

# A Cross-Sectional Study to Evaluate the Practice and Self-Efficacy of B.Sc. Nursing Students in Identifying and Counselling on Under-Five Accident Risks During Community Postings in Selected Nursing Colleges of North Goa District

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## Abstract

This cross-sectional study was conducted to evaluate the practice and self-efficacy of B.Sc. Nursing students in identifying under-five accident risks and counselling mothers during community postings in selected nursing colleges of North Goa District. A sample of 148 B.Sc. Nursing students were selected through purposive sampling.<sup>1</sup> Data was collected using a structured demographic form, a 20-item Self-Efficacy Scale, and a 15-item Practice Scale.<sup>1</sup> The findings revealed that 64.9% of the nursing students had high self-efficacy, while 35.1% had moderate self-efficacy. Regarding practice, 23.0% of the students demonstrated good practice, 65.5% had moderate practice, and 11.5% had poor practice. The mean self-efficacy score of the students was 146.33 with a standard deviation of 20.90, and the mean practice score was 26.45 with a standard deviation of 5.80. A strong, statistically significant positive correlation was observed between self-efficacy scores and practice scores ( $r = 0.701$ ,  $p < 0.01$ ). Year of study, number of mothers counselled, and formal training on accident counselling were significantly associated with both self-efficacy and practice levels ( $p < 0.01$ ). Demographics like age, gender, monthly family income, posting area, and posting duration did not show any significant association ( $p > 0.05$ ). It was concluded that structured educational training and hands-on practice during community postings are crucial to improve student nurses' clinical competency and confidence in preventing childhood home accidents.

**Keywords:** Self-Efficacy, Practice, B.Sc. Nursing Students, Under-Five Children, Home Accidents, Community Postings

## Introduction

Under-five children represent a highly vulnerable segment of the general population in India because of their immaturity, high curiosity, and rapid growth and development.<sup>2</sup> During this early childhood stage, children undergo rapid changes in their psychomotor and cognitive abilities, which leads to increased movement, climbing, and exploring of their environment.<sup>4</sup> However, these young children do not have the cognitive maturity to perceive potential dangers, which makes them highly susceptible to unintentional injuries.<sup>6</sup> Globally, domestic accidents, including falls, burns, poisoning, suffocation, and drowning, are

among the leading causes of preventable childhood mortality and morbidity.<sup>8</sup> An estimated 830,000 children die annually from such accidents around the world, with millions more sustaining permanent physical and psychological disabilities.<sup>8</sup>

The home environment, which is commonly perceived as a safe place, actually contains numerous hidden hazards for a curious toddler.<sup>10</sup> In India, factors such as unsafe storage of household chemicals, open chulhas on the kitchen floor, lack of handrails on stairs, uncovered wells, and loose electrical points significantly increase the risk of domestic accidents.<sup>1</sup> Studies show that the majority of childhood injuries happen inside or around the house, especially when children are playing alone or with peers.<sup>15</sup> To prevent these injuries, mothers and primary caregivers must have adequate knowledge and adopt safe home practices.<sup>17</sup> However, various studies in India have revealed that maternal knowledge regarding childhood accident prevention remains average or poor, particularly in rural and semi-urban communities.<sup>2</sup>

Community Health Nursing postings are an essential part of the B.Sc. Nursing curriculum in India.<sup>19</sup> During these postings, student nurses visit rural and semi-urban homes, conduct environmental safety assessments, and counsel families on healthy living.<sup>20</sup> Student nurses are in an excellent position to educate mothers about under-five safety measures and first aid.<sup>17</sup> To do this effectively, nursing students need to have both strong self-efficacy and active clinical practices.<sup>23</sup> Self-efficacy is defined as an individual's personal belief in their own capability to perform specific clinical tasks, such as identifying fall hazards, assessing poisoning risks, or teaching choking first aid.<sup>1</sup> According to Albert Bandura's Social Cognitive Theory, self-efficacy is a key driver of clinical learning, motivation, and performance.<sup>23</sup> If student nurses feel confident in their abilities, they are more likely to perform comprehensive safety assessments and deliver high-quality counseling to parents.<sup>23</sup>

The above diagram represents the Conceptual Framework of the study, which is based on Bandura's Social Cognitive Theory, linking the student's personal characteristics, their self-efficacy beliefs, and their clinical practices during community postings.

