



International Journal of Advance Research in Medical Surgical Nursing

E-ISSN: 2663-2268

P-ISSN: 2663-225X

www.surgicalnursingjournal.com

IJARMSN 2025; 7(1): 115-125

Received: 15-02-2025

Accepted: 22-03-2025

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A pre-experimental study to evaluate the effectiveness of the strive training program regarding psychosocial preparedness among staff nurses working in COVID-19 units at a selected hospital, Noida

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DOI: <https://www.doi.org/10.33545/surgicalnursing.2025.v7.i1b.230>

Abstract

COVID-19, the complaint caused by the new Coronavirus SARS-CoV-2 has virally expanded throughout China and the world since its appearance in Wuhan in late December 2019. The contagion represents a unique global challenge because of its contagiousness and the inflexibility of respiratory conditions it can beget, occasionally murderous. On 11 March 2020, the director-general of the World Health Organization classified the COVID-19 epidemic as a global epidemic. A pre-experimental study to estimate the effectiveness of a strive training program regarding psychosocial preparedness among staff nurses working in COVID-19 units at a named sanitarium, Noida was conducted towards partial fulfilment of the demand for the degree of Master of Nursing at Nightingale Institute of Nursing, Chaudhary Charan Singh University, Noida U.P. during the time 2020-2022. The ideal of the study was to assess the position of psychosocial preparedness among staff nurses working in COVID-19 units, at named hospitals, in Noida. To estimate the effectiveness of the Strive Training Program regarding psychosocial preparedness among staff nurses working in COVID-19 units at named hospitals in Noida. Pre experimental exploration design was espoused, and an intentional slice fashion was used to elect the sample. The final data collection was from 27th April 2022 to 2nd May 2022, after carrying previous executive authorization. The data attained were anatomized using both descriptive and deducible statistics. The major findings of the study were the mean post-test knowledge score of PPDTs (71.7) of staff nurses working in COVID-19 units at named hospitals, in Noida was significantly advanced than the pre-test knowledge score (45.96) with the mean difference of 25.74. The attained mean difference was set up to be statistically significant as substantiated by the calculated 't' value of (13.9) and tabulated value of (2.05) for DF (29) at 0.05 position of significance. The mean post-test knowledge score of general self-efficacy (31.1) of staff nurses working in COVID-19 units at selected hospitals, in Noida was significantly higher than the pre-test knowledge score (17.16) with a mean difference of 13.94. The obtained mean difference was found to be statistically significant as evidenced by the calculated 't' value of (11.69) and tabulated value of (2.05) for DF (29) at 0.05 level of significance. The mean post-test knowledge score of brief resilience (22.1) of staff nurses working in COVID-19 units at selected hospitals, in Noida was significantly higher than the pre-test knowledge score (11.36) with a mean difference of 10.74. The obtained mean difference was found to be statistically significant as evidenced by the calculated 't' value of (26.64) and tabulated value of (2.05) for DF (29) at 0.05 level of significance. Hence the study revealed that the Strive training program was found to be effective in enhancing psychosocial preparedness among staff nurses working in COVID-19 units.

Keywords: Psychosocial preparedness, strive training program, covid-19 units

Introduction

"No matter how much falls on us, we keep sloughing ahead, that's the only way to keep the roads CLEA"

By Greg Kincaid

Coronavirus a rapidly spread around the world, starting from an animal market in Wuhan City, Hubei Province in China in December 2019. This virus has been named the 2019 new coronavirus (2019-nCoV) by the World Health Organization (WHO). On March 11, 2020, WHO declared the new coronavirus infection as COVID-19 infection? With this infection, mortality rates have increased.

In the light of COVID, India as a country embarked upon a new journey to cope with the menace of COVID with minimum loss of jobs or lives that is the minimum loss of assets.

The country went into 68 days of nationwide lockdown to curb the fangs of the deadly coronavirus. At first glance, the outcomes were encouraging as the number of deaths or cases of infection was very low and the mortality rate was very low due to the stringent loss made to curb the contagious disease, but the economic outcomes were very discouraging. Millions of people lost their livelihood, and jobs and millions of people were forced to migrate from cities to the countryside. The plight of people was visible as reported by various National and International media outlets. As per the reports, the growth rate of India turns out to be negative. The repercussions of nationwide lockdown can be felt as the number of working blue-collar population fell and the country entered the realm of stagnant economic growth.

More than 480,000 people have died of COVID-19 in India. India was already short-staffed in health care. India had about 17 active health workers, doctors, nurses, and midwives, per 10,000 people, according to the Indian Institute of Public Health-Delhi and the World Health Organization. That is far below the W.H.O.'s threshold of 44.5 trained health workers per 10,000.

With the latest COVID-19 deaths reported to WHO now exceeding 3.3 million, based on the estimates produced for 2020, we are likely facing a significant undercount of total deaths directly and indirectly attributed to COVID-19. Globally, on 27 October 2021, there were 244,385,444 confirmed cases of COVID-19, including 4,961,489 deaths, reported to WHO. As of 24 October 2021, a total of 6,697,607,393 vaccine doses have been administered.

