational mental health must expand in order to capture actual effects and to find the effectiveness of psychological therapies in order to reduce the psychological distress among workers in textile industries.

Danial D, et al., (2010) conducted a cross sectional study to determine the level of depression among 172 weavers at Maharashtra. The results revealed that the prevalence was 47.76%. The study concluded that the prevalence was high in poor economical status with large family.

Moset S, et al., (2010) conducted a descriptive study to determine the socio economical status among 639 weavers from 7 different areas at Nigeria. The study results revealed that 85.7% had low socio economic status. The study concluded that power looms are the major factor to decrease the marketing cost of domestic woven products. The study recommends weavers have to be aware of policies and programmes developed by the Government for weavers.

Babel sudha et al (2008) conducted a study on occupational health hazards among 210 textile weavers at Anathapur and the study results reported that the condition of workers is alarming and they were facing several physical and mental health problems which in turn reduced their work capacity.

During the under graduation programme, the researcher got an opportunity to observe various occupational workers and identified occupational hazards. This made the investigator to gather more information about weavers and their physical, psychological, social and environmental problems and how it affects the Quality of life. Hence it is necessary to rule out the level of Quality of life and provide needed treatment.

1.3 STATEMENT OF THE PROBLEM

A pre experimental study to assess the effectiveness of selected nursing interventions on Quality of life among weavers living in selected village, Andhra Pradesh.

1.4 OBJECTIVES

1. To assess the pre and post test level of Quality of life among weavers.
2. To assess the effectiveness of selected nursing interventions on level of Quality of life among weavers.
3. To associate the selected demographic variables with mean differed level of Quality of life among weavers.

1.5 OPERATIONAL DEFINITION

1.5.1 Effectiveness

It refers to the outcome of selected nursing interventions on level of Quality of life assessed by using modified WHOQOL – BREF scale which contains 26 questionnaires within 2 weeks of period.

1.5.2 Selected nursing interventions

Selected nursing interventions are in the form of psycho education, demonstration and pamphlet which includes:

Psycho education on protection to eyes, clean home environment, balanced diet, sleep, problems related to alcohol and smoking and supporting relations.

Demonstration on Range of motion exercise, breathing exercises, guided imagery and positive thinking.

Pamphlet comprise of protection to eyes, clean home environment, balanced diet, sleep, problems related to alcohol and smoking and supporting relations.

1.5.3 Quality of life

It refers to broad range of weavers experience related to their overall wellbeing. It implies subjective feeling of weavers related to their physical, psychological, social and environmental domains of life by using modified world health organization quality of life bref (WHOQOL – BREF) scale.

1.5.3 Weavers

It refers to a person whose occupation is weaving that helps weavers to meet the basic needs of daily living.

1.6 ASSUMPTIONS

1. Weavers may have poor Quality of life.
2. Selected nursing interventions may enhance the Quality of life among weavers.

1.7 NULL HYPOTHESES

NH₁: There is no significant difference between the pre and post test level of Quality of life among weavers at $p < 0.05$.

NH₂: There is no significant association between the mean differed level of Quality of life among weavers with their selected demographic variables at $p < 0.05$.

1.8 DELIMITATION

The study was delimited to a period of 4 weeks.

1.9 CONCEPTUAL FRAMEWORK

A conceptual framework or model refers to interrelated concepts or abstractions assembled together in a rational scheme by virtue of their relevance to a common theme that structure or offer a framework for conducting research.

The investigator adopted **Imogene King's Theory of Goal Attainment**, as a basis for conceptual framework, which was aimed to assess the effectiveness of selected nursing interventions on Quality of life among weavers in selected village, Andhra Pradesh.

According to this theory two people communicate together to be helped to maintain a state of health, establish goals and take action to attain goals. In this study the investigator and weavers come together with the goal of achieving Quality of life through the selected nursing interventions organized by the investigator. This framework consists of six major concepts that describe the phenomena.

1.9.1 PERCEPTION

Refers to the weaver's representation of reality. Here the investigator perceives that weavers had poor Quality of life. The nurses in turn perceive the need to maintain good quality of life.

1.9.2 JUDGEMENT

Individuals come together for a purpose. Each person makes a judgment, takes mental or physical action and reacts to the other individual and the situation. The investigator judges that selected nursing interventions may enhance the level of Quality of life among weavers. The weavers too judge, that participation in selected nursing interventions may helps them to come out of their physical, [psychological, social, and

environmental problems, thereby enabling them to implement it in their daily life for increasing the level of Quality of life.

1.9.3 ACTION

The individual transfers the perceived energy as demonstrated by observable behavior by performing mental and physical action. The investigator implements selected nursing interventions to improve the level of Quality of life. The weavers were willing and ready to gain knowledge and implement the interventions in their daily life by actively participating in the study.

1.9.4 REACTION

The investigator and weavers set mutual goals. The mutual goal setting was done with a belief that the selected nursing interventions may enhance the level of Quality of life of weavers. Reaction refers to the development of action and acting on perceived choices for goal attainment. Here the investigator conducts a pre test on Quality of life by using modified WHOQOL – BREF scale.

1.9.5 INTERACTION

Refers to interaction with different set of values, ideas, attitudes and perceptions to exchange. Here the investigator interacts with weavers by giving psycho education on protection to eyes, clean home environment, balanced diet, sleep, problems related to alcohol and smoking, and supporting relations, demonstration on range of motion exercises, breathing exercises, guided imagery and positive thinking, pamphlet was given which includes all the topics of psycho education and demonstration as reinforcement. Following this post test was conducted by using the same scale for the level of Quality of life assessment.

1.9.6 TRANSACTION

Refers to mutually identified goals of two or more individuals and the means to achieve them. At this stage the investigator analyzed the post test level of Quality of life.

Feed back:

For positive outcome: Satisfaction in life requires further enhancement.

For negative outcome: Dissatisfaction life needs reinforcement for further learning.

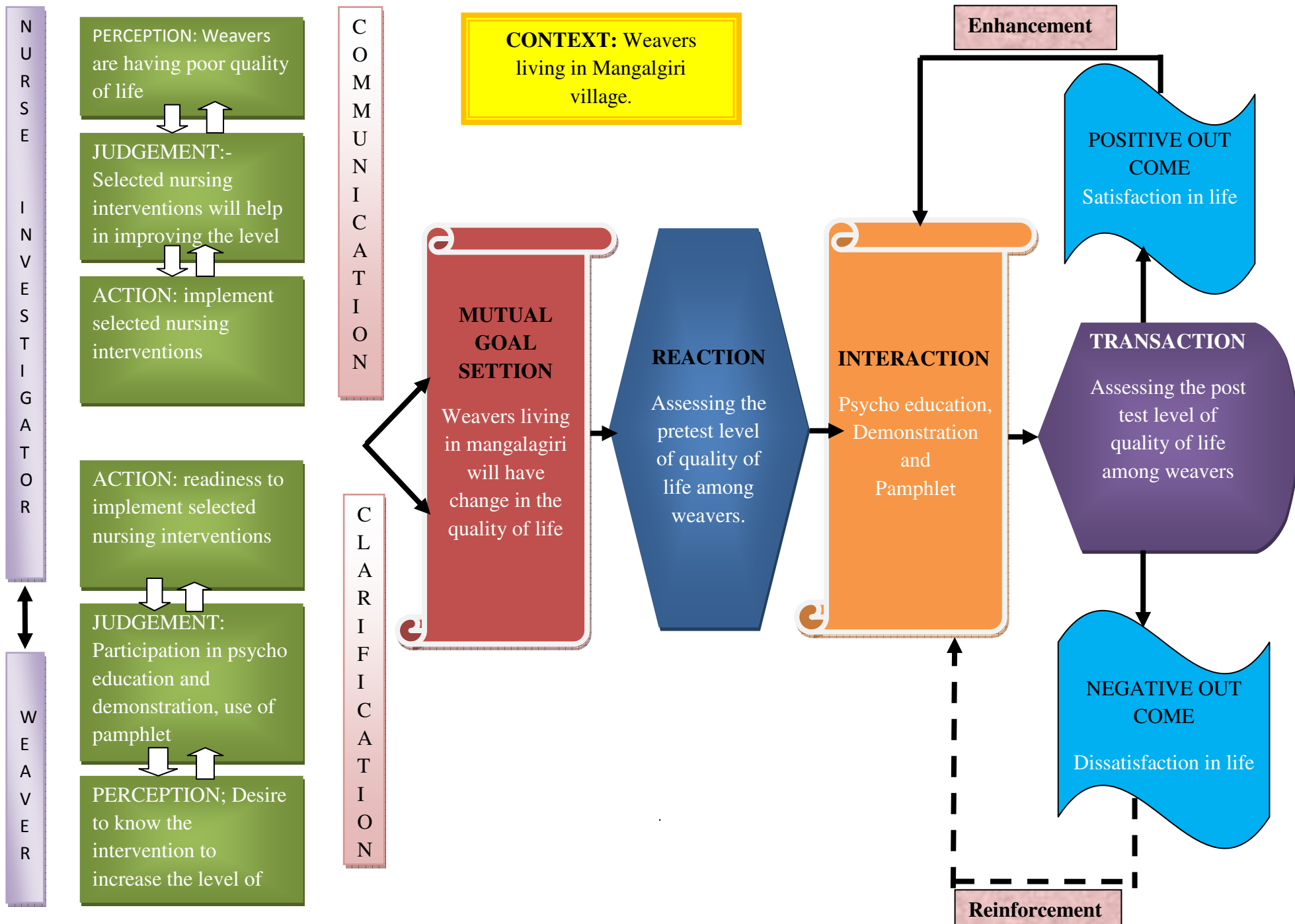


FIG1.9.1: Conceptual frame work based on Imogene King's Theory of Goal Attainment

1.10 OUTLINE OF THE REPORT

- CHAPTER 1** : Deals with introduction, background of the study, significance and need for the study, statement of the problem, objectives, operational definitions, assumptions, null hypotheses, delimitation and conceptual framework.
- CHAPTER 2** : Contains the scientific review of literature related to the present study.
- CHAPTER 3** : Presents the methodology of the study and plan for data analysis.
- CHAPTER 4** : Focuses on data analysis and interpretation.
- CHAPTER 5** : Enumerates the discussion and findings of the study.
- CHAPTER 6** : Consists of summary, conclusion, implications, recommendations and limitations of the study.

The study report ends with selected References and Appendices.

REVIEW OF LITERATURE

Review of literature is a systematic search of a published work to gain information about a research topic. **(Polit and Hungler)**

The literature review was based on extensive survey of books, journals and international nursing studies. A review of literature relevant to the study was undertaken which helped the investigator to develop insight into the problem and gain information on what has been done in the past. An extensive review of literature was done by the investigator to lay a broad foundation for the study and a conceptual framework framed based on Imogene King's Theory of Goal Attainment, theory to proceed with the study under the following headings.

For the purpose of logical sequence the chapter was divided into the following sections.

SECTION 2.1: Scientific review related to Quality of life among weavers.

SECTION 2.2: Scientific review related to effectiveness of selected nursing intervention on Quality of life among weavers.

SECTION 2.1: SCIENTIFIC REVIEWS RELATED TO QUALITY OF LIFE AMONG WEAVERS.

Biswajeet Banerjee (2014) conducted a survey on prevalence of tuberculosis among weavers, Lalbahadurshastri Government Hospital at Ram Nagar, Varanasi. The study results revealed that among 100,000 populations under Lohata's 55.34% were from the weaving tradition. The study concluded that cotton dust is one of the major causes for tuberculosis and other respiratory problems. The study recommended that periodical screening and education about occupational safety measures for the enhancement of weaver's health.

Rajsri TR, Gokulram N, Gokulakrishnan K, Chandrasekar M, Nikhil Chandrasekar (2013) conducted a randomized control trial to assess the pulmonary function among weaver and non weavers at Thirupparkadal village in Vellore. The pulmonary function tests were carried out using a computerized spirometer (Helios 401 RMS) and a brief physical and general examination was carried out among 50 non weavers of age groups 25-40 years are chosen respectively corresponding to 50 weavers of age group of 25 – 40 years minimum 5 years of exposure to cotton dust. The study results revealed that the pulmonary function parameters such as FVC, FEV1, FEV1/FVC, and FEF25-75 were significantly reduced in weavers.

Jayalvel (2013) conducted a survey to assess the socio economic status of weavers working under silk societies. The study conducted among 684 weavers from 10 societies at kancheepuram district. The study results revealed that 66.7% of weaver's socio economical status was affected by competition and 34.3% were affected by decreased scales. The study concludes weavers had poor socio economic status affect life satisfaction.

Prem Sundher.B, kannan.J (2013) conducted population based survey to assess the problems among women in handloom industry in India. The study results revealed that, increased work load without relaxation creates effect on their mental status. The study concluded that illiteracy and poverty are two major factors that doubt the elevation of women workers in handloom. The study recommended 10 minutes of relaxation for every 50 minutes of work and stipulation of recreational and relaxation techniques could be helpful to reduce stress.

Sarojini Naidu (2012) conducted a descriptive study to assess the depression, physical issues malnutrition and suicide among 220 weavers at Varanasi, Uttar Pradesh. The study results revealed that 43.5% were under malnutrition, 89.22% had poverty, 44.72 % had depression, and 12 % had suicidal thoughts. The study concluded that majority had poverty, the ultimate cause for the other problems.

Rudresh Aryan (2012) conducted descriptive study to assess the depression among 319 handloom weavers in Nagpur. The study results revealed that 32.2% of handloom weavers were suffering with mild and 25.73% with moderate depression. The study concluded that poor socio economical status of weavers had association with the level of depression.

Alka Goel, Isha Tyagi (2012) conducted a survey to assess the occupational health hazards in weaving among 70 weavers at Mahva Dabra village, Jaspur. The study conducted by personal interviews regarding general information of health. The study results revealed that 32.2% had leg pain, 42.2% had respiratory problem and 24.8% had stress. The study concluded that Indian handloom weaving is an important sector, the problems of the weavers has to be overlooked for quality output.

Sartaj Ahmad, Pavan Parashar, et al., (2012) conducted a cross sectional study to assess the musculoskeletal and respiratory illness among 206 workers in small textile at Meerut district. Health status was assessed by asking questions related to health problems and physical examination. The study results revealed that 93.68% were males, 73.30% were illiterates, 18.93% were belongs to lower middle socio economical status, 80.10 %were addicted, and 68.44% had musculoskeletal and (46.22%) had respiratory problems. The study concluded that work related musculoskeletal and respiratory problems were present among small textile workers and study recommended that counseling should be given for addiction and health education for occupational safety measures.

Thayumanavar .B, Radhakrishnan .P (2011) conducted a survey to assess the quality of work life among 640 weavers working in 32 spinning mills at Coimbatore District. The survey was conducted using a five point Likert scale (Ranging from strongly agree to strongly disagree). The study results revealed that the extended working hours, compulsory overtime, committed deliveries by the units, shorter manufacturing cycles causes increased stress level of the employees at their job and lead to job dissatisfaction which ultimately end up with higher attrition rates and low morale. The study concluded that majority of the employees of these industries feel that their units were not provided adequate measures to balance their work and personal life and thereby

struggling to provide a comfortable climate for the employees to attain the quality of work life.

Nilvarangkul .K, et al., (2011) conducted action research to improve self care and work safety practices among 547 women weavers in North East, Thailand and after five years of implementation of action plan the results revealed that women were empowered to identify personal or work related issues, insect contamination concern, lack of social and community support system and well integrated the action plan into their community life. The study recommends community nurse or other health personnel can conduct action research with vulnerable population like weavers and old age group for enhancing community health status.

Basava Shankar (2011) conducted a descriptive study to identify the occupational hazards among 250 weavers from selected villages at Bangalore. The study results revealed that 78.22% had physical, 44.45% had psychological, 45.17% had both (physical and psychological) problems. The study concluded that, increased working hours (8 to 10 hours per day) showed effect on physical and psychological health of weavers.

Joseph Mberikunashe, Sarah Banda, Addmore Chadambuka (2010) conducted a analytical cross sectional study to assess the Prevalence and risk factors for obstructive respiratory conditions among textile industry workers at Zimbabwe. Data was collected using a pre-tested interviewer-administered questionnaire, to assess the workers knowledge on potential risks in their working areas, safety issues and respiratory problems experienced by the worker. The results revealed that a total of 194 workers were interviewed, 100% were males, majority (65%) had 40 years, (55.34%) had 12 years of experience, (67.5%), had attained secondary school education, 27.8% had severe respiratory obstruction 44.4%, had Wheezing, 15(27.78%) smokers, 39(27.86%) non-smokers had severe obstruction. The study concluded that there was no significant difference between the smokers and non smokers, two groups had respiratory problems.

Nag A, vyas H (2010) conducted a comparative descriptive study to assess the gender differences, work stressors and musculoskeletal disorders in weaving industries among 516 weavers at Nagpur. The study results revealed that female weavers are having upper and lower back pain where as males have knee pain and also found psychological stress was more in females than in males. The study concludes that females were more affected than men and there was difference in type of pain among male and female weavers.

Thoreia Mahmoud, Hosnia, Abd El-Megeed (2010) conducted a study to assess the occupational health hazards among 550 workers at Assiut spinning. A questionnaire include two parts, one to assess the industrial hazards and their preventive measures and the second one included the information from the health record of the worker in health insurance included pre-placement examination and periodic medical examination. The study results revealed that (96.9%) were males,(65.8%) of workers had 20-30 years of experience,67.3% were mentioned that the mask is available and only 41.6% from them using it during work. 99.5% of workers mentioned about the availability of the emergency equipments, 99.3% of workers mentioned that there are no health education programs, (68.3%) had cough, (68.3%) had chest pain, (70.12%) had dyspnea, 13.4%, had chronic bronchitis. The study concluded that workers in the spinning factory were suffering from health problems and also recommends improving of worker's health through: Periodic medical examination should be performed to all workers in the factory.

Maneesha (2010) conducted a cross sectional study to assess the health related problems among 100 weavers in textile factory at Belgaum. The convenient sampling technique was used for the study. The data was collected with the help of questionnaire and personal interview with the workers. The study showed that 71% had at least one work related muscular-skeletal pain, 86% had respiratory problems, 48.75% had psychological stress, and 34.57% had depression. The study concludes domestic and industrial occupations like weaving; handcrafting has to be aware of occupational hazards and safety measures.

Ashfaq Ahmad Mann, Aqeel Anjum (2009) conducted a case study to assess the health concerns among Workers in Weaving Industry at Tehsil Faialabad, Pakistan. The data was collected from four union councils of Faisalabad. The study results revealed that (30%) had eyesight problems due to subdue light, 28% had headache, 32% had complaints of remaining sick after joining weaving industry, (54%) had frustration and stress. The study concluded that unhygienic conditions and poor facilities created frustration among majority of the workers under study.

