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Original Research Article

Efficacy of a video-assisted teaching program on the effects of selfie-taking behaviour and its impact on health on nursing students at Hillside College of Nursing in Bangalore

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ABSTRACT

Background: Smart phones are no longer only a communication device but serve as a substitute for the home computer and have internet related access as well as a camera that with its high resolution now substitutes the camera, we call it as “selfie camera”. Selfie have now become a major trend and smart phone manufacturers are ensuring that they provide good front cameras in phone and technology is adapting this social trend of self-portraits to rule the world.
Methods: For this study, an evaluative technique was applied. The data is collected using a one-group pre-test and post-test design. The video assisted teaching programme regarding impact of selfie taking behavior and its impact on health was the study's independent variable, while the attitude of nursing students regarding selfie taking behavior and its impact on health was the dependent variable. The study was conducted from April 2022 to June 2022 among 60 subjects; the collected data was analyzed and interpreted using descriptive and inferential statistics.
Results: The present study reveals that the overall behavioral scores of respondents were found to be 51.33% with standard deviation 4.59 in pre-test. The overall behavioral scores of respondents were found to be 40.1% with standard deviation 3.142 in post-test. The obtained "t" value 17.385 is greater than the table value at 0.01 level of significance. Therefore, "t" value is found to be significant. It means there is reduction in behavioral level of nursing student.
Conclusions: Study demonstrated that the video teaching programme on selfies taking behavior and its impact on health is effective in decreasing the behavioral level of nursing students.

Keywords: Efficacy, Video-assisted teaching program, Selfie-taking behavior, Impact on health, Nursing students

INTRODUCTION

Technology plays a significant role in our daily lives. Because it has been so beneficial to us, it has become an essential part of our lives. The demand for speedy and efficient information transmission has increased as a result of modern technologies.[1]

The third rule of motion, however, states that "there is an equal and opposite response to every action." Technology is a wonderful blessing for us, but it also raises the rates of obesity, loneliness, depression, behavioural problems, and, in some cases, mortality.[2]

The emergence of new medical problems called "behavioural addiction" that are increasingly becoming mental disorders has been attributed to technology advancements. According to several studies conducted throughout the world, 420 million individuals worldwide are hooked to computers and the internet, making up 6% of the world's entire population.

Studies have shown that teenagers are more likely than adults and persons in their middle years to develop behavioural addictions. Over 1.5 billion people globally possess and use a smart phone, making it one of the most prevalent behavioural addictions.

According to a South Korean survey, 10.4% of those in their 20s and 30s and 11.4% of those aged 10 to 20 are addicted to their smartphones. According to meta-analytic research carried out in India, anything from 18.5% and 78.8% of individuals are addicted to their smartphones.

Smart phones are no longer just a means of communication; they also replace the home computer, provide internet access, and include a camera that, thanks to its high quality, has taken the place of the "selfie camera."[3]

The practice of taking selfies has grown significantly, and smart phone makers are making sure that their devices have strong front-facing cameras. Technology is catching up to this social phenomenon and will soon control the globe.[4]

A “selfie” is defined as a self-portrait photograph that a person has taken oneself, typically with a smartphone or webcam and then shared via social media like WhatsApp, Facebook, and Twitter.[3]

The earliest usage of selfie can be imitated as far back as 2002. It first appeared in an Australian internet forum–karlKruaze. The term selfie was discussed by photographer Tim Krause in 2005. In the year 2013, the word “selfie” was included in the Oxford dictionary and the frequency of use of the word increased over the year. “Selfie” was announced as being the “word of the year” by the Oxford English dictionary.[5]

A self-portrait called "self-portrait in a convex mirror" was created by the Italian printer Parmigionian in 1524. Robert Cornelius, an American pioneer in photography, produced a self-portrait in 1839.

Despite the fact that individuals have long enjoyed snapping pictures of themselves and other people, the advent of the selfie camera has brought this practice to an extreme.

