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A Study To Assess The Effectiveness Of Video-Assisted Teaching On Knowledge Regarding Meditation Among B.Sc. Nursing Students At Selected Nursing Colleges In Bhopal

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Abstract:

Background: Meditation, a mind-body practice in complementary and alternative medicine, has been practiced for thousands of years, with 65% of the Australian population using it as a therapeutic model. Despite its widespread adoption, there is a need to assess the effectiveness of video-assisted teaching on knowledge regarding meditation among nursing students. **Objective:** This study aimed to assess the knowledge of B.Sc. nursing students regarding meditation and its effects on mental health, evaluate the effectiveness of a video-assisted teaching program, and associate knowledge with selected demographic variables. **Methodology:** A research study was conducted among B.Sc. nursing students at selected nursing colleges in Bhopal. A video-assisted teaching program was developed, and its effectiveness was assessed using a pre-test and post-test design. **Results:** The study revealed a significant improvement in knowledge scores among nursing students, with a post-test overall knowledge score of 84.15% compared to 44.83% in the pre-test. The majority of students (82.22%) achieved an adequate level of knowledge score after the video-assisted teaching program. **Conclusion:** This study demonstrates the effectiveness of video-assisted teaching in enhancing knowledge regarding meditation among B.Sc. nursing students. The results suggest that incorporating video-assisted teaching-based learning into nursing education can improve students' understanding of meditation and its benefits for mental health. This innovative approach has the potential to transform nursing education and promote self-learning among students.

Keywords - meditation, B.Sc nursing students, video-assisted teaching, knowledge assessment, mental health, effectiveness, complementary medicine, therapeutic model, pre-test and post-test, nursing education, self-learning, demographic variables, improvement, innovative approach, teaching program

I. INTRODUCTION

The integration of technology into nursing education has initiated a significant paradigm shift at the global level, transforming traditional teaching methods into learner-centred, technology-driven approaches. In this evolving landscape, the responsibility for learning has gradually transitioned from educators to students, necessitating the development of self-instructional, e-media-based learning packages. This shift highlights the growing need for nursing educators to become proficient in instructional design and adopt innovative strategies using modern educational technologies. The explosion of information, demographic changes, lifestyle modifications, and the shift from hospital-based to community-centred care have all contributed to the urgency of revising traditional educational systems. To meet these demands, educational frameworks must promote active, lifelong learners who can think critically and solve problems independently. Scholars such as Loretta E.H. (1998) and Dolmans & Schmidt (1995) emphasize that education should not only transmit knowledge but also develop the learner's potential to function effectively in dynamic health care environments. One such innovative approach is Video Assisted Teaching (VAT), a powerful instructional tool that enables individualized learning. Unlike traditional classroom teaching, which often fails to accommodate varying learning paces, VAT allows students to learn at their own speed and revisit content as needed, thereby promoting better understanding and retention. Research by Horton, Philip B. et al. (1993) and Liu Xiufeng (1994) supports the effectiveness of video-based learning as a tool for both instruction and assessment in science education. Furthermore, practices like meditation, when integrated into nursing education, have shown significant therapeutic benefits, enhancing psychological well-being, reducing stress, and promoting holistic health. Meditation, as part of complementary and alternative medicine, aligns well with the principles of individualized instruction and self-directed learning. Thus, in view of the ongoing transformations in nursing education, this study attempts to explore the effectiveness of technology-based, individualized instructional strategies—particularly Video Assisted Teaching—in enhancing student learning and well-being. It emphasizes the need for nursing educators to adapt to technological innovations and promote flexible, student-centred educational experiences suited to contemporary healthcare demands.

LITERATURE REVIEW

Review of literature forms the essential foundation for conceptualizing the research problem, identifying variables, refining methodology, and developing tools. In the present study, relevant scholarly works were reviewed to understand the application of video-assisted teaching and its integration with meditation in nursing education. The literature spans studies related to technology-enhanced learning, pedagogical effectiveness, student attitudes, and informatics competencies. 1. Studies on Video-Assisted Teaching in Nursing Education Gabriel (1996) discussed the paradigm shift brought about by video-assisted teaching in instructional methods, suggesting that it significantly alters learning processes. Gaston (1988) compared video-assisted instruction with traditional lectures among baccalaureate students and found no significant difference in knowledge retention, but a positive attitude toward video-based learning. Similarly, Russell et al. (1994) reported that students preferred learning epidemiology through interactive videos over textbook reading.

