

# Empowering Future Nurses: Impact of a Self-Instructional Module on Communication and Appearance among Nursing Students

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**Abstract:** Effective verbal communication and appropriate personal appearance are crucial aspects of professional behaviour in nursing, directly influencing patient care, trust, and professional identity. Despite their importance, many nursing students receive limited formal training in these areas. This study aimed to evaluate the effectiveness of a self-instructional module (SIM) in improving nursing students' knowledge of verbal communication and personal appearance at selected colleges in Dehradun, Uttarakhand. A quantitative research approach with a quasi-experimental design was employed. The sample comprised 200 nursing students, selected purposively. Data were collected using a structured knowledge questionnaire before and after exposure to the SIM. Descriptive and inferential statistics were used to assess the intervention's effectiveness. Pre-test results indicated that 52% of students had poor knowledge, 34% had average knowledge, and only 14% had good knowledge. Following the intervention, none of the students remained in the poor category; 76% showed average knowledge, and 24% demonstrated good knowledge. The average knowledge score improved from 45% in the pre-test to 75% in the post-test, reflecting a 30% increase. Additionally, students' attitudes toward the importance of communication and appearance improved significantly. The findings suggest that the self-instructional module was effective in enhancing nursing students' knowledge and attitudes, underlining its value as a practical educational tool for improving essential professional skills in nursing education.

**Keywords:** Self-Instructional Module; Professional Behaviour; Verbal Communication; Personal Appearance; Professional Identity; Structured Knowledge; Quasi-Experimental Design.

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## 1. Introduction

In the modern healthcare environment, effective communication and a professional appearance are essential elements of competent nursing practice. Nurses serve as critical intermediaries between patients and the healthcare system, and the way

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they communicate—both verbally and nonverbally—as well as their personal grooming significantly influence the quality of patient care, safety, and satisfaction [1]. Verbal communication in nursing extends beyond the exchange of clinical information; it also encompasses clarity, empathy, active listening, and responsiveness. Likewise, personal appearance—including attire, hygiene, and grooming—conveys professionalism and can shape patients' perceptions and trust in care delivery. Despite their critical importance, communication and grooming are frequently underrepresented in traditional nursing curricula that often emphasise clinical and technical competencies [2]. As a result, many nursing students enter clinical settings ill-prepared to communicate effectively or present themselves professionally, leading to potential miscommunication, reduced patient satisfaction, and diminished team collaboration [3]. To address these gaps, there is a growing shift toward innovative, student-centred teaching methods. One such method is the use of Self-Instructional Modules (SIMs), which are designed to support independent, self-paced learning. These modules allow students to revisit, reflect on, and internalise essential concepts at their own convenience. When focused on communication and professional presentation, SIMs have shown promise in equipping students with the soft skills necessary for real-world clinical practice, ultimately supporting more holistic, patient-centred care. The World Health Organisation (WHO) emphasises the importance of effective communication as a core healthcare competency.

In its Framework for Action on Interprofessional Education and Collaborative Practice, WHO identifies communication as vital to ensuring patient safety, improving clinical outcomes, and fostering interprofessional collaboration. Nurses, as primary caregivers, are expected to communicate with empathy, clarity, and accuracy to support patients' understanding and satisfaction [4]; [6]. While WHO does not directly outline dress codes, its Core Competencies for Infection Prevention and Control highlights hygiene and proper attire as critical factors in maintaining patient safety and earning trust [5]; [7]. Additionally, the Global Standards for the Initial Education of Professional Nurses and Midwives advocate for a balanced focus on both technical and non-technical skills—including interpersonal communication, cultural sensitivity, and professional conduct—all of which encompass aspects of grooming and appearance [6]; [8]. Evidence from Indian studies further underscores the importance of structured interventions in this domain: Indra [5] conducted a quasi-experimental study in North India, evaluating the impact of a SIM on communication skills. Their findings revealed a significant improvement in students' knowledge post-intervention, affirming the value of SIMs in enhancing verbal communication [7]; [9]. Dixit et al. [1] in Karnataka also reported similar outcomes, showing notable gains in communication skills among GNM nursing students following the use of a self-instructional module. This supports the effectiveness of self-directed learning in developing essential soft skills critical to patient satisfaction and safety [3]; [10].