It goes hand in hand with uploading selfie photos to social networking sites. They also eagerly await the opinions of their friends and other people. This set off a series of events that eventually resulted in a sophisticated addiction illness that we can simply refer to as "selfie addiction disorder."

The American psychiatry association (APA) has recognized that snapping selfies is a mental condition; they have coined the term "SELFITIS" for it since it is an addiction-like mental disorder that results in withdrawal symptoms if a person is unable to take images. According to the American psychological association, it is the "obsessive compulsive drive to snap images of oneself and publish them on social media as a method to make up for the loss of self-esteem and to fill a gap in intimacy".[5]

Three stages of selfie addiction-borderline, acute, and chronic-were established by two psychologists, Mark D. Griffiths and Janarthanan Balakrishnan, using interviews and observations of 225 college students at Indian institutions as they used social media.

Borderline

Those who take three selfies in a day but don’t post them on social media.

Acute

Those who take photos of oneself at least three times a day and post them on social media are considered as acute.

Chronic

Uncontrollable urge” to take n number of selfies a day and posting them into social media at least six a day are considered as chronic.

Of the 225 participants in the study, the researchers found that over 25% suffered from chronic selfitis, 40.5% were considered as acute selfitis and 34.5s% have borderline selfitis.

Griffiths and Balakrishnan chose to poll students in India because the country has the most Facebook users as of 2014 and has the largest frequency of fatal selfie accidents. 76 of the 127 selfie-related fatalities documented globally happened in India. Researchers then conducted a poll of 400 more university students in November 2017 and discovered that those who often posted selfies were less confident and did so because they believed they had to compete with others for attention online.[6]

Although the exact cause of the selfie-syndrome is unknown, it is thought to be caused by an imbalance between excitatory and inhibitory neurotransmitters. The serotonergic pathway may also be involved. Psychiatrists are starting to view the obsession with taking selfies as a serious mental health issue. However, further clarification is required for biochemical and neuropsychological testing. Doctors chose on counselling, self-motivation, and family treatment for selfitis prevention since there are around 14% more teens and adults in industrialized countries and a somewhat smaller number in underdeveloped countries that suffer from the selfie syndrome.[7] According to several research, taking selfies is associated with psychopathologies such narcissism, body dysmorphic disorder, self-confidence, and grandiosity.[3]

It is startling that some people lose their lives while trying to get the perfect shot, in addition to developing problems

and addictions. Example, trying to take the most exotic photos while being hit by a train.[8] People with light sensitive epilepsy may experience seizures after being exposed to phone camera lighting.[9]

Selfitis is a modern condition, although not everyone is aware of its implications. Although the selfie has been called a worldwide phenomenon, it is still a new trend in India and has not yet achieved its full maturity. This project will explain the idea of selfie addiction, improve understanding of how it affects people, raise awareness, and provide information on possible solutions.

According to estimates from the US Department of Transportation, 33,000 injuries resulting from mobile phone use and driving occurred in 2014, the year of the selfie.[12] According to Wikipedia, more people died while taking selfies in 2015 than were killed by shark attacks.[13] According to The Washington Post, "nearly half" of at least 27 selfie deaths that happened in January 2016 took place in India.[14] The Hindustan Times reports that at least 54 individuals in India died while snapping selfies between 2014 and August of 2016.[15]

According to the research study from All India Institute of Medical Science and Technology, Kanpur, 3 selfie–related deaths reported in 2011, 2 in 2013, 13 in 2014, 50 in 2015, 98 in 2016 and 93 in 2017 among which 72.5% were males, while 27.5% were females.

