

**EFFECTIVENESS OF LIFE SKILL INTERVENTIONS ON THE  
QUALITY OF LIFE AMONG PATIENTS WITH ALCOHOL  
DISORDER AT A SELECTED HOSPITAL, KOLAR.”**

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**IN**

**Mental Health Nursing**

**Under the Guidance of**

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**2023**

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We hereby declare that the project on “**Effectiveness of Life Skill Interventions on the quality of life among Patients with Alcohol Disorder at a selected hospital, Kolar**” is bonafide and genuine research work carried out by Mental Health Nursing research group students under the guidance of **Prof. Jairakini Aruna** HOD, Dept. of Mental Health Nursing SDUCON, Tamaka, Kolar and co-guided by **Mrs. Ramya M** Assistant Professor, Dept. of Mental Health Nursing SDUCON, Tamaka, Kolar.

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**Psalm 9:1**

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## ABSTRACT

**Introduction:** Life skills intervention are incredibly important among patients with alcohol disorder to improve the quality of life. Not only will these skills help individuals succeed in daily today life, but they are necessary for living an independent life. Numerous public health issues, including declining physical health, social support from society, economic position and quality of life, are linked to alcohol drinking and related illnesses. A vital resource for improving quality of life-by-life skill intervention in improving psychological, emotional, cognitive and other behavioural abilities to deal with day-to-day tasks.

**Methods:** A qualitative study with pre experimental research design was used to evaluate the effectiveness of life skill intervention among 60 patients with alcohol disorder by using non-probability sampling technique who fulfils the inclusion criteria in de-addiction wards of R.L. Jalappa Hospital and Research Centre. WHO Quality of life BREF Questionnaire was used to collect the data and life skill intervention was given for one month, followed by post test was conducted and analysed by using descriptive and inferential statistics.

**Results:** The study results shows that afterlife Skill intervention Quality of life mean pretest score of 58 with SD 3.4 was less than the post test score of patient with alcohol disorder is 107.1 with SD of 6.6 and the obtained t value is 53.108 was greater than the table value at 0.05 level of significance which indicates that life skill intervention was effective in improving Quality of life of patients with alcohol disorder.



**Discussion:** Life skill Interventions have a significant effect in improving quality of life for patients with alcohol disorder in managing communication skills, coping with stress, emotions, decision making & problem-solving techniques.

**Key terms:** Effectiveness, Life Skill Interventions, Quality of Life

## LIST OF ABBREVIATIONS

Sl. No.	Abbreviation
1	WHO: World Health Organization
2	QoL: Quality of Life
3	F: Frequency
4	%: Percentage
5	SD: Standard Deviation
6	DF: Degree of Freedom
7	P: Chi-square p value
8	NS: Not Significant
9	SS: Statistically Significant

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# ***INTRODUCTION***



# **CHAPTER – 1**

## **INTRODUCTION**

In social, medical, spiritual, and cultural contexts, alcohol has long been used for exploitation. Adults can consume alcohol for social and religious reasons, according to the majority of Americans. A person's health, relationships, finances, and legal status can all suffer from alcohol misuse in addition<sup>1</sup>. People drink alcohol to celebrate, socialize, relax, and enhance meal satisfaction<sup>2</sup>. If drinking alcohol results in significant problems for one's bodily or mental health, it is often considered alcoholism<sup>3</sup>. Because of disagreements on the definition of alcoholism and the stigma attached to the term, its usage is discouraged and it is not a recognized diagnostic entity.<sup>4,5</sup>

India's rural areas had greater rates of alcohol consumption than its metropolitan areas, according to the 2019–21 National Family Health Survey–5 (NFHS–5). In the same age range, one percent of women and nineteen percent of men, respectively, drink alcohol on average. For women, this translates to 1.6% in rural areas and 0.6% in urban areas; for men, it is 19.9% and 16.5%, respectively.<sup>6</sup> One in ten to one in five drinkers eventually develops alcoholism and alcohol dependence. Age, education, Level of intelligence, or socioeconomic level are not factors in who develops alcoholism; it can develop to anyone. According to studies, India might be the third-largest global market for alcoholic beverages<sup>7</sup>.



A person's wealth, occupation, environment, state of mind and body, education, interests, social circles, religious beliefs, safety, security, and freedom are all frequently used as markers of their quality of life<sup>8</sup>. Quality of life (QoL) has been difficult to define and evaluate, as has been acknowledged; hence, recent studies have tried to redefine QoL into a number of categories.<sup>9</sup>

QoL is a crucial measure that sheds light on how a disorder affects the lives of persons who are affected<sup>8</sup>. Patients with the chronic alcohol use disorder must mobilise all of their capacities for adaptation and reconstruction. A useful indicator to assess the patient's subjective experience and to calculate the psychosocial burden of alcoholism is quality of life (QoL), which is a term that sits in between social and clinical sciences. Given that effective care should enhance the patient's

quality of life in addition to their clinical status and prognosis. The QoL of alcohol-dependent patients is not frequently examined in current practice, despite its importance to the psychosocial context of therapies. Patient-reported outcome measures, such as QoL, may be helpful in guiding decision between various therapeutic alternatives. Studies on individuals with alcoholism have indicated that their quality of life has significantly diminished, but there is little data on how QoL changes as a result of therapeutic interventions. Although several studies had noted a poor quality of life (QoL) in patients with alcohol dependence at the start of therapy, the causes had not been systematically investigated<sup>10</sup>.

While UNICEF notes that psychosocial and interpersonal skills are equally important as reading and numeracy abilities and are generally focused on well-being, it is stated by the UNICEF Evaluation Office that "there is no definitive list" of psychosocial skills. Because its definition differs depending on one's cultural background and personal circumstances, it is said to be an elastic concept.<sup>11</sup>

Life skills and financial literacy can be different. In 1999, the World Health Organisation identified the following as the fundamental domains of cross-cultural life skills: resilience; self-awareness and empathy; assertiveness and equanimity; communication and interpersonal skills; creative and critical thinking; decision-making and problem-solving; resilience; and using yoga and meditation to manage stress and emotions. Life skills training aimed to change a person's expected or projected trajectory of development through a people-centered approach and planned programming. Intervention programme such as establishing a health policy and creating a pleasant school climate, therefore have significant effects on student outcomes. As a result, it offers solid support for the possibility of interventions<sup>12</sup>.

Social skills and social support can also help youngsters avoid peer pressure by reducing their vulnerability to stress, depression, physical sickness, and bad lifestyle choices including smoking, drinking, and using marijuana. Sexual engagement and self-assurance are necessary for avoiding drug misuse and fostering healthy peer relationships.<sup>13</sup>

## **NEED FOR THE STUDY:**

A condition that claims so many lives is enslavement, which is a psychological and physiological justification for a drug or behaviour. It is an overwhelming desire for something, and even when addicts are aware of the harmful impacts of their addiction, they nevertheless can't stop using it. Addiction stands in the way of this. A drug or alcohol addict is typically in a state of denial, thinking that they can quit using these substances at any time. To get rid of it completely, we will need to fight addiction. Thus, to lead a normal life, one must be knowledgeable about addiction, its causes, symptoms, and treatment options, such as addiction recovery programs.

Compared to normal persons, those with alcohol disorders have a lower quality of life. After conquering addiction, life skills treatment is thought to help patients learn how to resume a regular life by teaching them a variety of useful skills, including social skills, job skills, and cookery. Sometimes, in order to help patients advance toward readjustment, we will incorporate these activities into programming in addition to traditional, evidence-based techniques.<sup>14</sup>

Sixty-two alcoholics were the subjects of an eight-year longitudinal study that looked at the impact of social and community resources on the outcomes. The only factor that indicated remission after three years was the quantity of Alcoholic Anonymous (AA) sessions attended. Positive results at eight years were indicated by lower depression ratings and better relationships with friends, spouses, and partners. A longitudinal study considered the effects of Quality of Life using social situation as the outcome variable as a result of granting a disability pension to 56 alcohol-abusers and found

their social situation was improved as a result, in addition there was a reduction in their consumption of alcohol.

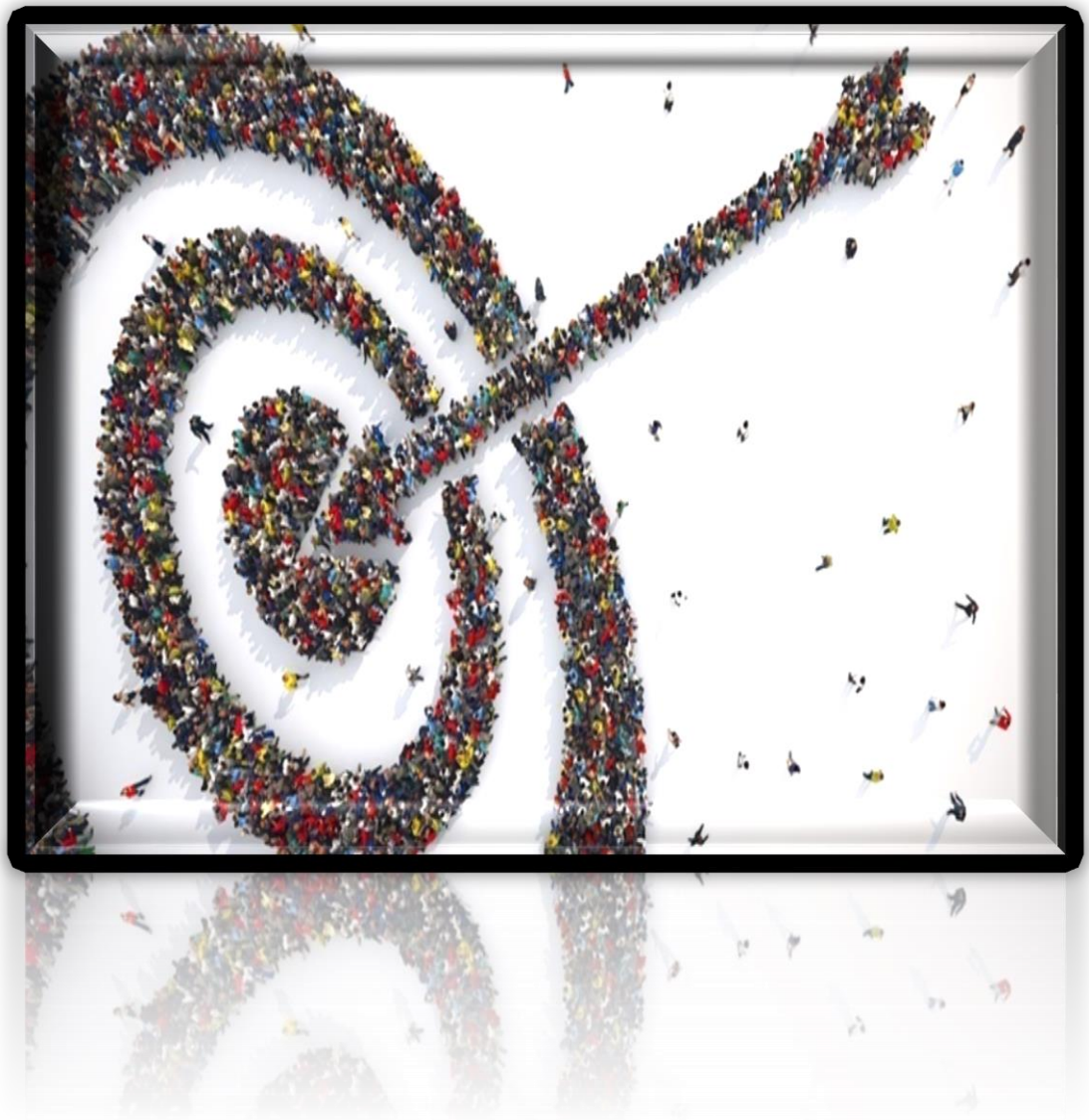
It is crucial to consider the patient's perspective during Quality of Life measurement in order to provide a more accurate assessment of the wide range of health changes that alcohol dependents may experience as well as the potential costs and benefits of treatment. Several studies proven that the physician's perception of Quality of Life differs substantially from those of patients.<sup>15</sup>

Following 30 days of residential treatment for alcohol abuse, this study was able to identify a number of characteristics that predict increased Quality of Life. The elements of quality of life encompass social relationships, environmental safety, physical and mental health, and general health.<sup>16</sup>

Based on the aforementioned data and the investigators' own experience working with alcohol-dependent patients in a particular psychiatric ward in Kolar, they discovered that alcohol-dependent patients had a lower quality of life. Therefore, the researcher wishes to use the WHO Quality of Life to measure the quality of life.

Thus, the investigator believed that dispelling common misconceptions regarding alcohol intake and therapy, teaching people how to maintain their composure when drinking, and reiterating the importance of life skills to prevent addiction and the issues that go along with it would encourage and lower the risk of drinking through life skill intervention while also enhancing the quality of life for patients who suffer from alcoholism.

# ***OBJECTIVE***



## **CHAPTER-2**

### **OBJECTIVE**

This chapter covers the problem statement, research objectives, operational definitions, presumptions, and hypothesis, which serve as the study's frame of reference.

### **STATEMENT OF THE PROBLEM**

“EFFECTIVENESS OF LIFE SKILL INTERVENTIONS ON THE QUALITY OF LIFE AMONG PATIENTS WITH ALCOHOL DISORDER AT A SELECTED HOSPITAL, KOLAR.”

### **OBJECTIVES OF THE STUDY**

- To assess the Quality of Life among Patients with Alcohol Disorder by using WHO, QOL Scale.
- To evaluate the effectiveness of life skill interventions by comparing pre and post-test scores of quality of life among Patients with Alcohol Disorder.
- To determine the association between post-test quality of life scores with selected demographic variables among patients with alcohol disorder (Age, gender, occupation, education, marital status).

### **OPERATIONAL DEFINITIONS**

1. **Effectiveness-** Effectiveness in this study refers to how much a life skill intervention can improve patients with alcohol disorders by lowering their alcohol intake.

2. **Patients with Alcohol Disorder-**The patients who are hospitalised to the psychiatric de-addiction unit at the R.L. Jalappa Hospital & Research Centre, Tamaka, Kolar, are the subject of this study.
3. **.Quality of life-**In the present study Quality of life among Patients with Alcohol Disorder will be assessed by using WHO Quality-of-Life Scale
4. **Life skill Intervention-** In the current study, it alludes to the ten life skills that patients with alcohol disorders need to sustain their abstinence from alcohol and improve their quality of life.

## **HYPOTHESES**

**H1:** Among patients with alcohol disorders, there will be a statistically significant difference in the mean pre-test and post-test quality of life scores following life skill intervention.

**H2:** Among patients with alcohol disorders, there will be a statistically significant correlation between post-test quality of life scores and particular sociodemographic factors.

## **ASSUMPTIONS**

Life Skill Intervention may enhance the Quality of Life among Patients with Alcohol Disorder.

## **DE-LIMITATIONS**

The study is delimited to,

- The age group between 20-55years
- The data collection period of 1 month
- Only Patients with Alcohol Disorder admitted in selected hospital, Kolar.

## **SUMMARY**

This chapter covered the problem statement, study objectives, operational definitions, assumption, hypothesis, and delimitations.



# ***REVIEW OF*** ***LITERATURE***



## **CHAPTER-3**

### **REVIEW OF LITERATURE**

A thorough, methodical, and crucial analysis of academic publications on the subject is provided by a review of the literature. Textbooks, journals, papers, dissertations, and internet sources will all have their literature for this topic assessed.<sup>17</sup>

**For the present study the literature was reviewed under the following**

1. Studies related to intervention and outcome on alcohol Addicted individuals
2. Studies related to life skill intervention among alcohol dependent patients.
3. Studies related to quality of life among alcohol dependent patients.
4. Study related to life skill intervention in improving the quality of life among the alcohol dependent patients.

