

## Efficacy Of Nurse-Led Health Valoology Program On Comprehension, Mindset And Level Of Gratification Among Adolescent Girls

Dr. Prema. K<sup>1\*</sup>, Dr. Shaini G.S<sup>2</sup>, Dr. Uma devi T<sup>3</sup>, Dr. Niranjini.N<sup>4</sup>, Mr. Baskaran.N<sup>5</sup> & Mrs. Rajasri.M<sup>6</sup>

<sup>1\*</sup>Professor cum Principal, Department of Pediatric Nursing,

<sup>2</sup>Professor, <sup>3</sup>Vice Principal

<sup>4</sup>Associate Professor,

<sup>5</sup> & <sup>6</sup>Assistant Professor

<sup>1,2,3,4,5 & 6</sup> Shri Sathya Sai College of Nursing, Sri Balaji Vidyapeeth (Deemed to be University), Chennai, Tamil Nadu, India.

\*Corresponding Author: Dr. Prema K

---

### ABSTRACT

A study to assess the Efficacy of Nurse led –Health Valoology programme on Comprehension, Mindset and level of Gratification among Adolescence girls at ECR Injambakkam High School. Aim and Objective: To evaluate the Impact of a nurse –led health valoology program on adolescent girls. Methodology: The research approach used for the study was quantitative approach and quasi experimental pre test and post test control group design. The study was conducted at ECR Injambakkam Advent Christian High School. The samples were selected by convenience sampling is a non probability sampling technique. The sample size was 200 adolescent girls. Study group 100 and control group 100 who met the inclusion and exclusion criteria were included in the study. Allocation Baseline assessment and randomization (Week-0). Pre test were given on 1st week followed Intervention for efficacy of nurse-led health valoology given by the investigator. Post test-1 given after seven days Post test-2 given fourteenth day of pre test taken (4th week). Study Tool- Section A: Assessment of Background Variables, Anthropometric Variables and Health and life style information. Section B: Structured Knowledge Questionnaire regarding Adolescent Health 1.General Health , 2.Puberty and Menstrual health, 3.Nutrition and Physical Health , 4.Hygiene and Self Care, 5.Mental Health , 6.Sexual health and safety Section C: The Structured 5 Point Attitude Scale. The period of data collection was 6 month. Results: In pretest, Comprehension (P=0.66), Mindset (P=0.55), Gratification (p>0.05 ) shows that there is no statistically significant difference between study and control group. Whereas in post test, Comprehension (P=0.001\*\*\*), Mindset (P=0.001\*\*\*) and Gratification (P=0.001\*\*\*) shows that there is statistically significant difference between study and control group respectively. The correlation between gratification gain score and mindset score (r=0.54 p≤0.01) shows that significant, positive, moderate correlation. In post-test Study group attitude score 72.76 and in control (42.250) that the mean difference is (30.50) statistically significant score. Conclusion: Present study concluded that compare to pre-test, the post-test of efficacy of nurse led –health valoology programme on Comprehension, Mindset and level of Gratification are highly significant among Adolescence girls.

**KEYWORDS:** Efficacy,. Health Valoology, Comprehension, Mindset, Gratification, Adolescent.

---

**How to Cite:** Prema. K, Shaini G.S, Uma devi T, Niranjini.N, Baskaran.N, Rajasri.M, (2025) Efficacy Of Nurse-Led Health Valoology Program On Comprehension, Mindset And Level Of Gratification Among Adolescent Girls, Vascular and Endovascular Review, Vol.8, No.5s, 140-153.

---

### INTRODUCTION

Adolescence is a crucial developmental stage marked by physical, emotional, and psychological changes that influence lifelong health behaviours. Health valoology, a holistic approach focusing on value-based health education, enhances adolescents' comprehension, mindset, and gratification toward healthy living (1,2,3). Nurses, as primary health educators, play a vital role in delivering structured, evidence-based interventions that promote self-awareness and positive attitudes among adolescent girls. A nurse-led health valoology program provides guidance on physical well-being, emotional balance, and moral values, fostering responsible decision-making. Studies are indicated that nurse-led initiatives significantly improve adolescents' health literacy and satisfaction with educational experiences. Group of studies revealed that Therefore, evaluating the efficacy of such programs is essential for empowering adolescent girls toward holistic health promotion (4,5,6,7) Empirical studies reveal that adolescent girls benefit significantly from participatory, nurse-facilitated health education sessions focusing on value-based learning, hygiene, nutrition, and emotional regulation such initiatives strengthen their health literacy and satisfaction with life choices, contributing to the development of healthier, value-driven future citizens. Evaluating the efficacy of these nurse-led valoology programs is, therefore, crucial for evidence-based educational reforms and adolescent empowerment in community and school health settings (8, 9, 10).

### OBJECTIVES

- To assess and compare the pre and post-test on comprehension, Mindset, and level of gratification among adolescent girls in study group and control group

- To evaluate the effect of Nurse-led Adolescent Health Valoelogy Program on comprehension Mindset and gratification among adolescent girls in study group and control group
- To correlate the comprehension, mindset, and post-test level of gratification among adolescent girls in study group and control group
- To post test associate the relationship between comprehension, mindset, level of gratification and their selected background variables among adolescent girls.

#### **HYPOTHESES**

- There is a significant relationship between pre and post-test on comprehension, Mindset, and level of gratification among adolescent girls in study group and control group
- There is a significant correlate the comprehension, mindset, and post-test level of gratification among adolescent girls in study group and control group
- There is a significant association between the post test on comprehension, mindset, level of gratification and their selected background variables among adolescent girls.

#### **MATERIAL AND METHODS**

The current study adopted quantitative research approach and Quasi experimental pre-test and post test, control group research design was adopted .The target population was adolescence girls in Advent Christian School age group between 12-19 .The data collection Process was done for six month by using convenience sampling method. The tool is prepared based on the objectives of the study. After obtaining approval and clearance from the Institutional Ethics Committee. 200 subjects who met the inclusion and exclusion criteria were included in the study. Anonymity, confidentiality were maintained for all the study subjects. The study was conducted from 15.01.2025 to 15.06.2025. Detailed history was obtained for selected adolescence girls. The inclusion criteria for selection of adolescence girls were aged between 12-19.Students are willing to participate in the study, who are studying in advent Christian school. Students who are not willing to participate and students in long absenteeism were excluded in this study Content validity of the instruments was obtained from three nursing experts. The reliability of the tool was measured by using Crobach's alpha method.

#### **DATA COLLECTION PROCEDURE**

Ethical consideration was obtained from Shri Sathya Sai Medical College and Research Institute. Prior to the data collection the investigator introduced self and established rapport with the students selected for the study. The procedure of data collection was carried for six month. Students were informed of the study purpose of data collection. Consent forms were obtained in either Tamil or English prior to data collection. Allocation Baseline assessment and randomization (Week-0). Pre test were given on 1<sup>st</sup> week followed Intervention for efficacy of nurse-led health valoelogy include 1.General Health , 2.Puberty and Menstrual health, 3.Nutrition and Physical Health , 4.Hygiene and Self Care, 5.Mental Health , 6.Sexual health and safety for efficacy given by the investigator. Post test -1 given after seven days. Post test-2 given after fourteenth day of pre test ( 4<sup>th</sup> week). Confidentiality and anonymity of the students were ensured throughout the process.

**Imogene King's Theory of Goal Attainment** (2024) (11) applied for this study. In modern nurse-led interventions, especially in adolescent health education this theory emphasizes mutual goal-setting between nurse and client, effective communication, and active participation—core elements of Valoelogy-based programs.