A recently published study has found that almost 100 people died taking selfies in 2017, a phenomenon that has seen exponential growth in recent years. It is found that between 2011 and 2017, 259 people died taking selfies, with 159 such incidents reported in India.[16]

The recent study, published in the journal of family medicine and primary care, says youngsters; especially young males, are more likely to take dangerous selfie`s putting their life at risk. Almost two-third of the people between the age of 10 and 29 years died in 86% of such incidents. Drowning, falling from elevated areas and transport (clicking selfies near a train or moving vehicle) were the leading causes of deaths while India has the highest selfie toll at 159 deaths, Russia the second highest with 16 reported deaths, US and Pakistan have reported 14 and 11 deaths respectively.[17]

In general, the author was enlightened by facts and statistics to carry out a study on the selfie taking behaviour and its impact on health, and so produced a problem statement efficacy of a video-assisted teaching program on the effects of selfie-taking on nursing students at a specific nursing institution in Bangalore, with the objectives: to evaluate the current selfie-taking habit among nursing students enrolled in a chosen nursing college and its effects on health; to implement a video-assisted education program on the effects of selfie-taking on health among nursing students enrolled in a chosen nursing college; and to evaluate the software for video-assisted instruction.

Hypothesis

H_1

The mean post-test selfie taking behaviour scores score of nursing student will be higher than pre-test selfie taking behaviour scores at 0.05 level of significance.

METHODS

The present study is evaluative research approach was adopted in ordered to assess the efficacy of a video-assisted teaching program on the effects of selfie-taking on nursing students at Hillside college nursing at Bangalore, a one-group pre-test post-test (pre-experimental) design has been used to attain the objectives of the present study. After obtaining institutional ethical clearance, study was conducted at Hillside College Nursing at Bangalore. The independent variable is video assisted teaching programme regarding impact of selfie taking behaviour and its impact on health and dependent variable is attitude of nursing students regarding selfie taking behaviour and its impact on health. The target population of the present study comprises of nursing students studying at specific nursing institution in Bangalore. By adopting purposive sampling technique 60 nursing students studying at specific nursing institution in Bangalore was used to collect data. Data collection was carried out for a period of two months from March 2022 to May 2022. This data was entered into the excel sheets and analyzed using statistical package for the social sciences (SPSS) for windows, version 16.0, Chi-square test was used for the evaluation of the level of significance.

The researcher adhered to several critical ethical considerations regarding obligations and responsibilities in the recruitment of participants and data collection: approval has obtained from Institutional human ethics committee, formal administrative permission was obtained from a nursing institute administration, informed printed agreement was taken from the subjects, and maintain the confidentiality of data.

Sampling criteria

The samples were selected with the following predetermined set of criteria.

Inclusion criteria

Nursing students who were willing to participate in the study and who were present at the time of data collection were included. Both male and female nursing students are included in this study.

Exclusion criteria

Nursing students who refuse to participate in the study, not present at the time of data collection, and sick on the day of data collection were excluded.

Selection and development of the tool

The investigator has prepared the structured 4-point Likert scale to assess the selfie taking behaviour and its impact on health it is regarded as the most ideal device for eliciting responses for the present study. The tool was having two sections, section-I: socio-demographic variables of the nursing students. Section-II: structured 4-point Likert scale consists of the statement with 28 items related to intellectual dimension, physical dimension, social dimension, emotional dimension and economic dimension.

Development of video assisted teaching programme

The first draft of the video assisted teaching programme on selfie taking behaviour and its impact on health was developed based on the objectives of the study and was given to 8 experts in the field of mental health nursing along with objectives, criteria rating scale based on their suggestions and recommendations (i.e. expansions of abbreviations used and correction of certain items), the final draft of video assisted teaching programme was prepared.

Reliability

In order to establish reliability of the tool, the technique called split half method was used and reliability co-efficient was calculated by using raw score formula. The calculated 'r' value is 0.83 and the developed tool was found to be highly reliable.

Method of data collection

After receiving official authorization from the relevant authority, data was gathered from 60 participants, with the nursing students chosen using a purposive selection approach. The subject's willingness to engage in the study was determined after the investigator gave a self-introduction and described the objective of the investigation. The individuals have been guaranteed of their anonymity and the confidentiality of the information they have supplied, and signed informed permission has been acquired. The pre-test was administered on the first day, followed by the video assisted teaching, after one week, and the post-test was administered using the same tool, each subject took 30 minutes to answer the tool.