#### **Studies related to intervention and outcome on alcohol Addicted individuals**

An experimental study conducted in India, Geirsmeslund and Rigmor C. Berg evaluated the efficacy of motivational interviewing for substance use. 13,342 participants were chosen using the randomized controlled trial approach, and motivational interviewing (MI) for substance misuse was evaluated. The results showed that, for both the medium follow-up and post-intervention follow-up, there was no discernible difference between MI and treatment as usual. The study's findings are consistent with the hypothesis that Myocardial Infraction can reduce the degree of alcohol use relative to not having an interview.<sup>18</sup>

An exploratory investigation was conducted regarding the topic of "Internal medicine residency training for unhealthy alcohol and other drug use." In his study paper, Angela H. Jackson described the development of competencies pertaining to unhealthy drug use and provided an overview of a curriculum that combines these competencies into internal medicine resident physician education. He outlined strategies to make these curriculum available to the residency programmes. With examples drawn from typical classroom settings, this offers a framework for implementing the curriculum in the real world within the confines of a training program. He

clarified and made a connection between the curriculum and the required core competencies set forth by the Accreditation Council for Graduate Medical Education, the official certifying body for residency training programmes in the United States. Specific topics and how to include them in the present internal medicine resident training programmes' curricula are suggested. In conclusion, internal medicine residency training needs to include information on dangerous drug use. Given the prevalence of illness and the availability of efficient treatments that internal medicine doctors can use, this can be done in currently used learning environments.<sup>19</sup>

Charles Alan Walker carried out a quasi-experimental study on alcohol addiction using a combination of alternative therapies, Buddhist ideas, and twelve step programs. The participants needed to be at least five years sober, have a bachelor's degree, and not have experienced physical or sexual abuse in their home family. The researcher used an ad hoc meaning generating technique to interpret each respondent's interview responses. The results supported the idea that using complementary

therapies and Buddhist principles can successfully support and enhance rehabilitation. In addition to providing a support from culture for their recovery through meeting attendance, and other means, the participants said that the programmes provided a divine path for sober living. The author concluded that by providing continual activities to enhance their physical and spiritual connection, as well as various techniques to lower cravings and increase detoxification, complementary therapies and Buddhist ideas benefited their Twelve Step recovery. The author also mentioned the benefits of connecting with a communal spirituality and how meditation taught nonattachment to ego, attention, and awareness.<sup>20</sup>

Toomey conducted an experimental study (n=785) on the effects of preventive intervention on adolescent alcohol consumers in the United States. His intervention method includes alternate activities and life skill training that were aimed at teen families. The substantial impact the results demonstrated supports the author's claim that life skill development and activities are helpful preventive measures that can assist lower alcohol misuse.<sup>21</sup>

Pratima Murthy carried out an experimental investigation in the Indian state of Bangalore to ascertain the impact of ongoing treatment on patients suffering from alcohol dependence. Using the Alcohol Problem Questionnaire, the partaker cut up into two groups: the experimental group

and the control group. In this study, 99 patients—48 male and 2 female—from the de-addiction programme of the National Institute of Mental Health and Neurosciences in Bangalore, India were included. In the areas of child-related problems ( $p < 0.01$ ) and marital and employment problems ( $p < 0.05$ ), the study showed statistical

advancement. The study's findings are consistent with the hypothesis that long-term treatment will have a direct impact on alcoholism.<sup>22</sup>

To find out if motivational interviewing is a better intervention for lowering alcohol intake than doing nothing at all, Cox Miles performed a meta-analytic investigation. The effectiveness of motivational interviewing as a quick intervention for binge drinking was the main focus of the study. A review of the literature revealed the effectiveness of brief motivational interviews (MI), and a meta-analysis of randomised control trials produced an aggregate effect size of 0.43 (95% CL), which allowed for the MI's long-term efficacy in particular.<sup>23</sup>

### **Studies related to life skill intervention among alcohol dependent patients**

A quasi-experimental study by Jagpreet Kaur and V P Joshi in the Indian state of Punjab examined the efficacy of a life skills intervention in influencing young people's attitudes regarding drug and alcohol usage. The Likert scale was created specifically for this study to gauge college students' attitudes regarding drug and alcohol usage. One thousand first-year college students from six randomly selected districts in Punjab, India, comprised the sample for this study. The life skill intervention had a significant impact on alcohol and drug usage, as evidenced by the F-values of 356.24 and 444.59 for the mean attitude score, respectively ( $p < 0.01$ ). The study's findings suggest that higher education institutions in India might significantly improve their students' views about drug misuse by introducing appropriate life skills programmes.<sup>24</sup>

At Gonabad Medical University, Mahdi Moskhi and Tahere Hassanzade carried out an experimental study to evaluate the impact of life skill teaching on the development of drug abuse preventive behavior. This research was done at Gonabad Medical University with sixty students. Two intervention and control groups were randomly allocated to the samples, which were chosen via quota random sampling. Two portions of the questionnaire—one covering demographic data and the other covering drug abuse prevention behaviors—were used to collect the data. Four

years after the intervention, the comparison of post-test mean scores revealed a significant father's educational attainment and his efforts to prevent drug misuse ( $P < 0.01$ ). This study provided proof that teaching life skills to university students can effectively encourage them to prevent drug misuse.<sup>25</sup>

A quasi-experimental study using six bibliographic databases was conducted by John F. Kelly and Maricaferri on the subject of Alcoholics Anonymous and 12 step facilitation treatment for alcohol use disorder. To choose the 10,565 study participants, a randomised controlled trial was used. Males and females with AUD who were over the age of eighteen participated. More intense 12-step treatment was found to be advantageous ( $p = 0.01$ ), according to the results. Based on all drinking-related fallout, the outcomes of this study propose that AA/TSF interventions are just as beneficial as other treatments.<sup>26</sup>

## **Studies Related to Quality of Life Among Alcohol Dependent Patients**

Shruti Srivastava and Manjeet S. Bhatia carried out an experimental study at the Guru Teg Bahadur Hospital and the De-addiction Outpatient Clinic of the University College of Medical Sciences in Delhi to investigate the potential changes in the quality of life among patients with alcohol dependence. 56 alcohol-dependent patients, ranging in age from 18 to 45, took part in the three-month trial in this study. Participants collected data through questionnaire replies, lab studies, and group sessions. The Who QoL-BREF domain scores (physical:  $r=-0.17$ ,  $P=0.2$ , psychological:  $r=-0.19$ ,  $P=0.14$ , social:  $r=0.04$ ,  $P=0.75$ , environmental:  $r=0.4$ ,  $P=0.77$ ) and the severity of alcohol dependence scores did not correlate, according to the data. The study found that before receiving treatment, people who battled alcoholism had a low quality of life. In outpatient settings, routine follow-up with family members enhances the patient's quality of life and helps them achieve total abstinence.<sup>27</sup>

An experimental study conducted to investigate by Hui Huang, Kui Ning. Quality of life and its correlates in patients with Alcohol Use Disorder in China, with or without depression. Fifty-five mental patients with a AUD diagnosis participated in the study. 515 patients are assessed using a self-created questionnaire to determine their demographics, drinking habits, comorbid conditions,

treatments connected to drinking, attitudes toward treatment, and treatment expectations. A qualified and experienced psychiatrist conducted the structured interview and self-developed questionnaire on AUD. As a result, the quality of life was lower for AUD patients with depression than for those without. in all eight SF-36

domains (all  $P < 0.001$ ), but showed a higher willingness to receive treatment linked to alcohol ( $P < 0.05$ ). The results indicate that comorbid depression can benefit from early therapies that enhance quality of life.<sup>28</sup>

In Puducherry, South India, Geetha Kumar Saya and Jeby Jose Olickal organized a community-based cross-sectional study to assess the separate link between alcohol intake and quality of life. 316 adult men over the age of eighteen from Puducherry, South India, took part in the study. Apart from the participator elected using multistage selection strategy, data was collected using the WHO QoL BREF questionnaire. The findings indicated that high-risk alcohol users and urban dwellers had QoL ratings that were 11.2 and 4.1 worse, respectively, compared to the reference category, whereas educated individuals had QoL scores that were 7 higher. The results indicate a link between alcohol consumption and a poor quality of life, highlighting the necessity for alcohol de-addiction treatments to lower alcohol consumption and enhance QoL.<sup>29</sup>

### **Studies Related to Life Skill Intervention in Improving The Quality Of Life Among the Alcohol Dependent Patients.**

In an analysis of life skills and attitudes toward alcohol abuse, Kishore Kumar Rai, Vandana undertook a predictive study to determine how well schoolchildren in Sikkim, a northeastern state of India, would perform academically. A sum of 726 classes took part in the study. Through the use of stratified random sampling, 11 kids were chosen from Sikkim, India's educational system. A life skill evaluation measure was used to analyze the data and evaluate the pupils' life skills. The findings



demonstrate that a student's academic success is highly predicted by their attitudes on alcohol abuse and life skills. Life skills and attitude toward alcohol misuse accounted for 15.3% of the variation in students' academic successes ( $R=0.391$ ,  $P=0.000$ ). The t-test result also shows that both factors had a substantial predictive potential to predict students' academic achievements. The results indicate a strong correlation between students' academic success and their attitude toward alcohol misuse and life skills.<sup>30</sup>

In a quasi-experimental study, Roshni and Rohit Kumar Turi examined how treatment motivation, problem-solving techniques, and quality of life are used in alcohol-dependent people from Dewada, Rajnandgoan, India, using motivational enhancement therapy. Purposive sampling was used to enrol ten patients with a diagnosis of alcohol dependence from the outpatient department of the CIIMHANS in Dewada, Rajnandgoan, India, into the sample. A questionnaire used to collect data after the patients were divided into two groups: the experimental group and the control group. The results showed that the experimental group of patients with alcohol dependence improved in several areas of problem solving and coping skills when compared to the control group.<sup>31</sup>

In order to determine the impact of a life skills intervention on young adolescents' community and self-worth for preventing narcotize misuse in Benha, Egypt, Hanan Abdulwahab, Ei Sayed, and Hedyia Fathy Mohy conducted a quasi-experimental study. 120 pupils from two Benha City preparatory schools took part in the study. The scholars were choosed by simple random sampling, and the info were assembled using two tools: a life skills training questionnaire and a peer interaction self-efficacy measure. The results show a significant ( $P<0.05$ ) improvement in the students'

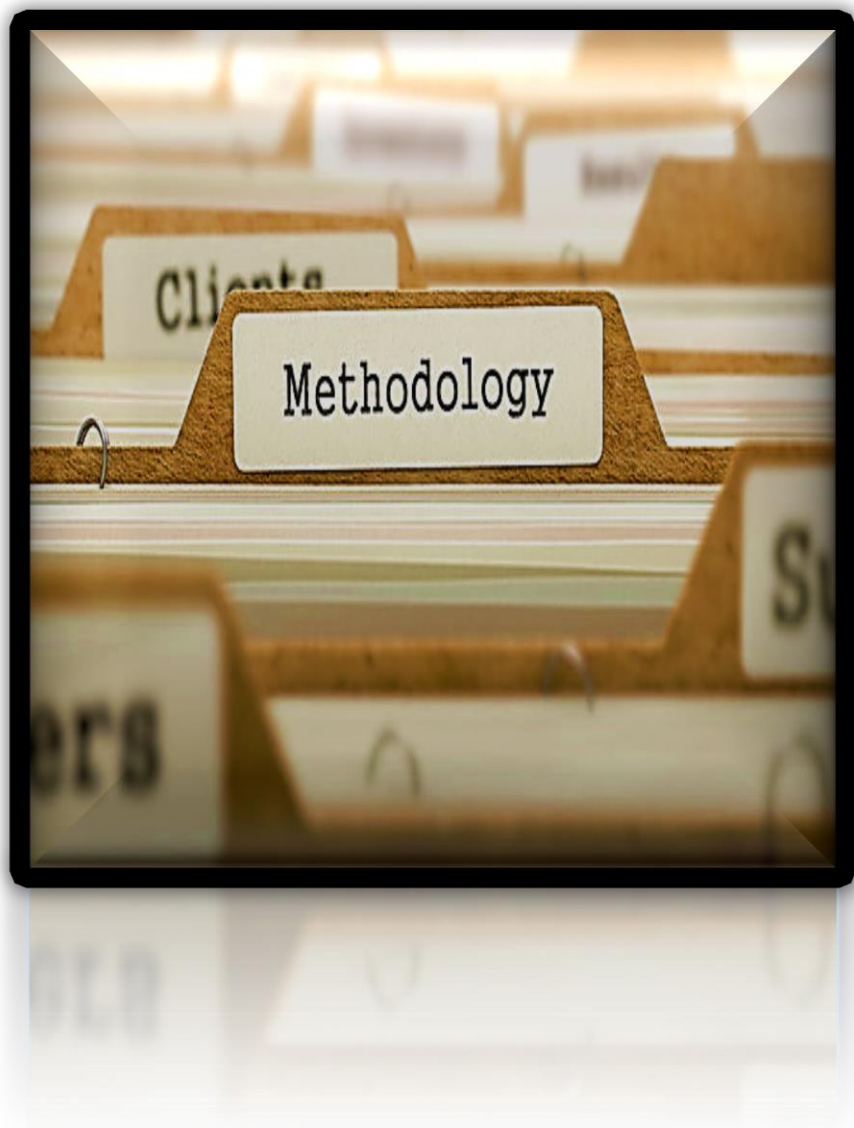
understanding when comparing their social self-efficacy before and after the life skill intervention.<sup>32</sup>

### **SUMMARY:**

The investigator was able to determine the necessity for the research, create the tool, and choose the data collection method thanks to a review of the literature.

# ***METHODOLOGY***

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## **CHAPTER-4**

### **METHODOLOGY**

The research method is always considered its blueprint. It can also be used to describe a deliberate approach to carrying out specific duties. It is described as a variety of instruments, processes, and techniques applied in the research investigation. The research concept, variables under examination, population, setting, sample, size, and procedure, together with the mores for selection of sample, tools for data collection, and data collection methodology, are all explained in this chapter.

### **RESEARCH APPROACH**

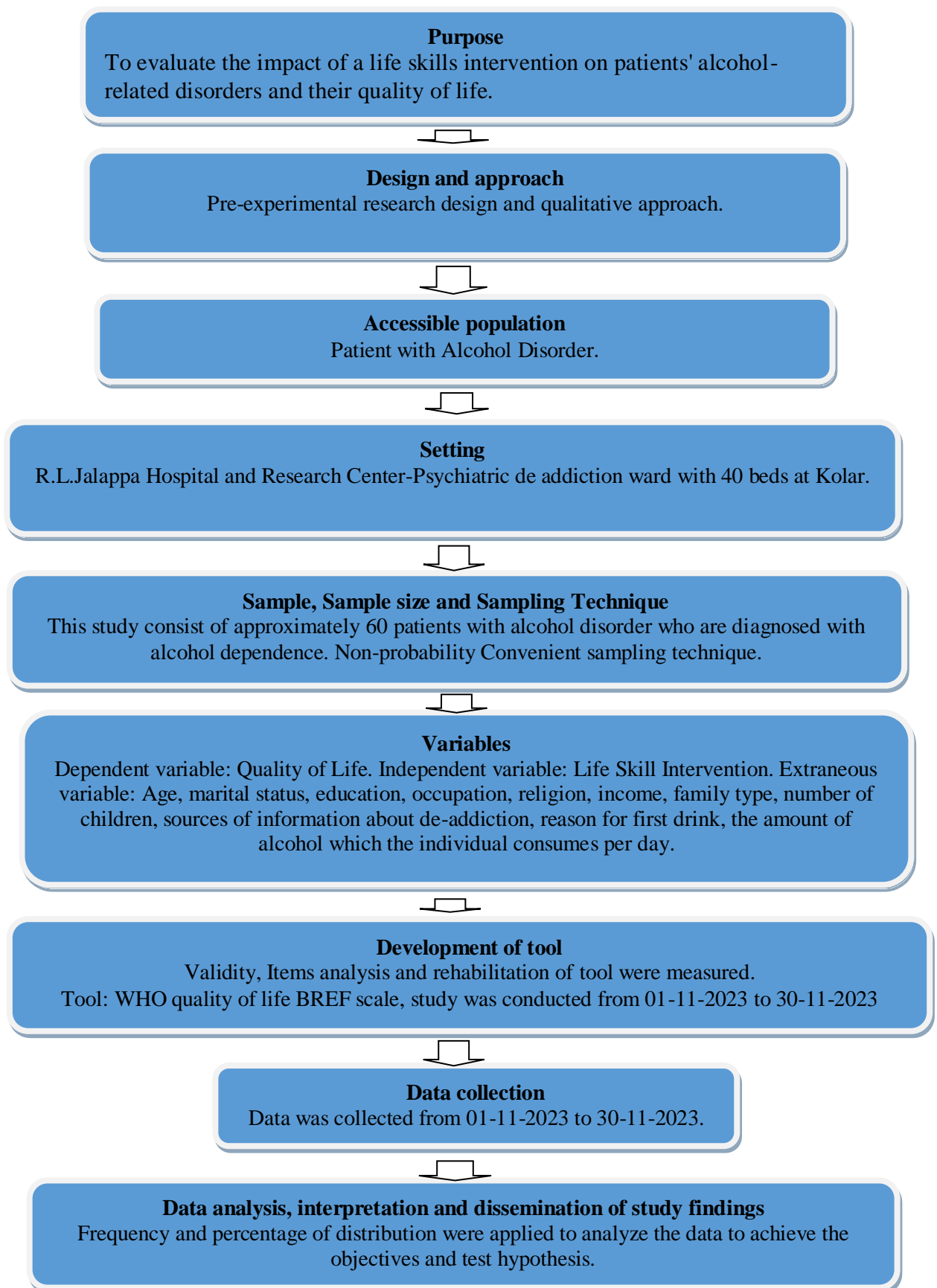
The fundamental process of the research inquiry is the research strategy. The study aids the researcher in choosing what information to gather and how to evaluate it..<sup>33</sup>

It is thought that a quantitative study using an evaluative research approach is suitable for the investigation.

### **RESEARCH DESIGN**

The context of area for analysis and collecting data in a form that maximises efficiency while pursuing the goal of study is called research design..<sup>33</sup>

Pre-experimental research design, or one group pre-test post-test design, was chosen as the research design for the current investigation.



**Fig 1: Schematic Representation of Study Research Design**

## **VARIABLES UNDER STUDY:**

- **Independent variable:** Life Skill Intervention
- **Dependent variable:** Quality of Life.
- **Extraneous Variables:** Age, Marital status, education, occupation, religion, income, family type, number of Children, sources of information about de-addiction, reason for first drink, the amount of alcohol which the individual consumes per drink.

## **SETTING**

The study was conducted in R.L.Jalappa Hospital and Research Centre-Psychiatric de-addiction ward with 40 beds at Kolar.

## **POPULATION**

Patients with Alcohol Disorder admitted in R.L.Jalappa Hospital and Research Centre-Psychiatric de-addiction ward.

## **SAMPLE AND SAMPLE SIZE**

About sixty patients with alcohol disorders who have been diagnosed with alcohol dependency make up the study's sample.

## **SAMPLING TECHNIQUE**

Non-probability Convenient sampling technique.

## **SAMPLING CRITERIA**

### **Inclusion criteria**

1. Subjects who met ICD-10 criteria for Alcohol dependence
2. Participants who can read and comprehend in English or KannadaSubjects whose cognitive function is adequate (MMSE score above 25)
2. Patients with Alcohol Disorder who are there in De-addiction ward at the time of data collection.

### **Exclusion criteria**

1. Individuals suffering from other co-morbid illness.
2. People who have been diagnosed as having several drug use disorders.
3. Individuals who have received life skill instruction.
4. Subjects who have undergone life skill intervention.

## **DATA COLLECTION TOOL**

It categorized into 3 segment:

### **Section A: Socio-demographic profile:**

It includes question regarding the personal details of the people such as Age, Marital status, education, occupation, religion, income, family type, number of Children, sources of information about de-addiction, reason for first drink, the amount of alcohol which the individual consumes per drink, Family history of alcohol consumption.

### **Section B: WHO, Quality of Life (QOL) Scale.**

The Quality of Life of people with alcohol disorders is measured using a standardized 26-item questionnaire.

The WHOQOL group conspire with fifteen worldwide field centers to develop the WHOQOL-100 quality of life evaluation in an effort to create a cross-culturally relevant tool.