#### **INSTRUMENTS**

The tool constructed in this study consists of 3 sections. **Section A:** Assessment of Background Variables: It consists of Demographic Variables – Age in years, Education Level, Religion, Residence type, Education status of Father & Mother, Occupation of the Father and Mother, Family Income per Month, how many members in the house hold?. Anthropometric Variables: Height, Weight, BMI and Blood Pressure. **Section B:** Structured Knowledge Questionnaire regarding Adolescent Health: It is a structured questionnaire prepared by the investigator to assess the knowledge on General Health (2), Puberty and Menstrual health (3), Nutrition and Physical Health (4), Hygiene and Self Care (5), Mental Health (6), Sexual health and safety. **Section C:** The Structured 5 Point Attitude Scale. It consists of 15 statements. 5 Point rating scale to assess the level of satisfaction regarding Nurse led Health Education Program. Participants will be asked to select a suitable answer from the five rating options given. It consists of Minimum score of 1 and Maximum score of 5, For each respondent, sum the scores for all the questions in the questionnaire. If there are **15 questions**, the total score range will be from **15 to 75** (as each question can score between 1 and 5).

#### **STATISTICAL ANALYSIS**

After awarding score for each item the results were calculated and analysed as follows. Analyses of data were done according to the study's objectives. Analysis and interpretation was carried out using inferential as well as descriptive statistics. Demographic variables have been explained using frequency and percentage distribution. The chi -square test was used to find out the Association of the Domains and Demographic variables.

## RESULTS

**TABLE 1: Frequency and percentage distribution of demographic variables of the adolescence girls among study and control group** **N = 200**

Demographic variables		Group			
		Study(n=100)		Control(n=100)	
		n	%	n	%
Age	13 years	9	9.00%	10	10.00%
	14 years	25	25.00%	23	23.00%
	15 years	13	13.00%	15	15.00%
	16 years	21	21.00%	22	22.00%
	17 years	32	32.00%	30	30.00%
Education level	8th Std	10	10.00%	12	12.00%
	9th Std	25	25.00%	23	23.00%
	10th Std	10	10.00%	11	11.00%
	11th Std	18	18.00%	23	23.00%
	12th Std	37	37.00%	31	31.00%
Religion	Hindu	74	74.00%	79	79.00%
	Muslim	8	8.00%	7	7.00%
	Christian	18	18.00%	14	14.00%
Residence	Urban	60	60.00%	64	64.00%
	Rural	40	40.00%	36	36.00%
Father's Education	Illiterate	9	9.00%	6	6.00%
	High School	17	17.00%	16	16.00%
	Higher Secondary	35	35.00%	34	34.00%
	Graduate	29	29.00%	36	36.00%
	Post graduate	10	10.00%	8	8.00%
Mother's Education	Illiterate	9	9.00%	10	10.00%
	High School	33	33.00%	33	33.00%
	Higher Secondary	37	37.00%	41	41.00%
	Graduate	15	15.00%	12	12.00%
	Post graduate	6	6.00%	4	4.00%
Father's Occupation	Farmer	12	12.00%	11	11.00%
	Government Employee	16	16.00%	17	17.00%
	Private Sector Employee	31	31.00%	25	25.00%
	Business Owner	21	21.00%	23	23.00%
	Other	20	20.00%	24	24.00%
Mother's Occupation	Home Maker	56	56.00%	52	52.00%
	Government Employee	7	7.00%	8	8.00%
	Private Sector Employee	13	13.00%	12	12.00%
	Business Owner	9	9.00%	12	12.00%
	Other	15	15.00%	16	16.00%
Family Income per Month	Less than ₹10,000	16	16.00%	20	20.00%
	₹10,000 - ₹25,000	70	70.00%	62	62.00%
	₹25,001 - ₹50,000	14	14.00%	18	18.00%
	More than ₹50,000	0	0.00%	0	0.00%
How many members are there in your household?	3 members	51	51.00%	62	62.00%
	4 members	26	26.00%	20	20.00%
	>4 members	23	23.00%	18	18.00%

Table-1 shows that the demographic information of adolescents age group between 32% and 30% respectively. Regarding education 12<sup>th</sup> std adolescents have 37% in study group. Religion –Hindu religion shows that 74% and 79% respectively both groups. Recording Residence most of the adolescents (64%) are living in urban area. Education of the Parent shows that Higher Secondary level (37%, 41%) for both groups. Occupation of the parent: most of the parent working in Private Sector Employee. Family Income per Month 10,000-25,000 (70%,62% ). 3 members in a family have (51%) respectively both groups.

**TABLE 2: Frequency and percentage distribution of the Anthropometric measurements in adolescence girls using chi square test among study and control group (N=200)**

		Group				Chi square test
		Study(n=100)		Control(n=100)		
		n	%	n	%	
Height	120-130 cm	26	26.00%	35	35.00%	$\chi^2=6.23$ p=0.10(NS)
	131-140 cm	24	24.00%	13	13.00%	
	141-150 cm	35	35.00%	42	42.00%	
	151-160 cm	15	15.00%	10	10.00%	
Weight	21-30 kg	8	8.00%	7	7.00%	$\chi^2=5.53$ p=0.14(NS)
	31-40 kg	43	43.00%	58	58.00%	
	41-50 kg	29	29.00%	17	17.00%	
	51-60 kg	20	20.00%	18	18.00%	
BMI	13.8-16.8	59	59.00%	62	62.00%	$\chi^2=0.72$ p=0.87(NS)
	16.9-19.4	19	19.00%	16	16.00%	
	19.5-23.4	15	15.00%	13	13.00%	
	>23.4	7	7.00%	9	9.00%	

Table-2 shows that similarity of anthropometric measurements between study and control group were assessed using chi square test.

**TABLE 3: Frequency and percentage distribution of the SBP & DBP measurements in adolescence girls using chi square test among study and control group (N=200)**

SBP&DBP		Group				Chi square test
		Study(n=100)		Control(n=100)		
		n	%	n	%	
SBP	<120 mmhg	52	52.00%	59	59.00%	$\chi^2=0.99$ p=0.32(NS)
	>120 mmhg	48	48.00%	41	41.00%	
DBP	<80 mmhg	64	64.00%	70	70.00%	$\chi^2=0.81$ p=0.37(NS)
	>80 mmhg	36	36.00%	30	30.00%	

Table-3 Shows that Similarity of SBP / DBP between study and control was assessed using chi square test.

**Table 4: Comparison of Mean, SD & P-value of Comprehension among adolescent girls in study and control group. (N=200)**

		Group				Mean difference	t-test, & P-Value
		Pretest		Posttest			
		Mean	SD	Mean	SD		
Study	<b>Puberty and Menstruation</b>	1.10	.85	3.23	1.29	2.13	t=12.63p=0.001***(S)
	<b>Nutrition and Physical Health</b>	2.07	.93	2.85	1.00	0.78	t=6.49p=0.001***(S)
	<b>Hygiene and Self-Care</b>	.84	.71	2.00	1.12	1.16	t=9.03 p=0.001***(S)
	<b>Mental Health</b>	1.23	.72	2.21	.98	0.98	t=9.06 p=0.001***(S)
	<b>Sexual Health and Safety</b>	1.35	.90	2.70	1.09	1.35	t=9.30p=0.001***(S)
	<b>General Health Knowledge</b>	.72	.68	2.08	1.24	1.36	t=10.11 p=0.001***(S)
			9.31	2.17	15.07	3.73	5.76
Control	<b>Puberty and Menstruation</b>	1.14	.85	1.13	.81	-0.01	t=0.42 p=0.67(NS)
	<b>Nutrition and Physical Health</b>	2.19	.98	2.29	.95	0.10	t=1.46 p=0.14(NS)
	<b>Hygiene and Self-Care</b>	.91	.74	1.03	.77	0.12	t=1.55 p=0.13(NS)
	<b>Mental Health</b>	1.26	.69	1.33	.70	0.07	t=1.61 p=0.12(NS)
	<b>Sexual Health and Safety</b>	1.27	.87	1.33	.87	0.06	t=1.50 p=0.14(NS)
	<b>General Health Knowledge</b>	.74	.68	.71	.69	-0.03	t=1.60 p=0.11(NS)
			9.51	2.08	9.82	2.16	0.31

In study group, highly significant difference between pre-test and post-test of adolescents girls whereas in control there is no significant difference between pre-test and post-test of adolescents girls.