Gassert and McDowell (1995) highlighted the low levels of computer literacy among nursing students and emphasized the need to incorporate technology training into curricula. Stockton et al. (1995) and Stricklin et al. (2003) validated tools for assessing nurses' attitudes towards technology use, revealing key influencing factors such as perceived barriers, work-related issues, and security concerns. 2. Studies on Technology Integration and Informatics Yavuz (2016) documented the impact of integrating video-assisted courses in Turkish nursing schools, fostering collaboration and practical technology skills. Ornes and Gassert (2017) evaluated informatics exposure in BSN programs, recommending curriculum revisions to strengthen digital competencies. Moody (2017) assessed attitudes of nursing personnel toward Electronic Health Records (EHRs), with findings indicating a generally positive disposition, especially among those with prior video-assisted teaching experience. 3. Attitudes and Skills Toward Video-Based Learning Emans Evangel Joel et al. (2017) evaluated knowledge, attitude, and skills of nurses regarding video-assisted teaching in Ludhiana. The study revealed good knowledge levels, universal positive attitudes, but varied skill levels among staff nurses. Vroom's expectancy theory supported the correlation between satisfaction, beliefs, and motivation in the use of technology. 4. Learning Styles and Perceptions Brudenell and Carpenter (2020) explored the relationship between adult learning styles and their attitudes toward video-assisted learning. Their study confirmed that individualized learning preferences significantly influence the acceptance and effectiveness of video-based instruction.

RESEARCH DESIGN- This chapter outlines the systematic procedures followed to conduct the study. It includes the research approach, design, variables, setting, population, sample and sampling techniques, tool development, intervention, validity and reliability, pilot study, data collection, and data analysis plan. A

quantitative evaluative research approach was adopted to assess the effectiveness of a **video-assisted teaching programme** on knowledge regarding meditation among nursing students in selected colleges of Bhopal. This approach was suitable to measure the change in knowledge through structured data collection and statistical analysis. The study employed a **pre-experimental one-group pre-test post-test design**, where a single group of nursing students was assessed before and after the intervention. This design enabled evaluation of the effectiveness of the video-assisted teaching by comparing pre- and post-test scores. The study variables included: **Independent Variable:** Video-assisted teaching programme on meditation, **Dependent Variable:** Knowledge level of nursing students **Extraneous Variables:** Individual learning differences, prior exposure to meditation, or other external influences. The study was conducted in selected nursing colleges in Bhopal. The population comprised nursing students, from which a sample was drawn using purposive sampling. The sample size and inclusion criteria were determined based on accessibility and relevance to the study objectives. A structured knowledge questionnaire was developed and validated by subject experts. Reliability of the tool was ensured using appropriate statistical tests. The video-assisted teaching programme was developed as a multimedia-based instructional package on meditation. A **pilot study** was conducted to assess the feasibility of the tool and data collection process. Following this, the final data collection was carried out by administering the pre-test, implementing the video-assisted teaching programme, and then conducting the post-test after a fixed interval. Data were analysed using descriptive and inferential statistics. This methodology enabled the researcher to objectively assess the impact of video-assisted teaching on students' knowledge about meditation in a structured, ethical, and scientifically valid manner.

3.1 Population and Sample and research methodology

This research focuses on examining the prevalence and patterns of alcohol consumption among undergraduate BSc Nursing students in a selected nursing college in Bhopal. A total sample of 120 students will be selected using a simple random sampling technique to ensure representation and minimize bias. Data will be collected through a self-administered, structured questionnaire comprising demographic details, alcohol intake behavior, and health-related perceptions. A pilot study with 10 students will validate the tool, and data analysis will involve both descriptive and inferential statistics using SPSS, with a significance level set at $p < 0.05$. While the study offers valuable insights, its limitations include reliance on self-reported data, limited generalizability, and cultural influences. This research aims to inform future strategies for alcohol awareness and behavioral interventions among nursing students. The population for the present study comprised nursing students from selected nursing colleges in Bhopal. A total of 60 students were selected using **non-probability purposive sampling** based on predefined inclusion criteria, including age (18 years and above) and willingness to participate. The sampling method was appropriate given the study objectives and ensured representation of the target group. The **content validity** of the semi-structured questionnaire and video-assisted teaching programme was established in consultation with subject experts. The **reliability** of the tool was confirmed through the test-retest method using Karl Pearson's correlation coefficient, yielding a high reliability score ($r = 0.93$). A **pilot study** was conducted on five students to test the feasibility, refine the tool, and confirm the appropriateness of the data collection process and analysis plan. The video-assisted teaching programme was administered for 25–30 minutes, and a post-test was conducted after seven days. The pilot study outcomes demonstrated the tool's reliability and the practicality of the intervention, justifying its use in the main study.