**Q1-Below 2 poor QOL**

2-3 Average (neither poor nor good)

3-4 Good QOL

4-5 Very good QOL

**Q2-Below 2 Poor General health**

2-3 Average (neither poor nor good)

3-4 Good general health

4-5 Very good general health

**Domain 1=Range 7-35(7 items)**

Below 14 Poor Physical Health

14-21 Average (neither poor nor good)

21-28 Good Physical Health

28-35 Very Good Physical Health

**Domain 2=Range 6-30(6 items)**

Below 12 Poor Psychological Health

12-18 Average (neither poor nor good)

18-24 Good Psychological Health

24-30 Very Good Psychological Health



**Domain 3=Range 3-15(3 items)**

Below 6 Poor Social Relationship

6-9 Average (neither poor nor good)

9-12 good social relationship

12-15 very good relationship

**Domain 4=Range 16-40(8 items)**

Below 16 Poor Environment

16-24 Average (neither poor nor good) Environmental Safety

24-32 Good Environmental Safety

32-40 Very good environmental safety

**Section C:** Life skill Intervention among patients with alcohol disorder which includes 10 life skill intervention (self-awareness, Empathy, coping with stress, Coping with Emotions, Communication skills, Interpersonal relationship, Creative thinking, Critical thinking, Problem solving and Decision making) along with Yoga & Meditation.

<b>DAY</b>	<b>Duratio n</b>	<b>Activity</b>	<b>LIFE SKILL INTER VENTI ON</b>	<b>OBIEC TIVES</b>
<b>Day 1</b>	2hrs	Johari window model-with yoga & Exercise	Self-awareness	To know about themselves To improve awareness self-awareness of patients.
<b>Day 2</b>	2hrs	Blind fold, Life Turning points-with yoga & Exercise	Coping with stress	To reduce their stress level. To improve the coping skills.
<b>Day 3</b>	2hrs	Making charts on how to cope up with stressors-with yoga & Exercise	Empathy	To develop an empathetic response. To understand human needs. To understand others perspective.
<b>Day 4</b>	2hrs	Balloon blasting-with yoga & Exercise	Good communication	To know about the importance of communication. To improve the communication skills. To learn how to a good communicator.
<b>Day 5</b>	2hrs	Forming the mirror image-with yoga& Exercise	Creative thinking	To overcome blocks to creativity. To improve the thinking skills. To discover the creative ability.
<b>Day 6</b>	2hrs	Group interaction with life turning points- with yoga & Exercise	Decisions making	To improve the decision-making skills. To know the importance of decision making. To improve the quality of decision.
<b>Day 7</b>	2hrs	Creative art by the patients with-yoga & Exercise	Critical thinking	To understand what is thinking skill. To improve thinking capacity. To encourage to solve the problems.
<b>Day 8</b>	2hrs	Storytelling and rope making with- yoga & Exercise	Problem solving	To solve problem by applying problem solving process. To derive or design solution for problem. To implement the solution.
<b>Day 9</b>	2hrs	Situation choosing and making solution with- yoga & Exercise	Interpersonal relationship	To improve the interpersonal relationship. To state the essential of interpersonal relationship. To develop and maintain positive feeling.

<b>Day 10</b>	2hrs	Marbles counting with- yoga & Exercise	Coping with stress	To understand our own feelings. To respect others emotions or feelings. To identify the way to control or reduce emotions.
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### **Validity of the Content:**

Validity refers to how well an instrument covers the construct domain and provides a sample of items that are relevant for the construct being measured. For both affective and cognitive measurements, content validity is important.

Five experts authorized the content validity of the chosen tool and verified it when it was sent to them along with the objectives and questionnaire.

## **METHOD OF DATA COLLECTION**

### **Step-I**

1. The permission was obtained from Institutional ethics committee of Sri Devaraj Urs College of nursing, Kolar and concerned official in charge of R.L.Jalappa Hospital & Research Centre, Tamaka, Kolar.

### **Step-II**

1. Convenient sampling was used to choose study participants who met the inclusion requirements.
2. The investigator got to know the study participants before beginning data collection and gave them an explanation of the goal of the investigation.
3. The participants were asked to cooperate fully with the investigator, who promised to keep their answers confidential.

4. The research subjects provided written informed consent.
5. The study took around three months to complete, or until the appropriate sample was obtained.

### **Step-III**

1. The WHO, Quality Of Life (QOL) scale was used for the Pre-test.
2. Followed by the pre-test Life Skill Intervention (10skills) was given for Patients with Alcohol Disorder who fulfils the inclusion criteria for one month to improve the quality of life.
3. The identical questionnaire used for the pre-test was used for the post-test.

### Life Skill Intervention Schedule

Sl. No	Day	Duration	Life skill Intervention	Activity	
1.	Day-1	2hrs	Self-awareness	Day-1: Pre-test Johari window model-with yoga & Exercise	The activities will be continued for 20 days and 30 <sup>th</sup> day the post test will be conducted by using same pre-test Questionnaire for the patients with Alcohol disorders.
2.	Day-2	2hrs	Empathy	Blind fold, Life Turning points-with yoga & Exercise	
3.	Day-3	2hrs	Coping with stress	Making charts on how to cope up with stressors-with yoga & Exercise	
4.	Day-4	2hrs	Coping with Emotions	Balloon blasting-with yoga & Exercise	
5.	Day-5	2hrs	Communication skills	Forming the mirror image- with yoga & Exercise	
6.	Day-6	2hrs	Interpersonal relationship	Group interaction with life turning points- with yoga & Exercise	
7.	Day-7	2hrs	Creative thinking	Creative art by the patients with- yoga & Exercise	
8.	Day-8	2hrs	Critical thinking	Storytelling and rope making with- yoga & Exercise	
9.	Day-9	2hrs	Problem solving	Situation choosing and making solution with- yoga & Exercise	
10.	Day-10	2hrs	Decision making	Marbles counting with- yoga & Exercise	

### PLAN FOR DATA ANALYSIS

Data was analyzed by using descriptive statistics and inferential statistics.

- Distribution of percentages and frequencies for sociodemographic factors.
- The paired t test was used to compare the pre- and post-test scores of patients with alcohol disorders to analyse their quality of life.
- The quality of life among patients with alcohol disorders was compared to the chosen sociodemographic characteristics using the Chi-square test.

## **ETHICAL CLEARANCE**

The research project received approval from the ethical committee of Sri Devaraj Urs College of Nursing and authorization to proceed from the medical superintendent of R.L. Jalappa Hospital and Research Center. Study participants supplied information prior to data collection.

## **SUMMARY**

The research technique used for the study is covered in this chapter. One group was given a pre-test-post-test design. The WHO-QoL Questionnaire used to gather information from 60 individuals suffering from alcohol dependence syndrome for evaluate the quality of life of those with alcohol disorders. Using the instrument, patients with alcohol disorders received life skills therapy. The samples were assigned to participate in life skill intervention activities for ten days. After that, the activities will be extended for twenty days, and on the 30<sup>th</sup> day, a post-test utilizing the identical pre-test questionnaire will be administered to patients with alcohol disorders.

# ***DATA ANALYSIS***

## ***AND***

# ***INTERPRETATION***



## **CHAPTER-5**

### **DATA ANALYSIS AND INTERPRETATION**

The arrangement, interpretation, reasoning and evaluation of the information gathered from the sample are covered in this chapter. The methodical arrangement, synthesis, and testing of research hypotheses utilizing data are collectively referred to as data analysis. The most difficult and systematic part of the research process is interpreting the results, which calls for original thinking from the investigator.

The investigation and interpretation of the results have been guided by the goals and hypotheses of the research.

#### **STATEMENT OF THE STUDY**

“EFFECTIVENESS OF LIFE SKILL INTERVENTIONS ON THE QUALITY OF LIFE AMONG PATIENTS WITH ALCOHOL DISORDER AT A SELECTED HOSPITAL, KOLAR.”

#### **OBJECTIVES OF THE STUDY**

- To assess the Quality of Life among Patients with Alcohol Disorder by using WHO, QOL Scale.
- To evaluate the effectiveness of life skill interventions by comparing pre and post-test scores of quality of life among Patients with Alcohol Disorder.
- To determine the association between post-test quality of life scores with selected demographic variables among patients with alcohol disorder (Age, gender, occupation, education, marital status).



## **HYPOTHESES**

**H<sub>1</sub>:** Among patients with alcohol disorders receiving life skill intervention, there will be a statistically compelling changes in the mean pre-test and post-test quality of life scores.

**H<sub>2</sub>:** Quality of life post-test results among patients with alcohol disorders will show a statistically significant correlation with certain sociodemographic factors.

## **PRESENTATION OF DATA**

In the coming section the gathered data were arranged, examined, tailed and conferred as per the study objectives:

**Section 1:** Patients with alcohol disorders' sociodemographic characteristics are distributed in terms of frequency and proportion.

**Section 2:** Assessment of quality of life among patients with alcohol disorder by using WHO, QOL scale.

**Section 3:** Comparing the quality of life scores from the pre- and post-tests helps determine how beneficial treatment for alcoholism is for patients.

**Section 4:** Quality of life scores after testing and a few chosen demographic factors are related in alcohol-affected patients.

**Table 1: Frequency and percentage distribution of socio demographic variables of patients with alcohol disorder.**

**N=60**

<b>SI. No</b>	<b>Sociodemographic variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
1.	<b>Age</b>		
	15-25	16	26.66
	26-35	22	36.67
	35 above	22	36.67
2.	<b>Marital status</b>		
	Married	40	66.67
	Unmarried	15	25
	Divorced	5	8.33
	Widower	0	0
3.	<b>Educational status</b>		
	Illiterate	0	0
	Primary school	25	41.67
	High school	14	23.33
	Secondary school	11	18.33
	UG	0	0
	PG	10	17
4.	<b>Occupation</b>		
	Not working	15	25
	Government job	10	16.67
	Private job	16	26.67
	Business	19	31.67
5.	<b>Religion</b>		
	Hindu	59	98.33
	Muslim	1	1.67
	Christian	0	0
	Others	0	0
6.	<b>Family history of alcohol consumption</b>		
	Yes	36	60
	No	24	40

7.	<b>Monthly income</b> <10000 10000-20000 >20000	24 30 6	40 50 10
8.	<b>Type of family</b> Nuclear family Joint family	22 38	36.67 63.33
9.	<b>No. of Children</b> One Two More than two	13 38 9	21.67 63.33 15
10.	<b>Source of information about deaddiction</b> Friends Family members Median Others	36 17 7 0	60 28.33 11.67 0
11.	<b>Reason for first alcohol consumption</b> Peer pressure Family problems Occupational environment Social gathering	33 18 9 0	55 30 15 0
12.	<b>Have you undergone life skill interventions in life time</b> Yes No	3 57	5 95

**Table 1:** It is evident that 16 (26.66%) and 22 (36.67%) belonged to the 15–25 age group, while 26–35 and over were the age groups. 40 people (66.67%) were married, 25 people (15%) were single, 5 people (8.33%) were divorced, and 0 people were widowers.

About educational status, 25 (41.67%) had completed grade school, 14 (23.33%) had completed high school, 11 (18.33%) had completed secondary school, 0% had completed undergraduate studies, and 10% had completed postgraduate work. Regarding occupation, 10 (16.67%) had a job with the government, 16 (26.67%) had a private job, 19 (31.67%) had a business, and 15 (25%) were unemployed.

In terms of religion, 59 people (98.33%) identified as Hindu, and 1 person (1.67%) as Muslim. In terms of alcohol usage in the family, 36 people (or 60%) reported having a history of alcohol use, whereas 24 people (or 40%) did not.

In terms of monthly income, 24 (40%) had less than \$10,000, 30 (50%) had between \$10,000 and \$20,000, and 6 (10%) had more than \$20,000 each month. In terms of family structure, 22 (36.67%) are nuclear families, while 38 (63.33%) are joint families.

With regard to no. of children, 13 (21.67%) had single child, 38(63.33%) had two children, 9(15%) had more than two children.

With regard to source of information about deaddiction, 36(60%) got the information about deaddiction from friends, 17(28.33%) got information from family members and 7(11.67%) got

information from median. With regard to reason for first alcohol consumption, 33(55%) started alcohol consumption due to peer pressure, 17(28.33%) started alcohol consumption due to family problems, 9(15%) started alcohol consumption due to occupational environment.

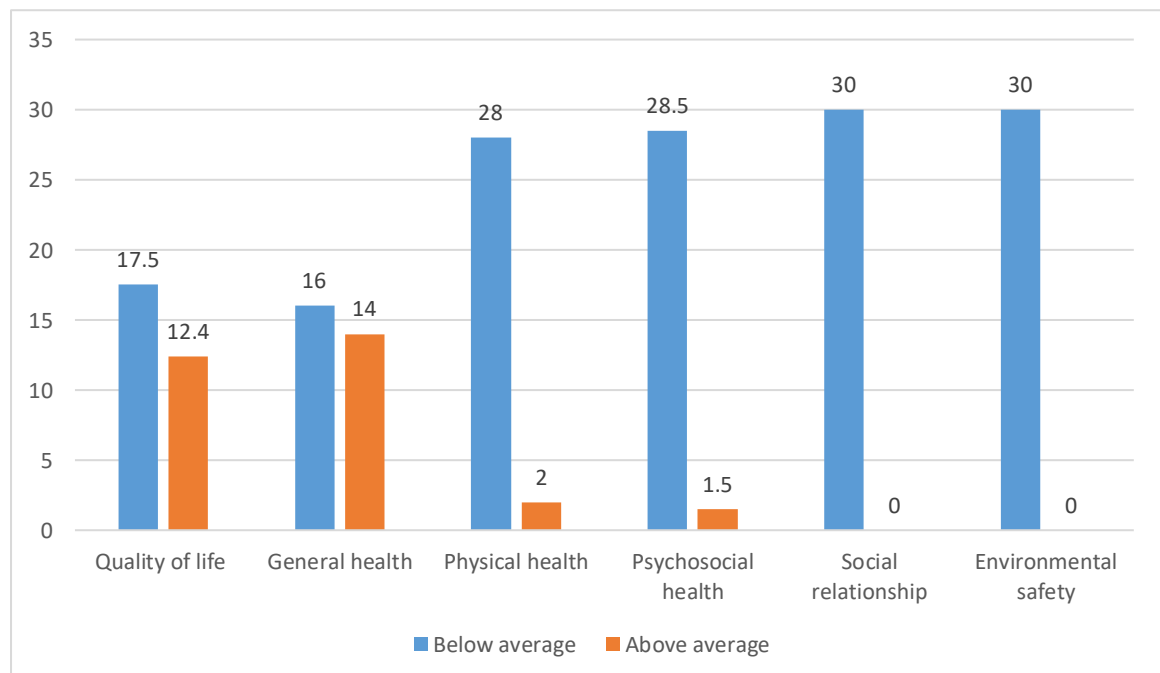
With regard to previous experience of life skill intervention, 3(5%) undergone life skill interventions and 57(95%) does not undergone life skill intervention.

**Objective 1: Assessment of quality of life among patients with alcohol disorder by using WHO, QOL scale.**

**Table 2: Description of assessment of domain wise pretest mean scores of quality of Life among patient with Alcohol Disorder by using WHO, QOL Scale.**

**N=60**

Variables	Below Average		Above Average	
	Mean	SD	Mean	SD
Quality of life	17.5	10.6	12.5	17.67
General health	16	14.14	14	19.79
Physical health	28	38.18	2	2.82
Psychological health	28.5	38.89	1.5	2.12
Social relationship	30	39.59	0	0
Environmental safety	30	16.97	0	0



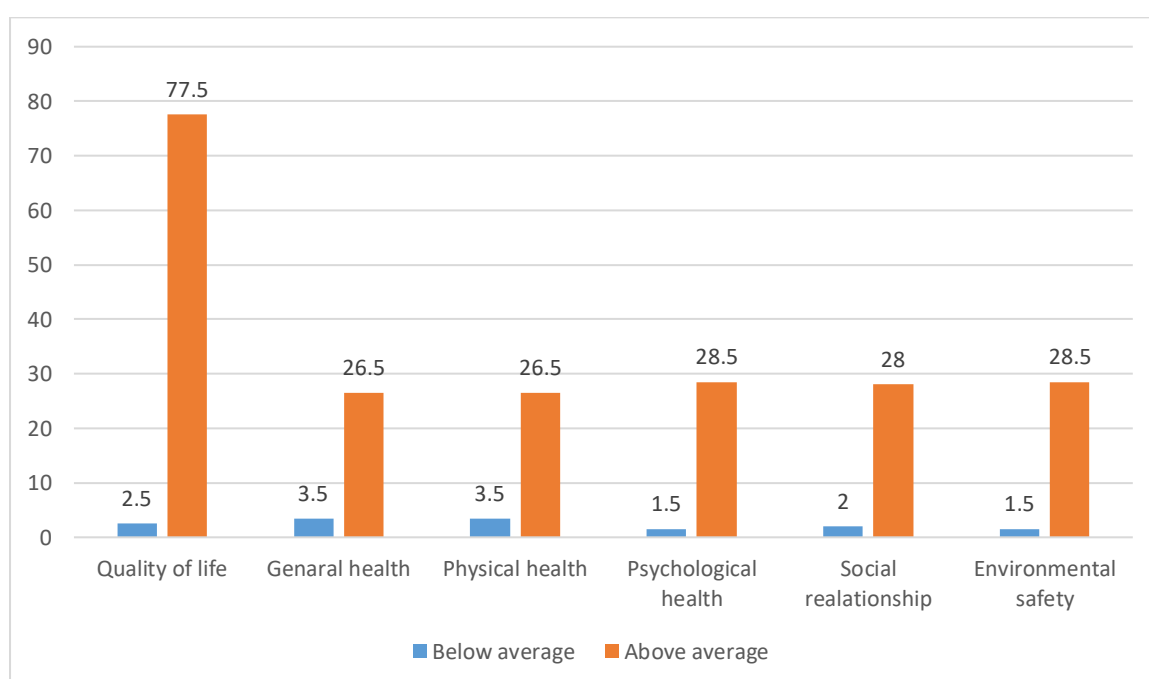
**Figure 2: Bar diagram showing assessment of domain wise pretest mean scores of quality of Life among patient with alcohol disorder.**

**Table 2 and Figure 2:** Shows the description of assessment of domains pretest mean score of quality of life among patient with alcohol disorder in which social relationship and environmental safety have got the highest mean score value in below average patients and quality of life have got the highest mean score value in above average patients.