In India there were 793,802, 21,604 deaths and a Fatality rate of 3.02% .570, 000 people have recovered. In India, from 3 January 2020 to 7:12 pm CEST, 22 July 2022, there have been 43,825,185 confirmed cases of COVID-19 with 525,870 deaths, reported to WHO. As of 18 July 2022, a total of 2,005,904,277 vaccine doses have been administered.

Need for the study

According to the World Health Organization, on 31st December 2020, COVID-19 infected over 82 million people and killed more than 1.8 million worldwide. But preliminary estimates suggest the total number of global "excess deaths" directly and indirectly attributable to COVID-19 in 2020 amount to at least 3 million, 1.2 million higher than the official figures reported by countries to WHO.

Psychological pressure on society and healthcare personnel has increased. Nurses' knowledge and attitudes towards infectious diseases and their desire to work during the COVID-19 outbreak have not been investigated yet. In this study, it was aimed to evaluate the knowledge and attitudes of the nurses working at Afyonkarahisar Health Sciences University Medical Faculty Hospital during the COVID-19 outbreak. During the COVID-19 outbreak, 97.6% of the nurses studied had extensive information on the clinical symptoms of COVID-19 infection and 88% on diagnostic methods. In addition, approximately 66.7% of the participants had a story of contact with a patient with proven COVID-19 positivity. 91.1% thought it was likely to get this infection. As a result, this study shows that during the COVID-19 outbreak, more attention should be paid to the knowledge and attitudes of nurses working in pandemic hospitals, and measures should be taken to reduce stress levels.

From the above findings, it is evident that lower resilience will affect the sustainability of health services. This also

affects healthcare providers such as doctors, nurses, and allied health professionals. Despite the effectiveness of healthcare providers, excellent management of a pandemic depends on the level of preparedness of healthcare providers, including nurses. This means that it is impossible to be ready before a crisis or disaster. Nurses must be well equipped with essential knowledge and skills in managing crises involving clinical treatment, decontamination, isolation, communication, triaging, psychological support, and palliative care if necessary.

Therefore, the investigators personally feel that there is a need to develop a Strive Training Program for staff nurses to be psychosocially prepared for COVID-19.

Objectives

- To assess the level of psychosocial preparedness among staff nurses working in COVID-19 units at a selected hospital, in Noida.
- To evaluate the effectiveness of the Strive Training Program regarding psychosocial preparedness among staff nurses working in COVID-19 units at a selected hospital, in Noida.
- To determine the association between post-test psychosocial preparedness among staff nurses with selected demographic variables.

Hypothesis

- **H₁:** There will be a significant difference in the level of psychosocial preparedness between pre and post-administration of the strive training program among staff nurses working in COVID-19 units as measured by a modified Likert scale at 0.05 level of significance.
- **H₂:** There will be a significant association between post-test scores of psychosocial preparedness and the selected demographic variables of staff nurses working in COVID-19 units at a 0.05 level of significance.

Materials and Methodology

Pre-experimental group pretest and post-test designs were adopted for the study. The conceptual framework for the study was derived from Imogene King's Theory of Goal Attainment.

Setting: ESIC hospital sector-24 Noida

Sample size

30 staff nurses working in COVID-19 units in ESIC Hospital, Noida.

Population and Sample

In the present study, the population were staff nurses working in COVID-19 units and the sample were staff nurses working in COVID-19 units in ESIC Hospital, Noida.

Inclusion criteria

- Staff nurses working in COVID-19 units only.
- Staff nurses who were available during the time of data collection.
- Staff nurses who were willing to participate in the study.

Exclusion criteria

- Staff nurses who were not willing to participate in the study.

- Staff nurses who were unavailable at the time of data collection.

Pilot study: After obtaining formal administrative approval, the try-out was done on 10 staff nurses working in Kailash Hospital sector-27, Noida from 20th March 2022 to 28th March 2022.

Procedure of the pilot study

- **Step I:** The investigator obtained formal permission from the respective authorities to conduct the study.
- **Step II:** Selection of sample i.e. staff nurses working in COVID-19 units.
- **Step III:** A pre-test was conducted by using a modified Likert scale regarding psychosocial preparedness.
- **Step IV:** Administered strive training program regarding psychosocial preparedness among staff nurses working in COVID-19 units.
- **Step V:** Post-test was conducted after 7 days by using a

modified Likert scale regarding psychosocial preparedness.

- **Step VI:** Collected data was then tabulated and analyzed.

Difficulty faced during the pilot study

There were no problems faced during the study. The staff as well as the sample were cooperative and aware of the need for such a study.

Ethical considerations

1. Formal permission was taken from the principal of nightingale institute of nursing.
2. Ethical permission was taken from the director of ESIC Hospital Noida.
3. Informed written consent was taken from all subjects before administering the strive training program.
4. Confidentiality of the participants has been maintained.

Table 1: Symbolic representation of research design.

Group	Pre-Test (Day-1)	Intervention	Post-Test (Day-8)
30 Staff nurses	Tool-1: Demographic variables Tool-2: Modified PPDTs Likert scale Tool-3: Modified GSE Likert scale Tool-4: Modified BRS Likert scale.	Administration of strive training program	Tool-2: Modified PPDTs Likert scale Tool-3: Modified GSE Likert scale Tool-4: Modified BRS Likert scale

Key: O1-Pre-Test, O2-Post-Test, X-Intervention

Description of tools

To determine and compare the effectiveness of the strive training program regarding psychosocial preparedness among staff nurses working in COVID-19 units in selected hospitals.