Banergee (2009) conducted a descriptive study to assess the psychological well being of weavers among 200 weavers at Nellore with the help of structured questionnaire. The study results revealed that 72% had poor, 25% had moderate and 3% had good psychological well being. The study concluded that working conditions and socio economic status had an effect on psychological wellbeing of weavers.

Rajeev Sundher (2009) conducted the cross-sectional study to assess the prevalence of low back pain among 540 cotton textile workers at Wardha. The study results revealed that 78.65% had low back pain. The study concluded that weavers are suffering from musculoskeletal disorders.

Bhuvana sabkar (2008) conducted a community based cross-sectional study was carried to assess the physical problems of weavers in slum area at Kolkata. The setting for the study was 3 main areas in the slums were almost all those engaged in the small scale weaving. A complete enumeration of all weavers was done. The study results revealed that, about 69.64% had musculoskeletal problem, 53.6% had respiratory problem and 37.5% had mal nutrition. The study concluded that major problems of the weavers were musculoskeletal and respiratory.

Mohalla rajev (2007) conducted a cohort study to assess the risk factors for suicide among 2758 weavers at Bagwanala weaver's colony where 47 suicides were reported and study results 60% of the suicides are because of poverty, economic hardship and depression. The study concludes that they are in need of psychological interventions as relieving measures form depression and also be aware of new trends in the market to improve the sales with a view to prevent poverty by support from Government.

Archana kaushik (2005) conducted a situational analysis on effect of globalization on economical status of 820 of weavers living in Varanasi, Uttar Pradesh, among which 40% were living below poverty line which further effects their health by causing tuberculosis, malnutrition, bronchitis, emphysema with fibrosis, swelling of limbs, backache, anemia and 175 suicides.

SECTION 2.2: SCIENTIFIC REVIEWS RELATED TO EFFECTIVENESS OF SELECTED NURSING INTERVENTION ON QUALITY OF LIFE AMONG WEAVERS.

Sunder Kumar (2013) conducted an experimental study to assess the effectiveness of positive thinking to enhance subjective well-being among textile workers. 121 workers participated and were assessed by psychological need scale at Iran. The study findings showed that social, emotional and cognitive well-being, through positive the practice of positive thinking for the duration of 6 months.

Mayavathi (2011) conducted a quasi experimental study to examine the effectiveness of positive affirmations, exercises in enhancing happiness and life satisfaction, and reducing psychological stress among carpet weavers. 36 carpet weavers in experimental group and 34 in the control group participated. The findings of the study showed that positive affirmations were effective to decrease psychological stress and significant to increase happiness and life satisfaction.

John Shekar H, et al., (2011) conducted an experimental study to assess the effectiveness of breathing exercise for stress among weavers. 78 weavers participated and were assessed by structured questionnaire. Deep breathing exercise was given for 3 months. The study findings showed that 48% stress was reduced after the administration of intervention among weavers.

Sabarirajan .A, Meharajan.T, Arun.B (2010) conducted a survey to assess the effect of welfare measures and their impact on quality of work life among 100 weavers at Salem district . The study results revealed that 15% were highly satisfied, 22 % were satisfied, 39% had average satisfaction with their welfare measures. 16% had highly dissatisfaction level. The study concluded that welfare measures plays important role in employee satisfaction and it results in improved quality of work life. This study throws

light on the impact of welfare measures on QWL among the employees of textile mills in Salam district.

Tejeswari.BV (2010) conducted a quasi experimental study to assess the effectiveness of a structured teaching programme on knowledge of occupational health hazards among 60 women weavers at Maruthi Garment Private Limited, Bangalore. Structured interview technique was used for the study and the results revealed that 92% were having poor knowledge, 8% were having moderate knowledge. The study concluded that structured teaching programme was very effective, also suggested similar or related studies at different setting would be effective.

Pandian (2009) conducted a cross sectional study to assess the knowledge, attitude and practices related to occupational health problems among 350 weavers at Madurai. The study revealed that, 93% of the workers had experienced various health problems while weaving, but only 4% workers were using personal protective equipments. The study concludes the weavers have decreased knowledge on protective measures for preventing occupational hazards.

Chansomani (2009) conducted quasi experimental study to assess the effectiveness of using personal protective measures to prevent the occurrence of respiratory problems among 50 textile workers at Bangalor. Among 50, 24 were in experimental group and 26 were in control group. The study results showed that usage of personal protective measures were effective and found the reduction in the reoccurrence of respiratory problems reflect with greater accuracy. The study concludes personal protective measures are effective for preventing respiratory problems among textile workers.

Kwan T se FY et al (2009) conducted a randomized control study to assess the effectiveness of guided imagery on depression levels among industrial workers at west bengal. 47 workers (23 using guided imagery and 24 controls) participated and were assessed by depression scale. The study findings showed that decrease in depression scores ($P < 0.001$) after administration of guided imagery.

RESEARCH METHODOLOGY

Methodology is the significant part of any research study which enables the researcher to project a blue print of the research undertaking. This chapter describes the methodology followed to assess the effectiveness of selected nursing interventions on Quality of life among weavers. (**Polit and Hungler**)

This chapter deals with research approach, research design, variables, setting of the study, population, sample, criteria for the sample selection, sample size, sampling technique, development and description of tool, content validity, reliability of the tool, pilot study, the procedure for data collection and plan for data analysis.

3.1 RESEARCH APPROACH

The research approach used in the study was quantitative research approach in accordance to the nature of the problem and to accomplish the objectives of the study.

3.2 RESEARCH DESIGN

The research design adopted for this study was Pre experimental one group pretest and post test design. Based on **Polit and Beck (2012)** this study design is termed as pre experimental as the researcher has incorporate intervention without having a control group and randomization.

The schematic representation of the pre experimental study is shown below

GROUP	PRETEST (O₁)	INTERVENTION (X)	POST – TEST (O₂) (On15th day of intervention)
Weavers living in Mangalagiri village.	Assess the Quality of life among weavers by using modified WHOQOL – BREF scale.	Selected nursing interventions: Psycho education: On Protection to eye, home environment, balanced diet, sleep, alcohol and smoking, and supporting relations. Demonstration: On range of motion exercises, breathing exercises, guided imagery and positive thinking. Pamphlet: pamphlet contains protection to eye, home environment, balanced diet, sleep, alcohol and smoking, and supporting relations as reinforcement.	Assess the Quality of life among by using modified WHOQOL – BREF scale.

3.3 VARIABLES

3.3.1 Independent Variables

The independent variable for this study was selected nursing interventions.

3.3.2 Dependent Variable

The dependent variable for this study was Quality of life among weavers in selected villages.

3.3.3 Extraneous Variables

Extraneous variables in this study are the age, education, gender, marital status, type of family, number of working hours per day, health concern, number of children in the family, number of family members, number of weavers in the family, monthly income of individual, total monthly income of the family, habits, money spend for alcohol, smoking and others substance use.

3.4 SETTING OF THE STUDY

The research setting was at Mangalagiri village, Andhra Pradesh. The village had 280 weaving families with 318 weavers.

3.5 POPULATION

The study population comprises of all weavers.

3.5.1 Target population

The study population consisted of all the weavers who were living in the villages of Andhra Pradesh.

3.5.2 Accessible population

All the weavers who were living in the Mangalagiri village, Andhra Pradesh.

3.6 SAMPLE

Weavers who fulfilled the sample selection criteria were selected for the study as sample.

3.7 SAMPLE SIZE

The sample size of the study was 60 weavers from Mangalagiri village, Andhra Pradesh.

3.8 CRITERIA FOR SAMPLE SELECTION

The following criteria were adopted for the selection of sample.

3.8.1 Inclusive Criteria

- 1 Weavers living in Mangalagiri village.
- 2 Weavers who are able to understand and read Telugu.
- 3 Weavers who are more than 18 years old.

3.8.2 Exclusive Criteria

1. Weavers who were not willing to participate in the study.
2. Weavers those who exposed to the training programme for improving the Quality of life.

3.9 SAMPLE TECHNIQUE

Non probability purposive sampling technique was used and 60 samples were selected Based on the inclusive criteria.

3.10 DEVELOPMENT AND DESCRIPTION OF TOOL

3.10.1 Part A: Data Collection Tool

The data collection tool used for the study included two sections:

Section A: Demographic variables

The section dealt with demographic variables of weavers which include age, education, gender, marital status, type of family, number of working hours, health concern, number of children in the family, number of family members, number of weavers in the family, income of individual, total income of the family, habits, money spend for alcohol smoking and other substance use.

Section B: Modified World Health Organization Quality Of Life – BREF scale.

Modified WHOQOL – BREF which consist of 26 questions divided under four components and each component consist of questionnaire as following

- Physical health component – 7 items
- Psychological component - 8 items
- Social component – 3 items
- Environmental component – 8 items

Scoring and interpretation:

- Positive rating for – 23 items
- Negative rating for – 3 items

Scoring key for modified WHOQOL – BREF scale

The level of modified WHOQOL – BREF was measure as follows:

S.No.	Domain	Questions	Poor	Moderate	Good
1	Physical	3, 4, 10, 15, 16, 17, 18	7 – 16	17 – 26	29 – 35
2	Psychological	1, 2, 5, 6, 7, 11, 19, 26	8 – 18	19 – 29	30 – 40
3	Social	20, 21, 22	3 – 7	8 – 11	12 – 15
4	Environmental	8, 9, 12, 13, 14, 23, 24, 26	8 – 18	19 – 29	30 – 40

Scoring key for overall Quality Of Life

Score	Percentage	Interpretation
26 – 60	1 – 45%	Poor
61 – 95	46 – 95%	Moderate
96 – 130	96 – 130%	Good

To measure the effectiveness of selected nursing interventions using the raw score:

The WHOQOL raw score was terminated to a 0 – 100 scale using the formula

$$\text{Transformed score} = \frac{\text{Actual raw score} - \text{Lowest possible raw score}}{\text{Possible raw score range}} \times 100$$

3.10.2 PART B: - SELECTED NURSING INTERVENTIONS

Selected nursing interventions prepared by the investigator include: psycho education, demonstration and pamphlet.

Psycho education includes the following

- Protection to eye: It comprises of 3 types of relaxations techniques to prevent eye strain.
- Clean home environment: It covers some tips to keep the home environment clean so that to prevent the entry of cotton dusts in to respiratory tract.
- Balanced diet: It covers importance, elements and sources of balanced diet.
- Sleep: It contains definition, advantages of sleep and normal duration for sleep based on age group of people.
- Problems related to alcohol and smoking: It includes definition of smoking and alcohol, physical, psychological, social, economical and environmental problems due to alcohol consumption and smoking.
- Supporting relations: It includes tips to maintain good relationships

The psycho education was giver for 30 minutes.

Demonstration includes the following

- Range of motion exercises: It comprises of flexion, extension, abduction, adduction, circumduction for 10 minutes.

- Breathing exercises: It covers steps like, sitting straight, breath in, holding the breath for 2 to 3 seconds then breathes out slowly. This exercise was advised for 5 to 10 times per day.
- Guided imagery: This technique was followed by breathing exercises. Weavers are instructed to visualize the pleasant image for 3 – 5 minutes.
- Positive thinking: In this brief idea was given about positive and negative thoughts followed by usual daily thoughts by the weavers were asked among which mostly are negative and demonstrated how to manipulate the negative thought in to positive and advised them to do it in day to day life for 30 minutes.

Pamphlet: pamphlet contains protection to eye, home environment, balanced diet, sleep, problems related to alcohol and smoking, supporting relations and images depict demonstrated topics. The pamphlet was given as reinforcement.

3.11 CONTENT VALIDITY

The validity of the tool was obtained from

- Psychiatrist - 1
- Nursing Experts in the field of Mental Health Nursing – 3
- Clinical Psychologist – 1
- Social worker - 1

Modifications were done in the tool as suggested by the experts and it was incorporated in the main study and the tool was finalized.

3.12 ETHICAL CONSIDERATION

Ethics is a system of moral values that is concerned with the degree to which the research procedures adhere to the professional, legal and social obligations to the study participants (**Polit and Hungler, 2011**).

The research study was approved in Institutional Ethics Review Board (IERB) held on February 2013 by International Center for Collaborative Research (ICCR), Omayal Achi College of Nursing.

The ethical principles followed in the study were

1) BENEFICIENCE

The investigator followed the fundamental ethical principle of beneficence by adhering to

a) The right to freedom from harm and discomfort

The study was beneficial for the participants as it enhanced their Quality of life.

b) The right to protection from exploitation

The investigator explained the procedure and nature of the study to the participants and ensured that none of the participants is exploited or denied fair treatment.

2) RESPECT FOR HUMAN DIGNITY

The investigator followed the second ethical principle of respect for human dignity. It includes,

a) The right to self-determination

The investigator gave full freedom to the participants to decide voluntarily whether to participate in the study or to withdraw from the study and the right to ask questions.

b) The right to full disclosure

The researcher has fully described the nature of the study, the person's right to refuse participation and the researcher's responsibilities based on which both oral and written informed consent was obtained from the participants.

3) JUSTICE

The researcher adhered to the third ethical principle of Justice. It includes:

a) Right to fair treatment:

The researcher selected the study participants based on the research requirements. The investigator followed their routines for the study group, during

the period of data collection and explained about the selected nursing interventions to the weavers.

b) Right to privacy

The researcher maintained the participant's privacy throughout the study.

4) CONFIDENTIALITY

The researcher maintained confidentiality of the data provided by the study participants.

3.13 RELIABILITY OF THE TOOL

Reliability of modified WHOQOL – BREF scale was established through split half method. The reliability score was $r=0.91$ respectively. The 'r' value indicated that there was a high positive correlation.

3.14 PILOT STUDY

Pilot study is a trail run for the main study to test the reliability, practicability and feasibility for the study and the tool. Pilot study was conducted for the period of one week from 10 July to 16th July at Chirala weaver's association society, Chirala. After receiving formal permission letter from the Principal, Omayal Achi College of Nursing and President of Chirala weaver's society. The researcher selected 10 sample of weavers using non probability purposive sampling technique who fulfilled inclusion criteria for samples.

The researcher met the sample in their working area and introduced self to the weavers and established rapport with them. They were assured that no physical harm or emotional harm and disclosure of the information to others, the brief explanation on the purpose of the study was given. Informed consent was obtained from the sample.

Pre test was done on 10/07/2013. Participants were made to sit comfortably in a well ventilated and lighted room with adequate privacy. On an individual basis demographic variables were collected by a structured interview schedule and the pre test level of Quality of life was assessed using modified WHOQOL – BREF scale.

The intervention was given on 12.07.13. Psycho education was given on protections to eye, home environment balanced diet, sleep, problems related to alcohol and smoking, human relations and lecture cum demonstration was done on range of motion exercises, breathing exercise, guided imagery and positive thinking.

Post test was done on 16/07/2013, the interventions were reinforced for 5 days. Privacy was maintained during the process of data collection. Confidentiality was maintained throughout the study by assigning identification numbers to the actual data. Access to participants' information was restricted to the investigator.

The findings of the pilot study showed the feasibility and practicability of the study and after which the plan for actual study was made.

3.15 PROCEDURE FOR DATA COLLECTION

A formal permission was obtained from the Principal, Omayal Achi College of Nursing and the ethical clearance was obtained from the International Centre for Collaboration Research. Permission was sought from the president of Mangalagiri W.C.S. LTD for conducting the main study. The data was collected for a period of 4 weeks.

A brief explanation was given about the intervention and purpose of the study to the participants who fulfilled the inclusive criteria and the written informed consent was obtained. Participants were made to sit comfortably in a well ventilated and lighted room with adequate privacy.

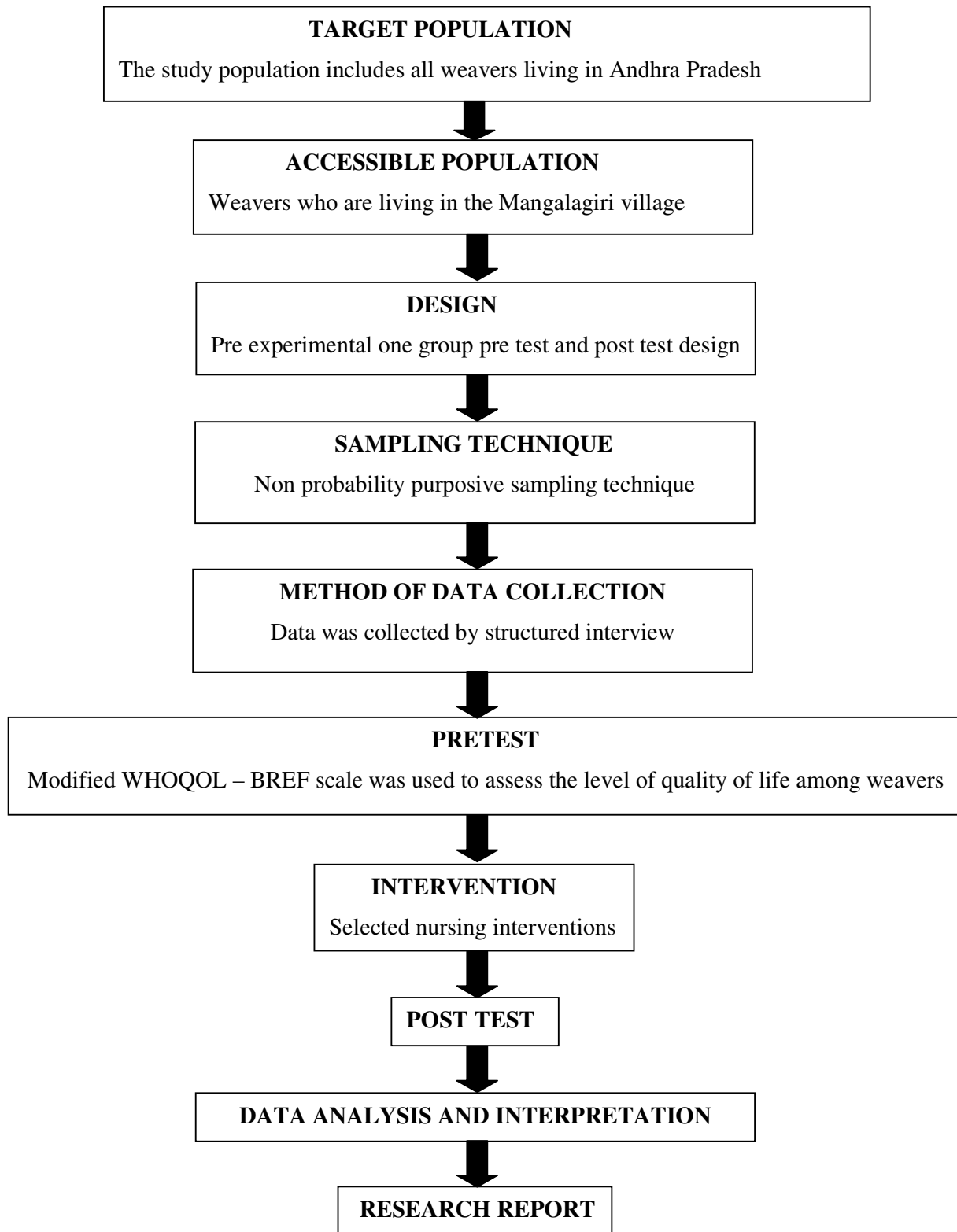
On an individual basis demographic variables were collected by a structured interview schedule and the pre test level of Quality of life was assessed using modified WHOQOL – BREF scale.