**Table 3: Description of assessment of domain wise post-test mean scores of quality of Life among patient with Alcohol Disorder by using WHO, QOL Scale.**

**N=60**

Variables	Below Average		Above Average	
	Mean	SD	Mean	SD
Quality of life	2.5	0.70	27.5	3.5
General health	3.5	0.70	26.5	9.19
Physical health	3.5	0.70	26.5	16.26
Psychological health	1.5	0.70	28.5	20.50
Social relationship	2	0	28	25.45
Environmental safety	1.5	0.70	28.5	33.23



**Figure 3: Bar diagram showing assessment of domain wise post-test mean scores quality of life among patient with alcohol disorder.**

**Table 2 and Figure 2:** Shows the description of assessment of domains post-test mean score of quality of life among patient with alcohol disorder in which general health and physical health have got the highest mean score value in below average patients and psychological health and environmental safety have got the highest mean score value in above average patients.

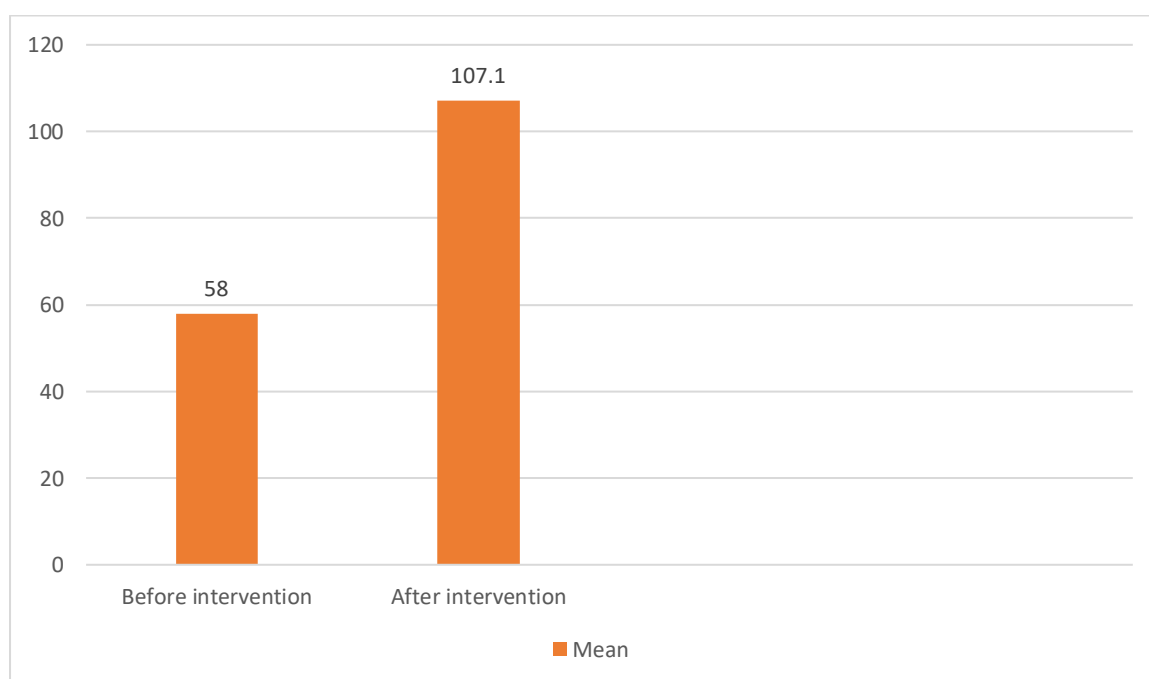
**Objective 2: Comparison of pre and post-test mean scores of quality of life for evaluating the effectiveness of life skill intervention among patient with alcohol disorder.**

**Table 4: Comparison of quality of life between pretest and posttest mean scores.**

Variables	Mean	SD	t value (1.6711)	p value
Pre test	58	3.4	53.108	0.0004
Post test	107.1	6.6		SS

**$P < 0.05$  at 59 df**

**SS- Statistically significant**



**Figure 4: Bar diagram showing the comparison of quality of life between pre and post-test mean scores.**

**Table 4:** Shows that the mean scores quality of life before intervention 58 with SD 3.4 was lesser than the mean score of quality of life after intervention that is 107.1 with SD 6.6 respectively.

At the 0.05 threshold of significance and 59 df, the recorded t value of 53.108 was greater than the table value (1.6711). Thus, the theory **H<sub>1</sub>** is approved.



**Objective 3: Association between post-test quality of life scores with selected demographic variables among patients with alcohol disorder.**

**Table 5: Association between Post-test Quality of Life score with selected demographic variables among patients with Alcohol Disorder.**

**N=60**

SI No.	Demographic Variables	Quality of life		X <sup>2</sup> calculated value	DF	p value	Inference
		Below average	Above average				
1.	<b>Age in years</b> 15-35 years More than 35	2 3	25 30	0.0551	1	0.81	P at 0.05 NS
2.	<b>Educational status</b> Illiterate Literate	3 2	15 40	2.3377	1	0.13	P at 0.05 NS
3.	<b>Occupation</b> Job Jobless	1 4	30 25	2.1903	1	0.14	P at 0.05 NS
4.	<b>Religion</b> Hindu Others	4 1	50 5	0.6061	1	0.44	P at 0.05 NS
5.	<b>Family history of alcohol consumption</b> Yes No	3 2	35 20	0.0261	1	0.87	P at 0.05 NS
6.	<b>Monthly income</b> 10,000-20,000 >20,000	1 4	30 25	2.1903	1	0.14	P at 0.05 NS
7.	<b>Types of family</b> Nuclear Joint	3 2	45 10	1.3636	1	0.24	P at 0.05 NS
8.	<b>No. of children</b> One- two More than two	1 4	40 15	5.8887	1	0.01	P at 0.05 SS
9.	<b>Have you undergone life skill intervention in your life</b> Yes No	1 4	2 53	2.5837	1	0.10	P at 0.05 NS

**Table 5:** Shows that there is no significant association between quality of life among alcohol disorder patient with demographic variables except no of children.

**Table 6: Association between Post-test General Health score with selected demographic variables among patients with Alcohol Disorder.**

**N=60**

SI No.	Demographic Variables	Quality of life		X <sup>2</sup> calculated value	DF	p value	Inference
		Below average	Above average				
1.	<b>Age in years</b> 15-35 years More than 35	3 4	20 33	0.0686	1	0.79	P at 0.05 NS
2.	<b>Educational status</b> Illiterate Literate	2 5	13 40	0.0539	1	0.82	P at 0.05 NS
3.	<b>Occupation</b> Job Jobless	4 3	33 20	0.0686	1	0.79	P at 0.05 NS
4.	<b>Religion</b> Hindu Others	5 2	44 9	0.5548	1	0.46	P at 0.05 NS
5.	<b>Family history of alcohol consumption</b> Yes No	6 1	39 14	0.4852	1	0.49	P at 0.05 NS
6.	<b>Monthly income</b> 10,000-20,000 >20,000	4 3	45 8	3.1832	1	0.07	P at 0.05 NS
7.	<b>Types of family</b> Nuclear Joint	2 5	40 13	6.4767	1	0.01	P at 0.05 SS
8.	<b>No. of children</b> One- two More than two	5 2	40 13	0.0539	1	0.82	P at 0.05 NS
9.	<b>Have you undergone life skill intervention in your life</b> Yes No	1 6	3 50	0.7393	1	0.39	P at 0.05 NS

**Table 6:** Demonstrates the lack of any meaningful correlation between the general health of patients with alcohol disorders and any demographic factors, with the exception of family structure.

**Table7: Association between Post-test Physical Health score with selected demographic variables among patients with Alcohol Disorder.**

N=60							
SI No.	Demographic Variables	Quality of life		X <sup>2</sup> calculated value	DF	p value	Inference
		Below average	Above average				
1.	<b>Age in years</b> 15-35 years More than 35	3 4	15 38	0.6238	1	0.43	P at 0.05 NS
2.	<b>Educational status</b> Illiterate Literate	4 3	10 43	5.0637	1	0.02	P at 0.05 SS
3.	<b>Occupation</b> Job Jobless	5 2	17 36	4.1236	1	0.04	P at 0.05 SS
4.	<b>Religion</b> Hindu Others	6 1	47 6	0.0527	1	0.82	P at 0.05 NS
5.	<b>Family history of alcohol consumption</b> Yes No	3 4	41 12	3.7638	1	0.05	P at 0.05 NS
6.	<b>Monthly income</b> 10,000-20,000 >20,000	2 5	39 14	5.7899	1	0.02	P at 0.05 SS
7.	<b>Types of family</b> Nuclear Joint	3 4	45 8	6.8229	1	0.008	P at 0.05 SS
8.	<b>No. of children</b> One- two More than two	2 5	50 3	23.1453	1	0.00001	P at 0.05 SS
9.	<b>Have you undergone life skill intervention in your life</b> Yes No	2 5	1 52	9.2694	1	0.002	P at 0.05 SS

**Table 7:** Demonstrates that, with the exception of educational status, occupation, monthly income, family type, and number of children, there is no significant correlation between the physical health of alcohol disorder patients and demographic characteristics.

**Table 8: Association between Posttest Psychological Health score with selected demographic variables among patients with Alcohol Disorder.**

N=60							
SI No.	Demographic Variables	Quality of life		X <sup>2</sup> calculated value	DF	p value	Inference
		Below average	Above average				
1.	<b>Age in years</b> 15-35 years More than 35	2 1	43 14	0.117	1	0.73	P at 0.05 NS
2.	<b>Educational status</b> Illiterate Literate	1 2	52 5	9.2694	1	0.002	P at 0.05 SS
3.	<b>Occupation</b> Job Jobless	2 1	49 8	0.8325	1	0.36	P at 0.05 NS
4.	<b>Religion</b> Hindu Others	2 1	52 5	1.9103	1	0.16	P at 0.05 NS
5.	<b>Family history of alcohol consumption</b> Yes No	2 1	29 28	0.2845	1	0.59	P at 0.05 NS
6.	<b>Monthly income</b> 10,000-20,000 >20,000	1 2	35 22	0.9353	1	0.33	P at 0.05 NS
7.	<b>Types of family</b> Nuclear Joint	2 1	13 44	2.924	1	0.08	P at 0.05 NS
8.	<b>No. of children</b> One- two More than two	1 2	38 19	1.3919	1	0.24	P at 0.05 NS
9.	<b>Have you undergone life skill intervention in your life</b> Yes No	1 2	2 55	5.327	1	0.02	P at 0.05 SS

**Table 8:** Revealed that there is no considerable association between psychological health among alcohol disorder patient with demographic variables except educational status.

**Table 9: Association between Posttest Social Relationship score with selected demographic variables among patients with Alcohol Disorder.**

N=60							
SI No.	Demographic Variables	Quality of life		X <sup>2</sup> calculated value	DF	p value	Inference
		Below average	Above average				
1.	<b>Age in years</b> 15-35 years More than 35	2 2	46 10	2.4107	1	0.12	P at 0.05 NS
2.	<b>Educational status</b> Illiterate Literate	1 3	6 50	0.7393	1	0.39	P at 0.05 NS
3.	<b>Occupation</b> Job Jobless	3 1	43 13	0.0067	1	0.93	P at 0.05 NS
4.	<b>Religion</b> Hindu Others	2 2	52 4	7.619	1	0.005	P at 0.05 SS
5.	<b>Family history of alcohol consumption</b> Yes No	3 1	43 13	0.0067	1	0.93	P at 0.05 NS
6.	<b>Monthly income</b> 10,000-20,000 >20,000	1 3	40 16	3.7191	1	0.54	P at 0.05 NS
7.	<b>Types of family</b> Nuclear Joint	3 1	49 7	0.5048	1	0.48	P at 0.05 NS
8.	<b>No. of children</b> One- two More than two	3 1	48 8	0.3361	1	0.56	P at 0.05 NS
9.	<b>Have you undergone life skill intervention in your life</b> Yes No	2 2	5 51	6.1109	1	0.01	P at 0.05 SS

**Table 9:** Showed that there is no notable association between social relationship among alcohol disorder patient with demographic variables except religion and previous experience of life skill intervention.

**Table 10: Association between Post-test Environmental Safety score with selected demographic variables among patients with Alcohol Disorder.**

**N=60**

SI No.	Demographic Variables	Quality of life		X <sup>2</sup> calculated value	DF	p value	Inference
		Below average	Above average				
1.	<b>Age in years</b> 15-35 years More than 35	1 2	48 9	4.9273	1	0.02	P at 0.05 SS
2.	<b>Educational status</b> Illiterate Literate	2 1	14 43	2.5837	1	0.10	P at 0.05 NS
3.	<b>Occupation</b> Job Jobless	2 1	52 5	1.9103	1	0.17	P at 0.05 NS
4.	<b>Religion</b> Hindu Others	1 2	29 28	0.3509	1	0.55	P at 0.05 NS
5.	<b>Family history of alcohol consumption</b> Yes No	2 1	38 19	0	1	1	P at 0.05 NS
6.	<b>Monthly income</b> 10,000-20,000 >20,000	1 2	33 24	0.7002	1	0.40	P at 0.05 NS
7.	<b>Types of family</b> Nuclear Joint	2 1	27 30	0.425	1	0.51	P at 0.05 NS
8.	<b>No. of children</b> One- two More than two	1 2	26 31	0.1737	1	0.68	P at 0.05 NS
9.	<b>Have you undergone life skill intervention in your life</b> Yes No	1 2	4 53	2.5837	1	0.11	P at 0.05 NS

**Table10:** Show that there is no vital association between environmental safety among alcohol disorder patient with demographic variables except age.

## **SUMMARY**

The study's analysis and interpretation are covered in this chapter. Descriptive and inferential stats applied to inspect the data. The analysis has been unified and presented under many headings, such as quality of life comparison, quality of life description, and posttest score relationship with particular demographic characteristics.

# ***DISCUSSION***





## **CHAPTER-6**

### **DISCUSSION**

The study's key findings are presented in this chapter, along with a discussion of how they compare to other researchers' comparable investigations.

The research aimed to evaluate the patients' quality of life using the WHO QOL Scale at a chosen hospital in Kolar who had alcohol disorders. The goals of the investigation guided the data collection and analysis processes.

#### **OBJECTIVES OF THE STUDY:**

1. To assess the Quality of Life among Patients with Alcohol Disorder by using WHO, QOL Scale.
2. To evaluate the effectiveness of life skill interventions by comparing pre and post-test scores of quality of life among Patients with Alcohol Disorder.
3. To determine the association between post-test quality of life scores with selected demographic variables among patients with alcohol disorder (Age, gender, occupation, education, marital status).

#### **MAJOR FINDINGS OF THE STUDY:**

##### **1. Sample characteristics:**

##### **Age**

22 participants (36.67%), 26 participants (26.66%), and 15 participants (26.66%) were in the age category of 15 to 25 years in the current study.

**Marital status**

Within the current study, there were 40 (66.67%) married individuals, 15 (25%) single people, 5 (8.33%) divorced people, and 0% widowers.

**Educational status**

25 (41.67%) of the study's participants had completed elementary school, 14 (23.33%) had completed high school, 11 (18.33%) had completed secondary school, 0% had completed university studies, and 10% had completed postgraduate work.

**Occupation**

In the present study, 15(25%) were not working, 10(16.67%) had government job, 16(26.67%) had private job and 19(31.67%) had business.

**Religion**

In the present study, 59(98.33%) were belong to Hindu religion, 1(1.67%) were belong to Muslim religion.

**Family history of alcohol consumption**

Of the participants in this study, 36 (or 60%) had a family history of alcohol usage, while 24 (or 40%) did not.

**Monthly Income**

In the present study, 24(40%) had monthly income of less than 10000, 30(50%) had monthly income between 10000-20000 and 6(10%) had monthly income of more than 20000.

**Type of the family**

In the current study, 38 (63.33%) and 22 (36.67%) are members of joint families and nuclear families, respectively.

**No. of children**

In the present study, 13 (21.67%) had single child, 38(63.33%) had two children, 9(15%) had more than two children.

**Source of information about de-addiction**

In the present study, 36(60%) got the information about de-addiction from friends, 17(28.33%) got information from family members and 7(11.67%) got information from median.

**Reason for first alcohol consumption**

In the present study, 33(55%) started alcohol consumption due to peer pressure, 17(28.33%) started alcohol consumption due to family problems, 9(15%) started alcohol consumption due to occupational environment.

**Previous experience of life skill intervention**

In the present study, 3(5%) undergone life skill interventions and 57(95%) does not undergone life skill intervention.

## **2. Assessment of domain wise pretest and posttest mean score of quality of life among patients with alcohol disorder by using WHO, QOL scale.**

The findings of the study (Table 2 and figure 1) disclosed the mean score of pretest quality of life among alcohol disorder patient was with below average  $17.5 \pm \text{SD } 10.6$  and above average  $12.5 \pm \text{SD } 17.67$  and perceived general health of mean score among alcohol disorder patient was with below average  $16 \pm \text{SD } 14.14$  and above average  $14 \pm \text{SD } 19.79$ . The physical health mean score among alcohol disorder patient was with below average  $28 \pm \text{SD } 38.18$  and above average  $2 \pm \text{SD } 2.82$ . In addition psychological health of mean score among alcohol disorder patient was with below average  $28.5 \pm \text{SD } 38.89$  and above average  $1.5 \pm \text{SD } 2.12$ . Social relationship of mean score among alcohol disorder patient was below average  $30 \pm \text{SD } 39.59$  and above average  $0 \pm \text{SD } 0$ . Besides, environmental safety mean score among alcohol disorder patient was with below average  $30 \pm \text{SD } 16.97$  and above average  $0 \pm \text{SD } 0$ .