3.2 Data and Sources of Data

Data collection, written permission was obtained from the Head of the Nursing Department at TIT College for the pilot study and from the Head of Career College of Nursing for the main study, both located in Bhopal. Informed consent was secured from all participants after explaining the purpose of the study, ensuring confidentiality, and emphasizing the voluntary nature of participation. The data collection was carried out among 60 selected degree college students. The **pre-test** for the pilot study was conducted on 03/12/2024 at TIT College, while the **main study pre-test** was conducted on 16/01/2025 at Career College using a semi-structured questionnaire to assess knowledge on meditation. Based on their responses, participants' knowledge was categorized as: >75% (adequate), 51–75% (moderate), and <50% (inadequate). Immediately after the pre-test, a **video-assisted teaching programme** was administered, lasting 25–30 minutes. The effectiveness of the intervention was evaluated through a **post-test** conducted seven days later using the same questionnaire. For data analysis, a systematic approach was adopted: data were organized into a master sheet, frequencies and percentages were calculated for demographic variables, and knowledge scores were analyzed using mean, standard deviation, and mean percentage. **Paired t-tests** were applied to determine the significance of differences between pre- and post-test scores, while **Chi-square tests** were used to assess associations between selected demographic variables and knowledge scores.

3.3 Theoretical framework

The theoretical framework for the present study is based on **Stufflebeam's CIPP Evaluation Model**, which provides a structured approach to evaluating educational interventions. This model comprises four key components—**Context, Input, Process, and Product**—each guiding a specific phase of the research. The *context evaluation* phase helped in identifying the need for assessing knowledge on meditation and formulating objectives aligned with the study goals. The *input evaluation* focused on the development and validation of the semi-structured questionnaire and the video-assisted teaching programme, as well as sampling and research design formulation. The *process evaluation* involved the implementation of the intervention, including pre- and post-testing to assess changes in knowledge. Finally, the *product evaluation* measured the effectiveness of the teaching programme, demonstrated by a statistically significant improvement in knowledge scores. This conceptual framework provided a comprehensive and logical structure for conducting the study and evaluating its outcomes, making it a valuable foundation for assessing the impact of video-assisted teaching on meditation awareness among nursing students.

3.4 Statistical tools and econometric models

Analysis is the process of organizing and synthesizing the data in such a way that research questions can be answered and hypotheses tested. The purpose of analysis is to reduce the data into an intelligible and interpretable form, so that the relation of research problem can be studied and tested.

4.1: ORGANIZATION OF DATA

Section A: Description of frequency and percentage distribution of demographic variables.

Section B: Assessment of pre-test knowledge among B. Sc. nursing students with Meditation.

Section C: Assessment of post-test knowledge among B. Sc. nursing students with Meditation.

Section D: Comparison of pre-test and post-test knowledge among B. Sc. nursing students with Meditation and effectiveness of Meditation.

Section E: Association between the post-test knowledge among B. Sc. nursing students with Meditation with demographic variables.

4.2: STATISTICAL ANALYSIS

Demographic variables in categories were given in frequencies with their percentages. Knowledge score was given in mean and standard deviation. Quantitative knowledge score in pre-test and post-test were compared using student's paired t-test. Qualitative level of knowledge in pre-test and post-test were compared using Stuart- Maxwell test /extended McNemar test Association between demographic variables and knowledge score were analyzed using Pearson chi-square test Simple bar diagram, multiple bar diagram, Pie diagram, Doughnut diagram and Box plot were used to represent the data.

$P < 0.05$ was considered statistically significant. All statistical test are two tailed tests.

SECTION A: DESCRIPTION OF DEMOGRAPHIC VARIABLES OF STUDY PARTICIPANTS.

