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SR. NO.	CONTENTS	PAGE NO.
	EDITORIAL	
1.	A correlational study to assess the level of depression and physiological variable amongst the elderly in selected urban slums.	01
2.	A study to assess the effectiveness of planned teaching on hand hygiene practices among school going children in selected schools.	05
3.	A descriptive study to assess the knowledge and practices regarding biomedical waste segregation among nursing students.	10
4.	A study to assess knowledge and attitude of nursing students towards e-learning in Covid-19 pandemic in selected nursing institute of Pune city.	15
5.	An exploratory study to assess the knowledge of CHAAYA and MALA-D contraceptive method among female of reproductive age group of 20–45 years in selected urban community area of Pune city.	19
6.	The impact of mobile phone use on children and adolescents: behavioural, emotional, and academic consequences.	23
7.	The Interplay of Anger and Substance Abuse: A Review of Adolescent Behavioral Patterns	25
8.	Implication of Psychological Well-Being in the Nursing Field: A Research Overview	28
9.	Preventing malnutrition: A comprehensive review of community-based nutritional interventions	31

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From Editorial desk: "Redefining Boundaries: Recognizing Nurses as Innovators."

"Nurses have been the frontlines of promotion, prevention, care, and rehabilitation of people and patients' health and safety. But beyond this lies a less recognized but equally powerful identity — that of the nurses as innovators, critical analytical people, and leaders of change and visionaries."

Our Nurse Innovators journal was launched to publish the research and conversations by nurses about healthcare innovations. Healthcare departments, governing agencies, and the general public have recognized nurses as agents of change; however, scholarly and research articles and practical literature highlighting nurse-led solutions are lacking. This journal aims to address that. This journal will open the space for interdisciplinary dialogue needed in nursing practice. The launch of the journal comes at a moment of critical transformation in healthcare. The challenges we face — from global health inequities and workforce shortages to digital transformation and environmental crises — demand new ways of thinking. Nurses, with their unparalleled proximity to patients and systems, are uniquely positioned to inform.

What do we mean by "nurse innovator"? We see innovation not just in technology or start-ups, but in every instance where nurses challenge assumptions, redesign systems, and imagine better ways of delivering care. It is the nurse in a rural community who adapts mobile phone technology to improve antenatal care. The ICU nurse leads a quality improvement initiative to reduce infections and medication errors. The psychiatric nurse who develops a culturally grounded mental health toolkit for the community. Innovation, in this context, is not always high-tech — it is high-impact!

In this inaugural issue and future ones, we will feature a diverse range of content: original research on nurse-led interventions, field-tested solutions from practice, reflective essays from nurse leaders, and interdisciplinary perspectives that expand our collective imagination. We welcome contributions from nurses in all sectors — clinical, academic, community-based, and entrepreneurial — as well as collaborations with designers, engineers, and policymakers who collaborate with nurses to co-create change.

We hope that this journal is more than a publication. We envision a vibrant ecosystem — a space of dialogue, mentorship, and shared purpose. Whether you are a student with an idea, a frontline nurse solving problems daily, or a scholar exploring the theory of practice-led innovation, you have a place here.

We invite you to read, contribute, critique, and connect. Let this journal be both a record of what is and a catalyst for what could be.

Because innovation is not the future of nursing — it is already here. And it begins with the nurse.

We invite you to read, contribute, critique, and connect. Let this journal be both a record of what is and a catalyst for what could be.

Dr. Meena Ganapathy
Chief Editor, NIJ

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"A correlational study to assess the level of depression and physiological variable amongst the elderly in selected urban slums."

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Abstract: *Depression is a growing concern among the elderly worldwide, influenced by financial struggles, family abandonment, and biological degeneration. Aging-related factors such as retirement, financial dependence, bereavement, and social isolation contribute to increased depression rates. Studies indicate that over 18% of individuals aged 65+ experience depression annually, with community data showing up to 25% reporting depressive symptoms. Risk factors include female gender, low socioeconomic status, chronic illness, and lack of social support. Depression is often underdiagnosed due to stigma, misrepresentation of symptoms, and age-related biases among healthcare professionals. A correlational study was conducted in an urban slum in Pune, India, with a sample size of 100 elderly individuals using a standardized Hamilton scale. Findings revealed that 48% had mild depression, 10% moderate, and 1% severe. Significant associations were observed between depression and diastolic blood pressure ($p = 0.04$), and income ($p = 0.04$), though no correlation was found with temperature, pulse, respiratory rate, or systolic blood pressure. The study highlights the need for family support and financial stability in addressing elderly depression. Increased awareness, targeted health policies, and mental health interventions are essential to reduce depression-related complications, including suicide, which disproportionately affects older adults.*