The participants were divided into four groups and intervention was given which includes Psycho education on protection to eyes, home environment, balanced diet, sleep, problems related to alcohol and smoking and human relations and demonstration was done on range of motion exercises, breathing exercise, guided imagery and positive thinking.

Interventions were reinforced for 14 days and Post test was done on 15th day of the intervention. Privacy was maintained during the process of data collection. Confidentiality was maintained throughout the study by assigning identification numbers to the actual data. Access to participants' information was restricted to the investigator

PLAN FOR DATA COLLECTION

GROUP	NUMBER OF SAMPLE	DURATION OF INTERVENTION		
		1 ST WEEK	2 ND AND 3 RD WEEK	4 TH WEEK
I	15	PRE TEST	SELECTED NURSING INTERVENTIONS PSYCHOEDUCATION – 30MINUTES DEMONSTRATION – 30 MINUTES PHAMPHLET – AS RENIFORCEMENT	POST TEST
II	15			
III	15			
IV	15			

SCHEMATIC REPRESENTATION ON RESEARCH METHODOLOGY

3.16 PLAN FOR DATA ANALYSIS

The data will be analyzed by using descriptive and inferential statistics.

3.16.1 Descriptive statistics

1. Frequency and percentage distribution will be used to analyze the demographic variables of weavers.
2. Mean and standard deviation will be used for assessing the pre and post test level among the weavers.

3.16.2 Inferential statistics

1. Paired 't' test will be used to assess the pre and post test level of Quality of life among weavers.
2. One way ANOVA test will be used to associate the mean differed level of Quality of among weavers.

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of the data collected from 60 samples regarding the Quality of life among weavers at selected village, Andhra Pradesh. The data collected was organized, tabulated and analyzed according to the objectives. The findings based on the descriptive and inferential statistical analysis are presented under the following sections.

ORGANISATION OF THE DATA

- SECTION 4.1:** Description of demographic variables of weavers.
- SECTION 4.2:** Assessment of pre-test and post- test level of Quality of life among weavers.
- SECTION 4.3:** Comparison of pre and post test level of Quality of life among weavers.
- SECTION 4.4:** Association between the selected demographic variables with their mean differed score on level of Quality of life among weavers.

SECTION 4.1: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES OF WEAVERS.

Table 4.1.1 : Frequency and percentage distribution of demographic variables with respect to Age, gender and education.

N = 60

S. No	Demographic Variables	No.	%
1	Age (In years)		
	18 - 27	1	1.66
	28 - 37	24	40.00
	38 - 47	31	51.67
	48 - 57	3	5
	>57	1	1.66
2	Gender		
	Male	35	58.33
	Female	25	41.67
3	Education		
	Non literate	21	35.00
	Pre primary	18	30.00
	Primary (1 - 5)	18	30.00
	Secondary (1 - 10)	3	5.00
	Higher secondary (11 & 12)	0	0.00
	Diploma	0	0.00
	Graduation	0	0.00
	Post graduation and above	0	0.00

Table 4.1.1 shows the frequency and percentage distribution of demographic variables with respect to age, gender and education.

Considering the distribution of the demographic variables of weavers, 31(51.67%) were between the age group of 38 – 47, 35(58.33%) were males and 21(35%) were non literate.

Table 4.1.2: Frequency and percentage distribution of demographic variables with respect to marital status, income and type of family.

N=60

S. No	Demographic Variables	No.	%
1	Marital status		
	Married	49	81.67
	Unmarried	3	5.00
	Widow	8	13.33
	Divorced	0	0.00
	Separated	0	0.00
2	Income of individual per month (In rupees)		
	<1000	1	1.67
	1001 - 3000	59	98.33
	3001 - 5000	0	0.00
	>5000	0	0.00
3	Type of family		
	Nuclear	39	65.00
	Joint	20	33.33
	Extended family	1	1.67

Table 4.1.2 shows the frequency and percentage distribution of demographic variables with respect to marital status, income and type of family.

Considering the distribution of the demographic variables of weavers, 49(81.67%) were married, 59(98.33%) were earning Rs.1001 - Rs.3000 per month, 39(65%) were belongs to joint family.

Table 4.1.3: Frequency and percentage distribution of demographic variables with respect to number of family members, number of children, and number of weavers in the family.

N=60

S.No.	Demographic Variables	No.	%
1	Number of family members		
	0 – 3	36	60.00
	4 – 6	23	38.33
	Above 6	1	1.67
2	Number of children in the family		
	1 – 3	60	100.00
	4 – 6	0	0.00
	Nil	0	0.00
3	Number of weavers in the family		
	1	36	60.00
	2	22	36.67
	3	2	3.33
	>4	0	0.00

Table 4.1.3 shows the frequency and percentage distribution of demographic variables with respect to number of family members, number of children and number of weavers in the family.

Considering the distribution of the demographic variables of weavers, 60(100%) had 1 – 3 children in the family, 23(38.33%) had 5 – 6 family members, 36(60.00%) had one weaver in the family.

Table 4.1.4: Frequency and percentage distribution of demographic variables with respect to total income of the family, number of working hours, health concern.

N = 60

S.No.	Demographic Variables	No.	%
1	Total number of working hours per day		
	<6 hours	0	0.00
	6 - 10 hours	50	83.33
	>10 hours	10	16.67
2	Total income of the family		
	Rs 5000 – Rs 10,000	35	58.33
	Rs 10,001 – Rs 15,000	25	41.67
	Rs 15,001 – Rs 20,000	0	0.00
	Above Rs 20,000	0	0.00
3	Are you concern about your health		
	Yes	21	35.00
	No	39	65.00

Table 4.1.4 shows the frequency and percentage distribution of demographic variables with respect to total number of working hours, total monthly income of the family, health concern.

Considering the distribution of the demographic variables of weavers, 50(83.33%) were working for 7 – 10 hours, 36(60.00%) of the families total monthly income is between Rs5000 – Rs10, 000 and 39(65.00%) had no health concern.

Table 4.1.5: Frequency and percentage distribution of demographic variables with respect to habits and monthly expenditure for alcohol, smoking and others.

N = 60

S.No.	Demographic Variables	No.	%
1	Habit of the following things		
	Alcohol consumption	9	15.00
	Smoking	11	18.33
	Alcohol and smoking	4	6.67
	Others	0	0.00
	Nil	36	60.00
2	Expenditure for alcohol/smoking/other substance use.		
	Rs 500 – 1000	24	40.00
	Rs 1001 – 2000	0	0.00
	Rs 2001 – 3000	0	0.00
	Above Rs 3000	0	0.00

Table 4.1.5 shows the frequency and percentage distribution of demographic variables with respect to habits and monthly expenditure for alcohol, smoking, others.

Considering the distribution of the demographic variables of weavers, 11(18.33%) were smokers, 24(40.00%) spends Rs.500 – Rs1000 for smoking and alcohol.

Table 4.1.1 – 4.1.5 depicts the demographic data of weavers.

SECTION 4.2: ASSESSMENT OF PRE TEST AND POST TEST LEVEL OF QUALITY OF LIFE AMONG WEAVERS.

Figure 4.2.1: Assessment of pre and post test level of physical domain of Quality of life among weavers.

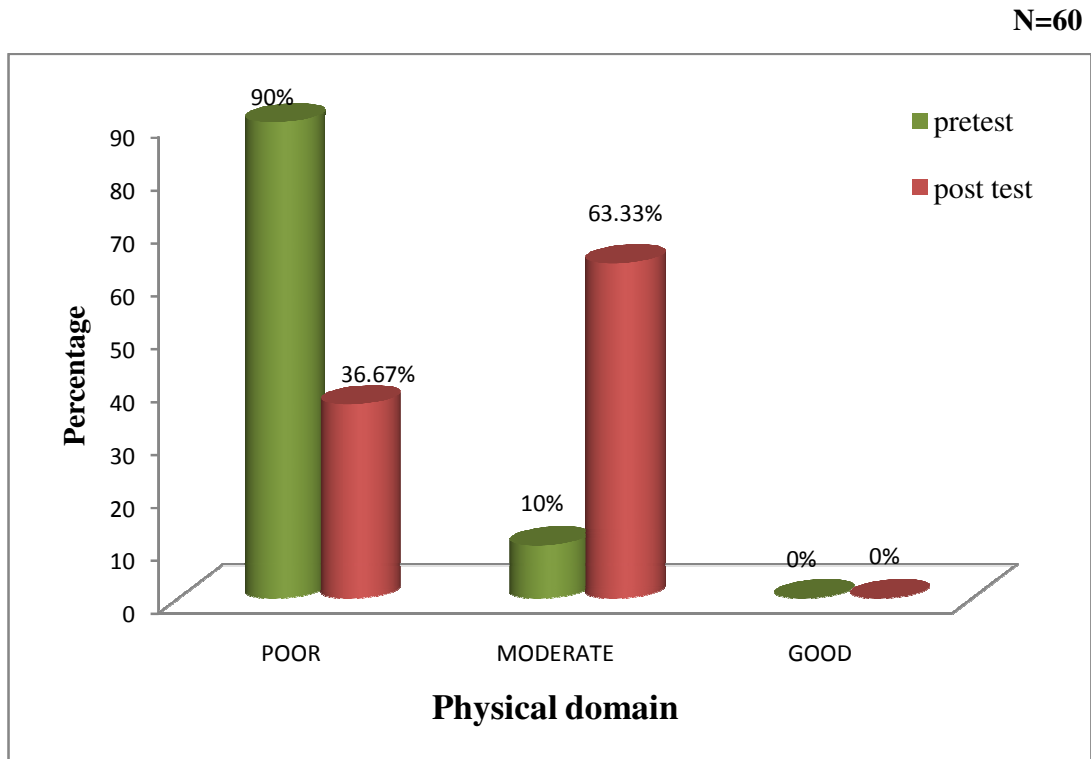


Figure 4.2.1 reveals frequency and percentage distribution of pre and post test level of physical domain of Quality of life among weavers.

With regard to physical domain, 90% had poor and 10% had moderate Quality of life in pretest, whereas only 36.67% had poor quality of life in the post test and the moderate Quality of life had improved from 10% to 63.33%.

Figure 4.2.2: Assessment of pre and post test level of psychological domain of Quality of life among weavers.

N = 60

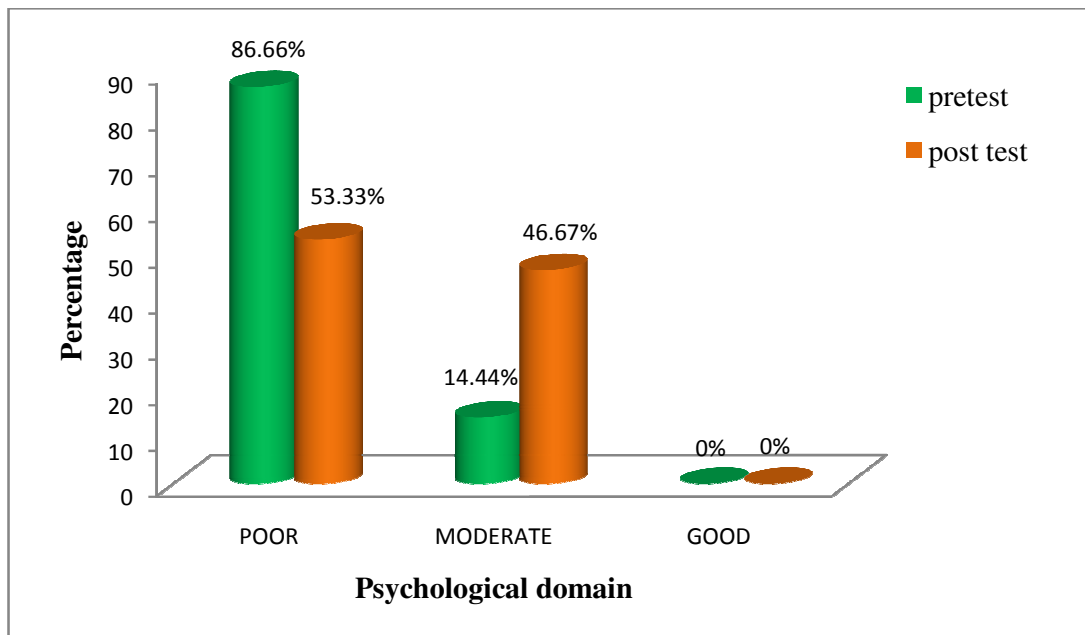


Fig.4.2.2 reveals frequency and percentage distribution of pre and post test level of psychological domain of Quality of life among weavers.

With regard to psychological domain, 86.66% had poor and 14.44% had moderate quality of life in pretest, whereas only 53.33% had poor quality of life in the post test and moderate quality of life had improved from 14.44% to 46.67%.

Figure 4.2.3: Assessment of pre and post test level of social domain of Quality of life among weavers.

N=60

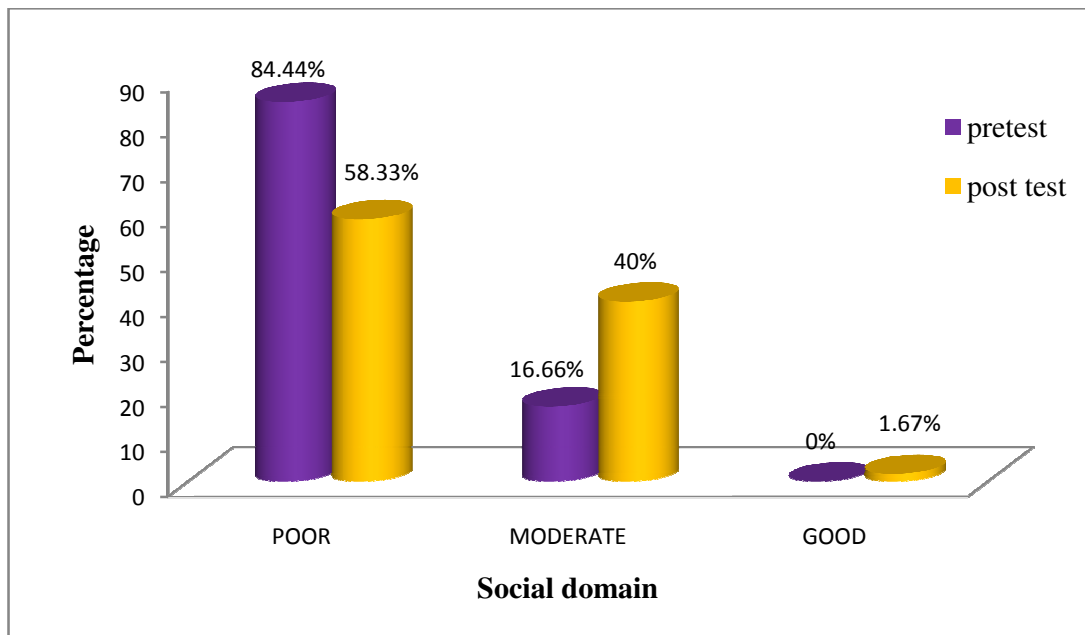


Figure 4.2.3 reveals frequency and percentage distribution of pre and post test level of social domain of Quality of life among weavers.

With regard to social domain, 84.44% had poor, 16.56% had moderate Quality of life in pretest, whereas only 58.33% had poor quality of life in the post test and moderate quality of life had improved from 16.56% to 40%, improvement in good quality of life is up to 1.67%.

Figure 4.2.4: Assessment of pre and post test level of environmental domain of Quality of life among weavers.

N=60

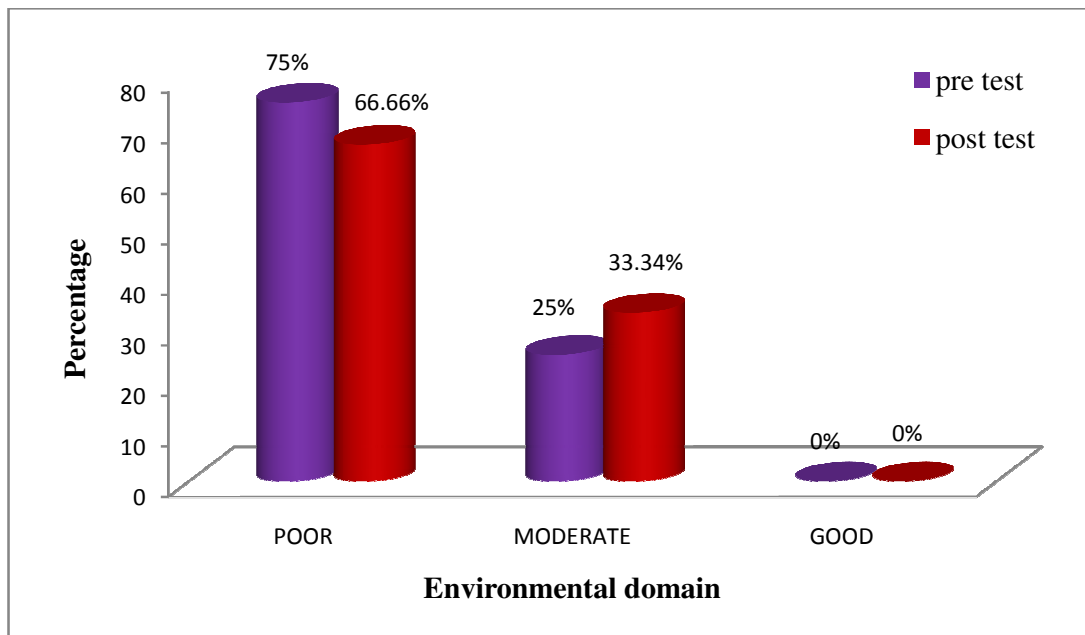


Figure 4.2.4 revealed frequency and percentage distribution of pre and post test level of environmental domain of Quality of life among weavers.

With regard to environmental domain, 75% had poor and 25% had moderate Quality of life in pretest, whereas only 66.66% had poor quality of life in the post test and the moderate quality of life had improved from 25% to 33.34 %.