Table-4.1: Reveals distribution of demographic variables of nursing students with Meditation. N=60

Demographic variables		No. of students	%
Age of Students (years)	18-21	57	95
	21-25	3	5
	25-30	0	0
Medium of Instruction in Higher secondary	English	21	35
	Hindi	33	55
Type of family	Nuclear	42	70
	Joint	13	22.22

	Extended	5	8.33
Mothers' education	Illiterate	11	18.33
	Primary	17	28.33
	Secondary education	6	10
	High school	17	28.33
	Higher secondary	8	13.33
	Graduate	2	3.33
Fathers education	Illiterate	11	18.33
	Primary	16	26.67
	Secondary education	6	10
	High school	14	22.22
	Higher secondary	12	20
	Graduate	2	3.33
Father's occupation	Unemployed	6	10
	Unskilled worker	10	15
	Semi-skilled worker	3	5
	Skilled worker	17	18.89
	Clerk & shop owner	27	44.44
	Semi-profession	1	1.66
	Profession	3	3.33
Monthly income of the family (Rs.)	< 2091	17	28.89
	2092-6213	14	23.33
	6214-10356	15	25
	10357-15535	8	13.34
	15536-20714	3	5
	20715-41429	1	1.66
	>41430	1	1.66
Do you have exposure on	Yes	17	28.33
Care of the patient's meditation	No	43	71.67

4.3: Data presented in table-4.1 shows the following:

Age: Maximum 95% of the students belongs to age group of 18 – 21 years, 4.44% of the students belongs to age group of 25 – 31 years.

Medium of instruction: 65% of the student's medium of instruction in higher secondary is Hindi and 35% of the student's medium of instruction in higher secondary is English.

Type of family system: 70% of the students were nuclear family, 22.22% of students were joint family and 8.33% of students were extended family.

Mother education: 28.33% of the student mothers had primary and high school education, 18.33% of the student mother is illiterate, 13.33% of the student mother had higher education, 10% of the student's mothers had secondary education and 3.33% of the student's mothers become graduates

Father education: 26.67% of the student father had primary, 22.22% of the student's father had high school education, 20% of the student father is higher secondary, 18.33% of the student father become illiterate, 10% of the student's fathers had secondary education and 3.33% of the student's fathers become graduates.

Father occupation: 44.44% of the fathers were clerk, shop owner, 18.89% of the fathers were skilled worker, 15% of the fathers were unskilled worker, 10% of the fathers were unemployed, 5% of the fathers were semi-skilled worker, 3.33% of the fathers were profession and 2.22% of the fathers were semi profession.

Knowledge on	No. of questions	Knowledge score		
		Mean	SD	% of mean score
General information	3	1.76	0.78	58.67
Meditation	2	.60	0.74	45.00
Meditation means Focusing on physical sensation	2	.60	0.60	45.00
Meditation can be practiced independently	2	1.17	0.72	58.50
Meditation	2	1.16	0.67	58.00
Meditation means Physical and psychological effect	4	2.16	.98	54.00
Meditation means Spiritual energy	18	7.22	2.04	40.11
Meditation means Improve concentration and Attention	7	2.68	1.23	38.29
TOTAL	40	17.93	3.21	44.83

Family income: 28.89% of subjects have family income of about (< Rs.2,091), 25% of subjects have family income of about (Rs.6214- Rs.10,356), 23.33% of subjects have family income of about (Rs.2,092- Rs.6,213), 13.34% of subjects have family income of about (Rs.10,357- Rs.15,535), 4.44% of subjects have family income of about (Rs.15,536- Rs.20,714), 2.22% of subjects have family income of about (Rs.20,715- Rs.41,429) and (> Rs.41,430).

SECTION B: ASSESSMENT OF PRE-TEST KNOWLEDGE AMONG B.SC. NURSING STUDENTS WITH MEDITATION.

Table-4.2: Pretest Percentage of Knowledge on Meditation N=60

Table-4.2: shows each domain wise pre-test percentage of knowledge of Among B. Sc. nursing students regarding Meditation. They are having maximum knowledge in General information (58.67%) and minimum knowledge score in Meditation means Improve concentration and Attention (38.29%). Overall knowledge score is 44.83%.

SECTION C: ASSESSMENT OF POST-TEST KNOWLEDGE AMONG B. SC. NURSING STUDENTS WITH MEDITATION

Table-4.3: Post-test Percentage of Knowledge on Meditation N=60

Domains	No. of questions	Knowledge score		
		Mean	SD	% of mean score
General Information	3	2.72	0.45	90.67
Meditation	2	1.67	0.47	83.50
Meditation means Focusing on physical sensation	2	1.64	0.48	82.00
Meditation can be practiced independently	2	1.63	0.48	81.50
Meditation reduces adjustment problem	2	1.70	0.46	85.00
Mechanism Of Action of Meditation	4	3.37	0.84	84.25
Meditation means Spiritual energy	18	14.92	2.40	82.89
Meditation means Improve concentration and Attention	7	6.00	0.92	85.71
TOTAL	40	33.66	3.81	84.15

Table-4.3: shows each domain wise post-test percentage of knowledge of Among B. Sc. nursing students regarding Meditation. They are having maximum knowledge in **General Information**

(90.67%) and minimum knowledge score in Meditation can be practiced independently (81.50%). Overall knowledge score is 84.15%.