### Need for the Study

Childhood injuries represent a growing public health challenge in India, yet they are often neglected in healthcare planning compared to infectious and vaccine-preventable diseases.<sup>4</sup> According to available Indian statistics, domestic accidents are a major cause of morbidity and permanent disability in children under five, leading to substantial financial and emotional distress for families.<sup>11</sup> In Karnataka, it is estimated that at least 30,000 children die annually due to accidents, drowning, and poisoning.<sup>22</sup> Similarly, community-based surveys in central and southern India show that the prevalence of childhood injuries ranges between 16% and 39%, with falls and burns being the most common incidents.<sup>4</sup>

Since mothers are the primary caregivers of under-five children, their ability to maintain a safe home environment directly impacts child survival.<sup>30</sup> However, researchers in various parts of India have reported significant gaps in maternal knowledge about preventing home injuries and administering prompt first aid.<sup>28</sup> While some studies show that mothers have a positive attitude towards learning safety measures, many remain unaware of simple household changes that can prevent severe injuries.<sup>30</sup> Therefore, active and consistent safety counseling at the community level is highly necessary.<sup>17</sup>

B.Sc. Nursing students can act as effective community educators during their posting visits.<sup>17</sup> However, many nursing students report a lack of confidence and clinical preparation when performing family health counseling.<sup>23</sup> There is a lack of research examining how nursing students' self-belief relates to their actual practices during community outreach. Most studies in India have focused only on maternal knowledge,

while the clinical preparedness of the nursing students who deliver this education has been overlooked.<sup>36</sup> This study was planned to assess the self-efficacy and practice levels of B.Sc. Nursing students in North Goa District, and to find out the factors that influence their counseling abilities. The findings will assist nursing colleges in designing better training and clinical support systems.

### Objectives and Hypotheses

The study was conducted with the following objectives :

1. To assess the self-efficacy levels of B.Sc. Nursing students in identifying under-five accident risks and counseling mothers.
2. To evaluate the practice levels of B.Sc. Nursing students in accident risk identification and counseling during community postings.
3. To correlate self-efficacy scores with practice scores of the students.
4. To find the association between self-efficacy/practice scores and selected demographic variables of the students.

The following hypotheses were formulated and tested at 0.05 level of significance:

*H<sub>1</sub>*: There is a significant positive correlation between self-efficacy scores and practice scores of B.Sc. Nursing students in identifying under-five accident risks and counseling mothers.

*H<sub>2</sub>*: There is no significant association between self-efficacy levels of B.Sc. Nursing students and their selected demographic variables.

*H<sub>3</sub>*: There is no significant association between practice levels of B.Sc. Nursing students and their selected demographic variables.

### Research Design and Methods

A community-based cross-sectional survey design was adopted for this study. The study was conducted in selected nursing colleges in North Goa District, India. The target population consisted of B.Sc. Nursing students who had completed their community health nursing postings. A total of 148 B.Sc. Nursing students were selected as sample using a purposive sampling technique. The criteria for selection included students enrolled in B.Sc. Nursing (1st year to 4th year) who had undergone community health postings of any duration and were willing to participate in the study.

Data was collected using three tools:

**Section A:** Demographic Performa. This tool consisted of 8 items to collect information on students' age, gender, year of study, monthly family income, type of community posting area, duration of community postings, number of mothers of under-five children counselled, and history of formal training on accident counselling.

**Section B:** Self-Efficacy Scale. This was an 11-point Likert scale (0 to 10) consisting of 20 items to rate students' confidence in performing tasks related to identifying hazards (like falls, open chulhas, poisoning, drowning, electrical hazards) and counseling mothers on prevention and first aid. The minimum score was 0 and the maximum score was 200. The scores were interpreted as: High self-efficacy (140 to 200, or 70% and above), Moderate self-efficacy (90 to 139, or 45% to 69%), and Low self-efficacy (0 to 89, or less than 45%).

**Section C:** Practice Scale. This was a 4-point scale consisting of 15 items to measure the frequency of home safety counseling and assessment activities during postings. The options were Never (0), Sometimes (1), Often (2), and Always (3). The maximum practice score was 45. The scores were interpreted as: Good

practice (31 to 45, or 70% and above), Moderate practice (19 to 30, or 42% to 69%), and Poor practice (0 to 18, or 40% and below).

