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A Study to Assess the Knowledge Regarding Hospice Care Among Undergraduate Nursing Students of Akal College of Nursing, Baru Sahib, District Sirmour Himachal Pradesh

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ABSTRACT

Hospice care is essential in enhancing the quality of life for individuals suffering from terminal illnesses by addressing their physical, emotional, social, and spiritual needs. Nurses play a crucial role in delivering hospice services; therefore, it is important that nursing students possess adequate knowledge to provide effective end-of-life care. The present study was undertaken to assess the level of knowledge regarding hospice care among undergraduate nursing students and to examine its association with selected socio-demographic variables.

A quantitative, non-experimental descriptive research design was used for this study. The research was carried out in a selected nursing college in District Sirmour, Himachal Pradesh. A total of 146 undergraduate nursing students from B.Sc. Nursing 1st, 2nd, and 3rd year were selected through a simple random sampling technique. Data were collected using a semi-structured questionnaire consisting of 35 multiple-choice questions. Both descriptive and inferential statistics were applied for data analysis.

The results indicated that most students had moderately adequate knowledge regarding hospice care, while fewer students demonstrated adequate knowledge and some had inadequate understanding. A statistically significant association was found between knowledge levels and certain socio-demographic variables.

The study concludes that there is a need to strengthen hospice care education within the undergraduate nursing curriculum through structured teaching programs, practical exposure, and workshops. Improving knowledge among nursing students will enhance the quality of end-of-life care and promote compassionate nursing practice.

Keywords: Hospice care, Knowledge, Undergraduate nursing students, End-of-life care, Palliative care

INTRODUCTION

Hospice care is an essential component of modern healthcare that focuses on providing comfort, dignity, and quality of life to individuals with terminal illnesses. The concept of hospice care dates back to the eleventh century, when it was originally developed as a place of rest and care for sick and dying travelers.

The word “hospice” is derived from the Latin term *hospes*, meaning host or guest, reflecting the idea of compassionate care and hospitality. Over time, hospice care has evolved significantly, especially in the twentieth century, when Dame Cicely Saunders introduced a holistic approach that emphasized pain relief, emotional support, and spiritual care for terminally ill patients. Her work laid the foundation for the modern hospice movement. Later, Dr. Balfour Mount further expanded these principles by introducing the concept of palliative care, which extends supportive care to patients with chronic and life-limiting illnesses beyond the terminal stage.

Hospice care is a specialized form of palliative care designed for individuals who are in the final phase of life, typically with a prognosis of six months or less. Unlike curative treatment, the primary goal of hospice care is not to cure the disease but to ensure comfort, relieve suffering, and improve the quality of life. It addresses multiple dimensions of patient care, including physical symptoms such as pain and discomfort, psychological issues like anxiety and depression, social needs involving family support, and spiritual concerns related to meaning and acceptance of life’s end. This holistic approach makes hospice care unique and essential in delivering comprehensive end-of-life care.

The delivery of hospice care involves a multidisciplinary team that includes physicians, nurses, social workers, counsellors, and trained caregivers. Among these professionals, nurses play a central and vital role as they are directly involved in patient care, symptom management, communication, and emotional support. Their knowledge, attitude, and skills significantly influence the effectiveness and quality of hospice services. Therefore, it is crucial that nursing students are adequately prepared and equipped with the necessary knowledge and competencies related to hospice care during their education.

In addition to patient care, hospice services also focus on supporting the family members of the patient. Families often experience emotional distress, grief, and uncertainty during the end-of-life phase of their loved ones. Hospice care provides counseling, guidance, and bereavement support to help families cope with these challenges. This family-centered approach ensures that both patients and their loved ones receive compassionate and comprehensive care.

Despite the growing importance of hospice care globally, awareness and knowledge among healthcare professionals, particularly nursing students, remain variable. Inadequate knowledge can lead to misconceptions, negative attitudes, and reduced quality of care for terminally ill patients. Nursing education plays a critical role in bridging this gap by incorporating hospice and palliative care concepts into the curriculum, along with providing clinical exposure and practical training.