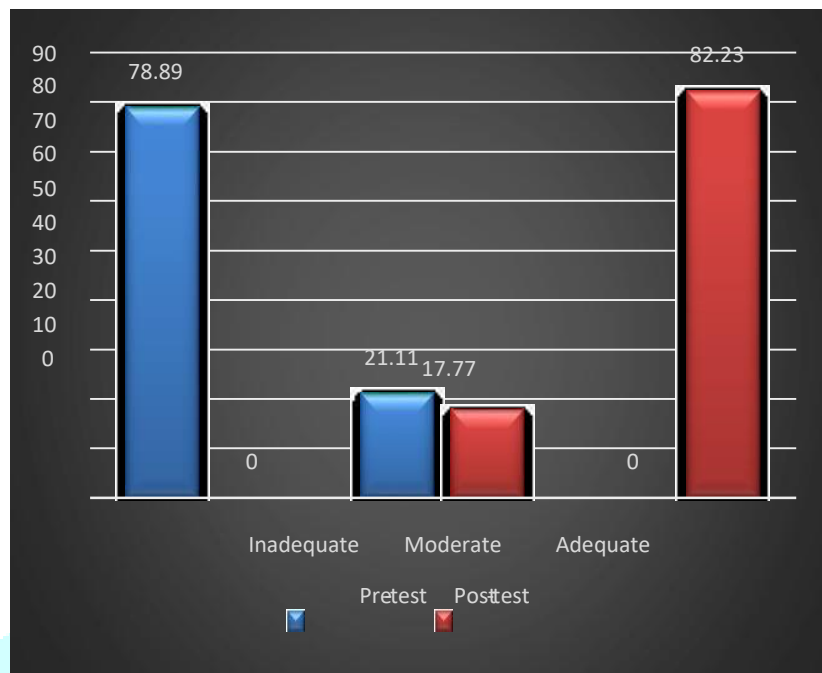


Figure 4.1: Percentage of Pre-test and post- test level of knowledge

Table No-4.3: Shows the level of pre-test percentage of knowledge of Among B. Sc. nursing students regarding Meditation. 78.88% of students are having inadequate level of knowledge score, 21.12% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score and shows the level of post-test percentage of knowledge among BSc nursing student regarding meditation. None of the students are having inadequate level of knowledge score, 18.33% of them having moderate level of knowledge score and 82.22% of them having adequate level of knowledge score.

SECTION D: COMPARISON OF PRETEST AND POSTTEST LEVEL OF KNOWLEDGE SCORE AMONG B. SC. NURSING STUDENTS REGARDING MEDITATION

Table-4.4.(I): Comparison of Pre-test and Post-test Level of Knowledge Score

Level of knowledge	Pretest (%)	Post-test (%)	Extended Mc Nemar's test
Inadequate	78.88	0.00	$\chi^2 = 81.24$ $P=0.001^{***}(S)$
Moderate	21.12	17.77	
Adequate	0.00	82.23	
Total	100.00	100.00	

***very high significant at $p < 0.001$ level

Table no 7 shows the pre-test and post-test level of knowledge among B. Sc. nursing students.

In Table 4.4.(I), they compare the pre-test and post-test levels of knowledge (inadequate, moderate, adequate). The Extended McNemar's test was used to determine whether the observed changes in category distributions were statistically significant. The result showed a *very high significance ($P < 0.001$), confirming the effectiveness of Video Assisted Teaching in improving knowledge. Before Video Assisted Teaching, 78.88% of the students are having inadequate level of knowledge score, 21.12% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score.

After Video Assisted Teaching, none of the students are having inadequate level of knowledge score, 18.33% of them having moderate level of knowledge score and 82.22% of them are having adequate level of knowledge score. Level of knowledge gain score between pre-test and post-test was calculated using Extended McNemar's chi-square test.