RESULTS

The data were analyzed on the basis of the study objectives, using both descriptive and inferential statistics. Findings are organized in the following headings.

The distribution of the subjects by age revealed that the majority of nursing students (43.3%) belong to 19 years and only (10.0%) were belongs to 21 years. Gender shows (73.3%) were females and only (26.7 %) were boys. Religion of nursing students (53.3%) was Hindus and only (46.7%) were Christian. The nursing students (90%) belong to nuclear family and only (10.0 %) belongs to joint family. All nursing students (100%) were using android mobile all (100%) were like to take selfies, (31.7%) were taking selfie to posting on social media and only (10.0%) were taking selfie for other reason. Nursing students (51.7%) were taking selfie in public places and only (10%) were taking selfie in other places and majority of nursing students (68.3%) were addicted taking selfie in public places and only (31.7%) were had loss of attention due to taking selfie.

Table 1: Frequency and percentage distribution of demographic profile of nursing students.

Age (years)	Frequency	Percentage
18	13	21.7
19	26	43.3
20	15	25.0
21	6	10.0
Gender		
Boy	16	26.7
Girl	44	73.3
Religion		
Hindu	32	53.3
Christian	28	46.7
Hindu	32	53.3
Christian	28	46.7
Hindu	32	53.3
Type of family		
Nuclear family	54	90.0
Joint family	6	10.0
Type of mobile use		
Android	60	100.0
Others	0	0.0
Like to take selfies		
Yes	60	100.0
No	0	0.0
Reason for taking selfie		
Send to friends	8	13.3
Posting on social media	19	31.7
Boring	13	21.7
Get attention	7	11.7
Life style participation	7	11.7
Others	6	10.0
Place of taking selfie		
Class room	9	15.0
Home	14	23.3
Public places	31	51.7
Others	6	10.0
Consequences of taking selfie		
Addiction	41	68.3
Loss of attention	19	31.7
Total	60	100

According to the above table it is evident that majority 55.0% of nursing students had moderate behavior and

45.5% had low behaviour in pre-test and 100% had low behaviour and in post-test on selfie taking behaviour and its impact on health.

The maximum mean percentage obtained by the subjects is found in the aspect of social dimension (53.06%) followed by intellectual dimension (52.67%), physical dimension (52.5%), emotional dimension (47.25%) and least mean score (45.0%) found in the aspect of economic dimension. The overall behavioural scores of respondents were found to be 51.33% with standard deviation 4.59 in pre-test.

The maximum mean percentage obtained by the subjects is found in the aspect of intellectual dimension (41.78%) followed by social dimension (40.93%), emotional dimension (39.58%), economic dimension (38.91%) and least mean score (38.21%) found in the aspect of physical dimension. The overall behavioural scores of respondents were found to be 40.1% with standard deviation 3.142 in post-test.

The obtained "t" value 17.385 is greater than the table value at 0.01 level of significance. Therefore, "t" value is found to be significant. It means there is reduction in behavioural level of nursing student.

This supports that video teaching programme on selfies taking behaviour and its impact on health is effective in decreasing the behavioural level of nursing students.

Table 2: Pre-test and post-test selfie taking behavior and its impact on health level of nursing students (N=60).

Selfie taking behaviour level	Pre test		Post test	
	Frequency	Percent	Frequency	Percent
Low selfie taking behaviour	27	45.0	60	100.0
Moderate selfie taking behaviour	33	55.0	0	0.0
High selfie taking behaviour	0	0.0	0	0.0
Total	60	100	60	100

Table 3: Mean, mean percentage and standard deviation for the pre-test selfie taking behavior and its impact on health of students (N=60).