In the Indian context, hospice and palliative care services are still developing, and there is a need to strengthen education and training in this field. Nursing students, as future healthcare providers, must be well-informed and confident in delivering end-of-life care. Assessing their knowledge level is an important step in identifying gaps and implementing appropriate educational interventions.

Therefore, the present study aims to assess the knowledge regarding hospice care among undergraduate nursing students and to explore its association with selected socio-demographic variables. The findings of the study will help in understanding the current level of awareness and will provide a basis for improving nursing education and practice in hospice care.

PROBLEM STATEMENT:

A study to assess the Knowledge regarding Hospice Care among undergraduate nursing students of Akal College of Nursing, Baru Sahib, District Sirmour Himachal Pradesh

OBJECTIVES

1. To assess the knowledge score regarding hospice care among the undergraduate nursing students.
2. To find out association between knowledge score with socio-demographic variables of undergraduate nursing students.

Inclusion Criteria:

- B.Sc. (N) 1st Year, 2nd Year and 3rd Year.
- Students willing to participate in study.
- Who were available at the time of data collection.

Exclusion Criteria:

- B.Sc. (N) 4th Year students.
- Students who are not willing to participate.
- Nursing students on urgent, sick leave and on other leave.

REVIEW OF LITERATURE

A descriptive study used to assess the knowledge regarding Hospice Care among the Caregivers with Terminally ill Clients in selected hospitals. The Population is the Caregivers and Sample technique is purposive and Sample size is 100.The Results showed that 72 caregiver had inadequate knowledge, 27% had moderately adequate and only 1% had adequate knowledge regarding hospice care. [9]

A cross-sectional descriptive study was used to assess the factors influencing the knowledge and attitude of hospice care among practioner at Guangxi, China. They used cross sectional descriptive research study design. sampling technique was stratified and quota sampling. Data collection tool was used self-design Chinese scale to measure knowledge and attitude (K&A scale) and sample size was 1821 The result showed that standard score was 61.62% and individual mean score of knowledge and attitude were 76.42 (SD=28.13) and 58.69 (SD=11.31) this study displayed moderate mean score for knowledge and less favorable attitude toward hospice care. [7]

A cross-sectional research study was used to assess the behavior and influencing factors of Chinese oncology. nurses toward hospice care. Sampling technique was convenience sampling Data collection method was self-structured questionnaire and sample size was 933 The result showed that the mean score of hospice care behavior was 50.47+10.56 with a mean item score of 3.61+0.75.the frequency of hospice care behavior among Chinese oncology nurses is generally at the moderate to high level. [17]

A descriptive research study was used to assess the nurses experience about hospice care provision in China. Data collection method was face to face semi structured interview and sample size was 18 nurses were selected for interview using purposive sampling .the result showed that the interview data generated five major themes: (1) end-of-life care for oncology patients, (2) support and care for family members, (3) self-limitation and psychological distress, (4) culture and external environment constraints, and (5) self-coping and gains. oncology nurses encountered barriers and negative emotions in conducting hospice care, but have also made strides in the promotion of hospice care. In the future, the use of different traditional Chinese medicine technology to facilitate symptom management in end-of-life patients should be explored, and more tools to assist in providing psychological care and communication should be developed. [16]