Table-4.4.(II): Comparison of Pretest and Post-test Knowledge Score N=60

	Knowledge on	Pretest		Post-test	Mean Difference	Student's paired t- test		
		Mean	SD					
1	General Information	1.76	0.78	2.72	0.45	0.96	P = 0.01 & DF = 59	t=13.21
2	Meditation	0.90	0.74	1.67	0.47	0.77		t=7.75
3	Meditation means Focusing on physical sensation	0.90	0.60	1.64	0.48	0.74		t=9.90
4	Meditation can be practiced independently	1.17	0.72	1.63	0.48	0.46		t=5.46
5	Meditation reduce adjustment problem	1.16	0.67	1.70	0.46	0.54		t=6.38

6	Meditation means Physical and psychological effect	216	0.98	3.37	0.84	1.21	t=9.26
7	Meditation means Spiritual energy	722	2.04	14.92	2.40	7.7	t=22.80
	Total knowledge score	1793	3.21	33.66	3.81	15.73	t=31.12

*** Very high significant at $P \leq 0.001$ DF= Degrees of Freedom

Table no-4.4.(II) shows the comparison of Pre-test and post-test knowledge score regarding Meditation among B. Sc. nursing students. Knowledge regarding General information: In pretest students are having 1.76 score and in posttest they are having 2.72 score, so the difference is 0.96. This difference is large and statistically significant difference.

Degree of Freedom:

In a t-test, the degrees of freedom (df) represent the number of independent pieces of information available to estimate a parameter. It is used in the paired t-test to assess the significance of the difference between pre-test and post-test scores. The number 59 comes from $df = (N - 1)$, where $N=60$ is the number of paired participants.

Meditation: In pretest students are having 0.90 score and in posttest they are having 1.67 score, so the difference is 0.77. This difference is large and statistically significant difference.

Meditation means Focusing on physical sensation: In pretest students are having 0.90 score and in posttest they are having 1.64 score, so the difference is 0.74. This difference is large and statistically significant difference.

Meditation can be practiced independently: In pretest students are having 1.17 score and in posttest they are having 1.63 score, so the difference is 0.46. This difference is large and statistically significant difference.

Meditation: In pretest students are having 1.16 score and in posttest they are having 1.70 score, so the difference is 0.54. This difference is large and statistically significant difference.

Meditation means Physical and psychological effect: In pre-test students are having 2.16 score and in post-test they are having 3.37 score, so the difference is 1.21. This difference is large and statistically significant difference.

Meditation means Spiritual energy: In pretest students are having 7.22 score and in post- test they are having 14.92 score, so the difference is 7.70. This difference is large and statistically significant difference.

Meditation means Improve concentration and Attention: In pre-test students are having 2.68 score and in post-test they are having 6.00 score, so the difference is 3.32. This difference is large and statistically significant difference.

Total: In pre-test students are having 17.93 score and in post-test they are having 33.63 score, so the difference is 15.73. This difference is large and statistically significant difference.

On an average, students are improved their knowledge from 17.93 to 33.63 after the administration of Meditation. Or we can say, in pre-test they are able to answer only 18 questions before administration of Video Assisted Teaching, after administration of Video Assisted Teaching, they are able to answer up to 33 questions. Due to Video Assisted Teaching, they are able to answer 15 more questions correctly. This difference is statistically significant. Statistical significance was calculated by using student's paired test.

Attended

Hypothesis (H1): There will be significant difference between pretest and post-test knowledge score among nursing students at the level $p \leq 0.001$