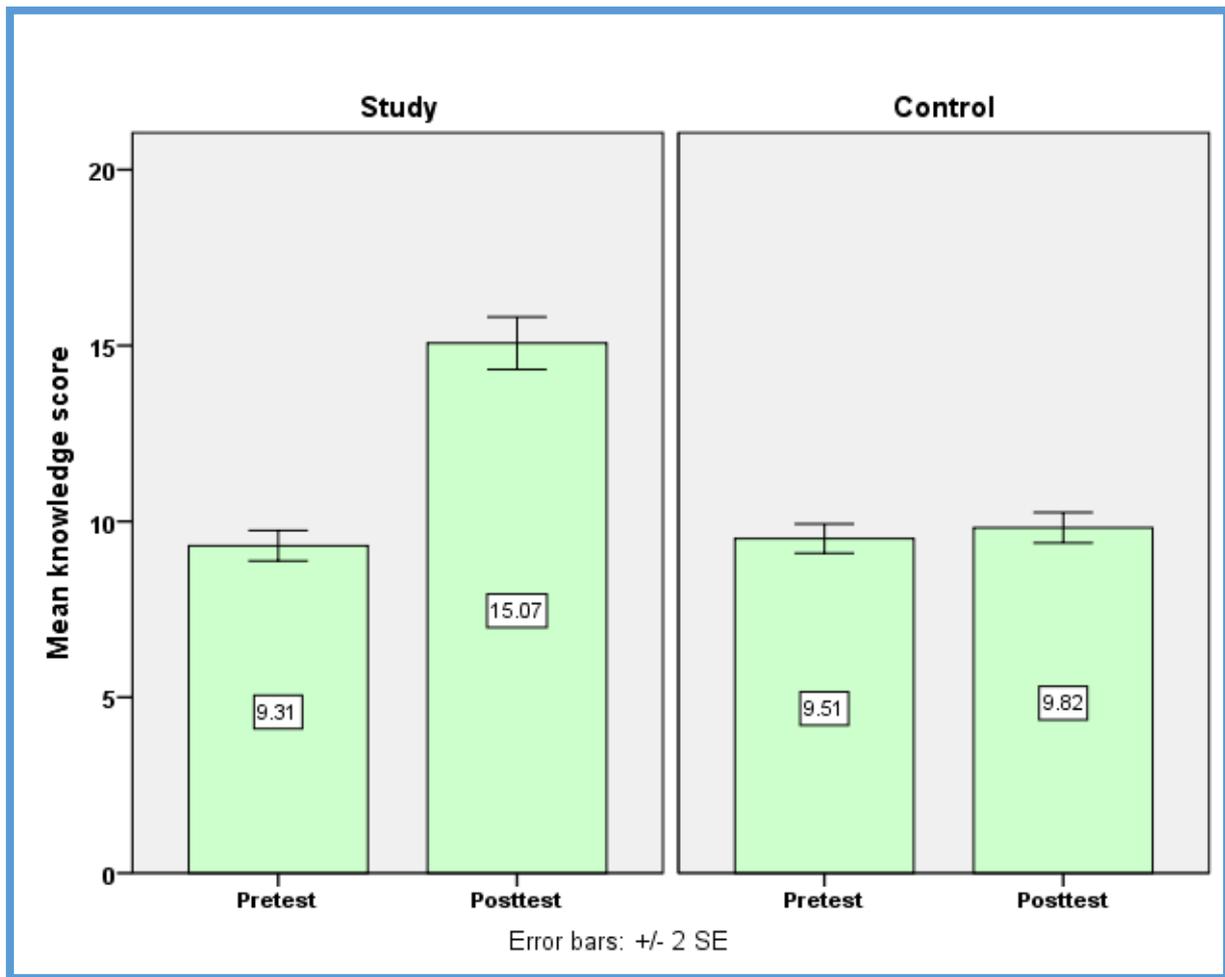


Fig- 1: Shows that Simple bar diagram with 2 standard error compares the adolescent girls pre-test and post-test comprehension (knowledge) score

Table 5: Effectiveness of Nurse – Led Health Valoelogy Program on Comprehension among Adolescent girls in Study and Control group. (N=200)

Group	Post-test	Max score	Mean Comprehension score	% Comprehension of score	Percentage of Comprehension gain score
Study group	Posttest-1	22	9.31	42.32%	26.18%
	Posttest-2	22	15.07	68.50%	
Control group	Posttest1	22	9.51	43.23%	1.41%
	Posttest2	22	9.82	44.64%	

Table-5 Revealed that the effectiveness of Nurse-led Health Valoelogy Program and adolescents comprehension gain score. On an average, Study group adolescent girls are gained 26.18% of Comprehension gain score after received intervention. Control group, adolescent girls are gained 1.41% of Comprehension gain score after routine care.

Table 6: Comparison of Mean, SD & P-value of Mindset among adolescent girls in study and control group. (N=200)

		Group				Mean difference	t t-test & P-Value
		Study(n=100)		Control(n=100)			
		Mean	SD	Mean	SD		
Pre-test	struation	8.03	1.49	7.70	1.40	0.33	t=1.61 p=0.11(NS)
	ition and Physical Health	7.65	.99	7.69	1.02	-0.04	t=0.28 p=0.77(NS)
	ene	7.72	.95	7.84	.92	-0.12	t=0.91 p=0.37(NS)
	tal Health	8.26	1.63	7.86	1.79	0.40	t=1.65 p=0.10(NS)

	<i>al Health</i>	10.46	1.97	9.96	2.34	0.50	t=0.64 p=0.54(NS)
	<b>TOTAL</b>	42.12	4.63	41.05	5.29	1.07	t=1.63p=0.10(NS)
Post-test-2	<i>struction</i>	13.54	2.93	7.69	1.22	5.85	t=18.44 p=0.001*** <b>(S)</b>
	<i>ition and Physical Health</i>	13.21	3.30	7.87	.97	5.34	t=15.52p=0.001*** <b>(S)</b>
	<i>ene</i>	15.07	4.71	7.98	.88	7.09	t=14.81 p=0.001*** <b>(S)</b>
	<b>tal Health</b>	13.94	3.09	8.27	1.82	5.67	t=15.82 p=0.001*** <b>(S)</b>
	<i>al Health</i>	17.00	4.19	10.45	2.08	6.55	t=13.99p=0.001*** <b>(S)</b>
	<b>TOTAL</b>	72.76	17.55	42.26	4.85	30.50	t=16.76 p=0.001*** <b>(S)</b>

NS= not significant S= Significant

**Table-6.**Shows that In pre-test there is no significant difference Mindset between Study and control group of adolescent girls, while in post-test there is a significant difference Mindset between Study and control group of adolescent girls.