Keywords: The elderly, depression, physiological parameters, urban slums

I. INTRODUCTION

Depression as a disorder in today's population all over the world is a concern. There are various factors and reasons for this common disorder in psychiatry. The investigator has taken a keen interest in the aspects of this particular disorder among the elderly population. The interrelationship between certain parameters and depression among the elderly seems unique and needs to be studied about.[1] Question certainly arises what is depression and why the elderly people are more prone to depression? Is it because of a lack of finances or family abandonment or simply because of biological degeneration?

Mathew B pointed out that a common experience in old age was retirement which leaves a sudden vacuum in life, dependency (physical illness, financial loss due to less income or reduced earning capacity), disintegration of family as children move away for work or studies living the nest empty, bereavement which may be loss of significant others. Such factors may be the reason for depression among the elderly.[2] As per **Kumar GS, Jain A, Hedge S** study, more than 18% of elderly persons over the age of 65 years, were affected by depression in some form. Some community studies have shown that 25% of older persons report symptoms of depression in a given year.[3] Another study conducted by **Hemalatha J** on depression in older persons pointed out that such issues were often difficult to recognize. It goes unrecognized because of the somatization of symptoms by the older person, adopting an apathetic effect, misrepresenting the problem, stigma concerning depression, or because of ageism among health professionals.[4] As per **APA and WHO** 2012 report indicated almost 1 million lives are lost yearly due to suicide, which translates to 3000 suicide deaths every day. For every person who complete suicide, 20 or more may attempt to end his or her life.[5] **Sherrod RA et al. and Prabhudeva S.** reported that depression was primarily a mood disorder that had been reported in 10% to 25% of older adults. It was often first experienced later in life at approximately age 60, and more frequently characterized by medical co-morbidities, greater apathy and cognitive impairment, and stronger association with dementia. Depression in older adults was often difficult for clinicians to diagnose and may be in major or milder forms. Any indication of major depression should be reported immediately for consultation with a mental health specialist, such as a nurse practitioner or physician. The most critical indication was the suicidal intention. The risk of suicide in older adults was 50% higher than among younger adults.[6-7]

As the above literature indicated the importance of assessing the depression among the elderly, the investigator wanted to find out the correlation between vital parameters with depression levels among the elderly residing in slums. The research statement was "A correlational study assess level of depression and physiological variable amongst the elderly in selected urban slums of the Pune city." The objectives of the study were: 1) To assess the level of depression among the elderly in selected urban slums. 2) To assess the physiological variables (Pulse, blood pressure, respiratory rate, body temperature) among the elderly in selected urban slums. 3) To find the correlation between level of depression and physiological variables among the elderly in selected urban slums. 4) To find the association between level of depression and selected background variables among the elderly in selected urban slums. The research question was **'Are there a relationship/ association between the level of depression and physiological variables among the elderly in selected urban slums?'**

II. METHODOLOGY/ DESIGN OF STUDY

The study used a quantitative approach. The study research design was the explorative type of non-experimental correlational research study design. The data was collected from selected urban slums in Pune city. The total sample size was 100 elderly participants who have given their consent for the study voluntarily. The sampling technique employed by the study was a non-provability purposive sampling technique. The tool included demographic data as section 1 for the demographic profile and section 2 included 17 items standardized Hamilton scale to assess the depression level and a physiological chart record sheet for checking temperature, pulse, respiration rate and blood pressure measurement. The Sphygmomanometer instrument used for vital physiological parameter measurement was calibrated for checking blood pressure measurement. The inclusion criteria where participants should be above 60 years old, who had given their consent voluntarily. They should be residing in urban slums in Pune. Those elderly who was critically ill at time of data collection were excluded from the study.

III. RESULTS/ FINDINGS

Majority of the elderly were in age group of 66 to 70 years of age with 33%. Majority of the participants were female with 60% and male with 40%. The majority of 68% were married while 32% of the participants were widows or widower. Among the participants, the majority of 68% were illiterate. In regard to employment status, 54% were not working while 22% of them, used to work odd jobs not specified before their retirements. As per the type of family of participants, a majority of 52% belong to nuclear family and 48% belong to the joint family. Among the participants, 31% of them had two children while 24% have more than 4 children. Majority of monthly income earning among the elderly participants (73%) was less than Rs. 5000/-. Majority of participants (98%) have normal temperatures ranging between 98 to 98.6 degree Fahrenheit. All participants had pulse rate between 80 to 100 per minute. While 70% of participants had more than 20 respiration rate per minute. Majority of them (45%) have a systolic BP of 140 mm Hg. And 47% of them had diastolic BP of 90mm Hg. While 8% of them had isolated blood pressure.
As indicated in table 1 below, 48% have mild depression, 10% in moderate level of depression and 1% have severe level of depression.