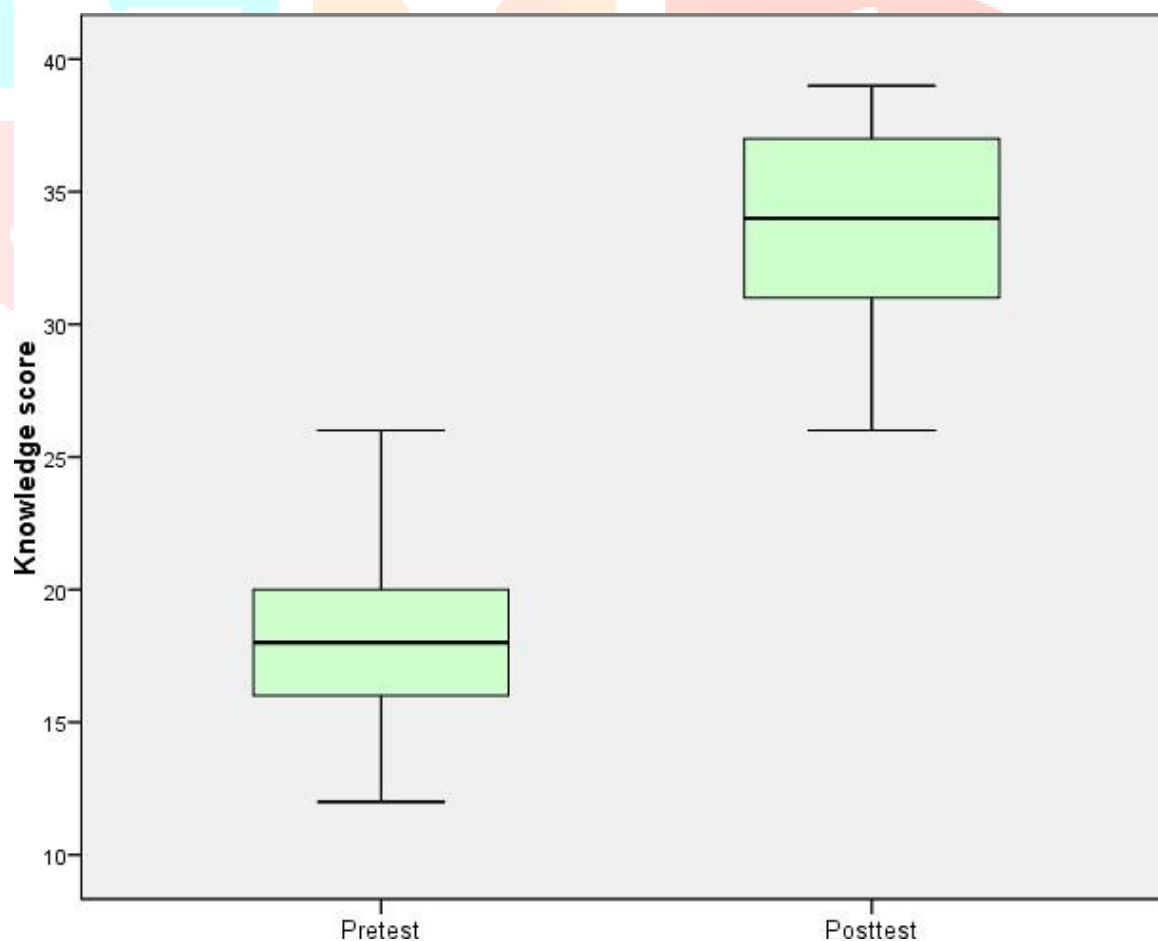


Figure -4.2: Box plot compares the student's pre-test and post-test knowledge score

Table-4.4.(III): Each Domain wise Pretest and Post-test Percentage of Knowledge**N = 60**

Domains	Pretest Knowledge (%)	Posttest Knowledge (%)	% of Knowledge Gain (%)
General Information	58.67	90.67	32.00
Meditation	45.00	83.50	38.50
Meditation means Focusing on physical sensation	45.00	82.00	37.00
Meditation can be practiced independently	58.50	81.50	23.00
Meditation reduces adjustment problem	58.00	85.00	27.00
Meditation means Physical and psychological effect	54.00	84.25	30.25
Meditation means Spiritual energy	40.11	82.89	42.78
Meditation means Improve concentration and Attention	38.29	85.71	47.42
Overall	44.83	84.15	39.32

Table no-4.4.(III): shows each domain wise knowledge gain score regarding care of among B. Sc. nursing students among B. Sc. nursing students. In pretest students are having 44.83% of knowledge score and in posttest they are having 84.15%. So, they gained 39.32% after structured teaching Programme

SECTION E: ASSOCIATION BETWEEN STUDENTS POSTTESTLEVEL OF KNOWLEDGE AND THEIR DEMOGRAPHIC VARIABLES

Table-4.5: shows association between posttest level of knowledge and demographic variables N = 60

Demographic variables		Post-test level of knowledge score						n	Chi square test
		n	%	n	%	n	%		
Age of Students (years)	18-21			14	16.28	72	83.72	86	$\chi^2 = 2.97$ P = 0.08(NS)
	21-25			2	50	2	50	4	
	25-30			0	0	0	0	0	
Medium of Instruction in Higher secondary	English			2	6.45	29	93.55	31	$\chi^2 = 4.45$ P = 0.04*(S)
	Hindi			14	23.72	45	76.28	59	
Type of family	Nuclear			8	12.69	55	87.31	63	$\chi^2 = 8.6$ P = 0.01*(S)
	Joint			4	20	16	80	20	
	Extended			4	57.14	3	42.86	7	
Student's education	Illiterate			2	12.5	14	87.5	16	$\chi^2 = 4.01$ P = 0.55(NS)
	Primary			7	28	18	72	25	
	Secondary education			1	11.11	8	88.89	9	
	High school			3	12	22	88	25	
	Higher secondary			3	25	9	75	12	
	Graduate	0	0	0	0	3	100	3	
	Illiterate			1	6.25	15	93.75	16	
	Primary			6	25	18	75	24	
	Secondary education			0	0	9	100	9	
	High school			4	20	16	80	20	
	Higher secondary			5	28.33	13	72.22	18	
	Graduate			0	0	37	100	3	
	Unemployed			2	22.22	12	78.33	9	
	Unskilled worker			2	14.29	3	85.71	14	
	Semi-skilled worker			2	40	16	60	5	
	Skilled worker			1	5.88	33	94.12	17	
Clerk & Shop owner				7	17.5		82.5	40	