**Table 7: Comparison level of Mindset score between study and control group using Chi square test ( N=200)**

Test	Level of test score	Study		Control		Chi square test
		n	%	n	%	
Pretest	Negative	32	32.00%	36	36.00%	$\chi^2=0.36$ P=0.55(NS)
	Neutral	68	68.00%	64	64.00%	
	Positive	0	0.00%	0	0.00%	
	Total	100	100.00%	100	100.00%	
Posttest-2	Negative	0	0.00%	30	30.00%	<b><math>\chi^2=114.06</math></b> <b>P=0.001***<b>(S)</b></b>
	Neutral	31	31.00%	70	70.00%	
	Positive	69	69.00%	0	0.00%	
	Total	100	100.00%	100	100.00%	

NS-Not Significance

**Table-7** shows that level of Mindset score among adolescents In pre-test, statistically not significant difference between Study and Control group. In post-test, statistically significant difference between Study and Control group.

**Table-8. Comparison of Mean, SD & P-value of Mindset among adolescent girls in Pre-test and Post-test. (N=200)**

Group	Study		Control		Mean Difference	t-test & P-Value
	Mean	SD	Mean	SD		
Pre-test	42.12	4.63	41.05	5.29	1.07	t=1.63p=0.10(NS)DF=198
Post-test	72.76	17.55	42.26	4.85	30.50	t=16.76 p=0.001*** <b>(S)</b> DF=198

**Table-8.** Shows that In pre-test, Study group adolescents are having 42.12 mindset score and in control , are having 41.05 mindset score, so the mean difference is 1.07 score, this difference is small and it is not statistically significant score. In post-test, Study group adolescents are having 72.76 mindset score and in control , are having 42.25 mindset score, so the mean difference is 30.50 score, this difference is large and it is statistically significant score.

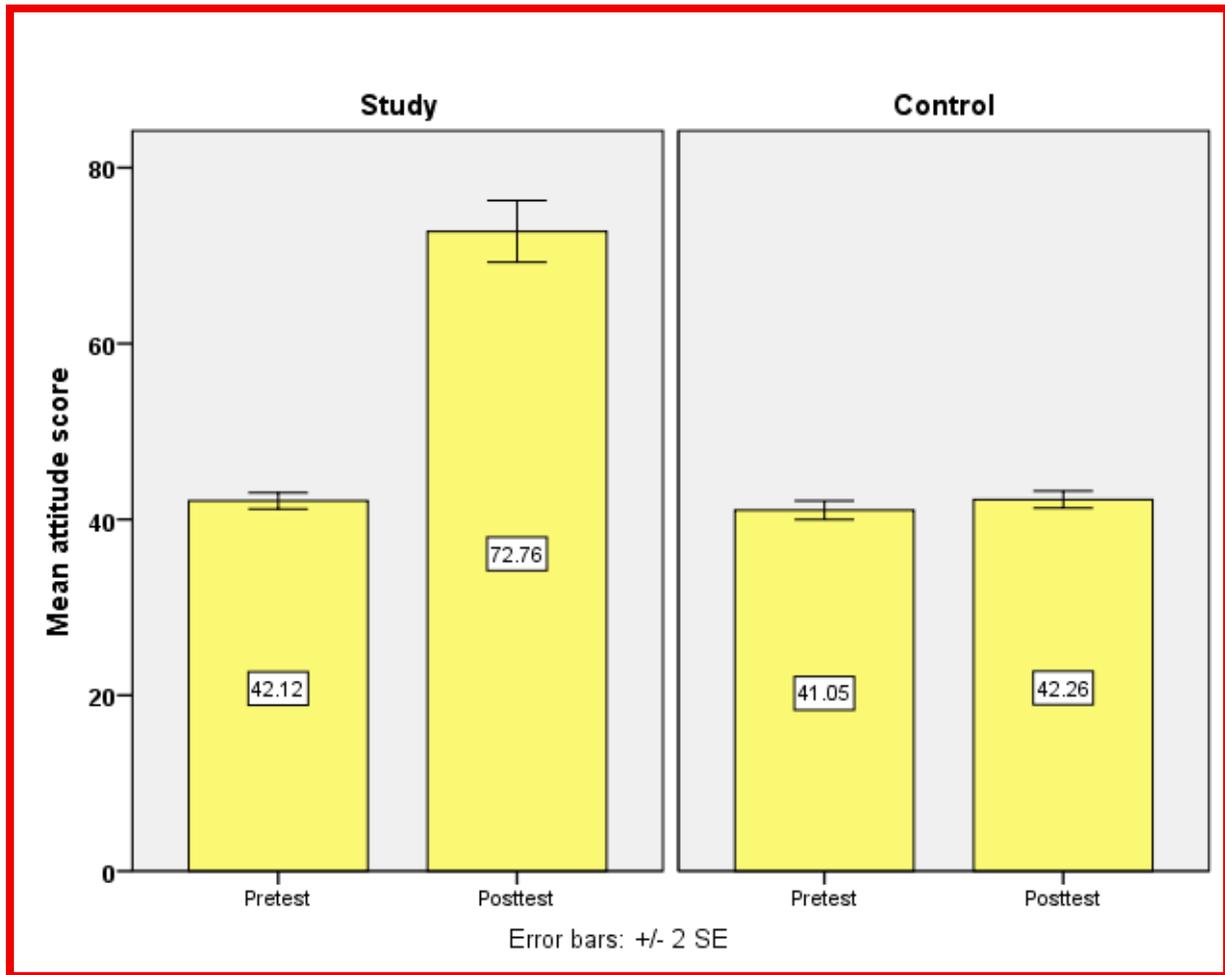


Fig -2: Shows that simple bar diagram with 2 standard error compares the adolescent girls pre-test and post-test of mindset score.

Table 9: Effectiveness of Nurse – Led Health Valoelogy Program on Mindset among Adolescent girls in Study and Control group. (N=200)

Group	Test	Max score	Mean attitude score	% of attitude score	Percentage of Mindset gain score
Study group	Posttest1	100	42.12	42.12%	30.64%
	Posttest2	100	72.76	72.76%	
Control group	Posttest1	100	41.05	41.05%	1.21%
	Posttest2	100	42.26	42.26%	