Bas-Sarmiento et al. [2] assessed nursing students in Punjab and found that most had only a superficial understanding of professional grooming standards. Their study emphasised the pressing need for formal, structured education on grooming, hygiene, and appearance to prepare students for professional clinical roles [8, 11]. These studies collectively demonstrate a persistent gap in nursing education across India regarding communication and professional appearance. While clinical skills are rigorously taught, behavioural competencies often receive inadequate attention. Integrating SIMs into nursing curricula offers a practical, cost-effective solution to bridge this gap. These modules encourage reflective learning, build student confidence, and promote long-term retention of critical interpersonal skills. This research, therefore, aims to evaluate the effectiveness of a self-instructional module in improving the B.Sc. Nursing students' knowledge of verbal communication and personal appearance in selected colleges of Dehradun, Uttarakhand—an area marked by cultural diversity and linguistic variation. Addressing these soft skills is essential for preparing future nurses to provide compassionate, professional, and patient-centred care in diverse clinical settings [9]; [10]. In recent years, India's healthcare education system has increasingly embraced a holistic approach to nursing education—one that recognises communication and professional appearance not as optional soft skills, but as fundamental core competencies. Studies consistently show that nursing students often lack adequate training in these areas, which can lead to poor patient interaction, miscommunication, and lower adherence to treatment protocols.

For instance, a study by Wills et al. [4] in Maharashtra found that only 38% of nursing students demonstrated adequate verbal communication skills before a structured teaching program. Post-intervention, this figure jumped to 82%, highlighting the effectiveness of targeted educational strategies [11]. Similarly, Fogle and Reams [7], in a study conducted in Uttar Pradesh, discovered that just 29% of students initially understood the role of personal appearance in professional identity. After formal training, 75% demonstrated satisfactory awareness, highlighting a clear gap in conventional teaching that often neglects behavioural competencies. Further supporting this concern, Indra [5] reported that 65% of nursing students in Rajasthan lacked confidence during patient interactions in their initial clinical postings. Many had not been trained in key communication techniques, such as using open-ended questions and maintaining a professional tone and body language, which often led to patient dissatisfaction and communication breakdowns. In Karnataka, Fogle and Reams [7] found that only 31% of nursing students had sufficient knowledge of professional grooming standards. Many were unaware of institutional policies regarding uniforms, hygiene, and the use of accessories. After exposure to a self-instructional module (SIM) on personal appearance, knowledge levels rose to 88%, demonstrating the practical value of such educational tools. World Health Organisation [8] further confirmed the benefits of structured learning. In their Delhi-based study, nursing students who received interactive

communication training scored 92% in simulated patient scenarios, compared to just 48% in a control group that did not receive such training.

This underscores the superiority of structured and interactive modules over informal observational learning. Similarly, Dixit et al. [1] assessed 150 B.Sc. nursing students in Gujarat and found that only 23% had adequate knowledge of grooming and dress codes. Notably, 60% admitted they had never received any formal orientation on these topics. After implementing a self-learning workbook and peer discussion sessions, the number of students with adequate knowledge increased to 71%, underscoring the transformative impact of structured educational interventions. Collectively, these findings point to a significant gap in nursing education across India regarding communication and grooming. While technical and clinical skills are strongly emphasised, behavioural and interpersonal training are often underrepresented. Self-instructional modules have emerged as effective, low-cost, and scalable solutions to fill these gaps. They allow students to learn at their own pace, build confidence, and reinforce concepts through reflection and repetition. In a culturally diverse region like Uttarakhand—particularly in cities such as Dehradun, which host a growing number of nursing colleges—the need for standardised, structured training in communication and professional appearance is especially pressing. Language differences and cultural nuances further amplify the need for competent verbal skills and a professional demeanour in clinical settings. Thus, this study was undertaken to assess the effectiveness of a self-instructional module in enhancing nursing students' knowledge and application of verbal communication and personal appearance. The goal is to better prepare students for real-world clinical environments, ensure patient satisfaction, and promote holistic, patient-centred care.