MATERIALS AND METHODS

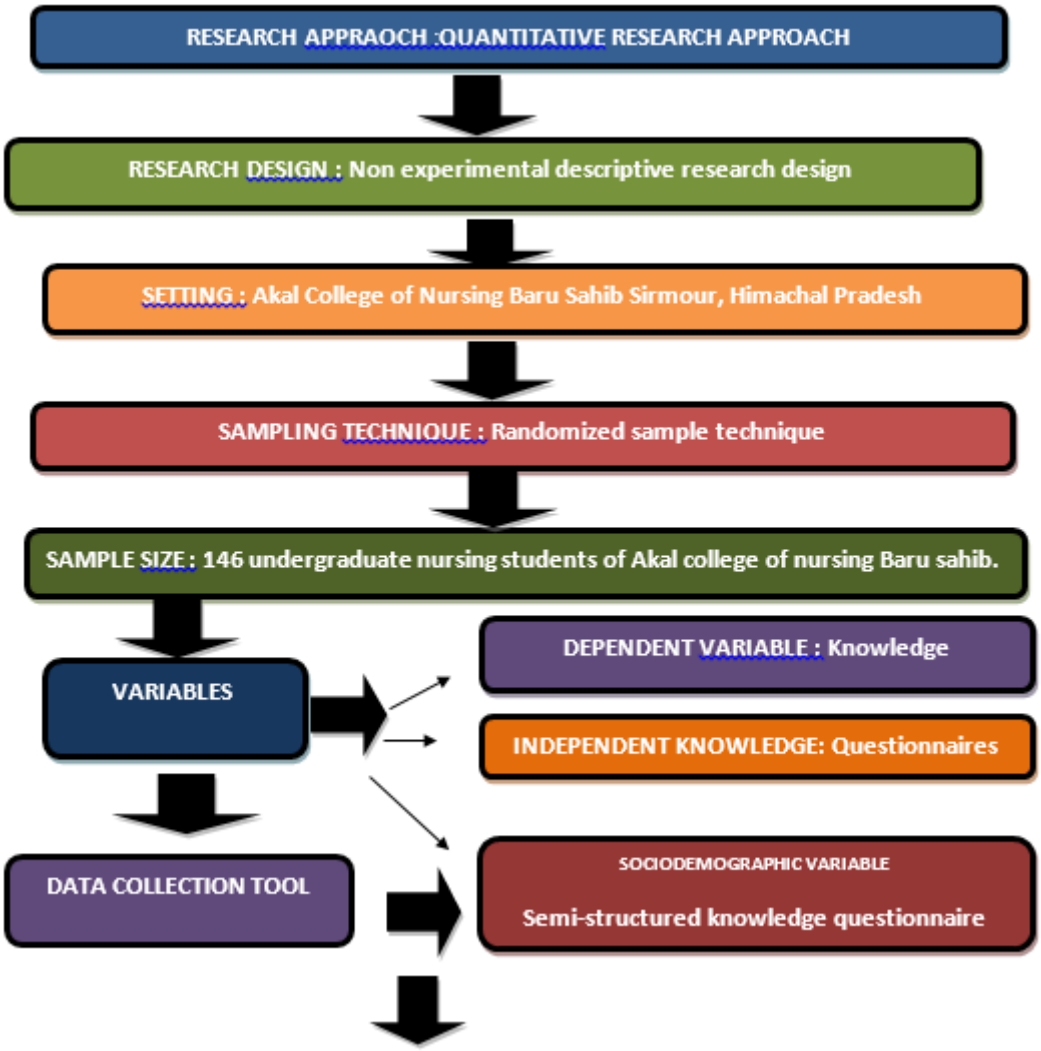
A quantitative, non-experimental descriptive research design was adopted to assess the knowledge regard-

ing hospice care among undergraduate nursing students. The study was conducted at Selected nursing colleges, District Sirmour, Himachal Pradesh. A total of 146 B.Sc. Nursing students from 1st to 3rd year were selected using a simple random sampling technique. Data were collected using a validated semi-structured questionnaire consisting of socio-demographic variables and 35 multiple-choice questions related to hospice care. Informed consent was obtained from all participants prior to data collection. Descriptive and inferential statistics were used for data analysis, and ethical principles such as confidentiality and anonymity were strictly maintained throughout the study.

Data Collection Tool:

Tool 1 Section A (10 items): Sociodemographic data included age, academic year, and religion. Other variables assessed were the presence of family members in the healthcare field, prior exposure to hospice care, source of information about hospice care, comfort in discussing death and dying, and whether close relatives or friends had received hospice care. The study also evaluated participants' perception of the importance of hospice care in nursing education, the influence of cultural or religious beliefs on their views, and their willingness to work in a hospice care centre in the future.