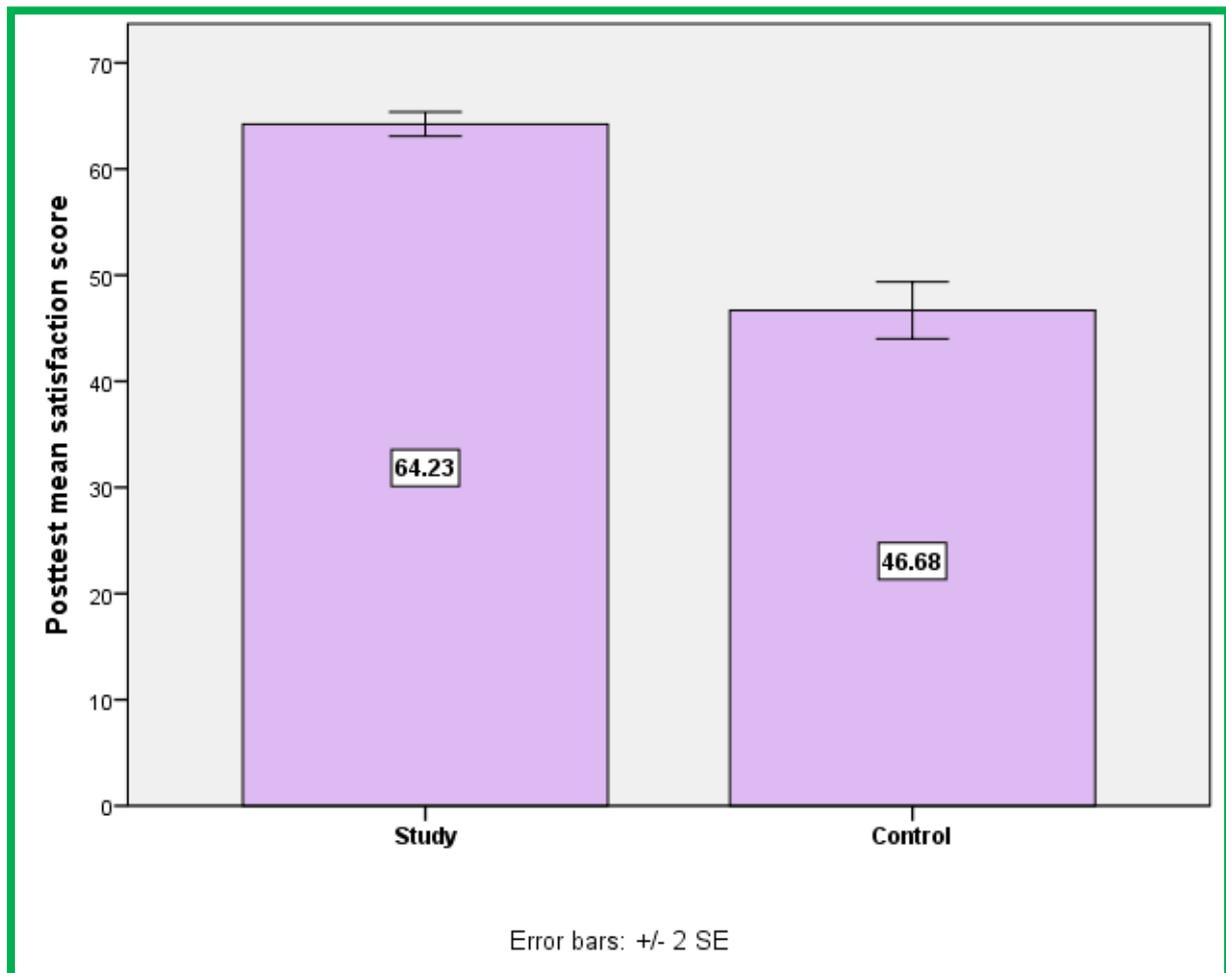
Table-9. Shows that the effectiveness of Nurse-led Health Valoelogy Program and adolescents mindset gain score. On an average, Study group adolescents are gained 30.64% of mindset gain score after having intervention and Control group; adolescents are gained 1.21% of mindset gain score after routine care.

Table 10: Comparison of Mean, SD & P-value of Gratification among adolescent girls in study and control group. (N=200)

Domains	Group				Mean difference	t-test & P-Value
	Study(n=100)		Control(n=100)			
	Mean	SD	Mean	SD		
Content of the Program	20.17	3.48	15.44	6.80	4.73	t=6.19 p=0.001***(S)
Delivery of the Program	20.37	2.86	15.24	5.00	5.13	t=8.91 p=0.001***(S)
Overall Satisfaction with the Program	23.69	3.27	16.00	5.62	7.69	t=11.82 p=0.001***(S)
<b>TOTAL</b>	64.23	5.69	46.68	13.47	17.55	t=12.00p=0.001***(S)

S= Significant

**Table-10** Shows that In post-test, Study group adolescents are having 64.23 Gratification score and in control , are having 46.68 Gratification score, so the mean difference is 17.55 score, this difference is large and it is statistically significant score.



**Fig 3:** Revealed that simple bar diagram with 2 standard error compares the adolescent girls pre-test and post-test Gratification (satisfaction) score

**Table 11:** Comparison of Post-test Gratification score among adolescent girls in study and control group using Chi-square test (N=200)

Group	Level of score	Study		Control		Chi square test
		n	%	n	%	
Post-test	Poor	0	0.00%	42	42.00%	$\chi^2=115.86$ $P=0.001^{***}(S)$
	Moderate	33	33.00%	58	58.00%	
	Good	67	67.00%	0	0.00%	
	Total	100	100.00%	100	100.00%	

S= Significant

**Table -11.** Shows that the Post – test level of Gratification score among adolescent In post-test, Study group, none of them are having poor Gratification score, 33% of them are having moderate Gratification score and 67% of them are having good Gratification score. Among control group, 42% of them are having poor Gratification score, 58% of them are having moderate Gratification score and none of them are having good Gratification score.

**Table 12:** Comparison of Mean, SD, t-test and p-value on 5 Point rating Questions to assess the level of Gratification regarding Nurse led Health Valoelogy Program between study and control group among adolescence girls. (N=200)

Questions	Study Group(100)	Control Group(100)	t-test	p-value
-----------	------------------	--------------------	--------	---------

	Mean	SD	Mean	SD		
1.The objectives of the health education program were clearly explained	20.16	3.47	15.45	6.80	t=6.18	p=0.001***(S)
2. The nurse educator demonstrated good communication skills.	20.36	2.85	15.23	5.00	t=8.92	p=0.001***(S)
3.The teaching methods used were effective and engaging	23.69	3.27	16.00	5.62	t=11.83	p=0.001***(S)
4. The content was relevant to my health needs	20.17	3.48	15.44	6.80	t=12.01	p=0.001***(S)
5. Visual aids and materials were helpful in understanding the topic.	20.37	2.86	15.24	5.01	t=6.18	p=0.001***(S)
6. The nurse was knowledgeable about the subject matter	23.67	3.24	16.02	5.61	t=8.91	p=0.001***(S)
7. Adequate time was provided for discussion and clarification.	20.16	3.46	16.44	6.82	t=11.81	p=0.001***(S)
8.The learning environment was comfortable and supportive	22.37	2.76	15.43	5.04	t=12.02	p=0.001***(S)
9. The session improved my understanding of health-related topics.	20.68	3.47	15.00	5.52	t=6.19	p=0.001***(S)
10.The nurse encouraged active participation during the session.	22.17	3.58	15.34	6.70	t=8.92	p=0.001***(S)
11. The information provided can be applied in daily life	21.36	2.87	16.14	6.81	t=11.87	p=0.001***(S)
12. The program increased my confidence in managing my health.	23.68	3.23	16.06	5.82	t=12.01	p=0.001***(S)
13. The duration of the session was appropriate.	21.19	3.26	15.34	6.50	t=6.17	p=0.001***(S)
14. Overall organization and coordination of the session were good.	22.34	2.76	15.44	6.00	t=8.51	p=0.001***(S)
15. I am satisfied with the overall quality of the health education program.	23.64	3.29	16.06	5.61	t=11.72	p=0.001***(S)

S=Significant

**Table-12.** Shows that the Comparison of Mean, SD, t-test and p-value on 5 Point rating Questions to assess the level of Gratification regarding Nurse led Health Valoelogy Program between study and control group among adolescence girls. (p=0.001\*\*\*(S))