The findings of the study (Table 3 and figure 3) disclosed the mean score of post-test quality of life among alcohol disorder patient was with below average  $2.5 \pm \text{SD } 0.70$  and above average  $27.5 \pm \text{SD } 3.5$  and perceived general health of mean score among alcohol disorder patient was with below average  $3.5 \pm \text{SD } 0.70$  and above average  $26.5 \pm \text{SD } 9.19$ . The physical health mean score among alcohol disorder patient was with below average  $3.5 \pm \text{SD } 0.70$  and above average  $26.5 \pm \text{SD } 16.26$ . Furthermore, psychological health of mean score among alcohol disorder patient was with below average  $1.5 \pm \text{SD } 0.70$  and above average  $28.5 \pm \text{SD } 20.50$ . Social relationship of mean score among alcohol disorder patient was below average  $2 \pm \text{SD } 0$  and above average

28 $\pm$  SD 25.45. Besides, environmental safety mean score among alcohol disorder patient was with below average 1.5 $\pm$ SD 0.70 and above average 28.5 $\pm$ SD 33.23.

### **3. Comparison of pre and post-test mean scores of quality of life for evaluating the effectiveness among patient with alcohol disorder.**

Table 4 reports the study's findings, which confirmed that the quality of life mean score on the pretest, which was 58 with SD 3.4, was lower than the post-test mean of 107.1 with SD 6.6 among individuals with alcohol disorders. At the 0.05 threshold of significance at 59 df, the obtained t value of 53.108 was greater than the table value. Therefore, hypothesis **H<sub>1</sub>** is realized.

In order to determine the impact of a life skills intervention on young adolescents' community and self-worth for preventing narcotize misuse in Benha, Egypt, Hanan Abdulwahab, Ei Sayed, and Hedyia Fathy Mohy conducted a quasi-experimental study. 120 pupils from two Benha City preparatory schools took part in the study. The scholars were choosed by simple random sampling, and the info were assembled using two tools: a life skills training questionnaire and a peer interaction self-efficacy measure. The results show a significant ( $P < 0.05$ ) improvement in the students' understanding when comparing their social self-efficacy before and after the life skill intervention.<sup>32</sup>

### **4. Association between post-test quality of life scores with selected demographic variables among patients with alcohol disorder.**

A significant correlation was found between the posttest quality of life among patients with alcohol disorders and certain demographic variables, including age, educational

attainment, occupation, religion, family history of alcohol consumption, monthly income, family type, number of children, and prior experience with life skill interventions, according to the value of chi square tables. The physical domain of quality of life had the highest significant value when compared to the other domains since the computed chi square value was lower than the table value 3.84 at the 0.05 level of acceptance. As a result, **H<sub>2</sub>** was given credit.

A community-based cross-sectional analytical study conducted among adult men over the age of eighteen in Puducherry's field practice zones supports the study's findings. There were 316 separated participants in the study. In this study, alcohol intake was measured using the validated and pretested World Health Organization Alcohol Use Disorder Identification (WHO – AUDIT) questioner, while quality of life was assessed using the WHO QoL BREF questioners. Alcohol users scored lower on the study's overall mean quality of life score than non-users did, and these difference revealed to be numerically important (P value <0.001).<sup>29</sup>

## **SUMMARY:**

The discussion of the study's key findings, such as the correlation between posttest quality of life and alcohol disorder patients, and an evaluation of quality of life comparing pre- and posttest scores, was dispersed across this chapter.

# ***CONCLUSION***



## **CHAPTER 7**

### **CONCLUSION**

This chapter cover up the outcomes revealed in light of the study's findings. Finding out how well patients with alcohol issues fared in life following a life skills intervention was the aim of this study.

These inferences were made in light of the study's findings:

- Among individuals with alcohol disorders, the mean score for quality of life in the domain before the test is lower than the mean score for the domain after the test.
- Patients with alcohol disorders viewed a compelling change in their quality of life between the pre- and post-test, according to the computed t test ( $t_{59}=53.108$ ).
- Among individuals with alcohol disorders, there will be a strong correlation between quality of life and certain demographic variables, like as the number of children.
- Patients with alcohol disorders will exhibit a substantial correlation between their general health and some demographic characteristics, such as family type.
- A noteworthy correlation will exist between a subset of demographic characteristics and physical health, such as educational attainment, employment position, monthly income, family structure, number of children, and prior participation in life skill interventions.



- There will be a strong correlation between a few demographic factors, such as educational attainment and prior participation in life skill interventions, and psychological health.
- The social relationship with particular demographic variables, such as religion, and prior participation in any life skill intervention will be significantly correlated.
- The chosen demographic variable, such as age in years, will have a significant correlation with environmental safety.

## **Nursing Implications**

The present study intended to determine how well people with alcohol disorders were able to live their lives after receiving a life skills intervention. The following are the consequences of the study's findings for nursing practice, education, research, and administration.

### **a) Nursing Practice**

1. Nurses who work in both community and hospital settings are crucial in enhancing the quality of life for patients who struggle with alcoholism
2. The nurse can educate the patients how to get adopted to situations.
3. The nurse professional should provide adequate information regarding life skill intervention in improving the quality of life.
4. By enhancing their understanding of quality of life, nurses will benefit from the study results.

### **b) Nursing Education**

1. The nurse educator can educate the patients regarding Quality of life and life skill intervention.

2. The nurse educator should emphasis the significance of education and adaption programmes and implement and evaluate its effectiveness on patients with alcohol disorder.

### **c) Nursing Administration**

- a. The findings may be used by nursing administration to enhance patients with alcohol disorders' quality of life and life skill interventions.
- b. In order to implement life skills, appropriate teaching and learning resources must be created and made available.
- c. All other nursing staffs are motivated to devote the best of abilities by an administrator in order to create a safe and healthy individual.

### **d) Nursing Research**

1. The application of life intervention to patients with alcohol disorders enhances the quality of life by enabling healthcare providers to create a methodical approach to issue solving. This is made possible by nursing research.
2. Contributes relevant additional information to the body of knowledge.
3. This study yield fruitful outcome that are helpful for other researchers for further studies in the same field.

## **LIMITATIONS OF THE STUDY**

1. The WHO Quality of life BREF scale was the sole tool used to evaluate the quality of life in individuals with alcohol disorders.
2. Control group is not used in this study.

3. The sample was limited to 60 patients.
4. Marginal number of party limited the generalization of the study.

## **RECOMMENDATIONS**

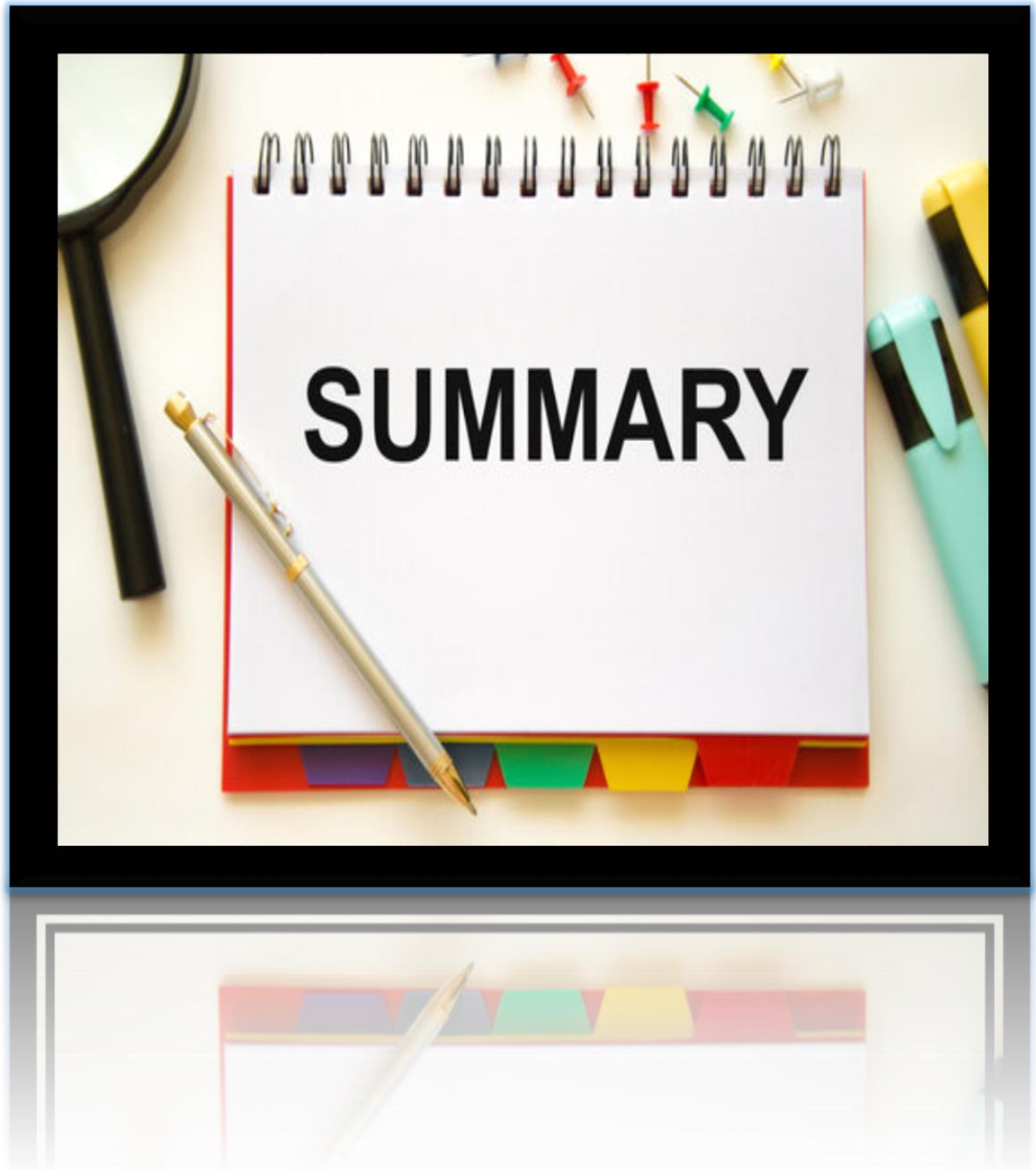
Based on the findings of the present study recommendations offered for the further study are:

1. An identical study can be replicated on a larger population.
2. An experimental study can be conducted with a control group.

## **SUMMARY**

Numerous study implications have been highlighted in this chapter, along with suggestions. To get more trustworthy results, additional research of this type has to be done.

# ***SUMMARY***



## **CHAPTER 8**

### **SUMMARY**

In this study, individuals with alcohol disorders at a particular hospital in Kolar will have their quality of life improved by a life skills intervention.

#### **OBJECTIVES OF THE STUDY:**

1. To assess the Quality of Life among Patients with Alcohol Disorder by using WHO, QOL Scale.
2. To evaluate the effectiveness of life skill interventions by comparing pre and post-test scores of quality of life among Patients with Alcohol Disorder.
3. To determine the association between post-test quality of life scores with selected demographic variables among patients with alcohol disorder (Age, gender, occupation, education, marital status).

#### **HYPOTHESES**

**H<sub>1</sub>:** Among patients with alcohol disorders receiving life skill intervention, there will be a statistically important contrast in the mean pre-test and post-test quality of life scores.

**H<sub>2</sub>:** Quality of life post-test results among patients with alcohol disorders will show a statistically significant correlation with certain sociodemographic factors.

#### **ASSUMPTIONS**

Patients with alcohol disorders may have a higher quality of life after receiving life skills intervention. The intent of the research was to rule out how well individuals

with alcohol disorders fared in life after receiving a life skills intervention at Kolar, a chosen hospital.

This investigation employed an efficacy methodology. The study's 60 participants with alcohol disorders make up its population. The 60 samples were chosen using a convenient sampling approach according to predefined standards. Quality of Life was the dependent variable, and Life Skills Intervention was the independent variable. based on certain predetermined criteria. The independent variable was life skill intervention and dependent variable was Quality of Life.

The data was gathered using the WHO Quality of Life BREF scale. Five specialists verified the content correctness of the tool. The information was gathered over a 30-day period, **from November 1, 2023, to November 30, 2023**. Every day from 10.30 am to 12.30 pm was the designated time slot for gathering input.

Descriptive statistics like mean and standard deviation were used to evaluate the acquired data and interpret them in line with the objectives. Both tabular and graphical representations of the collected data are shown. The X2 test and Paired "t" test were two examples of inferential statistics that were used to test the hypothesis at the 0.05 levels of significance.

### **Major findings:**

About age, 22 (36.67%) were in the over-35 and 26-35 years old age groups, while 16 (26.66%) were in the 15–25 year old age group. Regarding marital status, there were 40 married people (66.67%), 15 single people (25%) divorced people (5.33%), and 0% widowers.

With regard to educational status 25(41.67%) had elementary school education, 14(23.33%) had high school education, 11(18.33%) had secondary school education, 0% of undergraduates and 10(17%) had postgraduates. With regard to occupation, 15(25%) were not working, 10(16.67%) had government job, 16(26.67%) had private job and 19(31.67%) had business.

With regard to religion 59(98.33%) were belong to Hindu religion, 1(1.67%) were belong to Muslim religion. With regard to family history of alcohol consumption, 36(60%) had the family history of alcohol consumption and 24(40%) not have the history of alcohol consumption.

With regard to monthly income 24(40%) had monthly income of less than 10,000, 30(50%) had monthly income between 10,000-20,000 and 6(10%) had monthly income of more than 20,000.

22 (36.67%) are members of a nuclear family, while 38 (63.33%) are members of a combined family.

With regard to no. of children, 13 (21.67%) had single child, 38(63.33%) had two children, 9(15%) had more than two children

With regard to source of information about deaddiction, 36(60%) got the information about deaddiction from friends, 17(28.33%) got information from family members and 7(11.67%) got information from median. With regard to reason for first alcohol consumption, 33(55%) started alcohol consumption due to peer pressure, 17(28.33%) started alcohol consumption due to family problems, 9(15%) started alcohol

consumption due to occupational environment. With regard to previous experience of life skill intervention, 3(5%) undergone life skill interventions and 57(95%) does not undergone life skill intervention.

The study disclosed the mean score of pretest quality of life among alcohol disorder patient was with below average  $17.5 \pm \text{SD } 10.6$  and above average  $12.5 \pm \text{SD } 17.67$  and perceived general health of mean score among alcohol disorder patient was with below average  $16 \pm \text{SD } 14.14$  and above average  $14 \pm \text{SD } 19.79$ . The physical health mean score among alcohol disorder patient was with below average  $28 \pm \text{SD } 38.18$  and above average  $2 \pm \text{SD } 2.82$ . In addition psychological health of mean score among alcohol disorder patient was with below average  $28.5 \pm \text{SD } 38.89$  and above average  $1.5 \pm \text{SD } 2.12$ . Social relationship of mean score among alcohol disorder patient was below average  $30 \pm \text{SD } 39.59$  and above average  $0 \pm \text{SD } 0$ . Besides, environmental safety mean score among alcohol disorder patient was with below average  $30 \pm \text{SD } 16.97$  and above average  $0 \pm \text{SD } 0$ .

The study reports that the mean score of post-test quality of life among alcohol disorder patient was with below average  $2.5 \pm \text{SD } 0.70$  and above average  $27.5 \pm \text{SD } 3.5$  and perceived general health of mean score among alcohol disorder patient was with below average  $3.5 \pm \text{SD } 0.70$  and above average  $26.5 \pm \text{SD } 9.19$ . The physical health mean score among alcohol disorder patient was with below average  $3.5 \pm \text{SD } 0.70$  and above average  $26.5 \pm \text{SD } 16.26$ . Furthermore, psychological health of mean score among alcohol disorder patient was with below average  $1.5 \pm \text{SD } 0.70$  and above average  $28.5 \pm \text{SD } 20.50$ . Social relationship of mean score among alcohol disorder patient was below average  $2 \pm \text{SD } 0$  and above average  $28 \pm \text{SD } 25.45$ . Besides,



environmental safety mean score among alcohol disorder patient was with below average  $1.5 \pm \text{SD } 0.70$  and above average  $28.5 \pm \text{SD } 33.23$ .

The study's conclusions confirmed that the pretest mean quality of life score for patients with alcohol disorders—58 with SD 3.4—is lower than the posttest mean score—107.1 with SD 6.6—for patients with alcohol disorders. At the 0.05 threshold of significance at 59 df, the obtained t value of 53.108 was greater than the account in table. Therefore, hypothesis **H<sub>1</sub>** is realized.

The study's findings indicate a substantial correlation between the posttest quality of life of individuals with alcohol disorders and a number of demographic variables, including age, educational attainment, occupation, religion, and family history of alcohol consumption. Other variables that may be related to this relationship include monthly income, family type, number of children, and prior experience with life skill interventions. Quality of life, the physical domain, had the most significant value when compared to the other domains since the computed chi square value was smaller than the table value 3.84 at the 0.05 level of significance.. **H<sub>2</sub>** was therefore credited with the hypothesis.

## **SUMMARY:**

This chapter assigned brief about the overall study and its major findings in each area.

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# **ANNEXURE**



## ANNEXURES-1

### ETHICAL CLEARANCE CERTIFICATE



Sri Devaraj Urs College of Nursing, TAMAKA, Kolar-563 103.  
(Affiliated to RGUHS, Bangalore and Recognized by KNC, Bangalore & INC, New Delhi)  
ISO 9001: 2015 Certified & NAAC Accredited  
Phone: 9480880802 E-mail: sduconson@yahoo.com, Website: sducon.ac.in

28-07-23

Review/ Meeting Minutes No of IEC 02

The meeting of the IEC for the year 2022-2023 was held at SDUCON Council hall on 28/07/2023 at 10:30am onwards under the chairmanship of Dr. Prashanti N, Chairperson, and Institutional Ethics Committee. Dr. Lavanya Subhashini, Member Secretary welcomed committee members, following members attended the meeting

#### Members Present

Sl. No.	Names	Position in the committee	Signature
1	Dr. Prasanthi Nataka	Chairperson	
2	Dr. Prabhakar	Member	-
3	Dr. Dayanand	Member	-
4	Dr. Asha . B	Member	
5	Mr. Ganesh	Member	
6	Achary Chinmayananda Avadutha	Member	
7	Dr. Lavanya Subhashini	Member Secretary	

Member Secretary  
MEMBER SECRETARY  
ETHICS COMMITTEE  
SRI DEVARAJ URS COLLEGE OF NURSING  
TAMAKA KOLAR - 563103.