The tool is divided into four categories which are as follows:

- **Tool 1:** Demographic variables.
- **Tool 2:** Modified PPDTs Likert scale.
- **Tool 3:** Modified GSE Likert scale.
- **Tool 4:** Modified BRS Likert scale.
- **Tool 1:** Demographic variables.

It consists of items of demographic profile data such as age of staff nurses, gender, educational qualification, marital status, total working experience (years), number of working days in COVID-19 units and previous knowledge of psychosocial preparedness for COVID-19.

Tool 2, Modified PPDTs Likert scale

It consists of 20 items related to MODIFIED PPDTs among staff nurses working in COVID-19 units.

Criteria measure for modified PPDTs Likert scale

- **Maximum score** = 100
- **Minimum score** = 20

Tool 3, Modified GSE Likert scale

It consists of 10 general efficacy items which include not at all true, hardly true, moderately true and exactly true. Each not-at-all true response was awarded by 1 score, hardly true response was awarded by 2 score, moderately true response was awarded by 3 score and exactly true response was awarded by 4 score according to the predetermined key. The

total score is calculated by finding the sum of all items. For the GSE, the total score ranges between 10 and 40, with a higher score indicating more self-efficacy.

Criteria measure for modified GSE Likert scale

- **Maximum score** = 40
- **Minimum score** = 10

Tool 4, Modified BRS Likert scale

It consists of 6 structured brief resilience items which include strongly disagree, disagree, neutral, agree and strongly agree.

Criteria measure for modified BRS Likert scale

- **Maximum score** = 30
- **Minimum score** = 06

Procedure for final data collection

Formal administrative permission was obtained from ESIC Hospital Sector-24 Noida. Data was collected from 27th April 2022 to 2nd May 2022.

Data was collected in the following steps:

1. The investigator personally met the subjects and a self-introduction was given to the staff nurses working in COVID-19 units.
2. An introduction to the nature of the study was given to obtain a free and frank response.
3. A purposive sampling technique was used to select the samples and 30 staff nurses working in COVID-19 units.
4. All the staff nurses were explained about the purpose of the study and their expected participation.
5. Confidentiality of their responses was assured, and verbal consent was taken.
6. No problem was faced during the data collection.
7. On the 1st day pre-test 19 was conducted by using a

- modified Likert scale regarding psychosocial preparedness.
8. After the pre-test, Strive Training Program regarding psychosocial preparedness was administered to the group.
 9. On the 8th day post-test was conducted with the same tool

to evaluate the effectiveness of the Strive Training Program.

Results

Major findings of the study

Table 2: Frequency and percentage distribution of demographic variables, N=30

S. No.	Sample Characteristics	Frequency	Percentage
Age			
1.	24-33	11	36.6%
	34-43	7	23.3%
	44-53	6	20%
	> 53	6	20%
Gender			
2.	Male	9	30%
	Female	21	70%
	Others	-	-
Professional qualification			
3.	GNM	10	33.3%
	PBBsc	5	16.6%
	BSc Nursing	12	40%
	MSc Nursing	3	10%
Marital Status			
4.	Unmarried	13	43.3%
	Married	14	46.6%
	Divorced	1	3.33%
	Widowed	2	6.66%
Total years of experience			
5.	1-5 years	8	26.6%
	5-10 years	11	36.6%
	10-15 years	7	23.3%
	> 15 years	4	13.3%
Number of working days in COVID-19			
6.	10-20 days	15	50%
	20-30 days	10	33.3%
	30-40 days	5	16.6%
	> 40 days	-	-
Previous knowledge regarding psychosocial preparedness of COVID-19			
7.	Yes	12	40%
	No	18	60%

This section describes the demographic characteristics of the sample subjects under the study. The data describes the sample characteristics in terms of age, gender, professional qualification, marital status, total working experience, number of working days in COVID-19 units and previous knowledge regarding psychosocial preparedness for COVID-19.

1. Revealed that the majority of the staff nurses 11 (35.6%) were in the age group of 24-33 years, 7 (23.3%) were in 34-43 years, 6 (20%) were in 44-53 years and 6 (20%) were above 53 years.
2. In gender, 21 (70%) were females, 9 (30%) were males and no one in others.
3. Regarding educational qualification, 12 (40%) were BSc Nursing, 10 (33.3%) were GNM, 5 (16.6%) were PBBsc Nursing and 3 (10%) were MSc Nursing.
4. In a hospital setting, 14 (46.6%) were married, 13 (43.3%) were unmarried, 2 (6.66%) were widowed and 1 (3.33%) was divorced.
5. Staff nurses of 11 (36.6%) were having 5-10 years of experience, 8 (26.6%) were having 1-5 years of experience, 7 (23.3%) were having 10-15 years and 4 (13.3%) were having more than 15 years of experience.
6. The half i.e. 15 (50%) were having 10-20 working days

in COVID-19 units, 10 (33.3%) were having 20-30 working days in COVID-19 units, 5 (16.6%) were having 30-40 working days in COVID-19 units and no one was having more than 40 working days in COVID-19 units.