N=60

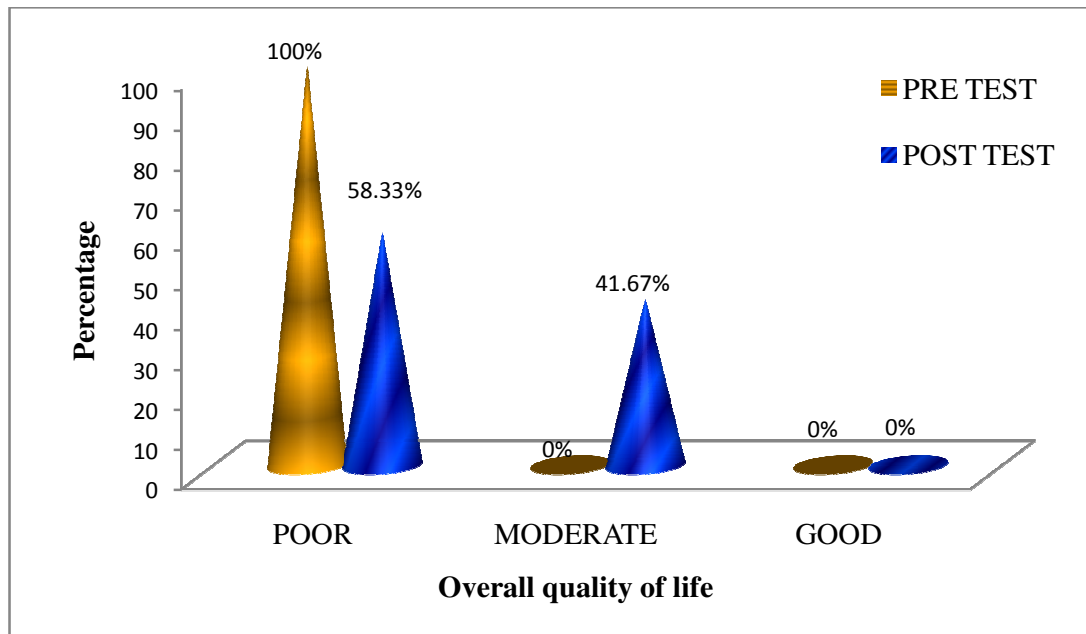


FIGURE 4.2.5: ASSESSMENT OF PRE AND POST TEST LEVEL OF OVERALL QUALITY OF LIFE.

Figure 4.2.5 reveals frequency and percentage distribution of pre and post test level of overall Quality of life among weavers.

With regard to overall quality of life, 100% had poor Quality of life in pretest, whereas only 58.33% had poor quality of life in the post test and moderate Quality of life had improved from 0% to 41.67%.

The study results indicate moderate improvement in level of quality of life due to time constraints for the intervention.

Figure 4.2.1 to 4.2.5 depicts pre and post test level of Quality of life among weavers.

SECTION 4.3: COMPARISON OF PRE AND POST TEST SCORES OF QUALITY OF LIFE AMONG WEAVERS.

Table 4.3.1: Comparison pre test and post test scores of quality of life with regard to physical, psychological, social and environmental domain.

N=60

Domain	Pre test		Post test		Paired 't' Value
	Mean	S.D	Mean	S.D	
Physical	16.70	7.97	35.43	9.96	t = 17.926** p = 0.001, S
Psychological	22.4	9.12	47.55	11.48	t = 15.088** p = 0.001, S
Social	24.21	9.57	42.33	10.32	t = 13.941** p = 0.001, S
Environmental	19.58	8.46	30.03	8.54	t = 10.541** p = 0.001, S

***p<0.001, S – Significant

Table 4.3.1 (a) reveals the effectiveness of selected nursing interventions by comparison of pre and post test level of mean and standard deviation score of Quality of life.

With regard to physical domain the mean pre test score was 16.70 with S.D of 7.97, and the post test mean score was 35.43 with S.D 9.96, and the calculated 't' value was t=17.926 which was greater than the table value, hence there was a high statistical significant difference with the physical domain of Quality of life in the post test.

With regard to psychological domain the mean pre test score was 22.4 with S.D of 9.12, and the post test mean score was 47.55 with S.D 11.48, and the calculated 't' value was t = 15.088 which was greater than the table value, hence there was a high statistical significant difference with the psychological domain of Quality of life in the post test.

With regard to social domain the mean pre test score was 24.21 with S.D of 9.57, and the post test mean score was 42.33 with S.D 10.22, and the calculated 't' value was $t=13.941$ which was greater than the table value, hence there was a high statistical significant difference with social domain of Quality of life in the post test.

With regard to environmental domain the mean pre test score was 19.58 with S.D of 8.46, and the post test mean score was 30.03 with S.D 8.54, and the calculated 't' value was $t= 10.541$ which was greater than the table value, hence there was a high statistical significant difference with the environmental domain of Quality of life in the post test.

The results revealed that selected nursing interventions were highly effective on physical domain.

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Table 4.3.2: Comparison of pre and post test scores of overall quality of life among weavers

N= 60

Overall quality of life	Mean	S.D	Paired 't' value
Pre test	16.25	5.70	t = 24.9*** P= 0.001 S
Post test	31.66	5.72	

***p<0.001, S – Significance

With regard to overall Quality of life the mean pre-test score was 16.25 with S.D of 5.70, and the post-test mean score was 31.66 with S.D 5.72, and the calculated 't' Value was t= 24.92 which was greater than the table value, hence there was a high statistical significant difference with the overall Quality of life in the post test.

Hence the study reveals that there is a significant difference between the pre and post test score of Quality of life at p<0.001 and there is an overall improvement in the Quality of life among weavers. Hence the null hypothesis stated was rejected.

SECTION 4.5: ASSOCIATION BETWEEN MEAN DIFFERED QUALITY OF LIFE AMONG WEAVERS AND THEIR SELECTED DEMOGRAPHIC VARIABLES

Table 4.4.1 : Association between the mean differed Quality of life among weavers with their selected Demographic variables.

N = 60

S.No.	Demographic Variable	Pre test		Post test		Mean diff		ANOVA/ Unpaired 't' value
		Mean	S.D	Mean	S.D	Mean	S.D	
1.	Age of weaver in years							F = 0.725 P = 0.542 N.S
	18 – 27 years	45.00	3.25	67.00	7.34	22.00	6.12	
	28 – 37 years	38.58	2.78	59.79	4.85	21.21	5.75	
	38 – 47 years	39.42	3.57	58.16	6.93	18.74	7.32	
	48 – 57 years	40.25	3.77	58.25	5.19	18.00	8.29	
	>58 years	44.25	3.68	54.63	6.92	21.45	6.22	
2.	Gender of the weaver							F = 0.888 P = 0.453 N.S
	Male	39.31	3.62	58.11	5.65	18.80	6.91	
	Female	39.12	2.92	60.16	6.52	21.04	6.38	
3.	Education of the weaver							t = -1.295 P = 0.201 N.S
	Illiterate	38.81	3.31	57.95	6.34	19.14	6.22	
	Pre primary	38.78	3.37	60.00	5.31	21.22	6.66	
	Primary (1 - 5)	40.00	3.41	58.33	6.51	18.33	7.29	
	Secondary (1 - 10)	40.33	3.05	63.67	4.93	23.33	7.64	
	Higher secondary (11 & 12)	-	-	-	-	-	-	
	Diploma	-	-	-	-	-	-	
	Graduation	-	-	-	-	-	-	
	Post graduation and above	-	-	-	-	-	-	

Table 4.4.1: The one way ANOVA 'F' test and paired 't' test was used to find out the association and there was no statistical significant association with the demographic variables of age, gender, education, marital status, income, type of family, number of family members, number of children, number of working hours, individual income, total income of the family, health concern, habits, total amount spending for alcohol/smoking/others substance use.

DISCUSSION

This chapter discusses the findings of the analysis in relation to the objectives of the study and further discusses how those objectives were satisfied by the study. The present study was undertaken to assess the effectiveness of selected nursing interventions on Quality of life among weavers at selected setting, Andhra Pradesh.

5.1 The findings of the demographic variables of the weavers.

Considering the distribution of the demographic variables of weavers, 31(51.67%) were between the age group of 38 – 47, 35(58.33%) were males and 21(35%) were non literate.

Considering the distribution of the demographic variables of weavers, 49(81.67%) were married, 59(98.33%) were earning Rs.1001 - Rs.3000 per month, 39(65%) were belongs to joint family.

Considering the distribution of the demographic variables of weavers, 60(100%) had 1 – 3 children in the family, 23(38.33%) had 5 – 6 family members, 36(60.00%) had one weaver in the family.

Considering the distribution of the demographic variables of weavers, 50(83.33%) were working for 7 – 10 hours, 36(60.00%) of the families total monthly income is between Rs5000 – Rs10, 000 and 39(65.00%) had no health concern.

Considering the distribution of the demographic variables of weavers, 11(18.33%) were smokers, 24(40.00%) spends Rs.500 – Rs1000 for smoking and alcohol.

5.2 The first objective was to assess the pre and post test level of Quality of life among weavers.

Data findings in the Figure 4.2.1- 4.2.5 revealed the findings of the pre test and post test level of Quality of life among weavers.

Figure 4.2.1 exhibited that, With regard to physical domain, 90% had poor and 10% had moderate Quality of life in pretest, whereas only 36.67% had poor quality of life in the post test and the moderate Quality of life is improved from 10% to 63.33%.

Figure 4.2.2 revealed that, With regard to psychological domain, 86.66% had poor and 14.44% had moderate Quality of life in pretest, whereas only 53.33% had poor Quality of life in the post test and moderate Quality of life is improved from 14.44% to 46.67%.

Figure 4.2.3 displayed that, With regard to social domain, 84.44% had poor, 16.56% had moderate Quality of life in pretest, whereas only 58.33% had poor quality of life in the post test and moderate Quality of life is improved from 16.56% to 40%, improvement in good Quality of life is up to 1.67%.

Figure 4.2.4 showed that, With regard to environmental domain, 75% had poor and 25% had moderate Quality of life in pretest, whereas only 66.66% had poor Quality of life in the post test and the improvement in moderate Quality of life is from 25% to 33.34 %.

Figure 4.2.5 reveals pre and post test level of Quality of life among weavers 100% had poor Quality of life in pretest, whereas only 58.33% had poor Quality of life in the post test and moderate Quality of life is improved from 0% to 41.67%.

Bramham A, et al., (2012) conducted a cross sectional study on the prevalence of causes of physiological problems among 955 weavers at Chirala and found about 50% of weavers were suffered from malnutrition, 38% respiratory problems and 12% were suffered with depression due to socio economical problems and emphasized on the appropriate measures for preventing economical problems.

Vinith et al., (2012) conducted a observational study to assess the safety measures followed by the weavers in order to protect their health, among 1741 weavers by using observational check list at Balagam and found 98.2 % of weavers are not following any protective measures 1.8% were wearing mask due to presence respiratory problems and the study concludes that the weavers must be educated regarding occupational health and safety measures.

The findings were consistent with the findings of the descriptive study conducted by determining the prevalence of physical, psychological, social and environmental problems, independent of health status, will require the development of more sophisticated and objective measures of Quality of life.

5.3 The second objective was to assess the effectiveness of selected nursing interventions on Quality of life among weavers.

With regard to physical domain the mean pre-test score was 16.70 with S.D of 7.97 , and the post-test mean score was 35.43 with S.D 9.96, and the calculated 't' value was $t=17.926$ which was greater than the table value, hence there was a high statistical significant difference with the physical domain of Quality of life in the post test.

With regard to psychological domain the mean pre-test score was 22.4 with S.D of 9.12 and the post-test mean score was 47.55 with S.D 11.58, and the calculated 't' value was $t= 15.088$ which was greater than the table value, hence there was a high statistical significant difference with the psychological domain of the Quality of life in the post test.

With regard to social domain the mean pre-test score was 24.21 with S.D of 9.57, and the post-test mean score was 42.33 with S.D 10.22, and the calculated 't' value was $t=13.941$ which was greater than the table value, hence there was a high statistical significant difference with the social domain of Quality of life in the post test.

With regard to environmental domain the mean pre-test score was 19.58 with S.D of 8.46, and the post-test mean score was 30.03 with S.D 8.54, and the calculated 't' value was $t= 10.541$ which was greater than the table value, hence there was a high

statistical significant difference with the environmental domain of Quality of life in the post test.

With regard to overall quality of life the mean pre-test score was 16.25 with S.D of 5.70, and the post-test mean score was 31.66 with S.D 5.72, and the calculated 't' value was $t= 24.92$ which was greater than the table value, hence there was a high statistical significant difference with the overall Quality of life in the post test.

Hence the study reveals that there is a significant difference between the pre and the post test score of quality of life at $p<0.001$ and there is an overall improvement in the Quality of life among weavers.

Caroline et al., (2011) conducted a randomized control trial on effectiveness of range of motion exercises on muscular skeletal problems among 118 eligible participants and 62 were randomized to ROM and results reveal that a significant improvement in physical activity due to decreased neck, back and joint pains. The study concludes use of ROM is effective.

Kaleeswar et al., (2010) conducted a randomized control trial on the effectiveness of breathing exercises among 12 workers at karnool and study concluded that there was a significant improvement in psychological health where the weavers felt relief from stress and also felt relaxed when compared to daily routines of their life pattern.

Sabarirajan,A, Meharajan,T,Arun.B (2010) conducted a survey to assess the effect of welfare measures and their impact on quality of work life among 100 weavers at Salem district. The study results revealed that 15% were highly satisfied, 22 % were satisfied and 39% had average satisfaction with their welfare measures. 16% had highly dissatisfaction level. The study concluded that welfare measures plays important role in employee satisfaction and it results in improved quality of work life. This study throws light on the impact of welfare measures on QWL among the employees of textile mills in Salam district.

The core concepts of Imogene King's Theory of Goal Attainment was the basis for the conceptual framework in this study. The investigator perceived the need for

imparting awareness on selected nursing interventions to the weavers and judged that this may improve their level of quality of life and hence prepared selected nursing interventions.

The weavers, who were the samples in this study, perceived the need to learn about selected nursing interventions through participation in study to improve their level of Quality of life. They acted by readily accepting to participate in the study through mutual goal setting with the investigator. The investigator reacted by assessing the pre test level of Quality of life and followed by an interactive session of psycho education and demonstration of selected nursing interventions for the weavers. The transaction phase consisted of the post test assessment of the level of Quality of life, which revealed that majority of weavers had moderately significant improvement in the level of quality of life following the intervention. Thus proving that the selected nursing interventions prepared and administered by the investigator was effective in improving the level of Quality of life among weavers.

Hence the null hypotheses NH_1 stated earlier **“There is no significant difference between the between the pre and post test level of Quality of life among weavers was rejected”**.

5.4 The objective was to associate the selected demographic variables with their mean differed score of Quality of life among weavers.

The association between the selected demographic variables with their mean differed score of sleep quality among elderly was done using one way ANOVA test and unpaired ‘t’ test.

Table 4.4.1 : reveals that there was no statistical significant association with the demographic variables of age, gender, education, marital status, income, type of family, number of family members, number of children, number of working hours, individual income, total income of the family, health concern, habits, total amount spending for alcohol/smoking/other substance use.

Hence the null hypotheses NH_2 , stated earlier that **“There is no significant association of the mean differed level of Quality of life among weavers with their selected demographic variables was accepted for the above variables”**.

SUMMARY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS

This chapter presents the summary, conclusion, implications, recommendations and limitations of the study based on the objectives selected.

6.1 SUMMARY

Physical, psychological, social and environmental domains are interlinked with each other in such a way when one domain is affected that influences all the other domains that are important for maintenance of Quality of life. Many of the study results stated that weavers are suffering from physical problems like respiratory, musculoskeletal, vision, malnutrition and tuberculosis and poor environmental hygiene, psychological problems like depression, stress, and anxiety further becoming a cause of suicide for which poor socio economical status is also a major triggering factor.

Psychiatric nurse play a major important role in the improvement of quality of life by the use of selected nursing intervention such as psycho education, demonstration on breathing, ROM exercises, guided imagery and positive thinking that improves the level of Quality of life among weavers.

6.1.1 The statement of the problem was

A pre experimental study to assess the effectiveness of selected nursing interventions on Quality of life among weavers living in selected village, Andhra Pradesh.

6.1.2 The objectives of the study were

1. To assess the pre and post test level of Quality of life among weavers working in selected village.
2. To assess the effectiveness of selected nursing interventions on level of Quality of life among weavers.
3. To associate the selected demographic variables with mean differed level of Quality of life among weavers.

6.1.3 The null hypotheses formulated were

NH₁: There is no significant difference between the pre and post test level of Quality of life among weavers living in selected village.

NH₂: There is no significant association between the mean differed level of Quality of life among weavers with their selected demographic variables.

6.1.4 Major findings of the study

The analysis of effectiveness of selected nursing interventions by comparison of pre and post test level of Quality of life, pre test mean score was 16.25, with S.D of 5.70, and the post test mean score was 31.66 with S.D.5.72, with a mean difference of 8.69 and the calculated 't' value was $t=24.997$. Hence, there was a moderate significant improvement in the level of Quality of life among weavers.

This showed a statistical difference at $p<0.05$ level and revealed that there was moderately significant level of improvement in the level of Quality of life after implementing the selected nursing interventions. It indicated that the weavers can follow selected nursing interventions to improve the level of Quality of life. Hence the null hypotheses **NH₁** stated earlier that **“There is no significant difference in pre and post test level of Quality of life among weavers at $p<0.05$ ”** was rejected.

The association of mean differed Quality of life among weavers with their demographic variables was done using one way ANOVA test. The findings revealed that there was no association in the mean difference in the Quality of life with their selected demographic variables. Hence the null hypotheses **NH₂**, stated earlier that **“There is no significant association between the selected demographic variables with their mean differed level of level of Quality of life among weavers”** was accepted.

6.2 CONCLUSION

The study findings concluded that there was a moderate significant difference in the Quality of life among weavers after administration of selected nursing interventions and it will be proved to be an effective method to improve the Quality of life among weavers, if the study is conducted for a longer duration of time.

6.3 IMPLICATIONS

6.3.1 Nursing practice

- Occupational health nurse must have skills on measures to enhance Quality of life among weavers.
- Conduct screening programme to trace the poor Quality of life in a view to provide supportive measures.
- Nurse can implement selected nursing intervention to enhance Quality of life among weavers.

6.3.2 Nursing education

- Strengthening the nursing curriculum of the nurses to exceed them in knowledge on Quality of life among occupational workers.
- Nurse educator should take the initiative to conduct educational programme on measures to enhance the Quality of life as a part of community psychiatry.

6.3.3 Nursing administration

- Mental health nurse administrator can organize continuous nursing education on measures to enhance Quality of life among employees in an industry.
- Occupational health nurse can formulate selected interventions for improving Quality of life of weavers.