Chairperson  
CHAIR PERSON  
ETHICS COMMITTEE  
SRI DEVARAJ URS COLLEGE OF NURSING  
TAMAKA KOLAR - 563103.



**Sri Devaraj Urs College of Nursing, TAMAKA, Kolar-563 103.**

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Phone: 948080802 E-mail: educon@yaho.com, Website: educon.ac.in

3	IEC/ 121/2023	Dr G. Vijayalakshmi Principal Co-investigator: Mrs Rashmi A Assistant professor	Effectiveness of Peer Learning versus Traditional Learning on Clinical Performance among first year BSc Nursing students at selected colleges, Kolar.	Accepted	Refer Minutes
4	IEC/122/2023	Dr. Lavanaya subhashini Vice Principal SDUCON Mrs. Sumalatha Associate Professor	A Comparative Study to Assess The Breast Milk Volume Among the mother's of Preterm Babies with Manual Expression and Breast Pump Expression at R L Jalappa Hospital and Research Center, Kolar"	Accepted	Refer Minutes
5	IEC/123 /2023	Prof Jaiakini Aruna HOD Dept. of MHN Mrs. Ramya Assistant professor	Effectiveness of Life Skill Interventions in improving the quality of life among Alcohol Dependence patients at a selected hospital, Kolar.	Accepted	Refer Minutes
6	IEC/ 124/2023	Dr. Malathi K V HOD. Dept. of CHN Mrs Komala Devi R	Effectiveness of honey with papaya seeds in Managing worm infestation among primary School children's at selected schools of Kolar Taluk.	Accepted	Refer Minutes
7	IEC/ 125 /2023	Mrs. Sumana Yesu Priya Assistant professor Dept. of CHN	A study on risk assessment and management of dental carries among school children in selected schools of Kolar Taluk	Accepted	Refer Minutes

## ANNEXURE-2

Date: 05/06/23

### LETTER REQUESTING PERMISSION FOR CONDUCTING RESEARCH STUDY

**From,**

Research Group 5  
3<sup>rd</sup> year BSc(N)  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103

**To,**

The Medical Superintendent  
RL Jalappa Hospital & Research Centre  
Tamaka, Kolar, 563103

**Through:** Proper channel

**Respected Sir,**

**Sub:** Requesting permission to conduct research study in RLJH&RC Psychiatric ward among Patients with Alcohol Disorder.

We the undergraduate students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has selected the below mentioned topic for our research project as partial fulfillment of requirement. **Title: “Effectiveness of Life Skill Interventions on the quality of life among Patients with Alcohol Disorder at a selected hospital, Kolar.”** With regarding to above we kindly request you to grant permission to conduct a research study on patient with alcohol disorder in psychiatry ward of RL Jalappa Hospital without disturbing the hospital routine. We will be highly obliged and remain thankful for your approval.

**Thanking You.**

**Yours Sincerely,**

- |                       |                        |                    |
|-----------------------|------------------------|--------------------|
| 1. Ms.Rincy Roy       | 2. Ms.Anu Mathew       | 3. Ms.Dhiya Prince |
| 1. Ms.SangjuktaMandal | 5. Ms. AnnliyaKochumon | 6. Ms.AnnMaria     |
| 7. Ms.AnujaManoj      | 8. Ms.Sahana. N        | 9. Ms.Vandana s    |
| 10. Ms.Chandu R.      | 11. Ms.Anusha J M      |                    |

Research Guide:	Co-Guide:
<b>Prof.JairakiniAruna</b> HOD, Dept of Mental Health Nursing Dept. of Mental Health Nursing SDUCON, Tamaka, Kolar.	<b>Mrs.Ramya.M</b> Assistant Professor, Dept of Mental Health Nursing SDUCON, Tamaka, Kolar.

Date: 09/09/23

### PERMISSION LETTER TO CONDUCT STUDY

**From,**  
Research Group 5  
3<sup>rd</sup> year BSc(N)  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103

**To,**  
The Medical Superintendent  
RL Jalappa Hospital & Research Centre  
Tamaka, Kolar, 563103

**Through:** Proper channel  
**Respected Sir,**

**Sub:** Requesting permission to conduct research study in RLJH&RC Psychiatric ward among Patients with Alcohol Disorder.

We the undergraduate students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has selected the below mentioned topic for our research project as partial fulfillment of requirement. **Title: "Effectiveness of Life Skill Interventions on the quality of life among Patients with Alcohol Disorder at a selected hospital, Kolar."** With regarding to above we kindly request you to grand permission to conduct a research study on patient with alcohol disorder in psychiatry ward of RL Jalappa Hospital without disturbing the hospital routine. We will be highly obliged and remain thankful for your approval.

**Thanking You.**

**Yours Sincerely,**

- |                       |                       |                    |
|-----------------------|-----------------------|--------------------|
| 1. Ms.Rincy Roy       | 2. Ms Anu Mathew      | 3. Ms Dhiya Prince |
| 4. Ms SangjuktaMandal | 5. Ms AnnliyaKochumon | 6. Ms AnnMaria     |
| 7. Ms Anuja Manoj     | 8. Ms Sahana. N       | 9. Ms Vandana s    |
| 10. Ms Chandu R.      | 11 Ms Anusha J M      |                    |

Research Guide:	Co-Guide:
<b>Prof.Jairakini Aruna</b> HOD, Dept of Mental Health Nursing Dept. of Mental Health Nursing SDUCON, Tamaka, Kolar.	<b>Mrs.Ramya.M</b> Assistant Professor, Dept of Mental Health Nursing SDUCON, Tamaka, Kolar.

Forwarded to principal  
for the needful  
Jairakini Aruna

*[Signature]*



Date: 09/09/23

### PERMISSION LETTER TO CONDUCT STUDY

**From,**  
Research Group 5  
3<sup>rd</sup> year BSc(N)  
Sri Devaraj Urs College of Nursing  
Tamaka, Kolar-563103

**To,**  
Dr. Mohan Reddy  
HOD  
Department of Psychiatry  
RLJH&RC

**Through:** Proper channel  
**Respected Sir,**

**Sub:** Requesting permission to conduct research study in RLJH&RC Psychiatric ward among Patients with Alcohol Disorder.

We the undergraduate students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has selected the below mentioned topic for our research project as partial fulfillment of requirement. **Title: "Effectiveness of Life Skill Interventions on the quality of life among Patients with Alcohol Disorder at a selected hospital, Kolar."** With regarding to above we kindly request you to grant permission to conduct a research study on patient with alcohol disorder in psychiatry ward of RL Jalappa Hospital without disturbing the hospital routine. We will be highly obliged and remain thankful for your approval.

**Thanking You.**

**Yours Sincerely,**

- |                       |                        |                    |
|-----------------------|------------------------|--------------------|
| 1. Ms.Rincy Roy       | 2. Ms Anu Mathew       | 3. Ms Dhiya Prince |
| 4. Ms SangjuktaMandal | 5. Ms Annliya Kochumon | 6. Ms AnnMaria     |
| 7. Ms Anuja Manoj     | 8. Ms Sahana. N        | 9. Ms Vandana s    |
| 10. Ms Chandu R.      | 11. Ms Anusha J M      |                    |

Research Guide:	Co-Guide:
<b>Prof.Jairakini Aruna</b> HOD, Dept of Mental Health Nursing Dept. of Mental Health Nursing SDUCON, Tamaka, Kolar.	<b>Mrs.Ramya.M</b> Assistant Professor, Dept of Mental Health Nursing SDUCON, Tamaka, Kolar.

*Forwarded to principal  
for his needful  
Jairakini*

*Aravind 9/9/23*  
**Prof & H.O.D.**  
Dept. of Psychiatry  
Devaraj Urs Medical College  
Tamaka, KOLAR-563101

### ANNEXURE-3

#### **LETTER REQUESTING OPINION & SUGGESTION OF EXPERTS FOR ESTABLISHING CONTENT VALIDITY OF RESEARCH CONTENT OF INTERVENTIONS.**

**From,**  
**The 3rd year BSc Nursing Students,**  
Sri DevarajUrs College of Nursing  
Tamaka, Kolar.

**To,**

**Respected Sir/ Madam,**

**Subject:** Requesting for opinions and suggestions of experts for establishing content validity of research project.

With reference to the above, we the 3rd year B.Sc. nursing students of Sri DevarajUrs College of Nursing, Tamaka, Kolar, have selected the below mentioned topic for research project to be submitted to Sri DevarajUrs College of Nursing, Tamaka, Kolar as a fulfillment of Bachelor of Science in Nursing degree. **Title of the Topic: “Effectiveness of Life Skill Interventions on the quality of life among Patients with Alcohol Disorder at a selected hospital, Kolar”.** With regard to the above matter, we kindly request you to validate the content of life skill intervention for its appropriateness and relevancy. We are enclosing our content for your reference. We remain thankful for your great help.

**Thanking you.**

**Yours faithfully**

2. Ms. Rincy Roy	2. Ms. Anu Mathew	3. Ms.Dhiya Prince
2. Ms.Sangjukta Mandal	5. Ms.AnnliyaKochumon	6. Ms.AnnMaria
7. Ms.AnujaManoj	8. Ms.Sahana. N	9. Ms.Vandana s
10. Ms. Chandu R.	11. Ms.Anusha J M	

**Through Research Guide**

## ANNEXURE-4

**Criteria scale rating for validating the content of the “effectiveness of life skill interventions on the quality of life among patients with alcohol disorder at a selected hospital, Kolar.”**

**Respected sir/Madam,**

Kindly go through the content and rate the content in the appropriate columns given and your expert opinion in the remarks column.

sI.no	Item	Very Relevant	Relevant	Need modification	Not Relevant
	<b>Section-A: Socio-Demographic data</b>				
1.	Age (in year)				
2.	Marital status				
3.	Educational status				
4.	Occupation				
5.	Religion				
6.	Family history of alcohol consumption				
7.	Monthly income				
8.	Type of family				
9.	Number of children				
10.	Source of information about de-addiction				
11.	Reason for the first alcohol consumption				
12.	Have you undergone life skill intervention in your life time				

## **ANNEXURE-5**

### **CONTENT VALIDITY CERTIFICATE**

I hereby certify that I have validated the research project intervention content of 3rd year B.Sc. Nursing students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, who is undertaking research project as a partial fulfilment of Bachelor of Science in Nursing Degree.

**Title of the Topic: “Effectiveness of Life Skill Interventions on the quality of life among Patients with Alcohol Disorder at a selected hospital, Kolar”.**

**Signature of the expert**

**Your suggestions please:**

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## **ANNEXURE-6**

### **LIST OF EXPERTS**

1. DR. MOHAN REDDY. M  
PROFFESSOR & HOD OF PSYCHIARTY  
RLJH & RC  
TAMAKA, KOLAR
2. DR. PURUSHOTHAMAN  
ASSISTANT PROFFESSOR  
DEPARTMENT OF PSYCHIATRY  
SRI DEVARAJ URS MEDICAL COLLEGE  
TAMAKA, KOLAR
3. DR. RUTH SNEHA  
ASSOCIATE PROFFESOR  
DEPARTMENT OF PSYCHIATRY  
SRI DEVARAJ URS MEDICAL COLLEGE  
TAMAKA, KOLAR
4. DR. ARAVIND S  
PROFESSOR  
SHRI SHARANABASAVESHWAR COLLEGE OF NURSING  
VIJAYAPUR
5. DR. RAJESH R  
PRICIPAL, HARSHA COLLEGE OF NURSING  
BANGLORE

## **ANNEXURE-7**

### **INFORMATION FOR PARTICIPANTS**

**Title: “Effectiveness of Life Skill Interventions on the quality of life among Patients with Alcohol Disorder at a selected hospital, Kolar.”**

Alcoholic dependent patients are invited to take part in a research study. Before you decide to participate in this study, it is important for you to understand why this research is being carried out and your role in this project. Please take time to read the following information carefully and discuss it with your friends and relatives if you wish before you decide to participate or not in this study. Don't hesitate to ask us if there is anything that is not clear here or for more information. Take as much as time you need to decide to participate in this study.

#### **What is the purpose of the study?**

This is purely a research study and your participation may bring direct benefit to you. The present study aims to conduct a life skill intervention program for improving the quality of life among Patients with Alcohol Disorder– *Do No Harm*.

#### **Does participants have to take part in the study?**

The investigator invites you to participate in the study and will be given a copy of this information sheet and adequate time to read through this, think and ask any questions before making a decision. If you decide to enrol in the study, you will be asked to sign a consent form (a copy of which will also be given to you). You are not allowed to withdraw from the study at any time without giving any reason. The investigator will give a pre-test for the participants to evaluate the present quality of life followed by the participants will undergo life skill intervention program later the investigator will conduct a post test to rate the improvement in the quality of life.

#### **What is your role in this project?**

After you sign in the informed consent, the investigator shall ask questions on the basic details of the Age, Marital status, education, occupation, religion, income, family type, number of Children, sources of information about de-addiction, reason for first drink, the amount of alcohol which the individual consumes per drink, Family history of alcohol consumption.

After 30 days a post test will be conducted to assess the improvement in the quality of life.

What is the duration of Training?

The duration of intervention is of Two Hours daily for one month.

#### **What are the benefits of participating in the study?**

Life skill Intervention shall bring a change in the quality of life in the Patients with Alcohol Disorder.

**Are there any risks involved in participating in the study?**

Life skill Intervention is totally non-invasive, safe and will not harm you in anyway. There are absolutely no risks or any inconvenience for participating in this study.

**Confidentiality of information**

The data collected will be coded using unique code numbers which will be known only to the investigating team. Only this code will be indicated in all assessment sheets. Your name will not be disclosed outside the hospital or appear on any reports or publications resulting from the study. The data generated from this research will be anonymous, with no indication of the identity of individuals involved. The results of the training carried out, however, will be revealed and explained to you.

**What will happen to the samples (data) you have given?**

The data obtained will be analyzed for scientific purpose. The results obtained from this study may be published in national and international scientific journals. Results may also be presented in scientific conferences /seminars. We will publish the results in scientific journals so that other interested people may learn from our research. However, we assure you that your identity will not be revealed anywhere, in any form and to anybody. If you withdraw from the study after the samples have been collected, then your data will not be used for this study. Such data will be in safe custody till the completion of the project and will be deleted from records thereafter.

**Who is organizing/ conducting the study?**

The research is being conducted by Ms. Dhiya and Team IIIrd BSc Nursing Students under the guidance of Mrs. Jairakini Aruna, Professor & HOD of Mental Health Nursing – SDUCON & Mrs. Ramya M. Asst Professor Department of Mental Health Nursing SDUCON.

Thank you for taking time to read this information. If you decide to consider taking part in this study, you will be given a copy of this leaflet for your information.

**Signature of the Investigator                      Signature of the Guide**

Acknowledgement: Copy of this document received.

Signature/Thumb impression of the Patients.





ಶ್ರೀದವರಾಜಅರಸುಶುಶ್ರುಷಶಾಲೆಮತ್ತುಮಹಾವಿದ್ಯಾಲಯಮತ್ತುಶ್ರೀಮತಿರಮ್ಯಾ.ಎಂಮಾನಸಿಕಲ  
ರೋಗ್ಯನರ್ಸಿಂಗ್ವಿಭಾಗದಸಹಾಯಕಪ್ರಾಧ್ಯಾಪಕರಾದಶ್ರೀಮತಿಜೈರಾಕಿಣಿಅರುಣಾಅವರಮಾರ್ಗದರ್ಶ  
ನದಲ್ಲಿಮಿಸ್

.ರಿನ್ನಿರೂಯ್ತುತಂಡದವರುಮೂರನೇವರ್ಷದಬಿಎಸ್ಸಿಂಗ್ವಿದ್ಯಾರ್ಥಿಗಳುಈಸಂಶೋಧನೆಯನ್ನು  
ನಡೆಸುತ್ತಿದ್ದಾರೆ.

ಈಮಾಹಿತಿಯನ್ನುಓದಲುಸಮಯತೆಗೆದುಕೊಂಡಿದ್ದಕ್ಕಾಗಿಧನ್ಯವಾದಗಳು.

ಈಅಧ್ಯಯನದಲ್ಲಿಪಾಲ್ಗೊಳ್ಳಲುನೀವುನಿರ್ಧರಿಸಿದರೆ,

ನಿಮ್ಮಮಾಹಿತಿಗಾಗಿಈಕರಪತ್ರದಪ್ರತಿಯನ್ನುನಿಮಗೆನೀಡಲಾಗುತ್ತದೆ.

ತನಿಖಾಧಿಕಾರಿಯಸಹಿಮಾರ್ಗದರ್ಶಿಯಸಹಿ

ಸ್ವೀಕೃತಿ: ಈಡಾಕ್ಯುಮೆಂಟ್ನಪ್ರತಿಯನ್ನುಸ್ವೀಕರಿಸಲಾಗಿದೆ.

ರೋಗಿಗಳಸಹಿ/ಹೆಬ್ಬರಳಿನಗುರುತು.

## ANNEXURE-8

### WRITTEN INFORMED CONSENT FORM

**Study Title: “Effectiveness of Life Skill Interventions on the quality of life among Patients with Alcohol Disorder at a selected hospital, Kolar.”**

Code Number:

I confirm that I have read and understood the information given to me about this study and my role in it. I had opportunities to ask questions and my questions have been answered to my satisfaction.

or

I confirm that all information about this study and my role in it has been read / explained to me by a member of the investigating team in a language that I understand. I had opportunities to ask questions and my questions have been answered to my satisfaction.

b) I understand that my participation in this study is voluntary and that I am free to withdraw from the study at any time, without giving any reason and legal rights being affected.

c) I understand that my identity will not be revealed in any document or publication.

d) I agree not to restrict the use/publication of any data or results that arise from this study provided such use is only for scientific purposes.

e) I am aware that by agreeing to my participation in this investigation, I will have to give more time for training and assessments by the investigating team and that these assessments will not interfere with the benefits that I am entitled to or my daily routine.

f) I give my consent, voluntarily to take part in this study. I also agree for the investigator to record the observation/interview sessions whenever they are held.