7. The majority of the staff nurses, i.e. 18 (60%) in the hospital setting were not knowing psychosocial preparedness in COVID-19 whereas 12 (40%) knew psychosocial preparedness in COVID-19.

Section-II

Findings related to psychosocial preparedness among staff nurses working in COVID-19 units in ESIC hospital Noida before and after administration of strive training program

This section describes the analysis, description and interpretation of data collected to evaluate the effectiveness of psychosocial preparedness among staff nurses working in COVID-19 units in ESIC Hospital Noida before and after the administration of the Strive Training Program. The pre-test and post-test scores obtained through the modified Likert scale schedule on psychosocial preparedness for COVID-19 were described and analyzed using descriptive and inferential statistics.

Table 3: Frequency and percentage distribution of pre-test and post-test scores of modified PPDTs of staff nurses working in COVID-19 units, N=30

Level of Preparedness	Pre-Test		Post-Test	
	Frequency	Percentage	Frequency	Percentage
Unprepared (1-25)	-	-	-	-
Slightly prepared (26-50)	23	76.66%	5	16.66%
Somewhat prepared (51-75)	7	23.33%	7	23.33%
Fully prepared (76-100)	-	-	18	60%

Data presented in table 4 shows that

1. In the pre-test, a maximum number of samples i.e. 23 (76.66%) were slightly prepared whereas 7 (23.33%) were somewhat prepared.
2. In the post-test 18 (60%) were fully prepared, 7 (23.33%) were somewhat prepared and 5 (16.66%) were slightly prepared.

Table 4: Mean, median, range and standard deviation of pre-test and post-test scores of modified PPDTs of staff nurses working in COVID-19 units, N=30

Level of preparedness	Mean	Mean Difference	Median	Standard deviation	Standard Deviation Difference	T-Value
Pre-Test	45.96	25.74	46	0.99	1.56	13.9
Post-Test	71.70		79	2.55		

*DF (29) = 2-05 at 0.05 level of significance

- **H₀₁:** There will be no significant difference in level of psychosocial preparedness between pre and post administration of strive training program among staff

nurses working in COVID-19 units as measured by modified Likert scale at 0.05 level of significance. So, null H₀₁ is rejected and research hypothesis H₁ is accepted.

Data presented in table 4 shows that

1. The mean post-test modified PPDTs score of staff nurses working in COVID-19 units (71.70) was significantly higher than the mean pre-test modified PPDTs score (45.96) with a mean difference (25.74). The obtained mean difference is found to be statistically significant.
2. The calculated 't' value (13.9) of DF (29) is greater than the table value (2.05) for DF (29) at a 0.05 level of significance.
3. Hence, it can be inferred that the Strive Training Program on Psychosocial Preparedness was an effective method for enhancing the psychosocial preparedness of staff nurses working in COVID-19 units.
4. So null H₀₁ is rejected, and the research hypothesis is accepted H₁.

Table 5: Frequency and percentage distribution of pre-test and post-test scores of GSE of staff nurses working in COVID-19 units, N=30

Level of Efficacy	Pre-Test		Post-Test	
	Frequency	Percentage	Frequency	Percentage
Poor Efficacy (1-10)	-	-	-	-
Average Efficacy (11-20)	13	43.33%	6	20%
Good Efficacy (21-30)	12	40%	10	33.33%
Excellent Efficacy (31-40)	5	16.66%	14	46.66%

Data presented in the table 5 shows that

1. In the pre-test a maximum number of samples i.e. 13 (43.33%) had average efficacy, 12 (40%) had good efficacy and 5 (16.66%) had excellent efficacy.
2. In the post-test 14 (46.66%) had excellent efficacy whereas 10 (33.33%) had good efficacy and 6 (20%) had average efficacy.

Table 6: Mean, median, range and standard deviation of pre-test and post-test scores of GSE of staff nurses working in COVID-19 units, N=30

Level of preparedness	Mean	Mean Difference	Median	Standard deviation	Standard Deviation Difference	t-Value
Pre-Test	25.66	5.77	26.5	1.34	0.09	11.69
Post-Test	31.43		30	1.43		

*DF (29) = 2-05 at 0.05 level of significance

- **H₀₁:** There will be no significant difference in level of psychosocial preparedness between pre and post

administration of strive training program among staff nurses working in COVID-19 units as measured by modified Likert scale at 0.05 level of significance. So, null H₀₁ is rejected and research hypothesis H₁ is accepted.

Data presented in table 6 shows that

1. The mean post-test GSE score (31.43) was significantly higher than the mean pre-test GSE score (25.66) with the mean difference (5.77). The obtained mean difference is found to be statistically significant.
2. The calculated 't' value (11.69) of DF (29) is greater than the table value (2.05) for DF (29) at a 0.05 level of significance.
3. Hence, it can be inferred that the Strive Training Program on psychosocial preparedness was an effective method for enhancing the self-efficacy of staff nurses working in COVID-19 units.
4. So, null H₀₁ is rejected and research hypothesis H₁ is accepted.