Data collection was initiated after obtaining administrative permissions from the principals of the selected nursing colleges. Written informed consent was obtained from each student before distributing the tools. The questionnaires were self-completed in the classroom settings, taking approximately 25 minutes. The collected data was coded and analyzed using descriptive and inferential statistics. Frequencies, percentages, means, and standard deviations were calculated to describe the demographic characteristics, self-efficacy, and practice levels. Pearson correlation coefficient was computed to evaluate the relationship between self-efficacy and practice scores. Chi-square tests were used to find the association between self-efficacy/practice levels and demographic variables.

## Results

**Table 1: Socio-Demographic Profile of B.Sc. Nursing Students**  
N = 148

Demographic Variable	Frequency	Percentage
<b>Age in Years</b>		
18-20	65	43.92
21-23	74	50.00
>23	9	6.08
<b>Gender</b>		
Female	115	77.70
Male	33	22.30
<b>Year of Study</b>		
1st Year	44	29.73
2nd Year	28	18.92
3rd Year	38	25.68
4th Year	38	25.68
<b>Monthly Family Income</b>		
<20k	45	30.41

Demographic Variable	Frequency	Percentage
20-40k	62	41.89
>40k	41	27.70
<b>Community Posting Area</b>		
Rural	54	36.49
Semi-urban	59	39.86
Urban	35	23.65
<b>Posting Duration (Months)</b>		
<=6	93	62.84
>6	55	37.16
<b>Mothers Counselling</b>		
0	22	14.86
1-5	49	33.11
6-10	54	36.49
>10	23	15.54
<b>Formal Training Received</b>		
Yes	100	67.57
No	48	32.43

The sociodemographic characteristics of the 148 nursing students are presented in Table 1. It is observed that 50.0% of the students were in the age group of 21-23 years, and females constituted the majority at 77.7%. Regarding academic year, 29.7% of the students were in their first year of study, while second, third, and fourth years represented 18.9%, 25.7%, and 25.7% respectively. Regarding practical experience, 36.5% of the students had counselled between 6 and 10 mothers, and 67.6% of the students had received some formal training on childhood accident counseling prior to or during their community posting.

**Table 2: Descriptive Statistics of Self-Efficacy and Practice Scores**

**N = 148**

Variable	Maximum Score	Mean Score	Standard Deviation
Self-Efficacy Total	200	146.33	20.90
Practice Total	45	26.45	5.80

The descriptive statistics for self-efficacy and practice scores are presented in Table 2. The mean self-efficacy score of the students was 146.33 with a standard deviation of 20.90, while the mean practice score was 26.45 with a standard deviation of 5.80.

**Table 3: Level of Self-Efficacy and Practice among Nursing Students**

**N = 148**

Level of Competency	Score Range	Frequency	Percentage
<b>Self-Efficacy Level</b>			
High	140-200	96	64.86
Moderate	90-139	52	35.14
Low	0-89	0	0.00
<b>Practice Level</b>			
Good	31-45	34	22.97
Moderate	19-30	97	65.54
Poor	0-18	17	11.49

The categorized levels of self-efficacy and practice among the student nurses are detailed in Table 3. It is seen that 64.9% of the student nurses had high self-efficacy, while 35.1% had moderate self-efficacy, and none fell into the low category. In terms of practice levels, the majority of the students (65.5%) demonstrated moderate clinical practice, while only 23.0% showed good practice, and 11.5% showed poor practice.

**Table 4: Correlation between Self-Efficacy and Practice Scores**

N = 148

Correlation Variables	Pearson Correlation (r)	p-Value	Significance
Self-Efficacy Total vs Practice Total	0.701	<0.01	Highly Significant

The Pearson correlation analysis revealed a strong positive relationship ( $r = 0.701$ ) which is highly statistically significant ( $p < 0.01$ ). Therefore, the first research hypothesis ( $H_1$ ) was accepted. This indicates that nursing students who had higher confidence in their ability to perform safety tasks also practiced child safety counseling and assessment more frequently during their community postings.