	Semi-profession		0	0	2	100	2	
	Professional		2	66.67	1	33.33	3	
	< Rs.2091		3	11.54	23	88.46	26	
	Rs.2092-Rs.6213		4	19.05	17	80.95	21	
	Rs.6214-Rs.10356		3	13.04	20	86.96	23	
	Rs.10357-Rs.15535		3	25	9	75	12	
	Rs.15536-Rs.20714		1	25	2	75	4	
	Rs.20715-Rs.41429		1	50	1	50	2	
	>Rs.41430		1	50	1	50	2	
Do you have exposure on Meditation?	Yes		1	3.57	27	96.43	28	$\chi^2 = 5.61$ $P = 0.02^*(S)$
	No		15	24.19	47	75.81	62	

NS=not significant S= Significant $P > 0.05$ not significant $*P \leq 0.05$ significant $**P \leq 0.01$ highly significant
 Table no 10: shows the association between posttest level of knowledge and their demographic variables. English medium students, nuclear family students, NICU posted students and having exposure on Meditation students are gained more knowledge than others.

Attended:

Hypothesis (H2): There will be significant association between the pretest knowledge score with selected demographic variables at the level $p \leq 0.001$.

II. ACKNOWLEDGMENT

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REFERENCES

1. Bharat Pareek, Shivani sharma. A Text book of Nursing Research and Statistics. 1st Ed. S. Vikas & Co. publishing house; 2009.
2. Best, Kahn. Research in Education. 9th Ed. Prentice Hall of India. 2007.
3. Duderstatt Karon. Paediatric physical examination. Mosby; 2006.
4. Forfar, Arnil. Text book of paediatrics. 3rd Ed. Churchill Livingstone; 1984.
5. Ghai Paul. Essential pediatrics. 5th Ed. Mehta publishers; 2000.
6. Geri LoBiondo. Wood, Judith Haber, "Nursing Research-Methods,Critical Appraisal and Utilization. 3rd ed. Mosby. Pp.No: 299&300.
7. Hockenberry J. Wong's essential of pediatric nursing. 7th Ed. Mosbypublications; 2005.
8. James, Ashwill. Nursing care of children. 3rd Ed. Saunders Elsevier;2007.
9. Kempe, Silver. Current pediatric diagnosis treatment. 6th Ed. Langemedical publications; 1980.
10. Kenneth S. Bordens, Bruce B. Abbott. Research design and methods. Aprocess approach. 5th Ed. Mc Graw Hill. Pp.No: 245-247.
11. Loretta E.H. Teaching and learning in Schools of Nursing. 3rd Ed; 1998.
12. Mahajan, B.K. (1197), Methods in Biostatistics for Medical students andResearch workers. 6th Ed. Jaypee.
13. Marlow. Textbook of paediatric nursing. 6th Ed. WB. Saunders Company;1998.
14. Nancy Burns, Susan K.Grove. Understanding Nursing Research. 2nd Ed. Saunders. Pp.No: 237.
15. Palanichamy.S, Manoharan.M.Statistical methods for Biologists (Biostatistics). 3rd Ed. Palani Paramount Publication; 2008.
16. Polit DF, Beck CT. Nursing Research: Principles and Methods. 7thed. Philadelphia: Lippincott Williams & Wilkins; 2004.
17. Sacharin, Hunter. Paediatric nursing procedures. 2nd Ed. W.B. Saunders; 1969.
18. Sohi. Emergencies in paediatric practice. 2nd Ed. CBS publishers; 1998.
19. SPSS 11.5 Brief Guide. Upper Saddle River. NJ: Prentice-Hall; 2002.
20. Stroobant, Field. Hand book of paediatric investigations. ChurchillLivingstone;2002.
21. Sundar Rao, P.S.S. Richard. J. Introduction to Biostatistics and Research methods. 4th Ed. Pretice Hall India; 2006.
22. Sunil Singh, Basic pediatric intensive care. Pee Pee publishers; 2005.