Table 7: Frequency and percentage distribution of pre-test and post-test scores of BRS of staff nurses working in COVID-19 units, N=30

Level of Resilience	Pre-Test		Post-Test	
	Frequency	Percentage	Frequency	Percentage
Low Resilience (1-10)	06	20%	2	6.66%
Normal Resilience (11-20)	16	53.3%	11	36.66%
High Resilience (21-30)	08	26.66%	17	56.66%

Data presented in table 7 shows that

- In the pre-test maximum number of samples i.e. 16 (53.3%) had normal resilience whereas 08 (26.66%) had high resilience and 06 (20%) had low resilience.
- In the post-test 17 (56.66%) had high resilience whereas 11 (36.6%) had normal resilience and 02 (6.66%) had low resilience.

Table 8: Mean, median, range and standard deviation of pre-test and post-test scores of BRS of staff nurses working in COVID-19 units, N=30

Level of preparedness	Mean	Mean Difference	Median	Standard deviation	Standard Deviation Difference	t-Value
Pre-Test	18.4	4.9	19	1.14	0.01	26.64
Post-Test	23.3		26	1.15		

*DF (29) = 2-05 at 0.05 level of significance

- H₀₁:** There will be no significant difference in level of psychosocial preparedness between pre and post administration of strive training program among staff nurses working in COVID-19 units as measured by modified Likert scale at 0.05 level of significance. So,

null H₀₁ is rejected and research hypothesis H₁ is accepted.

Data presented in table 8 shows that

- The mean post-test BRS score (23.3) was significantly higher than the mean pre-test BRS score (18.4) with the mean difference (10.74). The obtained mean difference is found to be statistically significant.
- The calculated 't' value (26.64) of DF (29) is greater than the table value (2.05) for DF (29) at a 0.05 level of significance.
- Hence, it can be inferred that the Strive Training Program on psychosocial preparedness was an effective method for enhancing resilience among staff nurses working in COVID-19 units.
- So, null hypothesis H₀₁ was rejected and research hypothesis H₁ was accepted.

Section-III: Findings related to association between post-test scores on psychosocial preparedness with selected demographic variables among staff nurses working in COVID-19 units

Table 9: Fischer’s exact test used to describe the association between post-test PPDTs scores of staff nurses working in COVID-19 units, N=30

S. No.	Sample Factors	Level of Preparedness		Fischer Exact	S/NS
		Below Median	Above Median		
Age					
1.	a. 23-33 years	5	6	0.72	NS
	b. 34-43 years	4	3		
	c. 44-53 years	2	4		
	d. >53 years	3	3		
Gender					
2.	a. Male	4	5	1.00	NS
	b. Female	10	11		
	c. Others	0	0		
Professional Qualification					
3.	a. GNM	5	5	0.71	NS
	b. PBBsc Nursing	3	2		
	c. BSc Nursing	5	7		
	d. MSc Nursing	1	2		
Marital status					
4.	a. Unmarried	7	6	0.22	NS
	b. Married	7	7		
	c. Divorced	0	1		
	d. Widowed	0	2		
Total years of experience					
5.	a. 1-5 years	4	4	1.00	NS
	b. 5-10 years	5	6		
	c. 10-15 years	3	4		
	d. >15 years	2	2		
No of working days in COVID-19 units					
6.	a. 10-20 days	7	8	1.00	NS
	b. 20-30 days	5	5		
	c. 30-40 days	2	3		
	d. >40 days	0	0		
Previous knowledge regarding psychosocial preparedness of COVID-19					
7.	a. Yes	5	7	0.72	NS
	b. No	9	9		

NS=Not Significant, S=Significant

H02: There will be no significant association between post-test scores on psychosocial preparedness and their selected demographic variables of staff nurses working in COVID-19 units at 0.05 level of significance. So, null hypothesis is accepted, and research hypothesis is rejected.

Interpretation

The data presented in table 9 shows that the association

between the post-test modified PPDTs scores of staff nurses working in COVID-19 units regarding psychosocial preparedness was more than the value of p i.e. ($p > 0.05$) which indicates no association between the post-test scores of staff nurses working in COVID-19 units at 0.05 level of significance.

So, the null hypothesis is accepted and the research hypothesis is rejected.

Table 10: Fischer’s exact test used to describe association between post-test GSE scores of staff nurses working in COVID-19 units, N=30

S. No.	Sample Factors	Level of Efficacy		Fischer Exact	S/NS
		Below Median	Above Median		
Age					
1.	a. 23-33 years	4	7	1.00	NS
	b. 34-43 years	4	3		
	c. 44-53 years	2	4		
	d. >53 years	3	3		
Gender					
2.	a. Male	4	5	1.00	NS
	b. Female	9	12		
	c. Others	0	0		
Professional Qualification					
3.	a. GNM	5	5	0.46	NS
	b. PBBsc Nursing	3	2		
	c. BSc Nursing	4	8		
	d. MSc Nursing	1	2		
Marital status					
4.	a. Unmarried	7	6	0.23	NS
	b. Married	6	8		
	c. Divorced	0	1		
	d. Widowed	0	2		
Total years of experience					
5.	a. 1-5 years	3	5	1.00	NS
	b. 5-10 years	5	6		
	c. 10-15 years	3	4		
	d. >15 years	2	2		
No of working days in COVID-19 units					
6.	a. 10-20 days	7	8	1.00	NS
	b. 20-30 days	4	6		
	c. 30-40 days	2	3		
	d. >40 days	0	0		
Previous knowledge regarding psychosocial preparedness of COVID-19.					
7.	a. Yes	5	7	1.00	NS
	b. No	8	10		

NS=Not Significant, S=Significant

- **H02:** There will be no significant association between post-test scores on psychosocial preparedness and their selected demographic variables of staff nurses working in COVID-19 units at 0.05 level of significance. So, null hypothesis is accepted and research hypothesis is rejected.