**Table 5: Chi-Square Association of Demographic Variables with Self-Efficacy Levels**

N = 148

Demographic Variable	High Self-Efficacy	Moderate Self-Efficacy	Chi-Square ( $\chi^2$ )	p-Value
<b>Age in Years</b>				
18-20	37	28	3.406	0.182
21-23	52	22		
>23	7	2		
<b>Gender</b>				
Female	75	40	0.028	0.867
Male	21	12		
<b>Year of Study</b>				
1st Year	14	30	38.847	<0.001
2nd Year	16	12		
3rd Year	31	7		
4th Year	35	3		
<b>Monthly Family Income</b>				
<20k	31	14	1.084	0.582

Demographic Variable	High Efficacy	Self-Moderate Efficacy	Self-	Chi-Square ( $\chi^2$ )	p-Value
20-40k	41	21			
>40k	24	17			
<b>Posting Area Type</b>					
Rural	35	19		0.331	0.847
Semi-urban	37	22			
Urban	24	11			
<b>Posting Duration</b>					
$\leq 6$ Months	60	33		0.013	0.908
>6 Months	36	19			
<b>Mothers Counselling</b>					
0	7	15		26.002	<b>&lt;0.001</b>
1-5	26	23			
6-10	41	13			
>10	22	1			
<b>Formal Training</b>					
Yes	75	25		13.897	<b>&lt;0.001</b>
No	21	27			

The analysis in Table 5 shows that year of study ( $\chi^2 = 38.847, p = <0.001$ ), number of mothers counselled ( $\chi^2 = 26.002, p = < 0.001$ ), and formal training on accident counselling ( $\chi^2 = 13.897, p = <0.001$ ) are significantly associated with self-efficacy levels. Therefore, the null hypothesis ( $H_0$ ) was rejected for these three variables. Senior students, those who counselled a higher number of mothers, and those who received formal training showed significantly higher self-efficacy levels. Other demographic factors like age, gender, monthly income, posting area type, and posting duration were not statistically significant ( $p > 0.05$ ).

**Table 6: Chi-Square Association of Demographic Variables with Practice Levels**  
**N = 148**

Demographic Variable	Good Practice	Moderate Practice	Poor Practice	Chi-Square ( $\chi^2$ )	p-Value
<b>Age in Years</b>					
18-20	15	39	11	3.676	0.452
21-23	17	52	5		
>23	2	6	1		
<b>Gender</b>					
Female	28	75	12	0.929	0.628
Male	6	22	5		
<b>Year of Study</b>					
1st Year	4	30	10	30.184	<0.001
2nd Year	3	21	4		
3rd Year	8	29	1		
4th Year	19	17	2		
<b>Monthly Family Income</b>					
<20k	10	32	3	4.181	0.382
20-40k	16	40	6		
>40k	8	25	8		
<b>Posting Area Type</b>					
Rural	11	37	6	1.828	0.767
Semi-urban	16	35	8		
Urban	7	25	3		

Demographic Variable	Good Practice	Moderate Practice	Poor Practice	Chi-Square ( $\chi^2$ )	p-Value
<b>Posting Duration</b>					
<=6 Months	17	62	14	5.221	0.074
>6 Months	17	35	3		
<b>Mothers Counselling</b>					
0	2	14	6	17.559	<b>0.007</b>
1-5	6	36	7		
6-10	18	32	4		
>10	8	15	0		
<b>Formal Training</b>					
Yes	26	68	6	9.595	<b>0.008</b>
No	8	29	11		

The analysis in Table 6 indicates that year of study ( $\chi^2 = 30.184, p = <0.001$ ), number of mothers counselled ( $\chi^2 = 17.559, p = 0.007$ ), and formal training ( $\chi^2 = 9.595, p = 0.008$ ) are significantly associated with practice levels. Therefore, the null hypothesis ( $H_3$ ) was rejected for these three variables. Senior students, those who counselled more mothers, and those who received formal training showed significantly better practice levels. Other demographic factors like age, gender, monthly income, posting area type, and posting duration were not statistically significant ( $p > 0.05$ ).

### Discussion

The findings of this study provide key insights into how nursing students' personal beliefs about their capabilities relate to their actual work during community postings. The average self-efficacy score of the students was 146.33, which represents a good level of confidence. This means that the majority of B.Sc. Nursing students felt confident in identifying home hazards and teaching mothers how to prevent accidental injuries. However, their actual practice scores were moderately low, with a mean of 26.45, and only 22.97% of students demonstrated consistent good practices. This difference between self-belief and actual clinical practice indicates that while students have theoretical confidence, they face practical barriers when implementing safety assessments and counseling in the community. This observation is similar to studies conducted in other parts of India, which have shown that healthcare students often experience a gap between their classroom knowledge and clinical implementation.