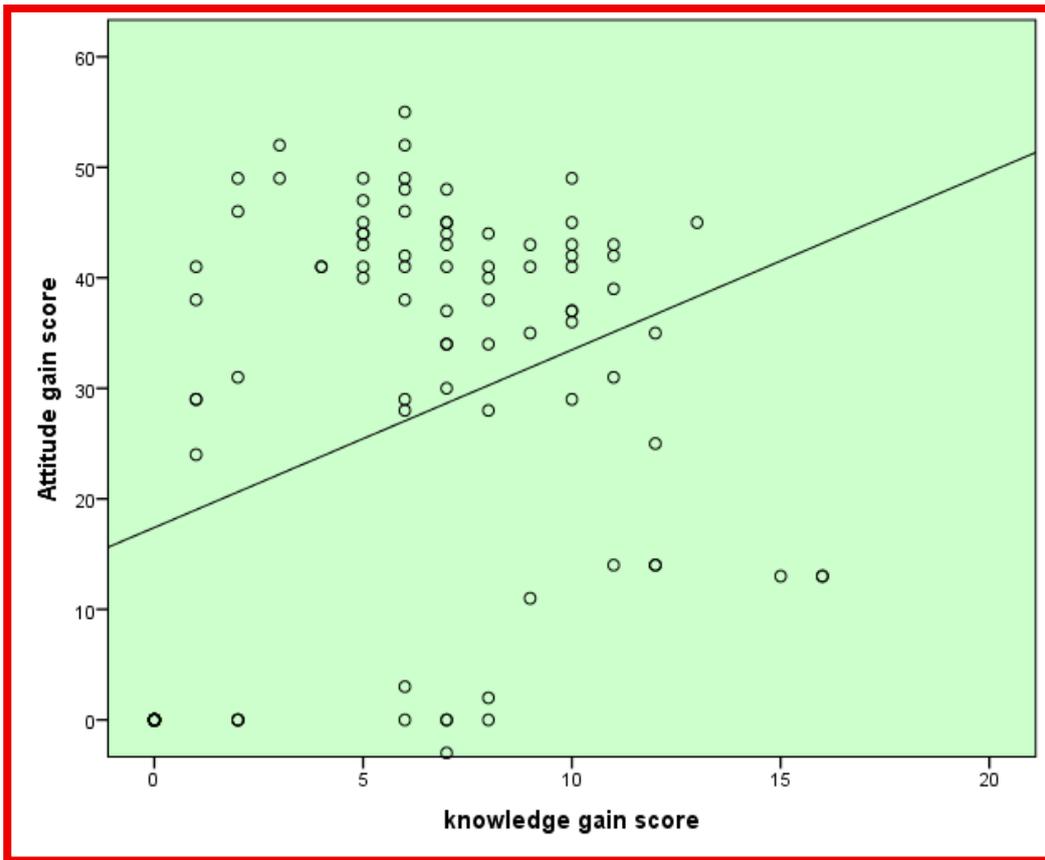


Fig-4: Scatter diagram shows that the significant, positive, moderate correlation between Comprehension (knowledge) gain score and mindset (attitude) gain score( $r=0.48$   $p\leq 0.01$ )

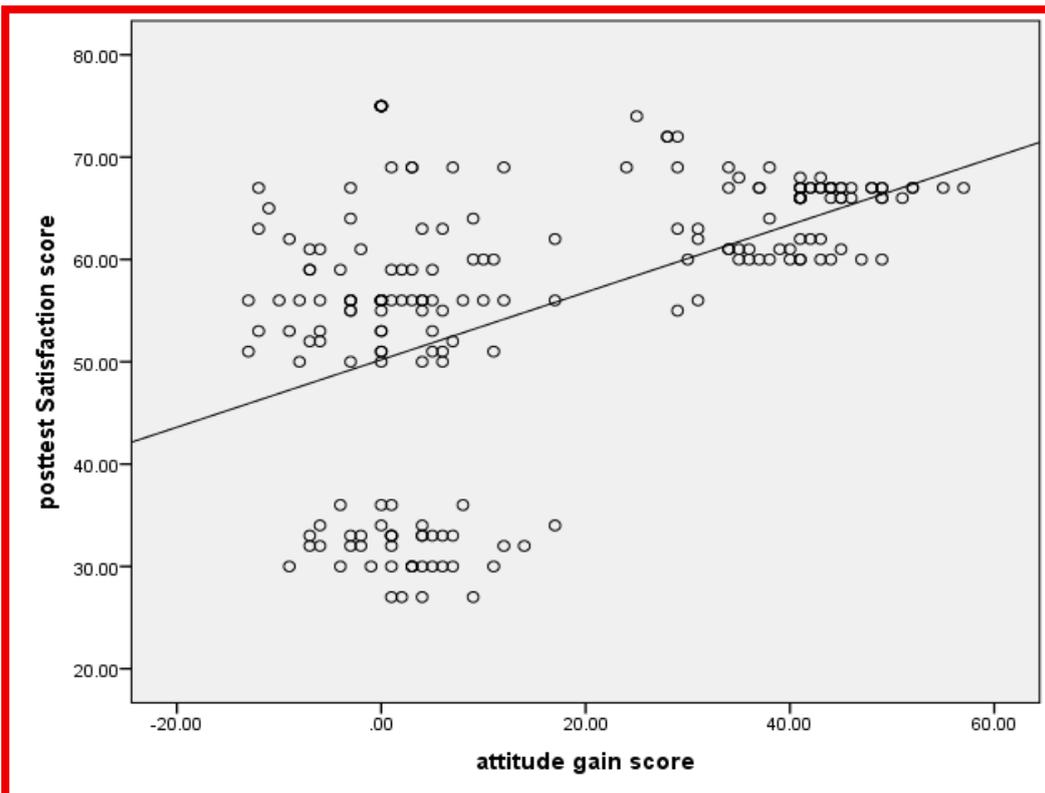


Fig-5: Scatter diagram shows that the significant, positive, moderate correlation between Gratification (Satisfaction) gain score and Mindset (Attitude) gain score( $r=0.54$   $p\leq 0.01$ ).