Tool 2 Section B Semi-Structured Knowledge Questionnaire.



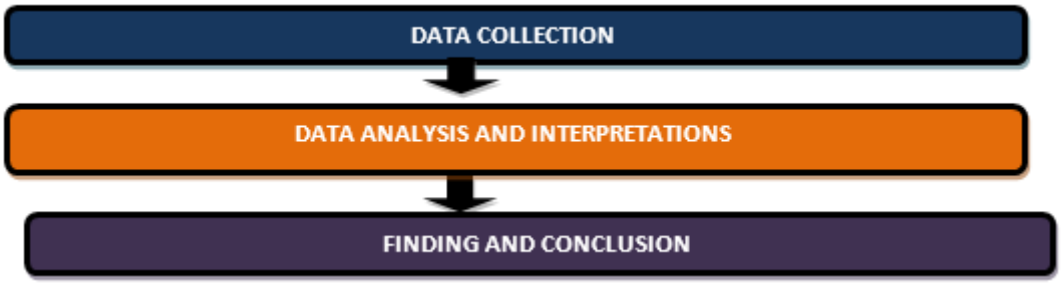


FIGURE 01: SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

RESULTS

The analysis of the obtained data was done using both descriptive and inferential statistics based on the objectives of the study and are organized under the following headings:

SECTION A: Distribution of socio-demographic variables of undergraduates nursing students

SECTION B: Distribution of knowledge regarding hospice care among undergraduate nursing student.

SECTION C: Association between level of knowledge with socio-demographic variable of undergraduate nursing student

SECTION A: DISTRIBUTION OF UNDERGRADUATE NURSING STUDENTS BASED ON THEIR SOCIO-DEMOGRAPHIC DATA.

TABLE NO. 1: Frequency and percentage distribution of undergraduate nursing students based on age.
n=146

CHARATERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
AGE IN YEARS	<18years	32	21.9%
	19-20 years	84	57.5%
	20-23years	29	19.9%
	>24years	1	.7%
TOTAL		**146**	**100.0%**

TABLE NO 1: Showed that undergraduate Nursing students with age group <18 years were 21.9% ,19-20 years were 57.5%, 21-23 years old were 19.9% and >24 years old were0.7%.

TABLE NO.2: Frequency and percentage distribution of undergraduate nursing students based on academic year.
n=146

CHARACTERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGE (%)
ACADEMIC YEAR	1st year	49	33.6%
	2nd year	47	32.2%
	3rd year	50	34.2%
TOTAL		146	100.0%

TABLE NO 2: Showed that undergraduates in 1st year were 33.6%,2nd year were 32.2%and in 3rdyear were 34.2% knowledge**.**

TABLE NO.3: Frequency and percentage distribution of undergraduate nursing student based on religion

n=146

CHARATERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
RELIGION	Hinduism	108	74.0%
	Islam	1	.7%
	Sikhism	36	24.7%
	Christianity	1	.75
TOTAL		**146**	**100.0%**

TABLE NO 3: Showed that religion of undergraduate 74.0% were from Hindu, 0.7% were from Islam, 24.7% were from Sikhism and0.7% were from Christianity

TABLE NO.4: Frequency and percentage distribution of undergraduate nursing students based on family member working in health care filed.

n=146

CHARACTERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
ANY HEALTHCARE WORKER IN FAMILY	YES	56	38.4%
	NO	90	61.6%
TOTAL		**146**	**100.0%**

TABLE NO 4: Showed that 38.4%of undergraduates have HealthCare worker in family members and 61.6% did not have any family member working in health Care field**.**

TABLE NO.5: Frequency and percentage distribution of undergraduate nursing students based on ever witnessed the process of Hospice care.

n=146

CHARACTERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
EVER WITNESSED THE PROCESS OF HOSPICE CARE	YES	69	47.3%
	NO	77	52.7%
TOTAL		**146**	**100%**

TABLE NO 5: Showed that 47.3% undergraduates witnessed hospice Care and 52.7% did not witnessed hospice Care.