6.3.4 Nursing research

- Nurse researcher can disseminate the study findings to other nurses and motivate them to apply it in practice.
- Nurse researcher can encourage for further researches in the area of alternative therapies to enhance the Quality of life
- Nurse researcher can build an interest to publish the findings of the study in conference, workshops or through other Medias.

6.4 RECOMMENDATIONS

1. The researcher will recommend the psychiatric nurses, social workers and school teachers to integrate the selected nursing intervention to enhance the Quality of life among weavers.

2. The researcher will recommend the selected nursing interventions to be practiced in all the weaving society and spinning mills.
3. A comparative study can be conducted between the weavers in domestic and industrial area.

6.5 LIMITATIONS

1. Nurse researcher felt difficult to obtain reviews on Quality of life among weavers.
2. The researcher was not able to find the complete effectiveness of the selected nursing interventions due to time constraints.

6.6 PLAN FOR RESEARCH DISSEMINATION

The findings of the research will be disseminated through paper presentation both in conferences, workshops at the national and international level and publication in specialty or research journals and articles.

6.7 RESEARCH UTILIZATION

1. Selected nursing interventions will be implemented in occupational industries to enhance the Quality of life of the employees.
2. Selected nursing interventions have been still practiced at Mangalagiri village as a part of their daily routine.

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APPENDIX – C**LETTER SEEKING EXPERT’S OPINION FOR CONTENT VALIDITY****From**

Geetha Nelluri,
M.Sc Nursing student,
Omayal Achi College of Nursing,
Chennai-66

To

Respected Sir/Madam,

Subject: Requisition from expert opinion for content validity.

I am Geetha Nelluri doing my M.sc Nursing I year specializing in Mental Health Nursing at Omayal Achi College of Nursing. As a part of my research project to be submitted to the Tamil nadu Dr.M.G.R. Medical University and in partial fulfillment of the university requirement for the award of M.sc Nursing degree, I am conducting **“A pre experimental study to assess the effectiveness of selected nursing interventions on the level of quality of life among weavers at selected villages, Andhra Pradesh”**. I have enclosed my data collection and intervention tool for your expert guidance and validation. Kindly do the needful.

Thanking you

Yours faithfully,

(GEETHA NELLURI)

Enclosure:

1. Research proposal
2. Data collection tool
3. Intervention tool
4. Content validity form
5. Certificate for content validity

LIST OF EXPERTS FOR CONTENT VALIDITY

MENTAL HEALTH MEDICAL EXPERT

1. **Dr. (Mrs) Hemalatha M.D.,**
Consultant Psychiatry,
Sothern Railway Hospital,
Perambur, Chennai- 23

MENTAL HEALTH NURSING EXPERTS

1. **Mrs. W. Vimala**
Professor & Head of the Department,
Mental Health Nursing,
Venkateswara college of nursing,
Thalambur,
Chennai.
2. **Mrs.Kalavalli**
Assistant professor,
Mental Health Nursing,
Meenakshi College of Nursing,
Chennai.
3. **Ms. Anuradha**
Associate professor,
Mental Health Nursing,
Apollo college of Nursing,
Ayanambakkam , Chennai- 95

PSYCHOLOGY AND SOCIOLOGY EXPERTS

1. **Ms.R.Kannamma, MA. M.Phil.,**
Clinical psychologist,
Dept.of Psychiatry,
Southern Railway Head Quarters Hospital,
Perambur, Chennai-600 023.

2. **Mrs. Fathima Jessy, MSW; M. Phil.,**
Psychiatric Social Welfare Officer,
Govt. Institute of Mental Health,
Kilpauk, Chennai- 10.

APPENDIX – F**INFORMED CONSENT REQUISITION FORM**

Good Morning,

I am Ms Geetha Nelluri, M.Sc (N) student from Omayal Achi College of Nursing, Puzhal, Chennai. As a partial fulfillment of the course, I am conducting “**A pre experimental study to assess the effectiveness of selected nursing interventions on the level of quality of life among weavers at selected village, Andhra Pradesh**”. Kindly co-operate with me, by giving frank and free answer to my questions, your answers will be kept confidential & will be used only for my study.

Thank you.

Ms. GEETHA NELLURI

INFORMED WRITTEN CONSENT FORM

I understand that I am being asked to participate in a research study conducted by Ms. Geetha Nelluri, M.Sc (Nursing) student from Omayal Achi College of Nursing, Puzhal, Chennai. This research study will evaluate **“A pre experimental study to assess the effectiveness of selected nursing interventions on quality of life among weavers at selected villages, Andhra pradesh”**. If I agree to participate in the study, I will be given a modified WHOQOL – BREF and demographic variable to know my level of quality of life. The answers will be kept confidential. No identifying information will be included during the analysis process. I understand that there are no risks associated with this study.

I realize that I may participate in the study as I am weaver and I realize that I will be benefited by this study. I recognize that my participation in this study is entirely voluntary and I may withdraw from the study at any time I wish. If I decide to discontinue my participation in this study, I will be continued to be treated in the usual and customary fashion.

I understand that all study details will be kept confidential. However, this information may be used in nursing publication or presentations. If I need to, I can contact Geetha Nelluri, M.sc Nursing student from Omayal Achi College of Nursing Puzhal, Chennai-66. Phone No: 04426501617 at any time during the study. The study has been explained to me. I have read and understood the consent form, my entire doubts have been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.

Signature of Participant:

Date:

Signature of Investigator:

Date:

అంగీకార ద్రువీకరణ పత్రం

నమస్కారం

నాపేరు యస్.గీత, నేను ఒమయల్ ఆచి నర్సింగ్ కాలేజీ చెన్నైలో యం.య.సి నర్సింగ్ చదువుతున్నాను. నా చదువులో బాగంగా నేను ఒక ప్రోజెక్ట్ చేస్తున్నాను. నర్సు ఇచ్చే సూచనలు చేనేత వారి నాణ్యమయిన జీవితానికై ఎ విధంగా ఉపయోగపడతాయి. దయ ఉంచి ఇందులో ఉన్న ప్రశ్నలకు సమాదానం ఇవ్వగలరు. మీ జవాబులు రహస్యంగా ఉంచబడతాయి. మీ జవాబులు ఈ ఒక ప్రోజెక్ట్ కు మాత్రమే ఉపయోగించబడతాయి.

ధన్యవాదములు.

అంగీకార పత్రం

నేను, ఒమయల్ అచ్చి కాలేజీలో నర్సింగ్ విద్యార్థి అయిన గీత నెల్లూరి యొక్క పరిశోధనా అధ్యయనంలో పాల్గొనడానికి అడగబడి ఉన్నాను. ఈ పరిశోధన ఏమనగా చేనేత కార్మికుల జీమితం యొక్క నాణ్యతకై నర్సింగ్ సూచనలు ఏవిదంగా ప్రభావాన్ని చూపుతాయి. నేను ఈ అధ్యయనంలో పాల్గొనేందుకు అంగీకరిస్తే నాకు ఉన్న జ్ఞానము మరియు సాధన నిర్మాణాత్మక ప్రశ్నాపత్రం ద్వారా అంచనావేయబడతాయి. నాచే గుర్తించబడిన సమాధానాలు రహస్యంగా ఉంచబడతాయి అని గ్రహించాను. ఈ అధ్యయనంలో పాల్గొనడానికి ఎలాంటి ప్రమాదంలేదని గుర్తించాను.

నేను ఈ అధ్యయనం నుంచి పొందిన విజ్ఞానం నాకు లేదా ఇతర ప్రజలకు సహాయపడుతుందని తెలుసుకున్నాను. నేను ఈ అధ్యయనంలో పాల్గొనడం పూర్తిగా నా అభిప్రాయంపై ఆధారపడి ఉంది. నేను కావాలనుకుంటే ఏ సమయంలోనైనా పరిశోధననుండి నిష్క్రమించవచ్చు.

ఈ పరిశోధన రహస్యంగా ఉంచబడుతుందని తెలుసు. అయితే ఈ సమాచారం నర్సింగ్ ప్రచురణ మరియు ప్రదర్శనలకు మాత్రమే ఉపయోగించబడతాయి అని తెలియజేయబడ్డాయి. అధ్యయనం సమయంలో పరిశోధన గురించి ఏ విధమైన సందేహాలు ఉన్న యడల నెను గీత నెల్లూరి , ఒమయల్ ఆచి నర్సింగ్ కాలేజీ, 45, అంభత్తుర్ రోడ్డు, పుజ్జల్, చెన్నై ఫోను నంబర్ 04426501617 కు సంప్రదించవచ్చును

ఈ పరిశోధన గురించి నాకు పూర్తిగా వివరించబడినది. నేను అంగీకార పత్రము చదివి అర్థం చేసుకున్నాను. నేను అడిగిన అన్ని ప్రశ్నలకు పరిశోధకురాలు చక్కగా సమాధానమిచ్చారు. నెను మనస్ఫూర్తిగా అధ్యయనంలో పాల్గొనడానికి అంగీకరిస్తున్నాను.

అభ్యర్థి యొక్క సంతకం:

తేది:

పరిశోధకురాలు యొక్క సంతకం:

తేది:

APPENDIX – G
DATA COLLECTION TOOL

PART - I: DEMOGRAPHIC VARIABLES

1) Age (in years)

- a) 18 – 28
- b) 29 – 38
- c) 39 – 48
- d) 49 – 58
- e) >58

2) Gender

- a) Male
- b) Female

3) Education

- a) Non literate
- b) Pre primary
- c) Primary (1-5)
- d) Secondary (6 -10)
- e) Higher secondary (11 & 12)
- f) Diploma
- g) Graduation
- h) Post graduation and above

4) Marital status

- a) Married
- b) Unmarried
- c) Widow
- d) Divorced
- e) Separated

5) Income of individual per month (In rupees)

- a) < 1000
- b) 1001 –3000
- c) 3001 – 5000
- d) > 5000

6) Type of family

- a) Nuclear
- b) Joint
- c) Extended

7) Number of family members

- a) 0 – 3
- b) 4 -6
- c) Above 6

8) Number of children in the family

- a) 1 - 3
- b) 4 – 6
- c) nil

9) Number of weavers in the family

- a) 1
- b) 2
- c) 3
- d) > 4

10) Total income of the family per month (In rupees)

- a) 5000 –. 10000
- b) 10001 –15,000
- c) 15,001 –20,000
- d) > 20,000

11) Total number of working hours per day

- a) < 6 hours
- b) 6 – 10 hours
- c) > 10 hours

12) Do you have any health concern?

- a) Yes
- b) No

13) Personal habit

- a) Alcohol consumption
- b) Smoking
- c) Alcohol consumption and smoking
- d) Others

14) Monthly expenditure for alcohol/smoking/ others

- a) Rs. 500 – Rs. 1000
- b) Rs. 1001 – 2000
- c) Rs. 2001 – 3000
- d) Above 3000
- e) Nil

అప్పెండిక్స్ - జి

విభాగము - ఎ : వ్యక్తిగత సమాచారం

1. చెనేత కార్మికుని వయస్సు

- ఎ) 18 - 21 సంవత్సరాలు
- బి) 22- 35 సంవత్సరాలు
- సి) 30 - 60 సంవత్సరాలు
- ది) 60 సంవత్సరాలు అంత కన్న ఎక్కువ

2. చెనేత కార్మికుని లింగము

- ఎ) పురుషుడు
- బి) స్త్రీ

3) విద్య

- ఎ) నిరక్షరాస్యుడు
- బి) ప్రాథమిక విద్య
- సి) మాధ్యమిక విద్య
- ది) డిగ్రీ/డిప్లొమీ/అంతకన్నా ఎక్కువ

4) నెలసరి ఆదాయం

- ఎ) రూ.1000/- ల కంటే తక్కువ
- బి) రూ.1001/- లు - రూ.3000/- లు
- సి) రూ.3001/- లు - రూ.5000/- లు
- ది) రూ.5000/- ల కంటే ఎక్కువ

5) వివాహము

- ఎ) వివాహి
- బి) అవివాహి
- సి) విధవ
- డి) విదాకులు
- ఇ) విదిపోయినారు

6) ఎ రకమైన కుటుంభం

- ఎ) చిన్న కుటుంభం
- బి) ఉమ్మడి కుటుంభం
- సి) పెద్ద కుటుంభం

7) కుటుంభంలోని పిల్లల సంఖ్య

- ఎ) లేరు
- బి) ఒక్కరు
- సి) ఇద్దరు
- డి) ముగ్గురు లేదా అంతకన్నా ఎక్కువ

8) కుటుంబ నెలసరి ఆదాయం

- ఎ) రూ.3001/- లు - రూ.5000/- లు
- బి) రూ.5001/- లు - రూ.10000/- లు
- సి) రూ.10001/- లు - రూ.15000/- లు
- డి) రూ.15000/- ల కంటే ఎక్కువ

9) రోజూ చేనేత పని చేసే సమయం

- ఎ) 6 గంటలు అంతకన్నా ధృక్కువ
- బి) 7 నుండి 10 గంటలు
- సి) 10 గంటలు కన్నా ఎక్కువ

10) కుటుంభంలోని చేనేత కార్మికుల సంఖ్య

- ఎ) ఒక్కరు
- బి) ఇద్దరు
- సి) ముగ్గురు
- డి) నలుగురు లేదా అంతకన్నా ఎక్కువ

11) ప్రస్తుతం మీరు అనారోగ్యంతో భాదపడుతున్నారా

ఎ) అవును

బి)కాదు

12) ఈ క్రింది వాటిలో ఏదైనా అలవాటు వుందా

ఎ) మద్య పానం

బి) ధూమపానం

సి) మద్య పానం మరియు ధూమపానం

ది) ఎ అలవాటు లేదు

13) చేనేత కార్మికుని కుటుంబ సభ్యుల సంఖ్య

ఎ) 0 - 4 గురు

బి) 4 గురు - 6 గురు

సి) 6గురు కన్నా ఎక్కువ

14) ప్రతి నెల మద్య లేక ధూమపానంకు యంత ఖర్చు పెడతారు

ఎ) రూ/- 500 - రూ/- 1000

బి) రూ/- 1001 - రూ/- 2000

సి) రూ/- 2001 - రూ/- 3000

డి) ఎమీ ఖర్చు లేదు

PART – II
MODIFIED WHOQOL – BREF SCALE

S.NO	QUESTION	RATING				
		Very poor	Poor	Neither poor nor good	Good	Very good
1	How would you rate your quality of life?	1	2	3	4	5
2	How satisfied are you with your health?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
3	To what extent do you feel that physical pain prevents you from doing what you need to do?	Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
4	How much do you need any medical treatment to function your daily life?	1	2	3	4	5
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5
7	How well are you able to concentrate?	Not at all 1	Slightly 2	A moderate amount 3	Very much 4	Extremely 5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5
10	Do you have energy for everyday life?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the	1	2	3	4	5

	information that you need in your day- to-day life?					
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
15	How well you are able get around?	Very poor 1	Poor 2	Neither poor nor well 3	Well 4	Very well 5
17	How satisfied are you with your ability to perform your daily living activities?	Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
18	How satisfied are you with your capacity for work?	1	2	3	4	5
19	How satisfied are you with your abilities?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with your personal relationships?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your mode of transportation?	1	2	3	4	5
26	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	Never 1	Seldom 2	Quite often 3	Very often 4	Always 5

విభాగము - బి: డబ్ల్యు.హీచ్.ఓ.క్యూ.ఓ.యల్ - బ్రఫ్ ప్రశ్నా పత్రము

వరుస సంఖ్య	ప్రశ్న	సమాధానము				
		అసలు లేదు/కాదు	కొంచెం	మధ్యస్థంగా	చాలావరకు /ఎక్కువగా	పూర్తిగా
1.	మీ జీవితము యొక్క నాణ్యతను మీరు ఎవిధంగా క్రొడీకరిస్తారు.	1	2	3	4	5
2.	మీ ఆరోగ్యంపట్ల మీరు ఎంత సంతృప్తిగా ఉన్నారు.	1	2	3	4	5
3.	మీకు ఉన్న శరీరక బాధ లేక ఇబ్బంది మిమ్మల్ని పనిచేసుకోనీకుండాచేస్తుంది.	5	4	3	2	1
4.	మీ దైనందిత జీవితంలో రోజు వారీ పనులు చేసుకునేందుకు చికిత్స అవసరం.	5	4	3	2	1
5.	మీ జీవితాన్ని ఎంత ఆనందంగా గడుపుతున్నారు.	1	2	3	4	5
6.	మీ జీవితం అర్థవంతంగా వుంది.	1	2	3	4	5
7.	ఎంత బాగా చేసే పనిపై ద్రుష్టి నిలుపగలుగుతున్నారు.	1	2	3	4	5
8.	మీ జీవితంలో మీరు భద్రంగా ఉన్నారని అనుకుంటున్నారా?	1	2	3	4	5
9.	మీ చుట్టు వున్న వాతావరణం ఎంత ఆరోగ్యకరంగా ఉంది.	1	2	3	4	5
10.	రోజు వారి పనులకు కావలసినంత శక్తి మీకు వుందా?	1	2	3	4	5

ఈ క్రింది ప్రశ్నలకు మీకు సరి అయిన ఒక సమాదానమును చేప్పండి.