Table 1. Frequency distribution table showing the level of depression among the elderly residing in urban slumss

N = 100

DEPRESSION LEVEL	RANGE SCORE	FREQUENCY
Normal	0 to 6	41
Mild	7 to 17	48
Moderate	18 to 24	10
Severe	more than 24	1
Total		100

There was no significant correlation between physiological parameters like temperature, pulse, respiratory rate and systolic blood pressure level. There was a significant association between diastolic blood pressure and level of

depression among the elderly with p-value = 0.04. There was a significant relationship between income and level of depression with p p-value 0.04. The association finding revealed that blood pressure as vital parameter had a link with depression level. And the elderly financial conditions had a strong association with their depression level. This finding answers the research question that there are significant association between blood pressure as vital parameter and the level of depression among the elderly residing in urban slums.

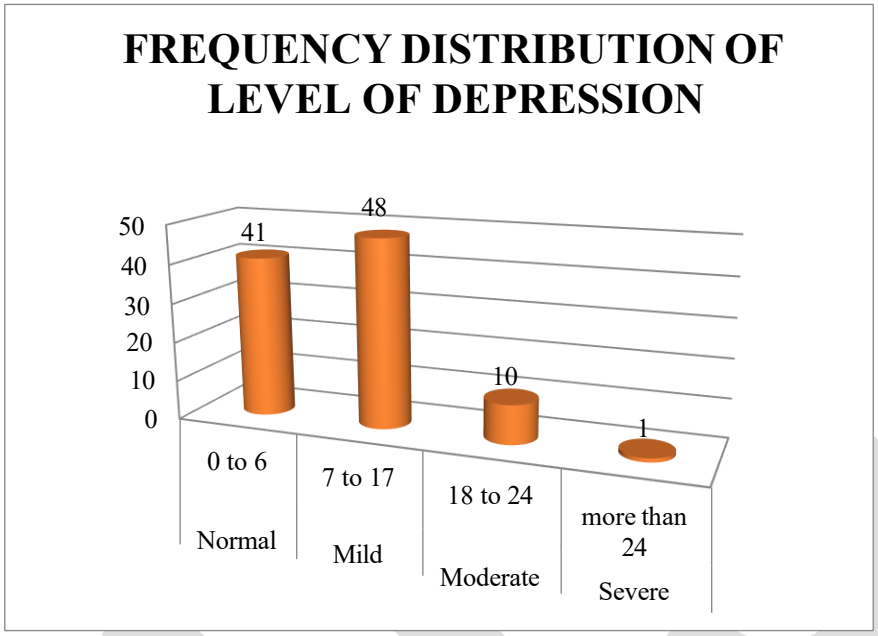

Figure 1. Level of depression among the elderly.

IV. DISCUSSION

A correlation study done by **Moh MC et al**. revealed that the Geriatric Depression Scale–15 score was correlated with pulse wave velocity, and both variables were correlated with the adiposity markers were analyzed (all $p < 0.05$). The results show an association between depressive symptoms with wave velocity of B = 1.79 with CI 0.83 to 2.75 and the study concluded that there was an association between depressive symptoms and elevated pulse rate among older participants with type 2 DM.[8] In the present study there was no association between pulse rate and level of depression. And a significant association between diastolic blood pressure and the elderly depression level. There was also a significant association between monthly financial income and level of depression, which may be indicative of role of financial stability impacting the elderly mood.

V. SUMMARY AND CONCLUSION

Family support and financial concern remain important factors while planning health care of the elderly population. Though physiological vital parameters might (except diastolic BP) not be indicators for depression among the elderly, further research need to be conducted to confirm it. Depression among the elderly is a significant issue that needs to be addressed in a timely fashion so that an effective approach will be made to significantly improve depression-related complications like suicide. Suicide among the elderly rate was significant. As indicated by the present study, the elderly person suffers from depression. With significant policy changes to address the economic condition, health issues and adequate family support for elderly people, depression can be combated effectively. A sensitization campaign among the population about depression among the elderly and effective treatment to handle the situation was recommended for future research.

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