TABLE NO.6: Frequency and percentage distribution of undergraduate nursing students based on source of information.

n=146

CHARACTERSTICS	CATEGORY	RESPONDENTS	
		FRQUENCY	PERCENTAGES
SOURCE OF INFORMATION	In Nursing schools	111	76.0%
	Through media (TV, Internet)	21	14.4%
	From personal experience	11	7.5%
	I have not heard about it before	3	2.1%
TOTAL		146	100.0%

TABLE NO 6: Showed that 76.0% had gathered information from in Nursing schools,14.4% from media,7.5% from personal experience and 2.1% did not heard about it before.

TABLE NO.7: Frequency and percentage distribution of undergraduate nursing students based on feeling comfortable talking about death and dying.

n=146

CHARACTERSTIC	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
FEELING COMFORTABLE TALKING ABOUT DEATH AND DYING	YES	118	80.0%
	NO	28	19.2%
TOTAL		146	100.0%

TABLE NO 7: Showed that 80.8% undergraduates feeling comfortable talking about death and dying and 19.25 % did not feeling comfortable talking about death and dying.

TABLE NO.8 Frequency and percentage distribution of undergraduate nursing students based on family members and friends received hospice care.

n=146

CHARACTERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
FAMILY MEMBER RECEIVED HOSPICE CARE	YES	56	38.4%
	NO	90	61.6%
TOTAL		146	100.0%

TABLE NO.8: Showed that 38.4% undergraduates family members had received hospice Care and 61.6% not received**.**

TABLE NO.9: Frequency and percentage distribution of undergraduate nursing students based on importance of hospice care in nursing education.

n=146

CHARACTERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
IMPORTANCE OF HOSPICE CARE IN NURSING EDUCATION	Very important	103	70.5%
	Important	38	26.0%
	Moderately important	5	3.4%
TOTAL		**146**	**100.0%**

TABLE NO. 9 : Showed that 70.5% undergraduates think that hospice Care is very important in Nursing education.26.0%undergraduates think that hospice Care is important and 23.3%of undergraduates think that hospice Care is moderately important.

TABLE NO 10: Frequency and percentage distribution of undergraduate nursing students based on cultural or religious belief influence the view on hospice care.

n=146

CHARACTERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
CULTURAL BELIEF INFLUENCE HOSPICE CARE	Yes	75	51.5%
	No	37	25.3%
	Not sure	34	23.3%
TOTAL		**146**	**100.0%**

TABLE NO.10: Showed that 51.4% undergraduates had cultural or religious beliefs that influence hospice Care ,25.3% were not having cultural or religious beliefs influence on hospice Care and 23.3% were not sure about this**.**

TABLE NO 11: Frequency and percentage distribution of undergraduate nursing students based on willingness to work in hospice care center in future.

n=146

CHARACTERSTICS	CATEGORY	RESPONDENTS	
		FREQUENCY	PERCENTAGES
WILLINGNESS TO WORK IN HOSPICE CARE CENTERS	Yes	78	53.4%
	No	22	15.1%
	Not sure	46	31.5%
TOTAL		**146**	**100.0%**

TABLE NO.11: Showed that 53.4% were willing to work in hospice Care centers, 15.1% were not willing to work in hospice Care and 31.5% were not sure about this.

SECTION B: DISTRIBUTION OF KNOWLEDGE REGARDING HOSPICE CARE AMONG UNDERGRADUATES NURSING STUDENTS.