11.	మీ శరీర ఆకృతిని మీరు ఇష్ట పడుతున్నారా?	1	2	3	4	5
12.	మీ అవసరాలను తీర్చేంత ధనం మీదగ్గర వుందా?	1	2	3	4	5
13.	మీకు కావలసిన రోజువారీ సమాచారం మీకు అందుతుందా?	1	2	3	4	5
14.	ఎంతవరకు మీ జీవితాన్ని సరదాగా గడుపుతున్నారు .	1	2	3	4	5
15.	మీ పనులను మీరు బాగా చేసుకోగలుగుతున్నారు.	1	2	3	4	5
16.	సంతృప్తికరంగా నిద్రపోతున్నారా?	చాలా అసంతృప్తిగా 1	అ సంతృప్తిగా 2	కొన్నిసార్లు సంతృప్తి/ ఆసంతృప్తి 3	సంతృప్తిగా 4	చాలా సంతృప్తిగా 5
17.	మీ పనులు చేసుకోవడానికి అవసరమైన శక్తిమీకు ఉందా?	1	2	3	4	5
18.	మీ శక్తి సామర్థ్యాల పట్ల ఎంత సంతృప్తి కలిగి ఉన్నారు.	1	2	3	4	5
19.	మీ నేర్పరితనంతో మీరు సంతృప్తి చెందుతున్నారా?	1	2	3	4	5
20.	మీ సంబంధ భాంధవ్యాలతో మీరు ఎంత సంతృప్తిగా ఉన్నారు?	1	2	3	4	5
21.	మీ లైంగిక జీవితంతో మీరు ఎంత సంతృప్తిగా ఉన్నారు.	1	2	3	4	5
23.	మీరు నివశించే పరిసరాల పట్ల ఎంత సంతృప్తిగా ఉన్నారు.	1	2	3	4	5

24.	మీకు అందుబాటులో ఉనారోగ్యసేవల పట్ల ఎంత సంతృప్తిగా ఉన్నారు?	1	2	3	4	5
25.	రవాణా సౌకర్యాల పట్ల ఎంత సంతృప్తి కలిగి ఉన్నారు.	1	2	3	4	5
26.	రోజులో ఎన్ని సార్లు చడు ఆలోచనలు, కంగారు వంటివి వస్తుంటాయి.	అస్సలు రావు 5	దాదాపు రావు 4	ఒక్కొక్క సారి 3	తరచుగా 2	ప్రతినారి 1

SCORING KEY

SECTION- B: Modified WHOQOL – BREF scale to assess the quality of life among weavers

Modified WHOQOL – BREF was used to assess the level of Quality of life among weavers. It consisted of 26 questions (23 positively stated and 3 negatively stated items) rated in 5 point likert's scale. The scoring was given below:

Type of response	Positive statements	Negative statements
Completely, very good, very satisfied, an extreme amount, extremely, very well, always	5	1
Mostly, good, satisfied, very much, well, very often.	4	2
Moderately, neither poor nor good, neither satisfied nor dissatisfied, a moderate amount, neither poor nor well, quite often.	3	3
A little, poor, dissatisfied, a little, slightly, poor, seldom.	2	4
Not at all, very poor, very dissatisfied, never.	1	5

Interpretation:

Score	Percentage	Category
26 - 60	1 – 45%	Poor
61 - 95	46 – 95%	Moderate
96 - 130	96 – 130%	Good

Statement details:

Items	Question numbers	Remarks
Positive statements	1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25	23
Negative statements	3, 4, 26	3

Total number of questions= 26

APPENDIX – H
PLAGIARISM REPORT



Plagiarism Detector - Originality Report

Plagiarism Detector Project: [<http://plagiarism-detector.com>]

**Originality
report
details:**

- Generation
Time and Date: 8/10/2014 3:23:40 PM
- Document Name: all chapters of geetha.docx
- Document Location: E:\Omayal(2014)\Geetha\10.08.2014\ all chapters of geetha.docx
- Document Words Count: 11,716

Plagiarism Detection Chart:



Referenced 0% / Linked 0%

Original - 96% / 4% - Plagiarism

APPENDIX – I

CODING FOR DEMOGRAPHIC VARIABLES

Demographic variables

1) Age (in years)

a) 18 – 27	1
b) 28 – 37	2
c) 38 – 47	3
d) 47 - 57	4
e) >57	

2) Gender of the weaver

a) Male	1
b) Female	2
c) Others	0

3) Education of the weaver

a) Illiterate	1
b) Pre primary	2
c) Primary (1-5)	3
d) Secondary (6 -10)	4
e) Higher secondary (11 & 12)	5
f) Diploma	6
g) Graduation	7
h) Post graduation and above	8

4) Marital status of the weaver

a) Married	1
b) Unmarried	2
c) Widow	3
d) Divorced	4
e) Separated	5
d) Others	0

5) Income of individual per month (In rupees)

a) < 1000	1
b) 1001 – 3000	2
c) 3001 – 5000	3
d) > 5000	4

6) Type of family

a) Nuclear	1
b) Joint	2
c) Extended	3
d) Others	0

7) Number of family members

a) 0 – 3	1
b) 4 -6	2
c) Above 6	3

8) Number of children in the family

a) 1 – 3	1
b) 3 – 6	2
c) Nil	3

9) Number of weavers in the family

a) 1	1
b) 2	2
c) 3	3
d) >4	4

10) Total income of the family per month (In rupees)

a) 5000 – 10,000	1
b) 10001 – 15,000	2
c) 15,001 – 20,000	3
d) > 20,001	4

11) Total number of working hours per day

- | | |
|-----------------|---|
| a) < 6 hours | 1 |
| b) 7 – 10 hours | 2 |
| c) > 10 hours | 3 |

12) Do you have any health concern?

- | | |
|------------------|---|
| a) Yes (Specify) | 1 |
| b) No | 2 |

13) Personal habit

- | | |
|------------------------------------|---|
| a) Alcohol consumption | 1 |
| b) Smoking | 2 |
| c) Alcohol consumption and smoking | 3 |
| d) Others | 4 |

14) Monthly expenditure for alcohol/smoking/ others

- | | |
|-----------------------|---|
| a) Rs. 500 – Rs. 1000 | 1 |
| b) Rs. 1001 – 2000 | 2 |
| c) Rs. 2001 – 3000 | 3 |
| d) Above 3000 | 4 |
| e) Nil | 5 |

APPENDIX – J**BLUE PRINT**

S.No.	Topic	Item	No. of items	Percent age
1.	Demographic variables	1-14	14	35
2.	Modified WHOQOL - BREF questionnaire			
	Physical Domain	3,4,10,15,16,17,18	7	17.5
	Psychological Domain	1,2,5,6,7,11,19,26	8	20
	Social Domain	20,21,22	3	7.5
	Environmental Domain	8,9,12,13,14,23,24,26	8	20
3.	Total		40	100

APPENDIX – K

INTERVENTION TOOL

Selected nursing interventions prepared by the investigator for the weavers comprised of psycho education, demonstration and pamphlet regarding how to improve the level of quality of life for about 1 Hour 30 minutes. The detail of the selected nursing interventions is given below.

Psycho education:

Psycho education on protection to eye, healthy home environment, balanced diet, sleep, problems related to alcohol and smoking and supporting relations for about 30 minutes.

Demonstration:

The researcher demonstrates the range of motion exercises, breathing exercises, guided imagery and positive thinking for a period of 1 hour.

Pamphlet:

Pamphlet contains protection to eye, healthy home environment, balanced diet, sleep, problems related to alcohol and smoking and supporting relations. And note and diagrams were mentioned about range of motion exercises, breathing exercises, guided imagery and positive thinking.

APPENDIX – L

DISSERTATION EXECUTION PLAN – GANTT CHART

S.NO	ACADEMIC CALENDER MONTHS	OCTOBER 2012 to SEPTEMBER 2013												OCTOBER 2013 to SEPTEMBER 2014											
		O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
A	Conceptual phase																								
1	Problem identification																								
2	Literature review																								
3	Clinical fieldwork																								
4	Theoretical framework																								
5	Hypothesis formulation																								
B	Design & planning phase																								
6	Research design																								
7	Intervention protocol																								
8	Population specification																								
9	Sampling plan																								
10	Data collection plan																								
11	Ethics procedure																								
12	Finalization of plans																								
C	Empirical phase																								
13	Data collection																								
14	Data preparation																								
D	Analytical phase																								
15	Data analysis																								
16	Interpretation of results																								
E	Dissemination phase																								
17	Presentation or report																								
18	Utilization of findings																								
	Calendar months	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9

LESSON PLAN

ON

SELECTED NURSING

INTERVENTIONS FOR QUALITY

OF LIFE AMONG WEAVERS

SELECTED NURSING INTERVENTIONS FOR QUALITY OF LIFE

TOPIC	:	Selected nursing interventions for quality of life of weavers.
GROUP	:	Weavers
TIME	:	1 hour
PLACE	:	Mangalagiri
STUDENT TEACHER	:	Nurse educator
SEATING ARRANGEMENT	:	Theater method
METHOD OF TEACHING	:	Psycho education and demonstration
MEDIUM OF INSTRUCTION	:	Telugu
AV AIDS	:	Power point presentation

OVER ALL OBJECTIVE

At the end of the teaching the weavers acquire in depth knowledge on selected nursing interventions for quality of life and develop favorable attitude and practice desirable skill in their day to day life.

SPECIFIC OBJECTIVE

At the end of the teaching the weavers will be able to

- define quality of life
- find protective measures from eye strain
- maintain clean home environment for quality of life
- recognize the importance of balanced diet for quality of life
- explain about sleep to maintain quality of life
- discuss the problems related to smoking and alcohol use
- demonstrate exercises for quality of life
- perform Guided imagery for quality of life
- use Positive thinking for quality of life.

TIME	CONTRIBUTORY OBJECTIVE	CONTENT	NURSE INVESTIGATOR AND PARTICIPANT ACTIVITY
1mit	to introduce the topic	<p>INTRODUCTION</p> <p>The world can function without quality, but life would be so dull as to be hardly worth living. In fact, it would not be worth living. The term worth is a quality term. Life would just be living without any values or purpose at all told by Pirsing in 1974. Through this teaching I wish to explore some simple measures which will help you to increase the level of quality of life.</p>	Investigator introduces the quality of life.
2mts	define quality of life	<p>DEFINITION</p> <p>The World Health Organization defines Quality of life as “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment”</p>	Investigator defines quality of life, participants are listening

<p>5mts</p>	<p>find protective measures from eye strain</p>	<p>PSYCHO EDUCATION</p> <p>Psycho education on self care strategies include the following,</p> <p>SELF CARE STRATEGIES:-</p> <ul style="list-style-type: none"> • Protection to eye • Clean home environment • Balanced diet • Sleep • Problems related to alcohol and smoking • Supporting relations <p>PROTECTION TO THE EYES</p> <p>Eye strain is a very common problem. Whether it is from working on a computer, watching TV, driving or any number of other activities, like weaving, your eyes can become fatigued and lose focus. Serious eye strain can cause a number of other problems from short term head and neck aches to long term conditions like Myopia. With that in mind, here are 3 simple tips to help prevent eye strain.</p> <p>1. Take Breaks</p> <p>The best way to prevent eye strain is to not use them as much. With your eyes that may be difficult to do. So you have to teak break in between working hours for 3</p>	<p>Investigator explains about protective measures to the eyes, weavers participated actively by exploring the doubts.</p>
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– 5 minutes each time. This technique helps you in reducing stress to eye muscle.

2. Adjust Color

Use full spectrum lighting. Lighting, like sunlight, that covers the visual spectrum makes things easier to see. Adjust the color of light in room while weaving. Use tube light when the room is dark or dim, to reduce strain on eye muscles which allows the weaver for smooth function.

3. Strengthen Your Eyes

Eye strain is actually the strain of the muscles controlling the eyes. Strengthening these muscles with a series of eye exercises will go a long way to preventing eye strain.

Here is information about one natural approach, which is essentially "yoga for the eyes". The rationale is that natural state of the body is to be at peace, but when we read to understand and learn new information, the mind becomes tense and tries to catch hold. This strains the entire body, including the eyes, leaving people feeling drained even though they haven't physically exerted themselves.

The key to doing these exercises is to relax and empty the mind as if you are meditating. In this meditation the weaver has to concentrate on in and out respirations and this has to be done for 5 – 10 times.

5mts	maintain clean home environment	<p>CLEAN HOME ENVIRONMENT</p> <p>We all want to live in a safe and healthy place</p> <p>Many of us view our homes as a safe haven, a place to reconnect with family and friends.</p> <ol style="list-style-type: none"> 1. Keep home dry. 2. keep your home clean 3. Use non – toxic cleaning supplies. 4. Make sure floor drains are clear and working. Unused drains can allow sewer odors into your home 5. Keep your home contaminant – free. 6. Keep your home ventilated. 7. don't allow smoking inside of the home. 	Nurse investigator instructs about maintenance of clean environment weavers are listening.
5mits	recognize the importance of balanced diet.	<p>BALANCED DIET:-</p> <p>Nutrition is the food intake, considered in relation to the body's dietary needs. An adequate, well balanced diet combined with regular physical activity is a corner stone of good health. Poor nutrition can leads to physical and psychological problems.</p> <p>Components that are needed by the body in adequate amount in order to grow reproduce and lead a normal healthy life are called as nutrients, which are divided in</p>	Investigator explains about balanced diet, participants listening

to 6 main classes.

- ♣ Carbohydrates
- ♣ Proteins
- ♣ Fats
- ♣ Vitamins
- ♣ Minerals
- ♣ Water

Functions of food

Energy yielding:- this group includes foods rich in CHO, fat and proteins.

Sources:- cereals, pulses, nuts and oil seeds, roots and tubers, pure carbohydrates like sugars and fats and oils.

Maintenance of health:- food contains certain photochemical and antioxidants which helps in preventing degenerative diseases. Food plays an important role in prevention of cancers, heart disease, and in controlling diabetes, and also maintain normal mood pattern.

Foods for healthy eyes

Eat dark, leafy greens, corn, egg yolk, carrot broccoli, brussels sprouts, peas, yellow/orange vegetables. Have more fruits and vegetables of all types for good

5mts	explain about sleep	<p>health. Enjoy eggs for breakfast, the most important meal of the day.</p> <p>SLEEP:-</p> <p>Sleep is defined as a state of reduced motor activity, lower response to sensory stimulation, adoption of postures such as lying down with eyes closed and easy reversibility.</p> <p>Importance of sleep</p> <ol style="list-style-type: none"> 1. Sleep is essential for the normal functioning of all systems in the body. Sleep has direct effect on the individual's mental health. 2. In the past, sleep was considered a passive state, however it is now known as a dynamic process. 3. Sleep helps humans maintain optimal emotional and social functioning while awake by giving a rest during sleep to the parts of the brain that control emotions and social interactions. <p>How much sleep is enough?</p> <table border="1" data-bbox="590 1068 1677 1182"> <tr> <td>Teenagers</td> <td>9 hours</td> </tr> <tr> <td>Adults</td> <td>7 to 8 hours</td> </tr> </table> <p>ALCOHOL AND SMOKING</p> <p>Definition</p> <p>Smoking refers to the action of lighting a cigarette, a pipe, a cigar, a water</p>	Teenagers	9 hours	Adults	7 to 8 hours	Nurse investigator explains about effects of alcohol
Teenagers	9 hours						
Adults	7 to 8 hours						

5mits	illustrate problems related to smoking and alcohol use	<p>pipe, or any other object made from tobacco or materials of similar effects. The object is then sucked on with the lips to extract smoke. This smoke is inhaled into the chest and then exhaled from the nose and mouth as a thick white smoke.</p> <p>Smoking is now used to refer to the action of producing this smoke in English, Arabic, and other languages.</p> <p>Problems related to smoking/ alcohol abuse:-</p> <ul style="list-style-type: none"> ♣ Harm to the human body ♣ Harm to the mind and will power ♣ Harm to the environment ♣ Harm to the property ♣ Low self esteem <p><u>Harm to the human body:-</u></p> <p>Smoking contains poisonous materials such as nicotine, tar, carbon monoxide, arsenic, benzopyrene, etc. that the smoker swallows in smaller proportions. The harm accumulates with time to result in a gradual killing of the human organs and tissues.</p> <ul style="list-style-type: none"> ♠ Cancer ♠ Tuberculosis ♠ Heart attacks ♠ Asthma ♠ Coughing 	consumption and smoking, weavers are listening actively.
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- ♠ Premature birth
- ♠ Infertility
- ♠ Infections in the digestive system
- ♠ High blood pressure
- ♠ Nervousness
- ♠ Mouth and teeth diseases etc

Harm to mind and will power:-

It is harm full to the human mind. One who is addicted to it passes through periods of severe craving , hard to think and concentrate, solve a problem , in case of alcohol abuse person suffers from suspiciousness, irritability, anger outbursts, loss of image in and outside of the family, hallucinations and illusions which represents the features of alcohol abuse, a psychiatric disorder.

Harm to the environment

A smoker emits his poison in the faces of his companions, wife, children and environment Harm to the property

A smoker wastes his wealth on that which harms and has no benefit, he will be asked about his wealth and how he spent it, as has been cited in the habit earlier. The alcohol abuse brings abuser to the stage where he spends all the money for the sake of alcohol.

3mts	Describe importance of supportive relationships	<p><u>Low self esteem</u></p> <p>Smoker despises himself, because he feels that a little cigarette and peg of alcohol is controlling him. Realizing his weakness before desires, this creates in him a feeling of defeat in the face of hardships.</p> <p><u>Social effects</u></p>	investigator explains about techniques to maintain supportive relations weavers are listening.					
		<table border="1"> <tr> <td data-bbox="573 630 1224 686">Family issues</td> <td data-bbox="1224 630 1692 686">Risk behaviors</td> </tr> <tr> <td data-bbox="573 686 1224 909">marital breakup Domestic violence Spouse abuse</td> <td data-bbox="1224 686 1692 909">dirking and driving Inappropriate sexual behaviors</td> </tr> </table>		Family issues	Risk behaviors	marital breakup Domestic violence Spouse abuse	dirking and driving Inappropriate sexual behaviors	
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marital breakup Domestic violence Spouse abuse	dirking and driving Inappropriate sexual behaviors							
<p>SUPPORTIVE RELATIONSHIPS</p> <p>No matter how much time you devote to improving your mental and emotional health, you will still need the company of others to fell and be your best. Humans are social creatures with an emotional need for relationships and positive connections to others.</p> <ul style="list-style-type: none"> ✚ Tips and strategies for connecting to others;- 🕒 Get out from behind your TV or computer screen ✚ Spend time daily, face to face, with people you like 								

5mts	demonstrate exercises	<ul style="list-style-type: none"> ☛ Be a volunteer to help others ☛ Be a junior to learn the useful things from others <p>EXERCISES</p> <p>Range of motion exercises and ambulation with assistive devices:</p> <p>Meaning:</p> <p>ROM exercises is to maintaining normal range of motion of all joints</p> <p>Purposes:</p> <ul style="list-style-type: none"> ➤ To facilitate early mobilization ➤ To reduce the stiffening of joints ➤ To prevent further formation of clot in the blood vessels <table border="1" data-bbox="590 906 1692 1406"> <thead> <tr> <th data-bbox="590 906 814 963">Exercise</th> <th data-bbox="814 906 1692 963">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="590 963 814 1073">Flexion</td> <td data-bbox="814 963 1692 1073">Bending, usually far ward but occasionally backward eg: neck, wrist joint, elbow joint, knee joint, hip joint, ankle joint</td> </tr> <tr> <td data-bbox="590 1073 814 1183">Extension</td> <td data-bbox="814 1073 1692 1183">Straitening (or) bending backward eg: neck, wrist joint, elbow joint, knee joint.</td> </tr> <tr> <td data-bbox="590 1183 814 1294">Abduction</td> <td data-bbox="814 1183 1692 1294">Movement away from the mid line of the body eg: wrist joint, elbow joint.</td> </tr> <tr> <td data-bbox="590 1294 814 1406">Adduction</td> <td data-bbox="814 1294 1692 1406">Movement towards the midline of the body eg: wrist joint, elbow Joint.</td> </tr> </tbody> </table>	Exercise	Description	Flexion	Bending, usually far ward but occasionally backward eg: neck, wrist joint, elbow joint, knee joint, hip joint, ankle joint	Extension	Straitening (or) bending backward eg: neck, wrist joint, elbow joint, knee joint.	Abduction	Movement away from the mid line of the body eg: wrist joint, elbow joint.	Adduction	Movement towards the midline of the body eg: wrist joint, elbow Joint.	Nurse investigator demonstrates range of motion and breathing exercises weavers are re demonstrating.
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	<p>BREATHING EXERCISE</p> <p>Simple, adaptive therapeutic technique for reducing anxiety in individuals with mild to moderate levels of anxiety. Deep breathing exercise may be used in conjunction with relaxation exercises. The person is instructed as follows</p> <ol style="list-style-type: none"> 1. sit in a quiet place 2. Breathe slowly and deeply through the nose (may close eyes). 3. Allow the breathing to become natural and set its own pace. 4. Concentrate on the breathing: the air coming in slowly, filling the lungs with oxygen, expanding the chest cavity, and solely being exhaled. 5. count silently during inhalations, then exhale 6. Disregard distracting thoughts or stimuli, and focus back on the slow rhythmic breathing patterns. 7. Accept whatever thoughts, feelings or sensations arise, and redirect attention back to the breathing. <p><u>Advantages :</u></p> <p>Reduce the physiologic effects on anxiety by slowing the heart rate.</p>					

2mts	perform imagery	<p>Positively influences the person's emotional state.</p> <p>IMAGERY</p> <p>One common use of relaxation imagery is to imagine a scene, place or event that you remember as safe, peaceful, restful, beautiful, and happy. You can bring all your senses into the image with,</p> <p>for example</p> <ul style="list-style-type: none"> ◆ Sounds of running water and birds ◆ The smell of cut grass ◆ The taste of favorite food ◆ The warmth of the sun and so on. <p><u>Advantage :</u></p> <p>Visual imagery combines positive experiences with actual or perceived negative events or situations in an effort to desensitize the trauma of the negative event and correct the cognitive distortions surrounding the event. It is often combined with relaxation techniques to enhance its effectiveness.</p>	Nurse investigator demonstrates Guided imagery weavers are following the same.
4mts	use positive thinking	<p>POSITIVE THINKING</p> <p>Is your glass half empty or half full?</p> <p>How you answer this age-old question about positive thinking may reflect your outlook on life, your attitude toward yourself, and whether you are optimistic or pessimistic, and it may even affect your health.</p>	Nurse investigator explains and demonstrates the positive thinking weavers are

following.