Interpretation: The data presented in Table 10 shows that

the association between the post-test GSE scores of staff nurses working in COVID-19 units regarding psychosocial preparedness was more than the value of p i.e. ($p > 0.05$) which indicates no association between the post-test scores of staff nurses working in COVID-19 units at 0.05 level of significance.

So, the null hypothesis is accepted and the research hypothesis is rejected.

Table 11: Fischer’s exact test used to describe association between post-test BRS scores of staff nurses working in COVID-19 units, N=30

S. No.	Sample Factors	Level of Resilience		Fischer Exact	S/NS
		Below Median	Above Median		
Age					
1.	a. 23-33 years	5	6	0.71	NS
	b. 34-43 years	3	4		
	c. 44-53 years	4	2		
	d. >53 years	3	3		
Gender					
2.	a. Male	4	5	1.00	NS

	b. Female	11	10		
	c. Others	0	0		
	Professional Qualification				
3.	a. GNM	5	5	1.00	NS
	b. PBBsc Nursing	3	2		
	c. BSc Nursing	6	6		
	d. MSc Nursing	1	2		
	Marital status				
4.	a. Unmarried	7	6	1.00	NS
	b. Married	7	7		
	c. Divorced	0	1		
	d. Widowed	1	1		
	Total years of experience				
5.	a. 1-5 years	4	4	1.00	NS
	b. 5-10 years	6	5		
	c. 10-15 years	3	4		
	d. >15 years	2	2		
	No. of working days in COVID-19 units				
6.	a. 10-20 days	7	8	1.00	NS
	b. 20-30 days	5	5		
	c. 30-40 days	3	2		
	d. >40 days	0	0		
	Previous knowledge regarding psychosocial preparedness of COVID-19				
7.	a. Yes	6	6	1.00	NS
	b. No	9	9		

NS=Not Significant, S=Significant

- **H₀₂:** There will be no significant association between post-test scores on psychosocial preparedness and their selected demographic variables of staff nurses working in COVID-19 units at 0.05 level of significance. So, null hypothesis is accepted and research hypothesis is rejected.

Interpretation

The data presented in Table 11 shows that the association between the post-test BRS scores of staff nurses working in COVID-19 units regarding psychosocial preparedness was more than the value of p i.e. ($p > 0.05$) which indicates no association between the post-test scores of staff nurses working in COVID-19 units at 0.05 level of significance. So, the null hypothesis is accepted and the research hypothesis is rejected.

Discussion

1. The researchers in the study tested the effectiveness of the Strive Training Program regarding psychosocial preparedness among staff nurses working in COVID-19 units.
2. The findings in the present study revealed that initially, the staff nurses working in COVID-19 units were slightly prepared, with average efficacy and normal resilience regarding psychosocial preparedness. After exposing staff nurses to the Strive Training Program, the mean post-test modified PPDTs, BRS and GSE scores were significantly higher than the pre-test modified PPDTs, BRS and GSE scores.
3. Thus Strive Training Program was found to be effective in increasing the preparedness of staff nurses working in COVID-19 units.
4. The purpose of the study is to evaluate the effectiveness of the Strive Training Program regarding psychosocial preparedness among staff nurses working in COVID-19 units at selected hospitals, NOIDA.
5. Several studies have been included in the chapter dealing

with the review of literature.

6. Conducted a cross-sectional study on Major Stressors and Coping Strategies of Frontline Nursing Staff during the Outbreak of Coronavirus Disease 2020 (COVID-19) in Alabama. This study aims to investigate the major stressors and coping strategies reported by nurses working directly with potentially infectious patients in Alabama, United States, during the COVID-19 pandemic. A cross-sectional questionnaire study was conducted with nursing staff working in hospital settings in the state. The questionnaire was completed by 109 nurses working in hospitals that treated COVID-19 patients. Around 71% of the nursing staff were concerned about receiving more COVID-19 patients and exhibited heightened workload-related stress resulting from taking care of infected patients. The study found that most nurses (82%) are stressed about getting their friends and family infected. Overall, younger, less experienced nurses reported more stress levels compared to older, senior-level nurses. Findings suggest that many nurses fail to perceive protective measures as an effective coping strategy, with only 75% reporting problem-solving strategies such as hand washing and wearing a face mask, and only 60% avoiding public transportation and crowded spaces. Findings also suggest a lack of organizational support including psychiatric assistance, with no nurses reportedly seeking psychological therapy. The COVID-19 pandemic increased the stress level of the nursing staff in Alabama. The study finds that the cases in the state of AL are still increasing dramatically, which can overwhelm the healthcare system and escalate nurse stress levels.
7. Conducted a cross-sectional survey on psychological distress and coping strategies among nurses during the COVID-19 Pandemic. This study aimed to evaluate levels of psychological distress among nurses during the COVID-19 pandemic, determine the associated factors, and identify nurses' coping strategies. This study is a