TABLE NO.12: Level of knowledge regarding hospice care

n=146

LEVEL OF KNOWLEDGE	FREQUENCY (f)	PERCENTAGE (%)
Adequate knowledge	76	52.1%
Moderately Adequate knowledge	48	32.9%
Inadequate knowledge	22	15.1%
TOTAL	**146**	**100.0%**

TABLE NO.12: Showed that 52.1% had adequate knowledge,32.9%had moderately adequate knowledge, 15.1% had inadequate knowledge.

n=146

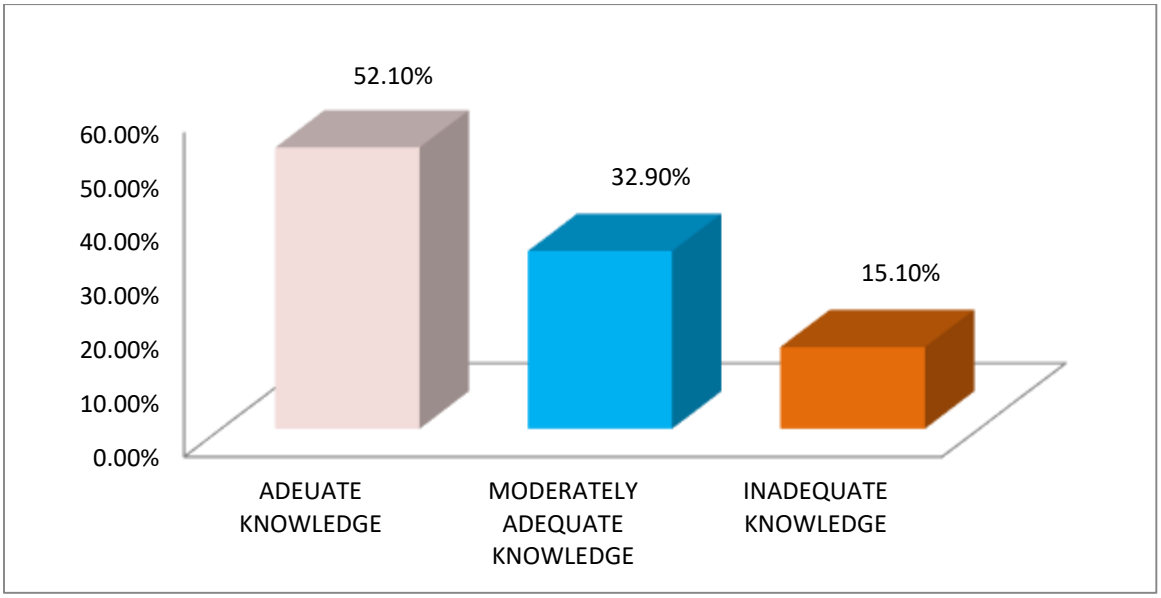


FIGURE NO. 02: Distribution based on level of knowledge score

TABLE NO.13: MEAN, MEDIAN, MODE, STANDARD DEVIATION, MINIMUM SCORE, MAXIMUM SCORE.

n=146

DESCRIPTIVE STATISTICS	MEAN SCORE	MEDIAN SCORE	MODE SCORE	STANDARD DEVIATION SCORE	MAXIMUM SCORE	MINIMUM SCORE	RANGE
Knowledge score	25.46	27.00	25[a]	6.642	35	5	30

SECTION C: FINDINGS REALTED TO ASSOCISTION BETWEEN KNOWLEDGE SCORE OF UNDER GRADUATE NURSING STUDENTS WITH SOCIODEMOGRAPHIC VARIABLES

TABLE 14: Association between the level of knowledge with their sociodemographic variables. n=146

DEMOGRAPHIC VARIABLE	LEVEL OF KNOWLEDGE			CHI SQUARE TEST/ FISHERS EXACT TEST	p VALUE
	Adequate	Moderately adequate	Inadequate		
Age				6.384^{NS}	0.367
<18years	16	8	8		
19-20years	45	27	12		
20-23years	14	13	2		
>24years	1	NIL	NIL		
Academic year				**10.853**	**0.028***
1st year	23	15	11		
2nd year	32	10	5		
3rd year	21	23	6		
Religion				2.718 ^{NS}	1.000
Hinduism	55	36	17		
Islam	1	NIL	NIL		
Sikhism	19	12	5		
Christianity	1	NIL	NIL		
Do you have any family members working in the health Care field				3.393 ^{NS}	0.183
Yes	24	23	9		
No	52	25	13		
Have you ever witnessed the process of Hospice Care				**5.705**	**0.058***
Yes	43	17	9		
No	33	31	13		
Where did you first learn about hospice Care				10.606 ^{NS}	0.062
In Nursing school	60	32	16		
Through media (Tv,Internet)	7	12	2		
From personal experience	7	1	3		
I have not heard about it before	2	NIL	1		
Do you feel comfortable talking about death and dying				0.382 ^{NS}	0.826
Yes	60	40	18		