Indeed some studies show that personality traits like optimism and pessimism can affect many Areas of your health and well being.

Understanding positive thinking

Positive thinking does not mean that you keep your head in the sand and ignore life's less pleasant situations.

Positive thinking just means that you approach the unpleasantness in a more positive and productive way.

” YOU THINK THE BEST IS GOING TO BE HAPPEN, NOT THE WORST”.

Understanding self talk

Positive thinking often starts with self talk. Self talk is the endless stream of unspoken thoughts that run through your head every day. These automatic thoughts can be positive or negative. Some of yourself talk comes from logic and reason. Other self talk may arise from misconceptions that you create because of lack of information.

Health benefits of positive thinking

Health benefits that positive thinking may provide includes

- ♣ Increased life span
- ♣ Lower rates of depression

- ♣ Lower levels of distress
- ♣ Greater resistance to the common cold
- ♣ Better psychological and physical well being
- ♣ Reduced risk of death from cardio vascular diseases
- ♣ Better coping during hardship and times of stress

Tips to overcome negative thoughts

- ◆ Meditate or do yoga (if trained)
- ◆ Smile
- ◆ Surround yourself with positive people
- ◆ Change the tone of your thoughts from negative to positive
- ◆ Help some one
- ◆ You create your life take responsibility
- ◆ Remember that no one is perfect and let yourself move forward
- ◆ Sing
- ◆ List five things that you are grateful for right now
- ◆ Read positive quotes

SUMMARY

So far we were discussed about the quality of life its definition, balanced diet, sleep, protection to the eyes, alcohol and smoking, home environment, supportive relations, random of motion, breathing exercises , imagery, positive

		thinking.	
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నాణ్యమయిన జీవితము

సూచనల నమూన

నాణ్యమయిన జీవితముకై సూచనల నమూన

అంశం	:	జీవిత నాణ్యత కొరకు ప్రణాళిక
సమూహం	:	చేనేత కార్మికులు
ప్రదేశం	:	మంగళగిరి
తేదీ,సమయం	:	11.30 ఉదయం - 12.30
ఉపాధ్యాయురాలు	:	నర్సు ఎడ్యుకేటర్
కూర్చునే విధానం	:	థియేటర్ పద్ధతి
భాష	:	తెలుగు
బోధన విధానం	:	ఉపన్యాసం మరియు ప్రదర్శన
బోధనా పరికరములు	:	పవర్పాయింట్ ప్రసెంటేషన్ , చేతి పత్రం
ముందస్తు అవసరాలు	:	చేనేత కార్మికులు నాణ్యమయిన జీవితం గురించి కొంత అవగాహన కలిగిఉంటారు

జనరల్ ఆబ్జెక్టివ్:-

భోదన ముగిసేసరికి చేనేత కార్మికులు నాణ్యమైన జీవితన్ గురించి కావలసినంత అవగాహన కలిగియుండి, దానికై భోదించిన సూచనలను ఆచరించగలుగుతారు.

లక్ష్యం:-

భోదన పూర్తయ్యే సరికి మంగలగిరి చెనాత కార్మికులు

- కంటి వత్తిడి తగ్గడానికి అవసరమయిన జాగ్రత్తలు తీసుకుంటారు.
- ఆరోగ్యకరమయిన వాతావరణ పరిశరాలను పాటిస్తారు.
- సంతుల్య ఆహారము యొక్క అవసరాన్ని గుర్తిస్తారు.
- నిద్ర గురించి చెప్పగలుగుతారు.
- మద్యపానం, ధూమపానం వలన కలిగే ఇబ్బందులు తెలిసుకుంటారు.
- సంభంద భాందవ్యాల విలువ తెలుసుకుంటారు.
- వ్యాయామాలు చేస్తారు.
- ఇమేజరిని రోజువారి జీవితంలో పాటిస్తారు.
- పాజిటివ్ థింకింగ్ అలవరచుకుంటారు.

సమయము	లక్ష్యం	సమాచారము	రీసర్పర్ మరియు చేనేత కార్మికిని యెక్క పనివిధానం
1		<p><u>పరిచయము</u> :- ప్రతి వ్యక్తి మరియు సమాజము క్షేమముగా ఉండడాన్నే నాణ్యమయిన జీవితం అంటారు. నాణ్యమయిన జీవితానికి శారీరక, మానసిక ఆరోగ్యము, ఆహ్లాదము, ఆరోగ్యకరమయిన వాతావరణము మరియు సంబంధ భందవ్యాలు కలిగిఉండడానికి లేదా మరుగు పరుచుకొవడానికి అవసరమయిన ముఖ్యవిషయములు మానసిక చైతన్య బోధన ద్వారా మరియు ప్రయోగత్మకంగా చెసి చుపించడంద్వారా క్రింది అంశాలలో తెలియజేయడమయినది.</p> <p><u>మానసిక చైతన్య బోధన</u></p> <p>ఈ క్రింద వివరించబడిన విషయాలను నిజజీవితంలో ఆచరించవలెను</p> <ul style="list-style-type: none"> - కళ్ళకు రక్షణ - ఆరోగ్యకరమయిన వాతావరణం - సమతుల్య ఆహారము 	<p>నర్సు నాణ్యమైన జీవితం గురించి తెలియచేబుతుంది, చేనేత కార్మికులు శ్రద్ధగా ఆలకిస్తున్నారు</p>

2	<p>కంటి వత్తిడి తగ్గడానికి అవసరమైన జాగ్రత్తలు తీసుకుంటారు</p>	<ul style="list-style-type: none"> - నిద్ర - మధ్యపానం మరియు ధూమపానం - సంబంధ భందవ్యాలు <p><u>కళ్ళకు రక్షణ</u> కన్నులకు అలసట చాలా సాధారణ సమస్య. 1. <u>మధ్య మధ్యలో విశ్రాంతి తీసుకోండి</u> కంటి అలసట నివారించడానికి ఉత్తమమైన మార్గం వాటిని ఉపయోగించడానికి కాదు. పనిచేస్తున్నప్పుడు నేత అరసం ద్వారా 1 గంట ప్రతి 40 నిమిషాల్లో 5 -8 నిమిషాలు విశ్రాంతి తీసుకోవాల్సి ఉంటుంది</p> <p>2. <u>రంగు సర్దుబాటు</u> వస్త్రాలు నేసేతప్పుడు కాంతివంతమయిన ప్రదేశములో నెయ్యాలి. సూర్యకాంతి లేని సమయంలో మంచి వెలుగును ఇచ్చే దీపాలు వాడవలెను.</p> <p>3. <u>కన్నులు బలంగా ఉంచుకోవడం:</u> కళ్ళు మూసుకొని ప్రశాంతంగా కూర్చుని ఊపిరిని గట్టిగా పీల్చి , ఒక సెకెను శ్వాసను బిగపట్టి తరువత మెల్లగా వదలాలి. ఈ విధంగా 5 నుండి 10 సార్లు చేయడం వలన మంచి రక్త ప్రసరణ జరిగి కళ్ళు బలంగా ఉంటాయి.</p>	<p>నర్సు కళ్ళకు వత్తిడి తగ్గించే సూచనల గురించి వివరిస్తుంది.</p>
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3	<p>ఆరోగ్యకరమైన వాతావరణ పరిసరాలను పాటిస్తారు.</p>	<p><u>ఆరోగ్యకరమయిన ఇంటి పరిసరాలు</u></p> <ul style="list-style-type: none"> ♣ ఇంటి శుభ్రతకై ఆచరించవలసిన నియమాలు ♣ ఇంటి వాతావరణాన్ని పొడిగా, పరిశుభ్రంగా వుంచుకోవాలి. ♣ ఇంటిని శుభ్రపరచడానికై హానికలిగించని రసాయనాలను వాడాలి. ♣ మురికి సాల్వలు, చెత్త నిల్వవుండకుండా చూసుకోవాలి ♣ గాలి వెలుతురు బాగా వచ్చేలా చూడాలి ♣ ఇంటి లోపల ధూమపానం చేయకూడదు. 	<p>నర్సు ఇంటిని పరిశుభ్రంగా ఉంచేందుకు సూచనలు ఇస్తుంది.</p>
4	<p>సమతుల్య ఆహారం యొక్క అవసరాన్ని గుర్తిస్తారు.</p>	<p><u>సమతుల్య ఆహారం:</u> -</p> <p>న్యూట్రిషన్ శరీరం యొక్క ఆహార అవసరాలు సంబంధించి భావిస్తారు ఆహారం తీసుకోవటం, ఉంది. సాధారణ భౌతిక చర్య కలిపి ఒక తగినంత, బాగా సమతుల్య ఆహారం మంచి ఆరోగ్యం ఒక మూలలో రాయి ఉంది. పేద పోషణ చెయ్యవచ్చు భౌతిక మరియు మానసిక సమస్యలకు దారితీస్తుంది.</p> <p>పునరుత్పత్తి పెరుగుతాయి మరియు ఒక సాధారణ ఆరోగ్యకరమైన జీవితాన్ని క్రమంలో తగిన మొత్తంలో శరీరం అవసరమైన భాగాలు 6 ప్రధాన తరగతులకు విభజింపబడ్డాయి ఇది పోషకాలు, వంటి అంటారు.</p> <ul style="list-style-type: none"> ♣ పిండిపదార్థాలు ♣ ప్రోటీన్లు 	<p>నర్సు సమతుల్య ఆహారం వాటి విధుల గురించి వివరిస్తుంది.</p>

5	<p>నిద్ర యొక్క విలువ గురించి చెప్పగలుగుతారు.</p>	<ul style="list-style-type: none"> ♣ కొవ్వులు ♣ విటమిన్లు ♣ ఖనిజాలు ♣ నీరు <p><u>ఆహార విధులు</u></p> <p><u>శక్తి లభించడంతో</u>: ఈ గుంపు, కొవ్వు మరియు ప్రోటీన్ల లో గొప్ప ఆహారాలు కలిగి సాధారణ ఆహారాలు ప్రోటీన్ స్థాయిలు ఉన్నాయి.</p> <p><u>మూలాలు</u>: - తృణధాన్యాలు, పప్పుదినుసులు, నూనె గింజలు, మూలాలు మరియు దుంపలు, చక్కెరలు మరియు కొవ్వులు మరియు నూనెలు వంటి స్వచ్ఛమైన కార్బోహైడ్రేట్లు.</p> <p><u>ఆరోగ్య నిర్వహణ</u>: ఆహార ప్రమాదకరమైన వ్యాధులు నివారించడంలో సహాయపడుతుంది కొన్ని ఫోటో రసాయనిక మరియు ఆక్సికరణ కలిగి. ఆహార క్యాన్సర్, గుండె వ్యాధి నివారణ ఒక ముఖ్యమైన పాత్ర ఉంది, మరియు కూడా మధుమేహం నియంత్రించటం మరియు సాధారణ మూడ్ నమూనా నిర్వహించడానికి.</p> <p><u>నిద్ర</u>:</p> <ol style="list-style-type: none"> 1. నిద్ర శరీరంలో వ్యవస్థలు సాధారణ కార్యాచరణకు అవసరం. నిద్ర వ్యక్తి యొక్క మానసిక ఆరోగ్యంపై ప్రత్యక్ష ప్రభావం. 2. గతంలో, నిద్ర అయితే అది ఇప్పుడు ఒక డైనమిక్ ప్రక్రియ తెలిసిన, ఒక నిష్క్రియాత్మక రాష్ట్ర 	<p>నర్సు నిద్ర యొక్క ఉపయోగాలను గురించి వివరిస్తుంది.</p>
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5	<p>మధ్యపానం మరియు ధూమపానం వలన కలిగే ఇబ్బందులను తెలుసుకుంటారు.</p>	<p>భావించారు.</p> <p>3. నిద్ర మానవులు భావోద్వేగాలు మరియు సాంఘిక పరస్పర నియంత్రించే మెదడు భాగాలకు నిద్రపోతున్నప్పుడు మిగిలిన ఇవ్వడం ద్వారా అయితే మేలుకొని సరైన మానసిక మరియు సామాజిక కార్యచరణకు నిర్వహించడానికి సహాయపడుతుంది.</p> <p>మధ్యపానం మరియు ధూమపానం :</p> <p>పొగత్రాగడం అనేది బీడి లేదా సిగరెట్టును వెలిగించి దానినుండి వచ్చే పొగను లోపలికి పీల్చి కొంతసేపు నిలిపిఉంచి తిరిగి బయటకు వదలడం దీనివలన నికోటిన్ అనే పదార్థం ఊపిరితిత్తుల ద్వారా రక్తంలోనికి ప్రవేశించి అనారోగ్యాన్ని కలుగజేస్తుంది.</p> <p>మధ్యపానం అనేది బీరు, విస్కీ, సారా వంటి పానియాలు త్రాగడం దీని ద్వారా రక్తం యొక్క టాక్సిసిటీ పెరిగి మానసిక మరియు శారీరక అనారోగ్యాన్ని కల్గిస్తుంది.</p> <p>మధ్యపానం, ధూమపానం వలన కలిగే నష్టాలు:</p> <ul style="list-style-type: none"> ♣ శారీరక ప్రమాదాలు ♣ మెదడుకు కలిగే ఇబ్బందులు ♣ ఆత్మవిశ్వాసం తగ్గిపోవడం ♣ పరిశరాలకు ప్రమాదం ♣ సంఘంలో కలిగే ఇబ్బందులు 	<p>నర్సు మధ్యపానం మరియు ధూమపానం వలన కలిగే నష్టాలను గురించి వివరిస్తుంది, చెనేత కార్మికులు వారి అనుమానాలను వ్యక్త పరిచారు.</p>
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శారీరక ప్రమాదాలు:

మధ్యపానం మరియు డూమపానం వలన వివిధ రకములైన జబ్బులు వస్తాయి.

ఉదాహరణకు: తి.బి, గుండెపోటు, నెమ్ము, జీర్ణక్రియ సంబంధిత సమస్యలు, రక్తపోటు, నరాల సమస్యలు, నూరు పళ్ళకు సంబంధించిన సమస్యలు వస్తాయి.

మెదడుకు కలిగే ఇబ్బందులు:

త్రాగడానికి మరిఉ పొగ పీల్చడానికి అలవాటుపడిన వ్యక్తికి ఇంకా త్రాగాలనె కోరిక బలమవ్వడం, ఎకాగ్రత, ఆలోచన తగ్గిపోవడం, అనుమానించడం, కూపగించుకోవడం వంటివి జరుగుతాయి.

ఆత్మ విశ్వాసము తగ్గిపోవడం:

త్రాగుబోతులు మరియు డూమపానం చేసేవారు వారినిగురించి వారు తక్కువగా అంచన్న వేసుకుంటారు. వారి మాద వారికి నమ్మకం తక్కువ అవుతుంది.

పరిసరాలకు ప్రమాదం:

పొగత్రాగే వారి వలన, వారు మాత్రమే కాక, వారు వదలిన పొగ పీల్చడం వలన చుత్తుప్రక్కల వారు కుటుంబ సభ్యులు కూడ జబ్బులపాలవుతారు. త్రాగడం వలన దబ్బులు ఖర్చు అవ్వడం, అప్పల పాలు అవ్వడం వలన కుటుంబం ఆర్థిక సమస్యలను ఎదుర్కుంటుంది.

సంఘంలో కలిగే ఇబ్బందులు:

విదాకులు, గ్రుహహింస, కుటుంబంలో గొడవలు, త్రాగి వాహనాలు నడుపుట వలన కలిగే ప్రాణ నష్టం, తప్పడు లైంగిక సంబంధాలు, లైంగిక అత్యాచారాలు వంటివి జరుగుతాయి.