S. no.	Selfie taking behaviour and its impact on health aspects	No. of items	Max score	Mean	Mean %	SD
1	Intellectual dimension	7	28	14.75	52.67	1.856
2	Physical dimension	7	28	14.7	52.5	1.759
3	Social dimension	8	32	16.98	53.06	2.266
4	Emotional dimension	3	12	5.67	47.25	0.968
5	Economic dimension	3	12	5.4	45.0	0.848
Overall		28	112	57.5	51.33	4.597

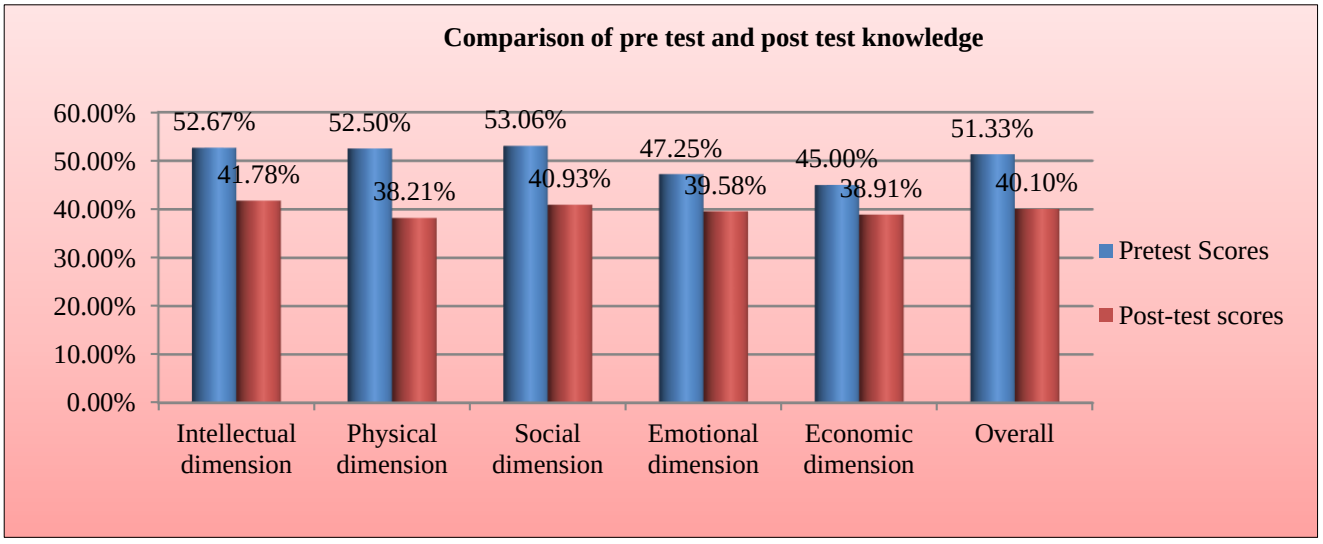

Figure 1: Comparison of pre and post-test selfie taking behavior and its impact on health scores of students.

Table 4: Mean, mean percentage and standard deviation for the post-test selfie taking behavior and its impact on health of students (N=60).

S. no.	Selfie taking behaviour and its impact on health aspects	No. of items	Max score	Mean	Mean %	SD
1	Intellectual dimension	7	28	11.7	41.78	1.69
2	Physical dimension	7	28	10.7	38.21	1.629
3	Social dimension	8	32	13.1	40.93	1.492
4	Emotional dimension	3	12	4.75	39.58	0.704
5	Economic dimension	3	12	4.67	38.91	0.933
Overall		28	112	44.92	40.1	3.142

DISCUSSION

Based on the data analysis, the following findings were reached: the current study sought to determine the effectiveness of video assisted teaching programme regarding selfie taking behaviour and its impact on health among nursing students.

Findings revealed that that majority 55.0% of nursing students had moderate behaviour and 45.5% had low behaviour in pre-test and 100% had low behaviour and in post-test on selfie taking behaviour and its impact on health. The overall behavioural scores of respondents were found to be 51.33% with standard deviation 4.59 in pre-test. The overall behavioural scores of respondents were found to be 40.1% with standard deviation 3.142 in post-test.