No	16	8	4		
Not sure	NIL	NIL	NIL		
Have any of your close family members or friends received hospice Care				2.327 NS	0.312
Yes	30	5	11		
No	46	33	11		
How important do you think hospice Care is in Nursing education				**9.152**	**0.038***
Very important	57	36	10		
Important	18	10	10		
Moderately important	1	2	2		
Not important	NIL	NIL	NIL		
Do your cultural or religious beliefs influence your views on hospice Care				2.989 NS	0.560
Yes	36	28	11		
No	21	12	4		
Not sure	19	8	7		
Willingness to work in hospice Care center in future				3.365 NS	0.499
Yes	41	25	12		
No	8	9	5		
Not decided	27	14	5		

NS- Not Significant *** Significant**

TABLE NO.14: Showed the level of association between knowledge score with socio demographic variable.

Based on objective Chi square test and Fishers exact test were used to associate the level of knowledge with selected demographic variables.

A significant association was found with academic year (p=0.028) and witnessing hospice care (p=0.058) and how important do you think hospice Care is in Nursing education(p=0.038).However, there is no significant association was observed with age, religion, education, family members in the health field, relatives receiving hospice care, cultural or religious beliefs, willingness to work in hospice care, or source of learning about hospice care.

This showed that there is significant association with socio-demographic variables.

DISCUSSION

Present study finding has been discussed in accordance with the objective of the study.

The first objective was to assess the knowledge score regarding water borne diseases among Adolescents (12-18 years) in selected schools of District Sirmour Himachal Pradesh.

Depicts Frequency and Percentage Distribution of the level of knowledge regarding water borne diseases adolescent. The data reveals that 138 (60.0%) students have adequate knowledge, 50 (21.7%) students

have moderate knowledge and 42 (18.3%) students have inadequate knowledge about the water borne diseases.

Similar study wasconducted to assess the knowledge and practices regarding WASH among school children in selected school, Mangala Giri, Guntur district, Andhra Pradesh. 150 sample size were selected through purposive sampling technique and structured questionnaire was used as the research tool and the result revealed that 125 (83.33%) had inadequate knowledge, 25 (16.6%) had moderately adequate knowledge, and 21 (14%) had appropriate practices, 81 (54%) had moderately adequate practices, and 48 (32%) had inadequate practices. [8,9]

The second objective was to find the association between knowledge and selected social demographic variables.

The study results reveals that none of the mentioned socio demographic variables have significance with level of knowledge regarding water borne diseases as the p value of each variable is greater than 0.05. [16,17]

Similar study was conducted to assess the knowledge and practice regarding water borne diseases and its prevention among mothers with a view to conduct a health education Programmed at selected PHC of Gurgaon 300 mothers of under five children were selected through Purposive sampling technique and Structured Interview Schedule and Self-expressed Rating Scale was used as research tool and the result revealed that out of 300 respondents 82(27%) of mothers are in age group of 18-24 years who were having under five children, 244(81%), belong to Hindu religion,62(21%) went to middle education,98(33%) were not working ,171(57%) belong to nuclear family and 90(30%) having family income per month Rs 10,001-15,000/.Regarding the assessment of knowledge and practice score, mean knowledge score was 10.97 and mean practice score was 31.27.The score showed that 160(53.33%) were having poor knowledge but practice score indicated that 282(94%) were having good practices. The correlation between knowledge and practice scores showed not significant [14,15]

FINDINGS

The study revealed that the majority of undergraduate nursing students were aged 19–20 years (57.5%), with nearly equal representation across first (33.6%), second (32.2%), and third year (34.2%) of study. Most participants were Hindu (74.0%). Approximately 38.4% reported having a family member in the healthcare field, and 47.3% had witnessed hospice care. Nursing school was identified as the primary source of information (76.0%). A large proportion (80.8%) felt comfortable discussing death and dying. Hospice care was perceived as very important in nursing education by 70.5% of students, and 53.4% expressed willingness to work in hospice care settings. Cultural or religious beliefs influenced the views of 51.4% of participants.