A major finding of this study is the strong positive correlation ( $r = 0.701$ ) between self-efficacy scores and

practice scores. This highly significant correlation indicates that as a student's confidence in their safety skills increases, their clinical practice in the field becomes much more frequent and comprehensive. According to Albert Bandura's Social Cognitive Theory, individuals with higher self-efficacy are more likely to approach challenging situations with determination, persist in the face of difficulties, and perform clinical tasks with greater competence. In the field of nursing education, student nurses with strong self-efficacy are more willing to interact with families, inspect households for risks, and conduct structured health education sessions. Conversely, students with low self-efficacy may experience anxiety, which can lead to avoidant behavior and minimal counseling practices during family visits.<sup>19</sup>

In this study, the year of study was significantly associated with both self-efficacy and practice levels ( $p < 0.001$ ). Senior students, particularly those in the fourth year, had much higher confidence and better practice scores compared to first and second-year students. For instance, 92.1% of fourth-year students had high self-efficacy, compared to only 31.8% of first-year students. Similarly, 50.0% of fourth-year students demonstrated good practice levels, while only 9.1% of first-year students did so. This finding is highly expected, as senior students receive extensive theoretical training in pediatric nursing and community health nursing. They also spend more time in clinical and community settings, which helps them gain experience, professional maturity, and better communication skills.<sup>19</sup> This finding is consistent with another study conducted in Turkey, which showed that clinical self-efficacy and attitudes improve as students progress through their nursing program.

Another important factor identified in this study was the role of hands-on practice, represented by the number of mothers counselled. Students who counselled more than 10 mothers had significantly higher self-efficacy (95.7% high self-efficacy) and better practice levels compared to those who did not counsel any mother. This strongly supports the idea of "mastery experience" in Bandura's theory, which states that successfully performing a task repeatedly is the most powerful source of building self-efficacy. When student nurses repeatedly identify hazards and explain prevention strategies to different mothers, they overcome their initial hesitation and gain confidence.<sup>38</sup> This finding highlights the need for nursing colleges to set specific targets for home visits and counseling sessions during community postings, rather than simply recording hours spent in the field.

The study also showed that formal training on accident counseling had a major impact on both self-efficacy and practice. Among students who received formal training, 75.0% had high self-efficacy and 26.0% demonstrated good practices. In contrast, among those without formal training, only 43.8% had high self-efficacy and 22.9% had poor practices. This indicates that routine lectures are not sufficient. Pre-posting training, such as mock drills, case studies, and safety toolkits, are necessary to prepare students for field challenges.<sup>9</sup> This finding is supported by other research in India, which concluded that pre-clinical simulation and structured teaching programs significantly improve students' clinical competency and performance.

Interestingly, demographic variables such as age, gender, monthly family income, and type of community area did not show any significant association with self-efficacy or practice levels. This suggests that clinical competency is not determined by the student's personal background or family income. Instead, it is shaped by academic training, pre-clinical preparation, and actual clinical exposure during postings. This finding is encouraging for nursing educators, as it shows that a well-designed and structured curriculum can help all students build strong clinical competencies, regardless of their background.

The clinical importance of these findings must be viewed in the context of under-five home safety in India.<sup>6</sup> Childhood injuries, particularly falls and burns, remain highly prevalent because of environmental

hazards in Indian homes, such as low kitchen platforms and open fire chulhas.<sup>11</sup> Studies in rural and semi-urban communities of Punjab, Karnataka, and Bengal have shown that while falls are the leading cause of injury, mothers frequently have deficient first aid knowledge.<sup>2</sup> By improving student nurses' self-efficacy and structured practices, community health departments can deploy highly competent student educators who can identify hazards and teach mothers effectively, which will ultimately reduce preventable child deaths.<sup>17</sup>

## Conclusion

This study evaluated the self-efficacy and practice levels of 148 B.Sc. Nursing students in identifying under-five accident risks and counseling mothers in North Goa. The findings showed that while a majority of students had high self-efficacy, their actual counseling practices in the community were mostly moderate. A strong positive correlation was found between self-efficacy and practice scores, showing that students' self-belief is a major predictor of their clinical work. The year of study, formal training, and the number of mothers counselled were identified as the key factors that significantly improve both confidence and practice levels.

These findings highlight that personal background factors do not limit a student's clinical growth. Instead, structured training, progressive academic experience, and hands-on practice are the essential elements that build competent and confident community health nurses.

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