cross-sectional design. Overall, 130 nurses answered online questionnaires. The questionnaires measured sociodemographic characteristics, the Fear of COVID-19 Scale, the Depression, Anxiety, and Stress Scale, and the Brief Coping Inventory. Nurses have a moderate level of fear (mean score: 24.34 ± 13.43) depression (43.8% of the sample), severe anxiety (73.8%) and stress (45.4%). Anxiety and fear were positively correlated ($r = .675, p < .001$). Independent *t*-tests revealed that female nurses had higher psychological distress and fear than male nurses ($P = 0.015$ and $P = 0.038$, respectively). Nurses who cared for patients who had tested positive for coronavirus disease 2019 and those who had a friend or family member who had tested positive had higher fear and psychological distress than their respective counterparts ($p < .001$ and $P = .010$, respectively). Working more hours was moderately correlated with fear and anxiety ($P = 0.016$). Nurses were found to generally adopt maladaptive coping styles. Through careful study of the factors determined through this research to be associated with psychological distress among nurses, the healthcare community can better prepare to mitigate nurses' emotional and psychological toll in future pandemic situations. Working with patients who have tested positive for COVID-2019 causes psychological distress for nurses.

Nursing implications

Nursing practice

1. With increasing advancement in the health sector including the nursing profession, there is an increased need to update knowledge and develop new skills to provide the best quality care to patients.
2. Psychosocial preparedness for COVID-19 is one of the greatest challenges the country is facing. The staff nurses working in COVID-19 units should enhance their knowledge and skills to deliver quality care.
3. Counselling sections regarding psychosocial preparedness and tips to enhance resilience if the great need is required for staff nurses working in COVID-19 units.
4. Since education is one of the powerful means for developing awareness and understanding and health teaching is an integral part of the nursing practice, it should be developed systematically and scientifically based on the needs of the target population. Disaster personnel should plan training programs for staff nurses working in COVID-19 units at selected hospitals, in Noida.
5. The study revealed that the ESIC hospital staff nurses working in COVID-19 units were slightly prepared for COVID-19, having normal resilience and having average efficacy on psychosocial preparedness before the administration of the Strive Training Program. This indicates that there is the greatest scope for psychosocial preparedness in COVID-19 by disaster personnel.
6. If the health status of staff nurses has to be strengthened, adequate guidance is essential, therefore training programs ought to be provided to staff nurses working in COVID-19 units to increase psychosocial preparedness.

Nursing Research

1. The study will be a reference for research scholars to conduct studies on a larger scale.
2. This study provides baseline data for conducting other

research studies.

3. The study will be a motivation for budding researchers to conduct a study on a larger scale.
4. There is a need for further research regarding psychosocial preparedness among staff nurses working under COVID-19 to prevent stressors. The effectiveness of different strategies of teaching should be reviewed and evaluated.
5. Education to all staff nurses regarding psychosocial preparedness as they will be the frontline warriors of the 4th wave of COVID-19 can be undertaken by some nurse researchers.
6. Also, a study can be done by nurse researchers on social stigma related to COVID-19.
7. This study helps a nursing researcher to develop insight into the preparation of teaching material for the prevention of errors.

Nursing Administration

1. The staff development programme for nursing personnel in the clinical area is not sufficient in the existing healthcare system. The nursing administration should organize an education programme to update the knowledge related to advanced information regarding psychosocial preparedness for COVID-19.
2. Nursing administrators should supervise the work of subordinates to ensure that none of the aspects of health care are neglected towards COVID-19 patients.
3. Healthcare services need to give more emphasis on and accept the new trends in health care. The administrator must see that every nurse has adequate knowledge and skills in giving care to the COVID-19 patients who are admitted to the hospital as well as availing health care services on an outpatient basis,
4. Reading materials, reference books and nursing manuals must be made available for the staff regarding preparedness for COVID-19 so that nurses can guide people in a better way to live their life happily.

Nursing Education

1. Strategies should be developed carefully to teach the general public about psychosocial preparedness for COVID-19 as education has an important role in creating awareness among all regarding such SARS virus and the way of managing it by adopting an attitude towards the nation's health.
2. Nurses play a vital instrument in educating the public through the programme on mass media and by educating on the various aspects of prevention of 4th wave of COVID-19. Mass campaigns on preparedness and mass screening of people with high risk will also help the general public to become more aware of the long-term consequences of COVID-19.
3. The nursing curriculum should include topics to sensitize the student nurses to COVID-19 patients' needs and adopt the appropriate strategies to improve their satisfaction level.
4. Nursing personnel working in various educational institutions can be given in-service education regularly. This will update their ability to identify the current learning needs, to plan, conduct and evaluate their teaching in different settings.
5. Students and practising nurses should be taught about the practice of precautions while giving care to COVID-19

patients.