Regarding knowledge levels, the mean score was 25.46 (SD = 6.642), with a median of 27.00 and a range of 5 to 35. Overall, 52.1% of students demonstrated adequate knowledge, 32.9% had moderately adequate knowledge, and 15.1% had inadequate knowledge.

Statistical analysis showed a significant association between knowledge level and academic year of study, as well as perceived importance of hospice care in nursing education. Exposure to hospice care demonstrated a near-significant association. However, no significant association was found between knowledge level and age, religion, healthcare background in the family, source of information, comfort in discussing death, prior family exposure to hospice care, cultural or religious beliefs, or willingness to work in hospice care settings.

CONCLUSION

The present study was conducted to assess the knowledge regarding hospice care among undergraduate nursing students and to determine its association with selected socio-demographic variables. The findings of the study revealed that although a portion of students demonstrated adequate knowledge, a considerable number of participants possessed only moderately adequate or inadequate understanding of hospice care. This indicates that there are noticeable gaps in knowledge that need to be addressed to ensure effective and compassionate end-of-life care.

The study highlights that nursing students, who are future healthcare providers, must be well-equipped with comprehensive knowledge and appropriate skills related to hospice care. Adequate understanding of hospice principles is essential for managing terminally ill patients with dignity, ensuring comfort, and addressing their physical, emotional, social, and spiritual needs. The results also showed that certain socio-demographic variables, such as academic year and perceived importance of hospice care, had a significant association with knowledge levels, suggesting that educational exposure and awareness play an important role in shaping students' understanding.

Furthermore, the study emphasizes the importance of integrating hospice and palliative care education more effectively into the undergraduate nursing curriculum. Structured teaching programs, workshops, seminars, and clinical exposure to hospice settings can significantly enhance students' knowledge, confidence, and attitudes toward end-of-life care. Early exposure to real-life situations can also help students develop empathy, communication skills, and professional competence.

In the context of evolving healthcare needs, especially in countries like India where hospice care services are still developing, it becomes even more crucial to prepare nursing students to meet these challenges. Strengthening educational strategies will not only improve knowledge but also contribute to better patient outcomes and quality of care.

In conclusion, the study underscores the need for continuous educational efforts and curriculum enhancement to bridge the knowledge gap among nursing students regarding hospice care. By improving their preparedness, nursing students can play a significant role in delivering holistic, compassionate, and patient-centered care to individuals at the end of life, thereby upholding the core values of the nursing profession.

DECLARATION

FUNDING OF PROJECT

- The study will be **self-funded.**
- No financial support will be taken from any **government or private agency.**
- All expenses for **data collection, tools, materials, and analysis** will be paid by the investigator.

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to guide the research team at every stage played a crucial role in achieving the study objectives. We are deeply thankful to our experts for their valuable time, professional expertise, and dedication in validating the data collection tool. Their critical inputs and insightful suggestions ensured the content validity and reliability of the instrument, thereby strengthening the research methodology and outcomes. Their contributions have meaningfully enriched the research process and enhanced the credibility of the study.

DATA AVALIABLITY:

The tool used in the study was knowledge questionnaires, Tool was established by submitting it to experts of Medical Surgical Nursing-02, Community Health Nursing-02, Child Health Nursing-01, Mental Health Nursing-01. Experts were requested to validate the item for their clarity, relatedness, meaningfulness and content. Some items were modified according to expert's suggestion. And the data for the study was referred from different journal and articles.

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