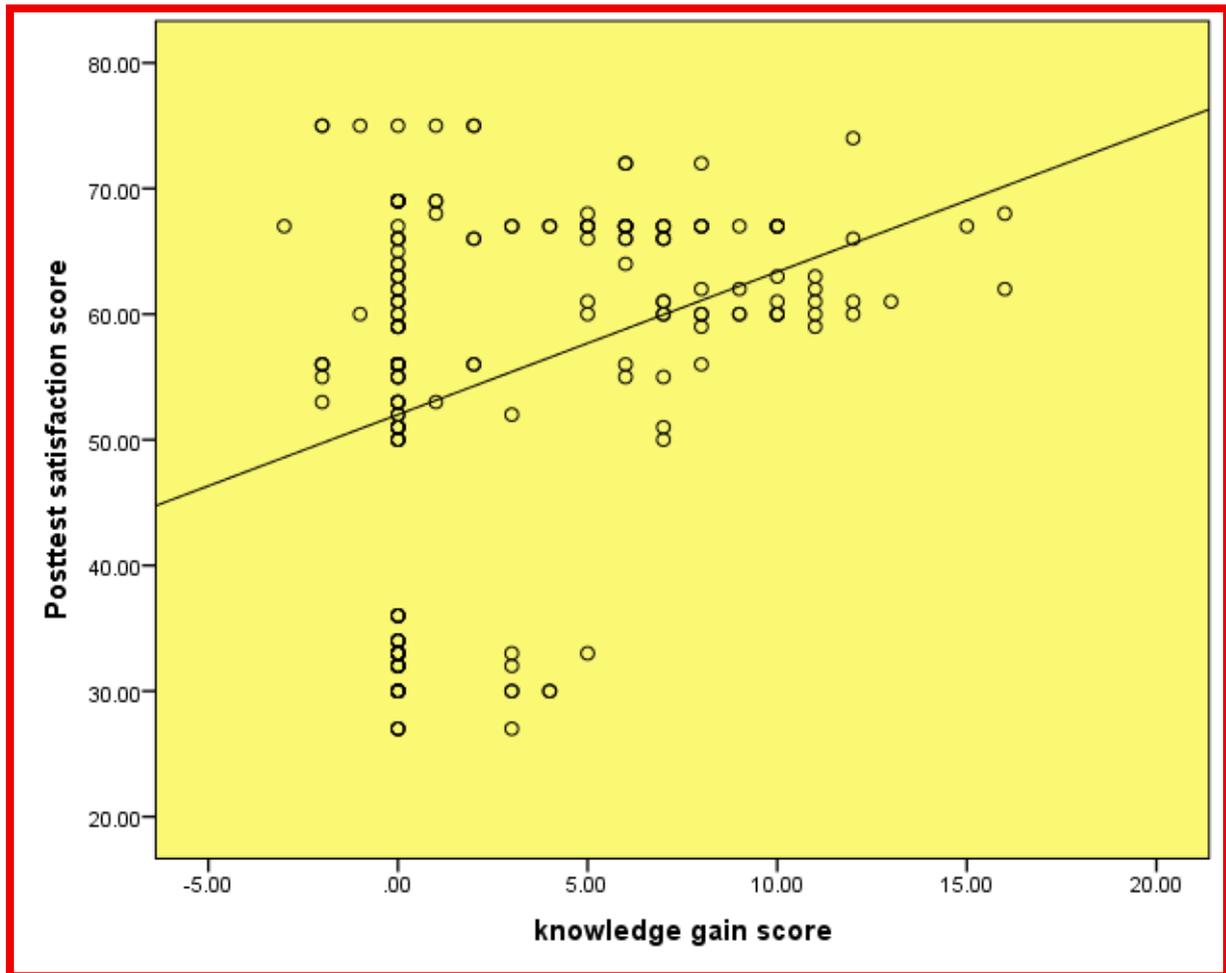


Fig-6: Scatter diagram shows that the significant, positive, moderate correlation between Gratification (satisfaction) gain score and Comprehension (knowledge) gain score( $r=0.50$   $p\leq 0.01$ )

Table 13: Association between Post-Test Level of Gratification and Demographic Variables among Adolescent girls (Study group) (N=200)

Demographic variables		Level of Satisfaction score				n	Chi square test
		Moderate		Good			
		n	%	n	%		
Age	13 years	4	44.44%	5	55.56%	9	$\chi^2=9.80$ $p=0.05^*(S)$
	14 years	13	52.00%	12	48.00%		
	15 years	3	23.07%	10	76.93%		
	16 years	8	38.10%	13	61.90%		
	17 years	5	15.63%	27	84.37%		
Education level	8th Std	5	50.00%	5	50.00%	10	$\chi^2=9.82$ $p=0.05^*(S)$
	9th Std	15	60.00%	10	40.00%		
	10th Std	4	40.00%	6	60.00%		
	11th Std	6	33.33%	12	66.67%		
	12th Std	3	8.10%	34	91.90%		
Religion	Hindu	18	24.32%	56	75.68%	74	$\chi^2=0.97$ $p=0.38(NS)$
	Muslim	3	37.50%	5	62.50%		
	Christian	12	66.67%	6	33.33%		
Residence	Urban	23	38.33%	37	61.67%	60	$\chi^2=1.93$ $p=0.16(NS)$
	Rural	10	25.00%	30	75.00%		
Father's Education	Illiterate	5	55.56%	4	44.44%	9	$\chi^2=3.36$ $p=0.50(NS)$
	High School	5	29.41%	12	70.59%		
	Higher Secondary	9	25.71%	26	74.29%		
	Graduate	11	37.93%	18	62.07%		
	Post graduate	3	30.00%	7	70.00%		

Mother's Education	Illiterate	4	44.44%	5	55.56%	9	$\chi^2=10.52$ $p=0.03*(S)$
	High School	6	18.18%	27	81.82%	33	
	Higher Secondary	15	40.54%	22	59.46%	37	
	Graduate	8	53.33%	7	46.67%	15	
	Post graduate	0	0.00%	6	100.00%	6	
Father's Occupation	Farmer	2	16.67%	10	83.33%	12	$\chi^2=5.56$ $p=0.23(NS)$
	Government Employee	4	25.00%	12	75.00%	16	
	Private Sector Employee	10	32.26%	21	67.74%	31	
	Business Owner	11	52.38%	10	47.62%	21	
	Other	6	30.00%	14	70.00%	20	
Mother's Occupation	Home Maker	14	25.00%	42	75.00%	56	$\chi^2=10.24$ $p=0.06(NS)$
	Government Employee	4	57.14%	3	42.86%	7	
	Private Sector Employee	6	46.15%	7	53.85%	13	
	Business Owner	6	66.67%	3	33.33%	9	
	Other	3	20.00%	12	80.00%	15	
Family Income per Month	Less than ₹10,000	4	25.00%	12	75.00%	16	$\chi^2=0.82$ $p=0.66(NS)$
	₹10,000 - ₹25,000	25	35.71%	45	64.29%	70	
	₹25,001 - ₹50,000	4	28.57%	10	71.43%	14	
	More than ₹50,000	0	0.00%	0	0.00%	0	
How many members are there in your household?	3 members	25	49.02%	26	50.98%	51	$\chi^2=12.10$ $p=0.01*(S)$
	4 members	4	15.38%	22	84.62%	26	
	>4 members	4	17.39%	19	82.61%	23	

$p>0.05$  not significant NS= not significant S=Significant

**Table- 13:** Shows that the association between post-test levels of Gratification score and adolescents background variables. There is a significant association of post-test levels of Gratification score related to Age-17 years adolescents girls, Education level-12<sup>th</sup> std , post graduate educated mothers and 4 members in family are having more Gratification score.

## DISCUSSION

Nurse-led Health Valoelogy programs offer a promising avenue for enhancing adolescent girls' comprehension, mindset, and emotional gratification. These interventions integrate values-based education with health promotion, fostering holistic development. There are some studies are shows that nurse-led sessions improve health literacy and dispel myths, especially in school settings demonstrated significant gains in menstrual health understanding through structured nurse-led teaching. Such programs also positively influence mindset, promoting self-worth and resilience. Gratification, reflected in emotional satisfaction and engagement, increases when adolescents feel heard and supported (12,13,14,15). The nurse's empathetic role bridges clinical knowledge with psychosocial care, making Valoelogy a transformative tool in adolescent health education. Future research should explore longitudinal impacts and scalability across diverse populations

Current study found that the demographic distribution of adolescent participants revealed a balanced age representation, with 32% and 30% in the respective study and control groups. Educational status showed that 37% of adolescents in the study group were enrolled in 12th standard, indicating a predominance of late secondary-level students. A majority of participants identified as Hindu, comprising 74% in the study group and 79% in the control group. Urban residency was prevalent, with 64% of adolescents residing in metropolitan areas, suggesting greater accessibility to health education interventions. Parental education was largely at the higher secondary level (37% and 41%), and most parents were employed in the private sector, reflecting a working-class socioeconomic background. Monthly family income ranged between ₹10,000–₹25,000 for 70% of the study group and 62% of the control group. Notably, 51% of families in both groups consisted of three members, indicating a trend toward nuclear family structures.