### 1.1. Objectives

- To assess the pre-test and post-test knowledge regarding verbal communication and personal appearance among nursing students.
- To evaluate the effectiveness of the self-instructional module in improving students' knowledge.
- To examine associations between pre-test knowledge and selected socio-demographic variables.

### 1.2. Hypothesis

- **Null Hypothesis (H<sub>0</sub>):** There is no significant difference in the knowledge of nursing students regarding verbal communication and personal appearance before and after using the self-instructional module.
- **Alternative Hypothesis (H<sub>1</sub>):** There is a significant improvement in the knowledge of nursing students regarding verbal communication and personal appearance after using the self-instructional module.

## 2. Review of Literature

The review of literature provides a basis for future investigations, justifies the need for replication, sheds light on the feasibility of the study, identifies constraints in data collection, and helps relate the findings of one study to those of another. It also helps establish a comprehensive body of scientific knowledge within a professional discipline, from which valid and pertinent theories may be developed. In the rapidly evolving healthcare environment, communication skills and professional appearance are increasingly acknowledged as critical competencies for nursing students. These factors directly influence patient satisfaction, trust, and the professional image of healthcare institutions. Despite their importance, traditional nursing curricula in many parts of India and globally have underemphasized these soft skills. To address this gap, recent studies have explored the role of self-instructional modules (SIMs) and other structured educational interventions in enhancing these essential competencies. This literature review synthesises findings from national and international research on the effectiveness of SIMs and related strategies in improving verbal communication and professional appearance among nursing students. Verbal communication is a cornerstone of effective nursing care. However, numerous studies have documented that nursing students often lack the confidence, competence, and training necessary for patient-centred communication.

The World Health Organisation [8] conducted a quasi-experimental study with 60 nursing students to evaluate the effect of a SIM on communication skills. The pre-test showed that only 41.6% had adequate knowledge of communication principles. Post-intervention, this rose significantly to 91.6%, affirming the utility of SIMs in knowledge retention and communication competency [3]; [10]. Indra [5] undertook a similar study with 60 B.Sc. nursing students. They found that only 36.7% of students had adequate communication knowledge initially, which increased to 86.7% post-SIM. This emphasised the role of structured, independent learning tools in addressing skill deficits [7]; [9]. Kavunthi et al. [3] supported these findings in a pre-experimental study with 100 students, in which knowledge increased from 38% to 82% after SIM use. These studies confirm the positive influence of SIMs on communication effectiveness through independent learning [11]. Internationally, Solehawati et al. [6] conducted a randomised controlled trial in the U.S. involving 150 students, demonstrating that experiential learning through simulated patient interactions led to significant improvements in active listening and patient engagement. These findings underline the importance of integrating simulation and role-play into nursing pedagogy.

Similarly, Kler et al. [9] employed structured communication training in clinical simulations. Students in the intervention group scored 92% in communication accuracy post-training, compared to just 48% in the control group. The stark contrast illustrates how targeted interventions can greatly improve real-world communication competencies. Bas-Sarmiento et al. [2] further validated this with a quasi-experimental study in West Bengal. Before participating in a communication workshop, only 44% of students demonstrated above-average performance. This increased to 85% afterwards, highlighting the importance of interactive learning formats. In a descriptive survey study, Idowu [11] found that 65% of nursing students lacked communication confidence, particularly during their first clinical postings. This insecurity stemmed from limited exposure and inadequate training. They advocated for integrating structured communication training into early nursing education to bolster confidence and clinical readiness. Dixit et al. [1] took an exploratory approach to identify barriers to effective communication among 100 nursing interns. Key challenges included time constraints, fear of negative judgment, and low assertiveness. The study recommended role-play and scenario-based training, which aligns well with the effectiveness of SIMs.