- As time has emerged for the various extended courses for nurses, specialized courses can also be introduced to train specialists in the area of care and psychosocial preparedness for COVID-19.

Like other developed countries, Indian nursing education can also provide advanced nurse practitioners and clinical nurse specialists in the field of preparedness for COVID-19.

Summary

The present study conducted A pre-experimental study to evaluate the effectiveness of a strive training program regarding psychosocial preparedness among staff nurses working in COVID-19 units at a selected hospital, Noida was conducted towards partial fulfilment of the requirement for the degree of Master of Nursing at Nightingale Institute of Nursing, Chaudhary Charan Singh University, Noida U.P. during the year 2020-2022. The objective of the study was to assess the level of psychosocial preparedness among staff nurses working in COVID-19 units, at selected hospitals, in Noida. To evaluate the effectiveness of the Strive Training Program regarding psychosocial preparedness among staff nurses working in COVID-19 units at selected hospitals in Noida. Pre experimental research design was adopted, and a purposive sampling technique was used to select the sample. The final data collection was from 27th April 2022 to 2nd May 2022, after obtaining prior administrative permission. The data obtained were analyzed using both descriptive and inferential statistics. The major findings of the study were: The mean post-test knowledge score of PPDTs (71.7) of staff nurses working in COVID-19 units at selected hospitals, in Noida was significantly higher than the pre-test knowledge score (45.96) with the mean difference of 25.74. The obtained mean difference was found to be statistically significant as evidenced by the calculated 't' value of (13.9) and tabulated value of (2.05) for DF (29) at 0.05 level of significance. The mean post-test knowledge score of general self-efficacy (31.1) of staff nurses working in COVID-19 units at selected hospitals, in Noida was significantly higher than the pre-test knowledge score (17.16) with a mean difference of 13.94. The obtained mean difference was found to be statistically significant as evidenced by the calculated 't' value of (11.69) and tabulated value of (2.05) for DF (29) at 0.05 level of significance. The mean post-test knowledge score of brief resilience (22.1) of staff nurses working in COVID-19 units at selected hospitals, in Noida was significantly higher than the pre-test knowledge score (11.36) with a mean difference of 10.74. The obtained mean difference was found to be statistically significant as evidenced by the calculated 't' value of (26.64) and tabulated value of (2.05) for DF (29) at 0.05 level of significance. Hence the study revealed that the Strive training program was found to be effective in enhancing psychosocial preparedness among staff nurses working in COVID-19 units.

Conclusion

- Revealed that the majority of the staff nurses 11 (35.6%) were in the age group of 24-33 years, 7 (23.3%) were in 34-43 years, 6 (20%) were in 44-53 years and 6 (20%) were above 53 years.
- In gender, 21 (70%) were females, 9 (30%) were males and no one in others.
- Regarding educational qualification, 12 (40%) were BSc

Nursing, 10 (33.3%) were GNM, 5 (16.6%) were PBBsc Nursing and 3 (10%) were MSc Nursing.

- In a hospital setting, 14 (46.6%) were married, 13 (43.3%) were unmarried, 2 (6.66%) were widowed and 1 (3.33%) was divorced.
- Staff nurses of 11 (36.6%) were having 5-10 years of experience, 8 (26.6%) were having 1-5 years of experience, 7 (23.3%) were having 10-15 years and 4 (13.3%) were having more than 15 years of experience.
- The half i.e. 15 (50%) were having 10-20 working days in COVID-19 units, 10 (33.3%) were having 20-30 working days in COVID-19 units, 5 (16.6%) were having 30-40 working days in COVID-19 units and no one was having more than 40 working days in COVID-19 units.
- The majority of the staff nurses, i.e. 18 (60%) in the hospital setting did not know about psychosocial preparedness for COVID-19 whereas 12 (40%) knew psychosocial preparedness for COVID-19.
- The mean post-test modified PPDTs score of staff nurses working in COVID-19 units (71.70) was significantly higher than the mean pre-test modified PPDTs score (45.96) with the mean difference (25.74). The obtained mean difference is found to be statistically significant. The calculated 't' value (13.9) of df (29) is greater than the table value (2.05) for df (29) at a 0.05 level of significance.
- The mean post-test GSE score (31.43) was significantly higher than the mean pre-test GSE score (25.66) with the mean difference (5.77). The obtained mean difference is found to be statistically significant. The calculated 't' value (11.69) of DF (29) is greater than the table value (2.05) for DF (29) at a 0.05 level of significance.
- The mean post-test BRS score (23.3) was significantly higher than the mean pre-test BRS score (18.4) with the mean difference (10.74). The obtained mean difference is found to be statistically significant. The calculated 't' value (26.64) of DF (29) is greater than the table value (2.05) for DF (29) at a 0.05 level of significance.
- There is no association between post-test scores of psychosocial preparedness among staff nurses working in COVID-19 units as evidenced by Fischer exact which is more than the 'p' value at 0.05 level of significance.

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How to Cite This Article

Sharma C, Nandan L, Samuel S. A pre-experimental study to evaluate the effectiveness of the strive training program regarding psychosocial preparedness among staff nurses working in COVID-19 units at a selected hospital, Noida. *International Journal of Advance Research in Medical Surgical Nursing*. 2025;7(1):115-125.

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