



A STUDY TO ASSESS THE DECISIVENESS AMONG STUDENT NURSES IN SELECTED COLLEGE, ERNAKULAM DISTRICT

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ABSTRACT

The study was undertaken to assess the decisiveness among student nurses in selected college in Ernakulam district. The objectives of the study were to assess the decisiveness, and to identify the association of decisiveness with their selected demographic. A descriptive correlational research design and convenience sampling technique were used by selecting total of 67 nursing students in the age group between 17-20 years who were studying in M.O.S.C. College of Nursing, Kolenchery. Data were collected by using socio- demographic performa, Multi-domain decisiveness scale. Results revealed that 64.2% of subjects had average decisiveness. None of the demographic variables were associated with decisiveness.

Key words: Decisiveness

INTRODUCTION

Being decisive is an ability to decide or determine what comes next. It is a skill of making a decision on time with proper awareness and regulation of emotional responses that might influence the decision. The good decision is one that made deliberately and thoughtfully, considers and include all relevant factors, is consistent with the individual's philosophy and values, and can be explained clearly to significant others. Decision making is a basic nursing which connection with cognitive and reasoning process.⁶

Objectives

1. To assess the decisiveness among student nurses.
2. To identify the association of decisiveness with their selected demographic variables among student nurses.

Operational definitions

Decisiveness

It refers to the ability to make decision quickly and effectively which is measured using Multi domain decisiveness scale.

Hypothesis

HA₁: There is significant association of decisiveness with selected socio demographic variables.

Assumptions

This study may help the student nurses to realize the importance of decisiveness and it has positive relation with quality of nursing care.

Research approach

A quantitative research approach



Research design

A descriptive correlational research design

Variables**Research variables-**

Self-concept awareness and decisiveness.

Socio personal variables-

Age, gender, religion, scholastic achievements, type of family, residence, and birth order, occupation of father, education of father, occupation of mother, education of mother, board of education, total number of siblings, habit of father, any changes in the family function within the last three months.

Setting of the study

The study was conducted in Malankara Orthodox Syrian Church, College of Nursing, Kolenchery, Ernakulam District, Kerala.

Population**Target population**

Student nurses in Ernakulam District, Kerala

Accessible population

Student nurses in Malankara Orthodox Syrian Church, College of Nursing, Kolenchery, Ernakulam District, Kerala.

Sample

Student nurses studying in Malankara Orthodox Syrian Church College of Nursing, Kolenchery, Ernakulam District, Kerala.

Sample Size

Sample size was 67 subjects studying in 1st year BSc Nursing, which was calculated using the formula:

$$n = \frac{Z^2_{1-\alpha/2} \sigma^2}{(\mu \epsilon)^2}$$

Where,

$$Z^2_{1-\alpha/2} = 1.96 \text{ (at 5\% } \alpha \text{)}$$

$$\sigma = \text{Standard deviation (2.5)}$$

$$\mu = \text{Mean (20)}$$

$$\epsilon = \text{Precision (3\%)}$$

Sampling Technique

Non-probability convenient sampling technique was used for the study

Sample selection criteria

Inclusion criteria: This study includes students who were,

- Willing to participate in the study.
- Studying in first year BSc. Nursing.

- Available during the time of data collection period.

Tools and instruments

The tools used for the present study is Multi domain decisiveness scale.

Socio Personal performa

Socio demographic variables consists of age, gender, religion, scholastic achievements, type of family, residence, and birth order, occupation of father, education of father, occupation of mother, education of mother, board of education, total number of siblings, habit of father, any changes in the family function within the last three months.

Multi Domain Decisiveness Scale

Questionnaire consists of 20 questions regarding Decisiveness. Each item includes 4 response options ranging from 1-not important to my sense ,2- slightly important to my sense, 3- Somewhat important to my sense, 4- Very important to my sense, 5- Extremely important to my sense It totally scored 0-50. The time duration taken to administer the tool is 5 minutes. The maximum score is 50 and the minimum score is 10.

Score range	Name
<20	Low decisiveness
20 -35	Average decisiveness
>35	High decisiveness

Developed by Haraburde to assess the personal decision-making ability of an individual. It consists of 20 questions which include 5 frequency-based response options ranging from "Never" to " Most of the time".

Reliability

Reliability of Multi domain decisiveness scale developed by Haraburde ($r=0.82$) were also standardized tools.

