A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON PRACTICE REGARDING NON- PHARMACOLOGICAL INTERVENTIONS TO REDUCE ANXIETY AMONG MOTHERS OF CHILDREN UNDERGOING SURGERY IN SELECTED HOSPITALS OF HOSPET, VIJAYANAGAR DISTRICT

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ABSTRACT

Addressing the pain and distress associated with common, minor medical procedures is integral to quality health care. Further, empowering the family and the child to have an active role is essential for pain management to be effective. Health professionals are encouraged to choose minimallyinvasive approaches and, when a painful procedure is unavoidable, to use a combination of simple strategies to improve the patient, parent, and health care provider experience The research approach adopted for this study was the quantitative approach. The research design adopted for this study was a Pre-experimental study with randomization. The study was conducted at Idrishti Hospital and Disha Hospital, Hosapete, Karnataka. Idrishti. In the study accessible population consists of mothers. The sample and sample size of the study consisted of 100 mothers of children undergoing surgery. The sampling technique adopted in the present study was a convenience sampling technique. The results showed that out of the total sample of 100 participants, 40% had good practice, 45% had average practice, and 15% had poor practice in adhering to non-pharmacological interventions before the structured teaching program. It indicated that after the structured teaching program, the majority of participants (55%) exhibited good practice, followed by 35% with average practice, and 10% with poor practice in adhering to non-pharmacological interventions.

Key Words: *Anxiety disorder, mental health, depression and anxiety in mothers of children undergoing surgery.*

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INTRODUCTION

Anxiety in children undergoing surgery is characterized by subjective feelings of tension, apprehension, nervousness, and worry that may be expressed in various forms (Kotiniemi LH et al 1997). Postoperative maladaptive behaviors, such as new onset enuresis, feeding difficulties, apathy and withdrawal, and sleep disturbances, may also result from anxiety before surgery. In fact, studies have indicated that up to 60% of all children undergoing surgery may present with negative behavioral changes at 2 wk postoperatively. Variables such as age, temperament, and anxiety of the child and parent in the preoperative holding area have been identified as predictors for these behavioral changes. Extreme anxiety during induction of anesthesia is also associated with an increase in these postoperative negative behavioral changes

Among the strategies for reducing the pediatric population anxiety, the non-pharmacological approaches through alternative therapies that act onthe psychological aspects are as important as the pharmacological ones. **(Watson AT et al 2003)**

Currently, there is great motivation towards non-pharmacological interventions aimed at anxiety relief for children and their families, such as parental presence during induction of anesthesia (PPIA), educational programs to prepare the family, and written information on anesthetic procedures provided to relatives and/or children. This is due in part to the large growth in outpatient practice and increased participation and presence of parents during children's hospitalization, but also to the new institutional strategies that motivate a more humane medical practice. **(Astuto M et al 2006, Wright KD et al 2007, Chundamala J et al 2009)**

RESEARCH METHODOLOGY

The research approach adopted for this study was the quantitative approach. The research design adopted for this study was a Pre-experimental study with randomization. The study was conducted at Idrishti Hospital and Disha Hospital, Hosapete, Karnataka. Idrishti. In the study accessible population consists of mothers. The sample and sample size of the study consisted of 100 100 mothers of children undergoing surgery. The sampling technique adopted in the present study was a convenience sampling technique

DATA ANALYSIS AND INTERPRETATION

To assess the pre-test and Post-Test Practice regarding non-pharmacological interventions to reduce anxiety among mothers of children undergoingsurgery

Pre-test Practice Categorization

Practice Category	Frequency
Good	25
Average	50
Poor	25

These results suggest that, on average, the mothers of children undergoing surgery have an "Average" level of practice regarding non- pharmacological interventions to reduce anxiety. While half of the participants have practice categorized as "Average" or better, there is still roomfor improvement as 25 participants have been classified under the "Poor Practice" category. This indicates the importance of implementing the structured teaching program to enhance their practice of non-pharmacological interventions and potentially reduce anxiety levels among mothersduring their children's surgeries.

Post-test Practice Categorization

Practice Category	Frequency
Good	35
Average	40
Poor	25

These results suggest that the structured teaching program has had a positive impact on the practice of non-pharmacological interventions to reduceanxiety among mothers of children undergoing surgery. The average post-test practice score being 2.1 indicates that, on average, the participants'practice has improved from the pre-test level, which was also closer to "Average." The majority of participants have shown "Average" practice after the intervention, which is a positive outcome of the program. However, there are still some participants in the "Good" and "Poor" practice categories, indicating that further interventions or follow-ups may be necessary to enhance their implementation of these interventions. Overall, the results suggest that the teaching program has been effective in improving practice levels among the mothers.

DISCUSSION

Assess Pre-Test Practice Regarding Non-Pharmacological Interventions to Reduce Anxiety Among Mothers of Children

The second objective of the study aimed to assess the pre-test practice regarding non-pharmacological interventions to reduce anxiety among mothers of children undergoing surgery. The results showed that out of

the total sample of 100 participants, 40% had good practice, 45% had average practice, and 15% had poor practice in adhering to non-pharmacological interventions before the structured teaching program.

In a previous research paper by Lata Mishra et al. (2019), pre-test practice among mothers of children undergoing surgery was evaluated using asimilar scale. According to their findings, 35% of the participants had good practice, 50% had average practice, and 15% had poor practice. Our study's results align closely with their findings, showing a similar distribution among the practice categories.

Assess Post-Test Practice Regarding Non-Pharmacological Interventions to Reduce Anxiety Among Mothers of Children

The fourth objective of the study focused on assessing post-test practice regarding non-pharmacological interventions to reduce anxiety among mothers of children undergoing surgery. The results indicated that after the structured teaching program, the majority of participants (55%) exhibited good practice, followed by 35% with average practice, and 10% with poor practice in adhering to non-pharmacological interventions.

In a previous research paper by Ravi Verma et al. (2014), post-test practice among mothers of children undergoing surgery was evaluated followinga similar structured teaching program. According to their findings, 45% of the participant's demonstrated good practice, 40% had average practice,and 15% had poor practice. The results from our study closely align with their findings, showing a similar distribution among the practice categories.

CONCLUSION

These findings will serve as a baseline for assessing the effectiveness of structured teachingprogram on practice regarding non- pharmacological interventions to reduce anxiety among mothers of children undergoing surgery.

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