4	<p>సంభంద భాందవ్యాల విలువ తేలుసుకుంటారు.</p>	<p>సంభంద భాందవ్యాలు</p> <p>ప్రతి వ్యక్తి తన జీవితంలో ఎంత సంపాదించినా, మానసిక సంతోషానికై ఎన్ని మార్గాలను అవలంబించినప్పటికీ వారి భాదలను, సంతోషాలను పంచుకోవడానికి మనిషి చాలా అవసరం. అటువంటి సంభంద భాందవ్యాలను పెంపొందించుకోవడానికి ఈ క్రింది నియమాలను పాటించాలి.</p> <ul style="list-style-type: none"> ◆ టె.వి ముదు కూర్చునే సమయాన్ని తగించాలి. ◆ రోజూ కొంత సమయం స్నేహితులతో ముఖాముఖి మట్లాడేందుకు కేటాయించాలి. ◆ ఆపదలో లేక అవసరములో ఉన్న వారికి సహాయం చేయాలి . ◆ ఉపయోగకరమైన విషయాలు నేర్చుకునందుకు తగ్గి వినయంగా ఉండాలి. <p>ఈ క్రింది విషయాలను భోదన ద్వారా మాత్రమే కాకుండా చేసి చూపించడం జరుగుతుంది</p> <p>వ్యాయామాలు</p> <p>ఊహించే ప్రక్రియ</p> <p>చైతన్యవంతమయిన ఆలోచన చేయడం</p> <p>వ్యాయామము</p> <p><u>రేన్ డము ఆఫ్ మోషన్ వ్యాయామము</u></p>	<p>నర్సు మంచి సంభంద భాందవ్యాలను కలిగి ఉండడానికై సూచనలను తెలియబరుస్తుంది.</p>
8	<p>వ్యాయామాలు చేస్తారు.</p>	<p>ఈ వ్యాయామము ద్వారా శరీరములోని జాయింట్ (రండు ఎముకలు కలిసే ప్రదేశం) సరీయిన కదలికలను కలిగిఉండందుకు సహాయపడుతుంది.</p> <p>ఉపయోగాలు :-</p>	<p>నర్సు వ్యాయామాలను చేసి చూపిస్తుంది, కార్మికులూ చేస్తున్నారు.</p>

- అవలీలగ కదలికలను కలుగజేస్తుంది
- జాయింటు బాగాలను బిగుసుకోకుండా చేస్తుంది
- రక్తనాళాలలోని రక్తం గడ్డకట్టకుండా చూస్తుంది
- మంచి రక్త ప్రసరణకు ఉపయోగపడుతుంది

వ్యాయామము	వివరణ
ముడుచుకోవడం	జాయింటుబాగాలను మడుచుకోవడం ఊదా: మెడ, చెయ్యి, మోచెయ్యి, మోకాలు మరియు మడిమ.
తెరుచుకోవడం	- యనుకకు తెరువడం లీక నీరుగ మడవటం ఊదా: మెడ, చెయ్యి, మోచెయ్యి, మోకాలు .
అబ్దుక్షన్	చేతులను మరియు కాళ్ళను శరీరానికి దగ్గరగా తీసుకురావడాన్ని అబ్దుక్షన్ అంటారు.
అడ్డక్షన్	దగ్గరగా ఉన్న చేతినిగాన్ని కాలునిగాన్ని దూరంగా తీసుకు వెళ్ళడాన్ని అడ్డక్షన్ అంటారు
సర్కండెక్షన్/ రోటేషన్ -	శరీరభాగాన్ని శరీరం నుండి గుండ్రంగా తిప్పడం

3	<p>ఇమేజరిని రొజువారి జీవితంలో పాటిస్తారు.</p>	<p>ఉద్వాస, నిద్వాస వ్యాయామము :-</p> <p>ప్రశాంతమయిన వాతావరణంలో కూర్చోని లేక వెల్లికల పడుకొని ఈ వ్యాయామము చెయ్యాలి. ముందుగా వెన్నమకను నిటారుగ ఉంచి కూర్చోవలి, తరువత ముక్కు ద్వారా ఊపిరితిత్తులలోకి గాలిని తీసుకొని నమ్మదిగా శ్వాసను వదలాలి.ఈ విధంగా చెసేటప్పుడు గాలిని లోపలికి తీసుకున్నప్పుడు పొట్ట ముందుకు, గాలి వదిలినప్పుడు లోపలికి పోవాలి.గాలిని లోపలికి తీసుకున్న ప్రతిసారి 2 లేక 3 సేకనులు బిగపట్టిఉంచి తరువాత నెమ్మదిగా గాలిని వదలాలి.ఈ విధంగా 5 నుండి 10 సార్లు చేయాలి.</p> <p>భావన/ఊహించుకోవడం:</p> <p>ఆహ్లాదకరమయిన లేక మనసుకు ఆనందాన్ని కలిగించే విషయాలను ఊహించుకోవడం ద్వారా మానసిక ప్రశాంతతను పొందవచ్చు.</p> <p>ఉదాహరణకు:</p> <ul style="list-style-type: none"> ♣ పక్షులు మరియు సెలయేల్ల కిలకిలరావాలు ♣ నచ్చిన భోజనం వాసన లెక రుచి ♣ సముద్ర తీరం ♣ రంగురంగుల పూలు మరియు ఉద్భావననం 	<p>నర్సు భావిచే ప్రక్రియను చేసి చూపిస్తుంది, కార్మికులూ చేస్తున్నారు.</p>
6	<p>ఉత్తేజకరమైన</p>	<p>ఉత్తేజకరమైన ఆలోచనలు:</p> <p>పాజిటివ్ థింకింగ్ అనగా విషాదకరమయిన సందర్భాలలోకూడా ఆశాజనకమయిన ఆలోచనలు</p>	<p>నర్సు ఎవిధంగా</p>

<p>ఆలోచనలు అలవరచుకుం టారు.</p>	<p>చేయడం.</p> <p>"ఎప్పడూ మంచెజరుగుతుందని ఆలోచించడంగాని చెదుకాదు"</p> <p>పాజిటివ్ థింకింగ్ అనేది మనతో మనం మాట్లాడుకోవడంతోనే మొదలవుతుంది. మనిషి ప్రతి రోజు 60,000 వేలకు పైగా ఆలోచనలు చెస్తూ ఉంటాడు. అటువంటి వాటిలో కొన్ని పాజిటివ్ గా ఉంటే చాలావరకు నెగటివ్ గా ఉంటాయి.</p> <p>అటువంటి నెగటివ్ ఆలోచనలను కూడా పాజిటివ్ గా చేసుకోవాలి</p> <p><u>పాజిటివ్ థింకింగ్ వలన కలిగే ప్రయోజనాలు</u></p> <ul style="list-style-type: none"> ▪ జీవిత కాలం పేరుగుతుంది ▪ డిప్రషన్ రాకుండా ఉంటుంది ▪ వత్తిడి తగ్గుతుంది ▪ శారీరక మరియు మానసిక ఆరోగ్యం ▪ గుండె జబ్బులు రాకుండా ఉపయోగపడుతుంది ▪ వత్తిడిని ఎదుర్కోనే శక్తిని కలుగజేస్తుంది <p><u>నెగటివ్ ఆలోచనలను తగ్గించుకునే మార్గాలు</u></p> <ul style="list-style-type: none"> ▪ ద్యనం మరియు యోగా ▪ నవ్వుతూ ఉండటం ▪ అశాజనకమయిన ఆలోచనలు చేసేవారితో స్నేహం 	<p>ఉత్తేజకరమైన ఆలోచనలు చేయాలి చెబుతుంది, చేనేత కార్మికులు అర్థం చేసుకుంటున్నారు.</p>
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- ఇతరులకు సహాయం చేయడం
- పాటలు వినడం, పాడటం, డ్యాన్స్ చేయడం
- పాజిటివ్ కోట్స్ చదవటం

ఉదా : నువ్వు దుష్టుడివి అనవద్దు , నువ్వు మంచివాడివి కానీ మరింత మెరుగవ్వాలి అనండి

ముగింపు:

ఈ రోజు మనం కంటి రక్షణకై జాగ్రత్తలు, ఆరోగ్యకరమైన వాతావరణం, సమతుల్య ఆహారం, నిద్రవలన ఉపయోగాలు, మధ్యపానం మరియు ధూమపానం వలన కలిగే నష్టాలు, సంభంద భాందవ్యాలు, వ్యాయామాలు ఎలా చేయాలి, బావిచే ప్రక్రియ మరియు ఉతేజకరమైన ఆలోచనలను గురించి తేలుసుకున్నాము. ఈ మార్గాలను మీ రోజు వారి జీవితంలో అనుసరిస్తారని భావిస్తున్నాను.

SELECTED NURSING INTERVENTIONS FOR QUALITY OF LIFE

CONTENT

- ♣ Protection to eye
- ♣ Home environment
- ♣ Balanced diet
- ♣ Sleep
- ♣ Alcohol and smoking
- ♣ Supporting relations

PROTECTION TO EYE

Serious eye strain can cause a number of other problems from short term head and neck aches to long term conditions like Myopia. With that in mind, here are 3 simple tips to help prevent eye strain.



1. Take Breaks

The best way to prevent eye strain is to not use them as much. With your eyes that may be difficult to do. So you need to take break in between working hours for 3-5 minutes by closing your eyes.

2. Adjust Color

Use full spectrum lighting. Lighting, like sunlight, that covers the visual spectrum makes things easier to see. Adjust the light inside the weaving room, especially when natural light is not sufficient by compensating with tube lights.

3. Strengthen Your Eyes

Eye strain is actually the strain of the muscles controlling the eyes. Here is information about one natural approach, which is essentially

"yoga for the eyes" .The key to doing these exercises is to relax and empty the mind as if you are meditating. During this process you have concentrated on your respirations in and out, this has to be done for 5 – 10 times.

CLEAN HOME ENVIRONMENT

1. Keep home dry.
2. Keep your home clean
3. Use non – toxic cleaning supplies.
4. Make sure floor drains are clear and working. Unused drains can allow sewer odors into your home
5. Keep your home contaminant – free.
6. Keep your home ventilated.
7. Don't allow smoking inside of the home.
8. use mask for nose to prevent entry of cotton dust.

BALANCED DIET:-

Nutrition is the food intake, considered in relation to the body's dietary needs. An adequate, well balanced diet combined with regular physical activity is a corner stone of good health. Poor nutrition can leads to physical and psychological problems.

Functions of food

Energy yielding:- this group includes foods rich in CHO, fat and proteins.

Sources:- cereals, pulses, nuts and oil seeds, roots and tubers, pure carbohydrates like sugars and fats and oils.

Maintenance of health:-food contains certain photochemical and antioxidants which helps In preventing degenerative diseases. Food places



an important role in prevention of cancer heart disease, and in controlling diabetes, also maintain normal mood pattern.

Foods for healthy eyes

Eat dark, leafy greens, corn, egg yolk, carrot, broccoli, Brussels, sprouts, peas, yellow orange vegetables.

SLEEP:-

Importance of sleep

1. Sleep is essential for the normal functioning of all systems in the body. Sleep has direct effect on individual's mental health.
2. In the past, sleep was considered passive state, however it is now known as a dynamic process.
3. Sleep helps humans maintain optimal emotional and social functioning while awake by giving a rest during sleep to the parts of the brain that control emotions and social interactions.



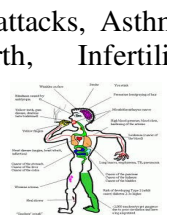
How much sleep is enough?

Teenagers – 9 hours, adults 7-8 hours

ALCOHOL AND SMOKING

Harm to the human body:-

Cancer, Tuberculosis, Heart attacks, Asthma, Coughing, Premature birth, Infertility, Infections in the digestive system, High blood pressure.



Harm to the will power

Alcohol has effect

on concentration and causes craving, poor problem solving skills periods of severe craving, hard concentrate, solve a problem, suspiciousness, irritability, anger outbursts, loss of image in and outside of the family, hallucinations and illusions which represents the features of alcohol abuse, a psychiatric disorder.

Harm to the environment

A smoker emits his poison in the faces of his companions, wife, children and environment Harm to the property. The alcohol abuse brings abuser to the stage where he spends all the money for the sake of alcohol.

Low self esteem

Smoker despises himself, because he feels that a little cigarette and peg of alcohol is controlling him. Realizing his weakness before desires, this creates in him a feeling of defeat in the face of hardships.

Social effects marital breakup, Domestic violence, Spouse abuse, dirking and driving inappropriate sexual behaviors

SUPPORTIVE RELATIONSHIPS

Humans are social creatures with an emotional need for relationships and positive connections to others.

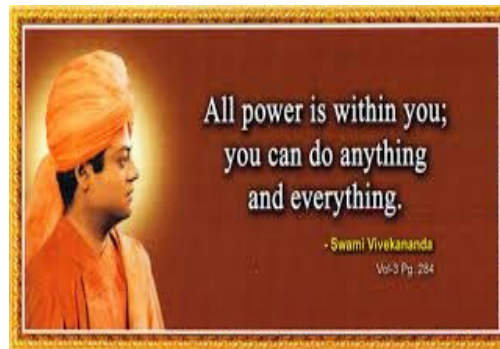
Tips and strategies for connecting to others:-

- Get out from behind your TV or computer screen
- Spend time daily, face to face, with people you like
- Be a volunteer to help others

- Be a junior to learn the useful things from others

Weavers are instructed to follow the demonstrated topics like

- Random of motion exercises
- Breathing exercises
- Guided imagery
- Positive thinking



OMAYAL ACHI COLLEGE OF NURSING, CHENNAI – 66

PAMPHLET ON

SELECTED NURSING INTERVENTIONS FOR QUALITY OF LIFE



Prepared By

**GEETHA NELLURI
MSC NURSING II YEAR
MENTAL HEALTH NURSING**

నాణ్యమయిన జీవితముకొరకై ఈ క్రింద వివరించబడిన విషయాలను ఆచరించవలెను

కళ్ళకు రక్షణ

1.విశ్రాంతి:

పనిచేస్తున్నప్పుడు మధ్య మధ్యలో (3 -5నిమిషాలు)



విశ్రాంతి తీసుకోవాల్సి ఉంటుంది. దాని వలన కండరంపై ఒత్తిడి తగ్గుతుంది

2. రంగు సర్దుబాటు : వస్త్రాలు నేసేటప్పుడు

కాంతివంతమయిన ప్రదేశములో నెయ్యాలి. సూర్యకాంతి లేని సమయంలో మంచి వెలుగును ఇచ్చే దీపాలు వాడవలెను.

3. కన్నులు బలంగా ఉంచుకోవడం: కళ్ళు

మూసుకొని ప్రశాంతంగా కూర్చుని ఉపిరిని గట్టిగా పీల్చి, ఒక సెకెను శ్వాసను బిగపట్టి తరువత మెల్లగా వదలాలి. ఈ విధంగా 5 నుండి 10 సార్లు చేయడం వలన మంచి రక్త ప్రసరణ జరిగి కళ్ళు బలంగా ఉంటాయి.

ఆరోగ్యకరమయిన ఇంటి పరిసరాలు

ఇంటి శుభ్రతకై ఆచరించవలసిన నియమాలు :-

- ఇంటి వాతావరణాన్ని పొడిగా, పరిశుభ్రంగా వుంచుకోవాలి.

- ఇంటిని శుభ్రపరచడానికై హానికలిగించని రసాయనాలను వాడాలి.

- మురికి సాల్వలు, చెత్త నిల్వవుండకుండ చూసుకోవాలి

- గాలి వెలుతురు బాగా వచ్చేలా చూడాలి

- ఇంటి లోపల ధూమపానం చేయకూడదు

8. శ్వాస కోశంలోకి దుమ్ము చేరకుండా ముక్కుకు గుడ్డ కట్టుకోవాలి.

సమతుల్య ఆహారము

మంచి ఆరోగ్యముకొరకు

సమతుల్య ఆహారము చాలా

ముఖ్యమయినది.



సమతుల్యమయిన ఆహారము

తీసుకోకపోవడము వలన శరీరక మరియు మానసిక సమస్యలు వస్తాయి.

పొషక విలువలు ఆరురకాలుగా విభజించబడాయి.

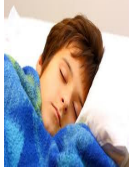
పిండిపదార్థాలు ,ప్రోటీన్లు,కొవ్వులు,విటమిన్లు,మినరల్స్ నీరు

పొషక నిల్వలు :పప్పుదాన్యాలు, దుంపలు, ఆకుకూరలు, కూరగాయలు, పండ్లు, మాంసం, గుడ్లు, త్రునధాన్యాలు, పాలు, వంటి వాటిలో పొషక విలువలు పుష్కలంగా లభ్యమవుతాయి.

నిద్ర

నిద్ర వలన ఉపయోగాలు

మానవ శరీర అన్ని అవయవాలు సరిగ్గా పనిచేయదనికి నిద్ర అవసరము.



- మనిషిని మానసికంగా ఆరోగ్యంగా ఉంచడానికి
- మనిషి యొక్క బావోగ్యదాలను అదుపులో ఉంచుతుంది

ఎంత నిద్ర అవసరం :

యువకులకు - 9 గంటలు

పెద్దలు కి - 7 - 8 గంటలు,

మద్యపానం మరియు ధూమపానం

మానవ శరీరానికి హాని : క్యాన్సర్లు,



హార్ట్ దాడులు, ఆస్తమా, దగ్గు,

నెలతక్కువ పుట్టుక, వంధ్యత్వం, జీర్ణ

వ్యవస్థ లో ఇన్ఫెక్షన్, అధిరక్తపోటు,భయము, నోరు

మరియు దంతాల వ్యాధులు.

మనస్సు మరియు సంకల్పం శక్తి కి హాని: - వీటి వలన

మానవ మనస్సుకు పూర్తి హాని ఉంది.

తాగాలనే కొరిక బలమవ్వడం,

సమస్యను పరిష్కరించలేకపోవడం,

చిరాకు, కోపం, కుటుంబంలో, బయట

నష్టం, భ్రాంతులు, అనుమానించడం,

కొపగించుకోవడం వంటివి జరుగుతాయి.



సామాజిక సమస్యలు: త్రాగి వాహనాలను

నడుపుటవలన కలిగే ప్రమాదాలు

,తగని లైంగిక ప్రవర్తన

కుటుంబ సమస్యలు:

అపాయకరమయిన ప్రవర్తన, గృహ
హింస



సంభంద భాందవ్యాలు

ఈ క్రింది నియమాలను పాటించాలి

- ◆ టి.వి ముదు కూర్చునే సమయాన్ని తగించాలి
- ◆ రోజు కొంత సమయం స్నేహితులతో ముఖాముఖి మట్లాడేందుకు కేటాయించాలి
- ◆ ఆపదలో లేక అవసరములో ఉన్న వారికి సహాయం చేయాలి
- ◆ ఉపయోగకరమయిన విషయాలు నేర్చుకునందుకు తగ్గి వినయంగా ఉండాలి.

ఈ క్రింది విషయాలను రోజువారీ జీవితంలో పాటించాలి

- శారీరక వ్యాయామాలు
- శ్వాసకు సంబంధించిన వ్యాయామాలు

- ఊహించే ప్రక్రియ
- చైతన్యవంతమయిన ఆలోచన చేయడం



ధన్యవాదములు

బమయల్ అచి కాలెజి ఆఫ్

నర్సింగ్, చెన్నై - 66

నాణ్యమయిన జీవితముకై

సూచనలు



తయారు చేయబడినవారు

గీత నెల్లూరి

యం.య.సి నర్సింగ్ 2వ

సంవత్సరం