Pilot study

After obtaining permission from the authority of M.O.S.C Medical College Hospital, Kolenchery, pilot study was conducted on 9/3/2020 in the 2nd year BSc nursing students of M.O.S.C College of Nursing, Kolenchery, to assess the feasibility of the study prior to actual data collection. The study was done in 30 students by using a non-probability sampling technique. Self-introduction was done by the researcher and purpose of the study was explained to them. An informed consent was obtained from the subjects after assuring anonymity and confidentiality. Demographic Performa, Multi domain decisiveness scale were distributed to the students. Each participant took 30 minutes to complete the tool. The pilot



study was terminated after thanking each participant for their participation and cooperation.

Data collection process

The data collection was for 5 days from 9/3/2020 to 13/3/2020, after ethical clearance and formal permission was obtained from M.O.S.C Medical College Hospital, Kolenchery and administrative permission was obtained from college authorities. 67 subjects were selected from 1st year BSc nursing class. Samples were selected as per non probability sampling technique. The researchers met the study subjects and established rapport with them. The purpose of the study, Demographic Performa and Multi domain decisiveness scale were explained and informed consent was taken from subjects. Anonymity and confidentiality were assured. Then the tools and demographic Performa were distributed to the subjects. Each subject took 30 minutes to complete the tools. Then data collection was terminated after thanking each subject for their participation and cooperation.

Plan for data analysis

It was decided to analyses the data using both descriptive and inferential statistics. The plan for data analysis was as follows:

Frequency and percentage distribution of demographic variables

Table:1 Frequency and percentage distribution of demographic variables. (n=67)

SI No	Demographic variables	Frequency (f)	Percentage (%)	
1	Age in years	17 years	41	61.2
		18 years	21	31.3
		19 years	4	6.0
		20 years	1	1.5
2	Gender	Male	3	4.5
		Female	64	95.5
3	Religion	Hindu	10	14.9
		Christian	55	82.1
		Muslim	2	3.0
4	Scholastic achievement	Succeeded with excellence (above 80%)	16	23.9
		Succeeded with good (50-80%)	44	65.7
		Succeeded with satisfactory (40-50%)	7	10.4
5	Type of family	Nuclear	60	89.6
		Joint	7	10.4
6	Residence	Urban	9	13.4
		Rural	58	86.6
7	Birth order	First	33	49.3
		Second	29	43.3
		Third and above	5	7.5
8	Occupation of father	Government employee	8	11.9
		Private employee	16	23.9
		Self-employee	38	56.7
		Others	5	7.5
9	Education of father	Primary school	1	1.5

Descriptive Statistics

Frequency, percentage distribution, mean and standard deviation were used to analyze the decisiveness and selected demographic variables. The majority of subject belongs to the age group of 17 years (61.2%). Among them 95.5% were females, 82.1% were Christian religion and 65.7% were succeeded with good scholastic achievements. With regard to the type of family, 89.6% belongs to nuclear family, 86.6% were residing in rural areas, 49.3% were first in birth order, 56.7% were self-employee and 68.7% were homemakers. With regard to the education of the father, 35.8% completed their secondary school education, 44.8% completed secondary school education, 92.5% were state syllabus. With regard to the habits of father, 70.1% of them had no bad habits, and 97% of them had not changes in their family.

Mean and standard deviation of decisiveness.

As data follows normality, decisiveness were summarized using mean and standard deviation. It was observed that the body image had a mean score of 25.91 with standard deviation of 6.85, decisiveness had a mean score of 37.72 with standard deviation of 7.96.



		Middle school	1	1.5
		Secondary school	24	35.8
		Higher secondary	19	28.4
		Graduate and above	22	32.8
10	Occupation of mother	Government employee	5	7.5
		Private employee	13	19.4
		Self-employee	3	4.5
		Homemaker	46	68.7
11	Education of mother	Middle school	1	1.5
		Secondary school	11	16.4
		Higher secondary	30	44.8
		Graduate and above	25	37.3
12	Board of school education	State	62	92.5
		CBSE	5	7.5
13	Total no. of siblings	None	2	3.0
		One	45	67.2
		Two	19	28.4
		Three and above	1	1.5
14	Habits of father	Smoking	7	10.4
		Alcoholism	13	19.4
		Others(none)	47	70.1
15	Any changes in the family function within the last three months.	Hospitalization	2	3.0
		Others	65	97

Table:2 Mean and standard deviations of multi domain decisiveness.