This finding of the study was in consistent with study conducted by Sathiavarthini on effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among school teachers in Capron Hall Girls Higher Secondary School at Madurai district and found after implementation of intervention in the form of video assisted teaching the post test score were gradually increased when compared to pre-test scores.[18]

The resulting ‘t’ value of 17.385 was larger than the table value at 0.01 level of significance. As a result, the research hypothesis that there would be a substantial difference in pre and post level knowledge on selfies taking behavior and its impact on health among nursing students was accepted.

This demonstrated that the video assisted teaching programme was successful in reduction of behavioral level of nursing student about selfies taking behavior and its impact on health.

These findings were in consistent with study conducted by Singh et al on effect of effectiveness of video assisted teaching on knowledge regarding self-body scan meditation among school teachers in Pune and finding showed there was improvement of knowledge among school teachers regarding self-body scan meditation is improved after video assisted teaching.[19]

Implications of the study

Nursing practice

In the process of providing healthcare, the nurse is crucial. Primordial prophylaxis is one of the most crucial components. Health promotion, which may be accomplished through health education that results in changes in lifestyle and behaviour, is one of the key preventative strategies. The nurse plays a significant part in the preventative elements. The usage of smartphones and the practice of shooting selfies pose health risks, which the nurse should be ready to discuss. When assigned to a hospital or neighborhood, these students must to be ready to inform the public about the dangers of snapping selfies.

Nursing education

The educational system nowadays is more advanced, and communication tools are being utilized to teach pupils through online classes, video conferencing, and other means. Instead, then only relying on text books, like they did in the past, students now may download material from the internet and other sources using a blue tooth recording device and other tools. The usage of telecommunications can be included into the nursing curriculum to help students gain practical experience in these areas.

It is the duty of nurse educators to keep nursing staff and students informed about the effects of snapping selfies. Nurse educators can offer recommendations for developing educational programs on health risks, various facets of smart phone use, and selfie-taking behaviour for medical and paramedical students. Students should be made aware of their part in disease prevention and promotion of good health. Students should be encouraged to develop creative strategies for delivering health education in various contexts and within the community.

Nursing administration

The usage of smartphones and the snapping of selfies by students can be restricted by school administration in a number of ways, including during class time, on campus, and during duty hours. Nurse administrators can set up a variety of programs to raise awareness of the negative

impacts of routine smartphone use. The nurse administrator must inspect all significant locations where cell phones are being misused, including classrooms, prayer rooms, libraries, labs, clinical areas, etc. The nursing services should make sure that relevant training methods employ affordable audio-visual materials.

Nursing research

The results also highlighted the urgent need to assess the effects of selfie addiction. The nurse can carry out more research on many facets of selfie addiction, examine the numerous issues, and offer corrective actions. The institutions, hospitals, and community should set aside funds, staff members, and resources for study on the risks associated with selfie addiction and its mitigation. Nurse administrators can also motivate staff and students to do comparable studies in other populations and come up with remedies for the risks of selfie addiction.

Limitations

Study was conducted in specific geographic area imposes limits on generalization. The findings could be generalized only to the population which fulfilled the criteria in the study. The study limited to assessment of attitude. The sample was limited to 60 only. Long-term follow-up could not be carried out due to time constraints.

CONCLUSION

The goal of the current study was to evaluate the effectiveness of a video-assisted education program with relation to selfie-taking behaviour and its effects on nursing students' health. It was found that following exposure to the program, nursing students' behavioural levels decreased. This demonstrates the effectiveness of video-assisted instruction in lowering nursing students' behavioural levels, which, in turn, lowers the number of accidents and addictions that result.

Recommendations

A similar study can be replicated on a large sample to generalize the findings. Also, a similar study may be conducted in different setting.

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