Name of the study participant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Place: \_\_\_\_\_

Name of the investigator: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

ಲಿಖಿತಮಾಹಿತಿಯಒಪ್ಪಿಗೆನಮೂನೆ

[illegible]

[illegible]

## ANNEXURE 9

## SOCIO DEMOGRAPHIC VARIABLES

### A. Age in years

1. 15-25 years
2. 26-35 years
3. More than 35 years

## B. Marital status

1. Married
2. Unmarried
3. Separated/widower
4. Divorced

### C. Educational status

1. Illiterate
2. Primary school
3. Middle school
4. Higher secondary
5. UG
6. PG



**D. Occupation**

1. Not working
2. Government employee
3. Private employee
4. Business/ Daily wages

**E. Religion**

1. Hindu
2. Muslim
3. Christian
4. Others

**F. Family history of alcohol consumption**

1. Yes
2. No

If yes specify\_\_\_\_\_

**G. Monthly income**

1. <10,000
2. 10,000-20,000
3. >20,000

**H. Type of family**

1. Nuclear family
2. Joint family

**I. Number of children**

1. One
2. Two
3. More than two

**J. Source of information about de-addiction**

1. Friends
2. Family members
3. Median

4. Others

**K. Reason for the first alcohol consumption**

1. Peer pressure
2. Family problem
3. Occupation environment
4. Social gathering

**L. Have you undergone life skill intervention in your lifetime?**

1. Yes
2. No

If yes specify\_\_\_\_\_

**ANNEXURE 10**

**WHOQOL-BREF**

The following questions ask how much you feel about your quality of life, health or other areas of your life. I will read out each questions to you, along with the response option. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in kind your standards, hopes, pleasure and concerns. We ask that you think about your life **in the last four weeks.**

Sl.no		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?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

Sl.no		Not at all	A small amount	A moderate amount	A great deal	An extreme amount
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4.	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1

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?	1	2	3	4	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 enough energy for everyday life?	1	2	3	4	5
11.	Are you able to accept your bodily appearance?	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 information you need in your daily life?	1	2	3	4	5
14.	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
15.	How well are you able to get around physically?	1	2	3	4	5

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

Sl.no		Very dissatisfied	Fairly dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16.	How satisfied are you with your sleep?	1	2	3	4	5
17.	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18.	How satisfied are you with your capacity for work?	1	2	3	4	5
19.	How satisfied are you with yourself?	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 the support you get from your friends?	1	2	3	4	5

23.	How satisfied are you with the conditions of your living place?	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 transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last two weeks

Sl.no		Never	Infrequently	Sometimes	Frequently	Always
26.	How often do you have negative feelings such as blue mood, despair, anxiety?	5	4	3	2	1



**The following table should be completed after the interview**



		Equation for computing domain scores	Raw score	Transformed score	
				4-20	0-100
27	Domain 1	(6-Q3) + (6-Q4) + Q10+Q15+Q16+Q17+Q18	a:	b:	c:
28	Domain 2	Q5+Q6+Q7+Q11+Q19+(6-Q26)	a:	b:	c:
29	Domain 3	Q20+Q21+Q22	a:	b:	c:
30	Domain 4	Q8+Q9+Q12+Q14+Q23+Q24+Q25	a:	b:	c:





## ANNEXURE 11





### Life Skill Interventions



Dura tion	Interv ention	Objectives	Activity				
DAY-1 SELF-AWARENESS							
60mt s	Johari windo w	<p>To know about themselves</p> <p>To improve awareness self-awareness of patients.</p> <p><b><u>ANJANEYASANA</u></b></p> <p>It is a lunging back bending asana in modern yoga as exercise. It is also known as low lunge pose. This kind of yoga posture in cooperates a deep low lunge.</p> <p>In alcoholic patients it helps in recovery process</p> <p>It helps to reduce drug cravings.</p>	<p>Create self-awareness with Johari window Model.</p> <p>Step 1: Divide the participants into two pairs</p> <p>Step 2: Johari window consist of four different areas</p> <p>They are: Open area, Blind spot, Hidden area, Unknown Area</p> <table><tr><td><b><u>Open</u></b> Information about you that both you and others know.</td><td><b><u>Blind Spot</u></b> Information about you that you don't know but others know.</td></tr><tr><td><b><u>Hidden</u></b> Information about you that you know but others don't know.</td><td><b><u>Unknown</u></b> Information about you that neither you nor others know.</td></tr></table> <p>Step 3: Explain the participants about the Johari window.</p> <p>Step 4: Every one should interact about themselves to the partner given</p> <p>Step 5: The organizer should confirm that during activity provision of personal information will not be given Warmup Exercise</p> <p><b><u>ANJANEYASANA</u></b></p> <div></div>	<b><u>Open</u></b> Information about you that both you and others know.	<b><u>Blind Spot</u></b> Information about you that you don't know but others know.	<b><u>Hidden</u></b> Information about you that you know but others don't know.	<b><u>Unknown</u></b> Information about you that neither you nor others know.
<b><u>Open</u></b> Information about you that both you and others know.	<b><u>Blind Spot</u></b> Information about you that you don't know but others know.						
<b><u>Hidden</u></b> Information about you that you know but others don't know.	<b><u>Unknown</u></b> Information about you that neither you nor others know.						

DAY2 COPING WITH STRESS			
60 mts	Coping with stress	<p>To reduce their stress level. To improve the coping skills</p> <p><b><u>MUKTASANA</u></b></p> <p>It is sitting meditative yoga posture. It stretches the muscles of the back and buttocks, promotes flexibility of the spine and hips and relaxes the neck. It helps to restore the area of brain in which it is damaged by drug and alcohol addiction. To restore control of choice for the individual.</p>	<p><b><u>Mindful peanut eating activity</u></b></p> <p>Step 1: Ask the participants to sit comfortably on a chair or a cushion or on the floor, giving the following instruction. Sit comfortably and your back should be straight in this pose you should be uplifted and alert, your hands should be on your knees, close your eyes. Without thinking too much about what you are imagine or visualizing. Notice what happens in the moment. Now observe the breath. Focus on your breath and notice the air moving in and out of the body with the breath. It is normal for mind of wander if your mind wanders, try to be in your attention back to the breath, moving on without any thought por decision. Let the breath flow naturally, do not change it anywhere pay full attention to each breath. Step 2: Allow to continue in that position for 10-15 minutes. Facilitators can play soft melodious music for participants to have a better effect. Step 3: Ask them to slowly open the eyes after 15 minutes. Step 4: Everyone should go back to their places without talking or sharing anything. Step 5: Facilitators can listen to the experiences of the pilgrims in the next session.</p> <p>Warmup Exercise <b><u>MUKTASANA</u></b></p> <div style="display: flex; justify-content: space-around;">   </div>

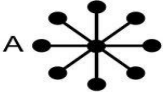
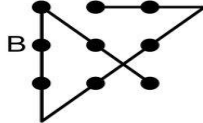



DAY 3 EMPATHY			
60mts		<p>To develop an empathetic response. To understand human needs. To understand others perspective.</p> <p><b><u>BHUJANGASANA</u></b></p> <p>Bhujangasana is very useful to keep the back healthy. This posture can tone the body and the spinal nerves. It helps to stimulate the liver function in alcoholic patients. It helps to relieve stress.</p>	<p>Step 1: Make a group of 3 members (male or female). Step 2: Name the three members as A, B, C according to their wish. Step 3: Instruct each group to sit in a suitable place in training room itself. Step 4: Each member should introduce themselves to others. Step 5: A introduce themselves to B and C should observe the A as vice versa. Then B person should ask questions to A and C should concentrate for 5 minutes on them. Step 6: After completing we should ask what they have understood.</p> <p>Warmup Exercise <b><u>BHUJANGASANA</u></b></p> <div style="display: flex; justify-content: space-around;">   </div>
DAY- 4 GOOD COMMUNICATION			
60mts		<p>To know about the importance of communication To improve the communication skills To learn how to a good communicator</p>	<p><b><u>Group activity</u></b></p> <p>Step 1: All campers should be instructed to stand in circle. Step 2: The facilitator should prepare a clear sentence one or two. (Example: Two monkeys are sitting on the tree; two dogs are barking under the tree.) Step 3: The facilitator should whisper a sentence form the example above into a camper's ear. Step 4: The camper should whisper the words. Whispered by the facilitator into one ear and not into the ear of the camper standing next to time. Step 5: The message is thus passed from one camper to another by whispering to the last camper standing in a circle. Step 6: The last recommender should say the message they received out</p>





		<p><b><u>RAJAKAPOTASANA</u></b></p> <p>Rajakapotasana will increase the range of motion in the hips. It might make the muscles that support the lower back and hips stronger. The deep stress relieves stress.</p>	<p>loud for everyone to hear.</p> <p><b><u>RAJAKAPOTASANA</u></b></p>  
<b>DAY -5 CREATIVE THINKING</b>			
60mts		<p>To overcome blocks to creativity</p> <p>To improve the thinking skills</p> <p>To discover the creative ability</p> <p><b><u>NAVASANA</u></b></p> <p>Navasana is the shape of the body balancing on the buttocks is thought to resemble a boat floating on water.</p> <p>It improves balance and enhance posture.</p>	<p><b><u>Creative decoration</u></b></p> <p>Necessary tools: Newspaper (old)</p> <p>Step 1: Divide the alcohol patients into four groups with two people in a team.</p> <p>Step 2: Give five days papers to each team and give instruction your entire team after getting newspaper decorate any member of your team using the newspaper. You will give fifteen minutes for the activity. You are not allowed to use any objects like pin, gum, clip etc.</p> <p>Step 3: After 15 minutes tell the entire member to come on the stage.</p> <p>Step 4: Ask the member to decorate the patient by using newspaper.</p> <p>Step 5: After decorating ask them to set on their seats. And then identify their thinking capacity.</p> <p>Explain about the creativity and difficulties faced during the activity.</p> <p>Warmup Exercise</p> <p><b><u>NAVASANA</u></b></p>  

DAY -6 DECISION MAKING			
60mts		<p>To improve the decision-making skills To know the importance of decision making To improve the quality of decision</p> <p><b><u>VIRABHADRASANA</u></b></p> <p>Virabhadrasana means courageous, warriors, or vigorous. It is a standing yoga that provides strength to the shoulders, arms and thighs</p>	<p><b><u>Marbles game.</u></b> Necessary tools: 4 inches high 30-20 bullet transparent, marbles, scribe (pen) Step 1: Make a circle and sit in circle Step 2: First give the transparent glass bottle to participants which is filled with the marbles ask the participants to count number of marbles, and he /she should not tell to anyone in the group about count of marbles Step 3: After completing the task ask them to replace the glass bottle. After that they should divide into 2 groups (8 members) into 2 groups select the leaders from groups that is two members after selecting they should make discussion with their group Step 4: After that they should come to one decision about the marbles if the groups fail in their decision making and they are not willing to make decision within a time then the activity will stop. Step 5: After that they should tell about their experience in activity. Warmup Exercise</p> <p><b><u>VIRABHADRASANA</u></b></p> <div style="display: flex; justify-content: space-around;">   </div>

DAY -7 CRITICAL THINKING												
60mts		To understand what is thinking skill To improve thinking capacity To encourage to solve the problems	<u>Rules of activity</u> Fill in the number 1 to 9 such that. No number should be repeated. Sum of three boxes in each row 15. The sum of three boxes in each column 15. <table><tr><td>8</td><td>1</td><td>6</td></tr><tr><td>3</td><td>5</td><td>7</td></tr><tr><td>4</td><td>9</td><td>2</td></tr></table>	8	1	6	3	5	7	4	9	2
8	1	6										
3	5	7										
4	9	2										
DAY -8 PROBLEM SOLVING												
60mts		To solve problem by applying problem solving process To derive or design solution for problem To implement the solution	Necessary tool: Card sheets and pledge, pen and paper. Step1: Give the following picture to the students Step2: Instruction The 9 dots in the Mayan image should be joined using only four lines the rules are.... Once the line start drawing the pen /pencil. Do not lift with paper straws A line once crossed shall not be scrolled again If necessary more than one blank maybe placed over the dote Step3: Give 5 to 10 mins.  Step4: Someone who completed the given activity should forward to other participants. Step5: If none of them completed the activity the facilitator must complete it.									

		<p><b><u>VASISTHASANA</u></b></p> <p>Vasisthasana pose begins a high plank pose, then one arm is extended to the sky as the body rotates until the front of the body faces forward.</p> <p>It helps to improve focus and concentration.</p>	  <p>Warmup Exercise <b><u>VASISTHASANA</u></b></p> 
<b>DAY-9 INTERPERSONAL RELATIONSHIP</b>			
60mts		<p>To improve the interpersonal relationship</p> <p>To state the essential of interpersonal relationship</p> <p>To develop and maintain positive feeling.</p> <p><b><u>MATSYENDRASANA</u></b></p> <p>Matsyendrasana is a seated twist asana practiced to improve body posture and restore the digestive system. It have a calming effect on the mind and body and sharpen the concentration of an alcoholic patients</p>	<p>Step1: Do the 2 groups which contains 2 members in group</p> <p>Step2: If one is blind folded the other should be the guide, shall not speak.</p> <p>Step3: Instruct the guide to move the blindfolded around room</p> <p>Step4: Be sure to take precautions to avoid collisions and accidental damage between the members.</p> <p>Step5: Do this activity for 10 mins and then role for the neat 10 minutes.</p> <p>Step6: Observe the members and ask them about experiences and mentoring</p> <p>Step7: And observe the relationship and their emotions on another members.</p> <p>Warmup Exercise <b><u>MATSYENDRASANA</u></b></p>  

DAY -10 COPING WITH EMOTIONS			
60mts		<p>To understand our own feelings To respect others emotions or feelings To identify the way to control or reduce emotions.</p>	<p><b><u>Fill the balloon.</u></b>  Step1: Give each camper a balloon and tell them not to pop it until instructed  Step2: After everyone gets a balloon, the following give instructions  “Everybody closes your eyes for a moment. Think about how u feel at this moment. Think of the balloon given to you as a container/vessel, fill the given container (balloon)with the feeling you are currently experiencing and fill it as much as you want (allow 5minutes)  Step3: After everyone has cut out the feelings on their balloon, have then pick up the balloon and walk around the room with awareness. Be aware of their feelings (allow 5minutes)  Step4: After 5 minutes, tell all the campers to take their seats  Step5: After everyone is seated, ask them how they felt.  Step6: Now give each camper a needle box  Step7: Give the following instruction....  “Now you all have emotions in one hand and a needle in the other, the needle symbolizing authority/power. Power can be used to think, explode or do something you have 5minutes to do whatever you want with your emotions and power. Remember that other people have emotions or feelings too. Give campers 5minutes to walk around the room.  Step8: After 5minutes tell the camper to put their balloon and needle aside.  Warmup Exercise  <b><u>VIRABHADRASANA</u></b></p>
60 minutes		<p><b><u>VIRABHADRASANA</u></b></p> <p>In virabhadrasana the front knee is bend and the hips are turned forward with the arms raised.  It helps to build mental focus, concentration, determination, and perseverance.  It helps to give stability in the whole body</p>	 



## ANNEXURE 12

### ACTIVITIES

#### DAY 1 – SELF AWARENESS- JOHARI WINDOW



#### DAY 2- COPING WITH STRESS



## DAY 3-EMPATHY



## DAY 4- GOOD COMMUNICATION- GROUP ACTIVITY

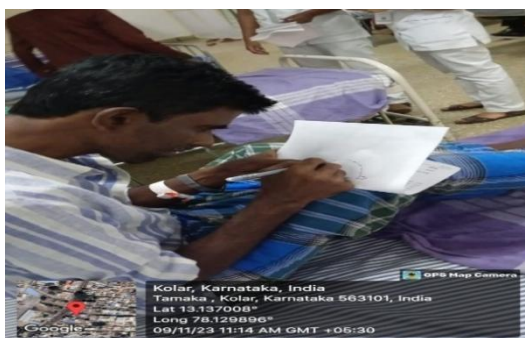




## DAY 5- CREATIVE THINKING- CREATIVE DECORATION



## DAY 6- DECISION MAKING





## DAY 7- CRITICAL THINKING



## DAY 8- PROBLEM SLOVING



## DAY 9- INTERPERSONAL RELATIONSHIP





## DAY 10- COPING WITH EMOTION- FILLING THE BALLOON



# ANNEXURE-13

## MASTER CODE SHEET

Socio demographic variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Age	a	b	a	a	b	a	a	a	a	a	a	b	a	a	b	b	c	b	c	b	a	b	c	b	a	b	b	b	b	b	a	c	b	b	c	b	c	b	c	c	a	b	c	b	c	b	c	a	c	c	c	c	c	c	c	c	c	c	c	
Marital staus	a	b	a	a	a	b	a	b	a	a	b	a	b	a	a	b	a	b	a	b	a	a	a	b	a	a	b	a	a	b	a	a	b	b	a	a	a	a	b	a	a	b	c	a	a	c	a	a	c	a	a	a	a	a	a	a	a	c		
Educational status	b	c	b	d	b	b	c	d	c	b	d	c	d	b	c	d	c	d	b	c	d	f	c	c	c	d	b	c	f	c	b	b	b	c	b	b	d	b	b	b	c	d	f	d	b	f	f	b	f	f	b	b	f	f	b	b	b	f	b	
Occupation	b	c	b	a	c	c	a	b	c	d	c	a	b	c	a	d	a	a	d	c	a	d	a	c	a	d	b	c	d	a	d	c	a	b	d	c	b	a	c	a	b	d	a	a	c	b	d	c	d	d	d	c	d	d	d	b	d	d	d	c
Religion	a	a	a	b	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a	a		
Family history of alcohol	b	a	b	a	a	b	a	a	b	a	b	a	a	a	a	b	a	a	a	a	a	a	a	a	a	a	a	b	b	b	a	a	b	b	a	a	a	b	b	b	a	a	a	a	a	a	a	a	a	a	a	b	b	b	b	b	b	b	b	
Monthly income	a	b	c	a	a	b	a	a	a	b	a	b	a	b	a	b	a	b	b	a	b	b	b	a	b	c	a	b	b	a	c	b	a	b	b	a	b	b	c	a	b	c	a	b	b	a	b	b	a	b	b	a	b	a	c	b	a	b		
Type of family	a	b	a	a	b	a	b	a	a	a	a	a	a	b	b	a	a	a	b	b	a	a	b	b	b	a	b	a	b	a	a	b	a	b	a	b	b	a	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b		
Number of children	a	b	b	a	b	a	b	a	b	a	c	b	c	b	b	b	b	b	b	a	b	b	b	b	b	b	a	b	b	b	b	b	a	b	b	b	c	c	b	a	b	c	b	b	c	a	b	b	b	b	a	b	b	a	c	c	a			
Source of information about deaddiction	a	b	c	b	a	b	a	b	c	a	b	a	b	a	b	a	b	c	a	b	b	a	a	b	a	a	a	b	a	a	a	a	a	a	a	a	b	a	b	a	a	a	b	a	a	a	b	a	b	a	a	a	a	c	a	a	c	c		
Reason for first drink	a	b	a	c	b	a	b	c	a	b	c	a	b	a	b	a	b	a	b	a	b	a	b	a	b	a	a	b	a	b	a	b	a	b	b	a	b	b	a	c	a	a	a	a	a	c	a	a	a	a	a	c	a	a	c	a	a	c	a	
Have you undergone life skill anytime	a	b	b	b	b	b	a	b	b	b	b	a	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	