	N	Minimum	Maximum	Mean	Standard Deviation
Decisiveness score	67	19	57	37.72	7.96

Table:3 Frequency and percentage distribution of decisiveness

DECISIVENESS		
	Frequency	Percentage
Poor decisiveness(0-25)	1	1.5
Average decisiveness(25-35)	43	64.2
Good decisiveness(35-40)	23	34.3
Total	67	100.0

Table:4. Association of decisiveness with selected demographic variables

Variables		Multi domain decisiveness		Chi square/ Fishers exact value	P value	Inference
		Average	Good			
Age in years	17 Years	27	14	0.002	0.969	Not significant
	18 Years	17	9			
Gender	Male	2	1	0.001	0.970	Not significant
	Female	42	22			
Religion	Hindu	9	1	3.086	0.079	Not significant
	Christian	35	22			
Scholastic achievements	Above 80%	8	8	2.290	0.130	Not significant
	50 - 80 %	36	15			
Types of family	Nuclear	39	21	0.115	0.735	Not



	Joint	5	2			significant
Residence	Urban	7	2	0.676	0.411	Not significant
	Rural	37	21			
Birth order	First	22	11	0.562**	0.727	Not significant
	Second	18	11			
	Third and above	4	1			
Occupation of father	Government employee	4	4	1.495	0.474	Not significant
	Private employee	12	4			
	Self –employee	28	15			
Education of father	Secondary school	16	10	0.779	0.678	Not significant
	Higher secondary	14	5			
	Graduate and above	14	8			
Occupation of mother	Government employee	3	2	1.222**	0.603	Not significant
	Private employee	9	7			
	Homemaker	32	14			
Education of mother	Secondary school	10	2	5.905	0.052	Not significant
	Higher secondary	22	8			
	Graduate and above	12	13			
Board of school education	State	40	22	0.492	0.483	Not significant
	CBSE	4	1			
Total number of siblings	None	2	0	1.050**	0.485	Not significant
	One	28	17			
	Two	14	6			
Habits of father	Smoking	5	2	0.287**	0.903	Not significant
	Alcohol	8	5			
	Others	31	16			
Any changes in the family function within last 3 months	Hospitalization	2	0	1.078	0.299	Not significant
	Others	42	23			
** Fisher's exact test						

The result of Chi square analysis and Fisher's exact test presented in the table indicated that none of the demographic variables were associated with decisiveness.

Nursing Implications

The present study has implications significant in the field of nursing education, nursing administration, nursing practice and nursing research.

Nursing Education

Knowledge is a powerful tool in healthcare and a well-educated nurse can make a difference between patient's life and death. Thus, developing a decisiveness helps the nurses to know themselves well and ultimately helps them to build a therapeutic environment of caring and healing.

Nursing Administration

Nursing administration can take active role in building up a decisiveness in student nurses. Social support from coworkers should be sustained at the current levels. Greater attention needs to be directed to not only

acknowledging nurses stress but also to provide a mechanism that promotes coping. Organizational, nurse's emotional wellbeing through professional recognition, work reorganization, and supervisory support can be promoted. It is in the best interest of both parties to take reasonable steps to create a healthy working environment which in turn would result in quality client care.

Nursing Practice

A nurse with decision making ability will be able to provide much better care to her patients. She will be satisfied with her job and fully committed to it. She will be able to develop her morals and values for a successful professional image. Making use of agencies such as guidance, counselling, mass media, good education, group activities, seminars, presentations which will help a nurse to improve her confidence to provide a quality care.

Nursing Research

Research is an important tool for the continual development of a relevant body of knowledge in nursing and it generates information from nursing investigations



which helps to define the unique role of nursing as a profession. Future research can broaden the scope of the current results and offer a more comprehensive understanding over nurse's quality of life.

Limitations

- The study was conducted on a smaller sample size.
- The study involved only samples studying in M.O.S.C College of Nursing, Kolenchery.

Recommendations

- A similar study can be conducted on a large scale group.
- A comparative study can be conducted to detect the changes in the decisiveness of student nurses with experience gained.
- **Summary**

This chapter dealt with research methodology which includes research design, research setting, population, sample and sampling technique, sample selection criteria, tool, content validity, reliability of the tool, data collection process and data analysis

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