The demographic characteristics observed in this study align with findings from Sharma and Gupta, who emphasized the importance of socio-cultural context in adolescent health education programs. Similarly, few study highlighted that parental education and urban residency significantly influence adolescents' health awareness and engagement. These factors underscore the relevance of tailoring nurse-led interventions to the specific demographic profiles of target populations. The statistically significant difference ( $p=0.001***$ ) in mean gratification scores between study and control groups highlights the effectiveness of nurse-led Valoelogy programs in enhancing emotional satisfaction among adolescent girls (16,17,18). This aligns with findings by Patel et al., who reported improved self-esteem and engagement through value-based nursing interventions. Similarly, Sharma et al. emphasized the role of structured nurse-led education in fostering positive emotional outcomes in youth populations. The substantial mindset gain of 30.64% in the study group compared to just 1.21% in the control group underscores the effectiveness of nurse-led Health Valoelogy programs in fostering psychological growth among adolescents. This finding aligns with several

studies, who reported significant improvements in self-perception and health attitudes following value-based nursing interventions. Similarly, a study emphasized the role of structured nurse-led programs in enhancing emotional resilience and mindset transformation in adolescent girls. The observed positive correlation between mindset and comprehension suggests that improved understanding of health concepts enhances adolescents' attitudes toward well-being. Similarly, the link between comprehension and gratification indicates that greater health literacy contributes to emotional satisfaction and engagement. These findings are supported by some studies who emphasized the role of nurse-led education in fostering cognitive and emotional growth among adolescents (19,20)

The study revealed a significant association between post-test gratification scores and specific demographic variables. Adolescents aged 17 years, those studying in 12th standard, and participants with postgraduate-educated mothers demonstrated notably higher levels of emotional gratification following the nurse-led Health Valoelogy intervention. Additionally, adolescents from families with four members reported greater satisfaction, suggesting that both educational and familial environments play a pivotal role in shaping emotional receptivity to health education. These findings are consistent with prior research studies who emphasized the influence of mindset and family structure on adolescent mental health outcomes (21,22,23). A study also highlighted the positive impact of parental education on emotional well-being in nurse-led programs. Further, studies are underscored the importance of socio-demographic tailoring in adolescent health interventions.

## CONCLUSION

The findings of this study affirm the efficacy of the nurse-led Health Valoelogy program in significantly enhancing comprehension, mindset, and emotional gratification among adolescent girls. Participants in the intervention group demonstrated marked improvements in health literacy, positive attitude formation and psychological satisfaction compared to those receiving routine care. The structured, value-based approach facilitated by nursing professionals proved instrumental in fostering holistic development and emotional engagement. These outcomes underscore the importance of integrating Valoelogy principles into adolescent health education and support the scalability of nurse-led models in school and community settings. Future research should explore longitudinal effects and adaptability across diverse cultural contexts to strengthen evidence-based practice in adolescent health promotion.

## RECOMMENDATION

Based on the study findings, it is recommended that nurse-led Health Valoelogy programs be integrated into school-based adolescent health curricula to enhance comprehension, mindset development, and emotional gratification. Training modules should be standardized and culturally adapted to ensure relevance across diverse populations. Special emphasis should be placed on engaging adolescents in interactive, value-driven sessions that promote self-awareness and health literacy. Collaboration between nursing educators, school authorities, and community health workers is essential to scale and sustain such interventions. Future programs should also incorporate parental involvement and peer support mechanisms to reinforce learning and emotional outcomes. Longitudinal studies are encouraged to assess the sustained impact of Valoelogy-based education on adolescent well-being.

## ACKNOWLEDGEMENT

The authors extend their sincere gratitude to all subject matter experts for their insightful suggestions and guidance throughout the course of this study. We also express our heartfelt appreciation to the faculty members whose unwavering support and mentorship were instrumental in the successful completion of this project. Their contributions have greatly enriched the quality and impact of our research.

## FINANCIAL SUPPORT AND SPONSORSHIP

Nil

## CONFLICTS OF INTEREST

There are no conflicts of interest

## REFERENCES

1. Sharma R, Kaur P. Impact of nurse-led interventions on adolescent health literacy. *J Nurs Educ Pract*. 2021;11(4):45–52.
2. Singh A, Thomas S, Devi L. Value-based health education among adolescent girls: A nurse-led approach. *Int J Community Nurs*. 2022;9(2):78–84.
3. Kumari S, Joseph M. Effect of value-based health education on adolescent well-being. *Int J Adolesc Health*. 2020;8(3):112–8.
4. Kaur R, Mehta S, Bansal P. Effectiveness of nurse-led health education on menstrual hygiene among adolescent girls in rural Punjab. *Int J Nurs Educ*. 2023;15(2):45–50.
5. Maharani D, Sari Y, Prasetyo B. Nurse-led interventions to improve emotional resilience in adolescents: A quasi-experimental study. *J Pediatr Nurs*. 2022;62:12–18.
6. Sharma N, Gupta A, Rani M. Enhancing health literacy through nurse-led value-based education: A pilot study. *Asian J Nurs Educ Res*. 2021;11(3):317–22.

7. Singh A, Thomas R. Impact of nurse-led Valoelogy sessions on mindset and self-perception among adolescent girls. *Indian J Community Health*. 2022;34(1):89–94.
8. Patel V, Joshi K, Desai M. Emotional gratification in adolescents participating in nurse-led health workshops: A mixed-methods study. *J Adv Nurs Pract*. 2023;9(1):23-30
9. Sharma N, Gupta A, Rani M. *Asian J Nurs Educ Res*. 2021;11(3):317–22.
10. Naik P, Revankar S, Jadhav VS. *MGM J Med Sci*. 2024;11(2):45–51.
11. Park BM. Effects of nurse-led intervention programs based on goal attainment theory: A systematic review. *Healthcare (Basel)*. 2021;9(6):699.Naik P. *ResearchGate*. 2024.
12. Maharani D, Sari Y, Prasetyo B. *J Pediatr Nurs*. 2022;62:12–18.
13. Patel V, Joshi K, Desai M. *J Adv Nurs Pract*. 2023;9(1):23–30.
14. *Perinatal Journal*. 2025;33(2):112–118.
15. Patel V, Joshi K, Desai M. Emotional gratification in adolescents participating in nurse-led health workshops: A mixed-methods study. *J Adv Nurs Pract*. 2023;9(1):23–30.
16. Sharma N, Gupta A, Rani M. Enhancing health literacy through nurse-led value-based education: A pilot study. *Asian J Nurs Educ Res*. 2021;11(3):317–22.
17. Singh A, Thomas R. Impact of nurse-led Valoelogy sessions on mindset and self-perception among adolescent girls. *Indian J Community Health*. 2022;34(1):89–94.
18. Maharani D, Sari Y, Prasetyo B. Nurse-led interventions to improve emotional resilience in adolescents: A quasi-experimental study. *J Pediatr Nurs*. 2022;62:12–18.
19. Srivastava J, Gautam R. The role of growth mindset on mental health of dolescents. *Lib Prog Int*. 2024;44(3):112–8.
20. Zhao W, Shi X, Jin M, et al. The impact of a growth mindset on high school students' well-being: A serial mediation study. *Front Psychol*. 2024;15:1399343.
21. Naik P. *ResearchGate*. 2024.
22. Noroozi F, Dehghan A, Bijani M, Nikrouz L. Nurse-led programs based on King's theory and life satisfaction in diabetes patients. *BMC Nurs*. 2024;23:684.
23. *Psychology and Education*. Nurses' care, doctors' cure and patients' gratification: Therapeutic perspectives. *Psychol Educ*. 2024;61(2):4511–20.