Question 	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Samples 																										
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Questions	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Samples																										
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59	5	4	2	3	5	5	4	5	4	5	4	5	5	5	5	4	4	5	4	5	5	4	5	4	4	4
60	3	1	2	3	5	4	4	2	2	5	5	2	2	2	4	5	5	4	5	4	4	3	2	2	1	4

Samples	Domain 1			Domain 2			Domain 3			Domain 4		
1	a=18	b=10	c=38	a=13	b=9	c=31	a=8	b=11	c=44	a=21	b=11	c=44
2	a=19	b=11	c=44	a=15	b=10	c=38	a=7	b=9	c=31	a=16	b=8	c=25
3	a=19	b=11	c=44	a=17	b=11	c=44	a=7	b=9	c=31	a=19	b=10	c=38
4	a=18	b=10	c=38	a=15	b=10	c=38	a=8	b=11	c=44	a=16	b=8	c=25
5	a=18	b=10	c=38	a=14	b=9	c=31	a=7	b=9	c=31	a=17	b=9	c=31
6	a=20	b=11	c=44	a=16	b=11	c=44	a=7	b=9	c=31	a=17	b=9	c=31
7	a=17	b=10	c=38	a=12	b=8	c=25	a=8	b=11	c=44	a=15	b=8	c=25
8	a=17	b=10	c=38	a=16	b=11	c=44	a=7	b=9	c=31	a=16	b=8	c=25
9	a=12	b=7	c=19	a=16	b=11	c=44	a=7	b=9	c=31	a=16	b=8	c=25
10	a=20	b=11	c=44	a=16	b=11	c=44	a=8	b=11	c=44	a=20	b=10	c=38
11	a=18	b=10	c=38	a=16	b=11	c=44	a=7	b=9	c=31	a=18	b=9	c=31
12	a=20	b=11	c=44	a=16	b=11	c=44	a=7	b=9	c=31	a=15	b=8	c=25
13	a=16	b=9	c=31	a=14	b=9	c=31	a=8	b=11	c=44	a=18	b=9	c=31
14	a=17	b=10	c=38	a=15	b=10	c=38	a=7	b=9	c=31	a=15	b=8	c=25
15	a=17	b=10	c=38	a=15	b=10	c=38	a=7	b=9	c=31	a=17	b=9	c=31
16	a=19	b=11	c=44	a=15	b=10	c=38	a=8	b=11	c=44	a=17	b=9	c=31
17	a=16	b=9	c=31	a=12	b=8	c=25	a=8	b=11	c=44	a=14	b=7	c=19
18	a=22	b=13	c=56	a=15	b=10	c=38	a=7	b=9	c=31	a=13	b=7	c=19
19	a=15	b=9	c=31	a=14	b=9	c=31	a=7	b=9	c=31	a=22	b=11	c=44
20	a=17	b=10	c=38	a=16	b=11	c=44	a=7	b=9	c=31	a=17	b=9	c=31
21	a=19	b=11	c=44	a=17	b=11	c=44	a=4	b=5	c=6	a=14	b=7	c=19
22	a=20	b=11	c=44	a=15	b=10	c=38	a=4	b=5	c=6	a=15	b=8	c=25

23	a=17	b=10	c=38	a=16	b=11	c=44	a=6	b=8	c=25	a=17	b=9	c=31
24	a=18	b=10	c=38	a=14	b=9	c=31	a=7	b=9	c=31	a=21	b=11	c=44
25	a=18	b=10	c=38	a=18	b=12	c=50	a=7	b=9	c=31	a=18	b=9	c=31
26	a=19	b=11	c=44	a=14	b=9	c=31	a=7	b=9	c=31	a=15	b=8	c=25
27	a=17	b=10	c=38	a=15	b=10	c=38	a=8	b=11	c=44	a=18	b=9	c=31
28	a=20	b=11	c=44	a=15	b=10	c=38	a=7	b=9	c=31	a=15	b=8	c=25
29	a=18	b=10	c=38	a=14	b=9	c=31	a=7	b=9	c=31	a=21	b=11	c=44
30	a=18	b=10	c=38	a=15	b=10	c=38	a=7	b=9	c=31	a=18	b=9	c=31
31	a=17	b=10	c=38	a=16	b=11	c=44	a=7	b=9	c=31	a=13	b=7	c=19
32	a=18	b=10	c=38	a=16	b=11	c=44	a=8	b=11	c=44	a=17	b=9	c=31
33	a=15	b=9	c=31	a=12	b=8	c=25	a=8	b=11	c=44	a=20	b=10	c=38
34	a=18	b=10	c=38	a=15	b=10	c=38	a=8	b=11	c=44	a=19	b=10	c=38
35	a=15	b=9	c=31	a=13	b=9	c=31	a=8	b=11	c=44	a=15	b=8	c=25
36	a=19	b=11	c=44	a=16	b=11	c=44	a=7	b=9	c=31	a=19	b=10	c=38
37	a=18	b=10	c=38	a=14	b=9	c=31	a=7	b=9	c=31	a=19	b=10	c=38
38	a=17	b=10	c=38	a=15	b=10	c=38	a=8	b=11	c=44	a=14	b=7	c=19
39	a=23	b=13	c=56	a=14	b=9	c=31	a=8	b=11	c=44	a=15	b=8	c=25
40	a=20	b=11	c=44	a=18	b=12	c=50	a=8	b=11	c=44	a=19	b=10	c=38
41	a=19	b=11	c=44	a=14	b=9	c=31	a=6	b=8	c=25	a=21	b=11	c=44
42	a=18	b=10	c=38	a=15	b=10	c=38	a=7	b=9	c=31	a=17	b=9	c=31
43	a=20	b=11	c=44	a=15	b=10	c=38	a=6	b=8	c=25	a=14	b=7	c=19
44	a=17	b=10	c=38	a=16	b=11	c=44	a=7	b=9	c=31	a=15	b=8	c=25
45	a=17	b=10	c=38	a=17	b=11	c=44	a=7	b=9	c=31	a=20	b=10	c=38
46	a=19	b=11	c=44	a=16	b=11	c=44	a=8	b=11	c=44	a=20	b=10	c=38
47	a=16	b=9	c=31	a=15	b=10	c=38	a=8	b=11	c=44	a=12	b=6	c=13

48	a=20	b=11	c=44	a=12	b=8	c=25	a=8	b=11	c=44	a=18	b=9	c=31
49	a=17	b=10	c=38	a=14	b=9	c=31	a=7	b=9	c=31	a=19	b=10	c=38
50	a=20	b=11	c=44	a=18	b=12	c=50	a=7	b=9	c=31	a=16	b=8	c=25
51	a=23	b=13	c=56	a=14	b=9	c=31	a=8	b=11	c=44	a=15	b=8	c=25
52	a=17	b=10	c=38	a=16	b=11	c=44	a=8	b=11	c=44	a=20	b=10	c=38
53	a=21	b=12	c=50	a=16	b=11	c=44	a=8	b=11	c=44	a=20	b=10	c=38
54	a=19	b=11	c=44	a=14	b=9	c=31	a=8	b=11	c=44	a=18	b=9	c=31
55	a=16	b=9	c=31	a=13	b=9	c=31	a=7	b=9	c=31	a=13	b=7	c=19
56	a=16	b=9	c=31	a=15	b=10	c=38	a=7	b=9	c=31	a=16	b=8	c=25
57	a=18	b=10	c=38	a=15	b=10	c=38	a=7	b=9	c=31	a=18	b=9	c=31
58	a=18	b=10	c=38	a=15	b=10	c=38	a=7	b=9	c=31	a=17	b=9	c=31
59	a=20	b=11	c=44	a=12	b=8	c=25	a=7	b=9	c=31	a=16	b=8	c=25
60	a=15	b=9	c=31	a=11	b=7	c=19	a=7	b=9	c=31	a=19	b=10	c=38

Sample	Domain 1			Domain 2			Domain 3			Domain 4		
1	a=30	b=17	c=81	a=11	b=7	c=19	a=5	b=7	c=19	a=36	b=18	c=88
2	a=30	b=17	c=81	a=23	b=15	c=69	a=10	a=13	c=56	a=34	b=17	c=81
3	a=16	b=9	c=31	a=24	b=16	c=75	a=13	b=17	c=81	a=34	b=17	c=81
4	a=27	b=15	c=69	a=24	b=16	c=75	a=12	b=16	c=75	a=32	b=16	c=75
5	a=26	b=15	c=69	a=24	b=16	c=75	a=10	a=13	c=56	a=36	b=18	c=88
6	a=13	b=7	c=19	a=15	b=10	c=38	a=12	b=16	c=75	a=37	b=19	c=94
7	a=29	b=17	c=81	a=24	b=16	c=75	a=10	a=13	c=56	a=36	b=18	c=88
8	a=24	b=14	c=63	a=25	b=17	c=81	a=5	b=7	c=19	a=35	b=18	c=88
9	a=31	b=18	c=88	a=25	b=17	c=81	a=13	b=17	c=81	a=37	b=19	c=94
10	a=16	b=9	c=31	a=24	b=16	c=75	a=7	b=9	c=31	a=33	b=17	c=81
11	a=30	b=17	c=81	a=24	b=16	c=75	a=14	b=19	c=94	a=37	b=19	c=94
12	a=10	b=6	c=13	a=23	b=15	c=69	a=13	b=17	c=81	a=35	b=18	c=88
13	a=27	b=15	c=69	a=15	b=10	c=38	a=7	b=9	c=31	a=37	b=19	c=94
14	a=23	b=13	c=56	a=24	b=16	c=75	a=10	a=13	c=56	a=35	b=18	c=88
15	a=29	b=17	c=81	a=24	b=16	c=75	a=14	b=19	c=94	a=36	b=18	c=88
16	a=24	b=14	c=63	a=22	b=15	c=69	a=13	b=17	c=81	a=36	b=18	c=88
17	a=10	b=6	c=13	a=23	b=15	c=69	a=14	b=19	c=94	a=38	b=19	c=94
18	a=30	b=17	c=81	a=25	b=17	c=81	a=10	a=13	c=56	a=35	b=18	c=88
19	a=16	b=9	c=31	a=25	b=17	c=81	a=13	b=17	c=81	a=38	b=19	c=94
20	a=30	b=17	c=81	a=24	b=16	c=75	a=13	b=17	c=81	a=34	b=17	c=81
21	a=29	b=17	c=81	a=25	b=17	c=81	a=14	b=19	c=94	a=36	b=18	c=88
22	a=30	b=17	c=81	a=21	b=14	c=63	a=13	b=17	c=81	a=33	b=17	c=81
23	a=12	b=7	c=19	a=27	b=18	c=88	a=14	b=19	c=94	a=38	b=19	c=94

24	a=31	b=18	c=88	a=23	b=15	c=69	a=12	b=16	c=75	a=34	b=17	c=81
25	a=32	b=18	c=88	a=27	b=18	c=88	a=14	b=19	c=94	a=36	b=18	c=88
26	a=29	b=17	c=69	a=23	b=15	c=69	a=13	b=17	c=81	a=33	b=17	c=81
27	a=29	b=17	c=81	a=26	b=17	c=81	a=13	b=17	c=81	a=38	b=19	c=94
28	a=30	b=17	c=81	a=26	b=17	c=81	a=13	b=17	c=81	a=35	b=18	c=88
29	a=29	b=17	c=81	a=23	b=15	c=69	a=12	b=16	c=75	a=37	b=19	c=94
30	a=30	b=17	c=81	a=27	b=18	c=88	a=13	b=17	c=81	a=37	b=19	c=94
31	a=30	b=17	c=81	a=22	b=15	c=69	a=14	b=19	c=94	a=35	b=18	c=88
32	a=30	b=17	c=81	a=26	b=17	c=81	a=13	b=17	c=81	a=35	b=18	c=88
33	a=26	b=15	c=69	a=24	b=16	c=75	a=13	b=17	c=81	a=34	b=17	c=81
34	a=30	b=17	c=81	a=26	b=17	c=81	a=13	b=17	c=81	a=37	b=19	c=94
35	a=30	b=17	c=81	a=24	b=16	c=75	a=14	b=19	c=94	a=26	b=13	c=56
36	a=26	b=15	c=69	a=25	b=17	c=81	a=12	b=16	c=75	a=37	b=19	c=94
37	a=31	b=14	c=63	a=24	b=16	c=75	a=14	b=19	c=94	a=26	b=13	c=56
38	a=30	b=17	c=81	a=23	b=15	c=69	a=13	b=17	c=81	a=36	b=18	c=88
39	a=27	b=15	c=69	a=24	b=16	c=75	a=14	b=19	c=94	a=37	b=19	c=94
40	a=32	b=15	c=69	a=24	b=16	c=75	a=14	b=19	c=94	a=26	b=13	c=56
41	a=30	b=17	c=81	a=26	b=17	c=81	a=13	b=17	c=81	a=34	b=17	c=81
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44	a=25	b=14	c=63	a=22	b=15	c=69	a=14	b=19	c=94	a=35	b=18	c=88
45	a=30	b=17	c=81	a=27	b=18	c=88	a=13	b=17	c=81	a=35	b=18	c=88
46	a=30	b=17	c=81	a=25	b=17	c=81	a=14	b=19	c=94	a=34	b=17	c=81
47	a=30	b=17	c=81	a=24	b=16	c=75	a=13	b=17	c=81	a=26	b=13	c=56
48	a=26	b=15	c=69	a=24	b=16	c=75	a=11	b=15	c=69	a=35	b=18	c=88

49	a=31	b=18	c=88	a=26	b=17	c=81	a=12	b=16	c=75	a=34	b=17	c=81
50	a=25	b=14	c=63	a=24	b=16	c=75	a=12	b=16	c=75	a=17	b=9	c=31
51	a=30	b=17	c=81	a=25	b=17	c=81	a=11	b=15	c=69	a=33	b=17	c=81
52	a=31	b=18	c=88	a=22	b=15	c=69	a=14	b=19	c=94	a=35	b=18	c=88
53	a=30	b=17	c=81	a=26	b=17	c=81	a=13	b=17	c=81	a=35	b=18	c=88
54	a=26	b=15	c=69	a=24	b=16	c=75	a=11	b=15	c=69	a=37	b=19	c=94
55	a=30	b=17	c=81	a=25	b=17	c=81	a=13	b=17	c=81	a=17	b=9	c=31
56	a=23	b=13	c=56	a=22	b=15	c=69	a=14	b=19	c=94	a=35	b=18	c=88
57	a=30	b=17	c=81	a=24	b=16	c=75	a=11	b=15	c=69	a=35	b=18	c=88
58	a=23	b=13	c=56	a=24	b=16	c=75	a=13	b=17	c=81	a=37	b=19	c=94
59	a=30	b=17	c=81	a=24	b=16	c=75	a=14	b=19	c=94	a=37	b=19	c=94
60	a=30	b=17	c=81	a=25	b=17	c=81	a=11	b=15	c=69	a=15	b=8	c=25

## ANNEXURE-14

### Certificate of Plagiarism Check



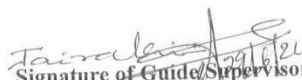
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<b>Title of the Project</b>	EFFECTIVENESS OF LIFE SKILL INTERVENTIONS ON THE QUALITY OF LIFE AMONG PATIENTS WITH ALCOHOL DISORDER AT A SELECTED HOSPITAL, KOLAR.
<b>Name of the Student</b>	Ms. Dhiya Prince Ms. Anu Mathew Ms. Sanjukta Mandal Ms. Annliya Kochumon Ms. Anuja Manoj Ms. Rincy Roy Ms. Annmaria Tom Ms. Sahana. N Ms. Vandana Ms. Chandu.R Ms. Anusha.J.M
<b>Registration Number</b>	20C0519
<b>Name of the Supervisor / Guide</b>	Prof. Jairakini Aruna
<b>Department</b>	Mental Health Nursing
<b>Acceptable Maximum Limit (%) of Similarity</b> ( UG project,PG Dissertation /Ph.D. Thesis)	10%
<b>Similarity</b>	10%
<b>Software used</b>	Turnitin
<b>Paper ID</b>	2398071801
<b>Submission Date</b>	29-06-2024

  
Signature of Student

  
Signature of Guide/Supervisor  
Head of the Department  
Dept. of Psychiatric Nursing,  
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