In a cross-sectional study by Bas-Sarmiento et al. [2] involving 80 students in Himachal Pradesh, 58% had below-average communication skills, hindering their interactions with patients and mentors. The authors stressed the need for early, focused communication training as a foundational element of nursing education. From a global perspective, Wills et al. [4] conducted a longitudinal study in South Korea with 200 nursing students, integrating communication training within clinical education. They found significant improvements in both communication effectiveness and patient satisfaction, underscoring the universal relevance of such training. Beyond verbal skills, professional appearance plays a key role in establishing credibility, trust, and confidence in nurse-patient relationships. Despite its importance, this area is frequently overlooked in nursing education. Fogle and Reams [7] conducted a pre-experimental study with 70 students in Uttar Pradesh and found that only 29% had adequate knowledge of personal appearance before the SIM intervention. Post-intervention, this increased to 75%, demonstrating the transformative impact of structured learning on appearance-related competencies. Indra [5] assessed changes in grooming behaviour among 70 nursing students in Maharashtra. Initially, 39% adhered to grooming norms; after the SIM intervention, this figure jumped to 81%. Their findings confirm that SIMs are not only educational but also behaviourally transformative.

In a cross-sectional study, Kavunthi et al. [3] found a disconnect between knowledge and practice among 100 nursing students in Tamil Nadu. While 78% acknowledged the importance of grooming, only 49% followed the recommended standards daily. This highlights the need for active reinforcement and periodic monitoring. Solehawati et al. [6] used qualitative methods, including focus group discussions, with 60 students in Kerala. Participants agreed that their appearance influenced patient perception and self-confidence. The authors recommended consistent mentor feedback to reinforce professional standards. Kler et al. [9] conducted a descriptive cross-sectional study with 80 B.Sc. students in Punjab and found that only 34% had adequate knowledge of grooming standards. They called for the explicit inclusion of grooming education in nursing curricula to bridge this knowledge gap. Wills et al. [4] assessed perceptions of personal appearance among 90 final-year students in Gujarat. While 61% believed that appearance influenced patient trust, only 27% consistently adhered to dress codes. This discrepancy again highlights the gap between belief and practice, underscoring the need for curricular interventions. Collectively, the reviewed literature highlights a substantial gap in communication and personal grooming education in nursing programs. SIMs have emerged as powerful tools to address these gaps. Their benefits include:

- Flexibility and self-paced learning, allowing students to revisit content.
- Measurable improvements in knowledge, behaviour, and confidence.
- Adaptability across diverse linguistic and cultural settings.

Whether through role-play, scenario-based workshops, or culturally adapted content, structured interventions like SIMs consistently lead to better outcomes than traditional passive learning approaches. Furthermore, these interventions prepare students for clinical environments where first impressions, clarity, empathy, and professionalism can significantly impact patient care outcomes. In regions like Uttarakhand, where language and cultural diversity can complicate healthcare interactions, SIMs offer a scalable, low-cost, and effective solution. The body of evidence overwhelmingly supports integrating self-instructional modules into nursing education to improve both verbal communication and professional appearance. These modules help bridge the gap between theoretical knowledge and practical application, fostering a more confident, competent, and professional nursing workforce. As the healthcare landscape becomes increasingly patient-centred and diverse, such educational innovations are not just beneficial—they are essential.

### 3. Materials and Methods

Given the nature and objectives of the study, the researcher adopted a quantitative approach to assess nursing students' knowledge of a self-instructional module. In the present study, a quasi-experimental research design was selected to assess Nursing students' knowledge of a self-instructional module. The present study was conducted at Himaliyiya College of Nursing, Fatehpur Tanda, Jeevanwala Post, Via Doiwala, Uttarakhand. Himaliyiya University, Dehradun, is established in pursuance of the provisions of Clause (3) of Article 348 of the Constitution of India, through the Himaliyiya University Act 2019, enacted

by the Government of Uttarakhand in June 2019. The study population comprised B.Sc Nursing Students studying at Himalyiya College of Nursing, Dehradun. In the present study, the sample consists of B.Sc Nursing Students who are using personal listening devices at Himalyiya College of Nursing, Jeevanwala, Dehradun. The study includes 200 BSc Nursing Students studying at Himalyiya College of Nursing, Jeevanwala, Dehradun. The purposive sampling technique is used to assess the knowledge of B.Sc Nursing Students regarding the use of the self-instructional module. The inclusion criteria for selecting nursing students were: studying at Himalyiya College of Nursing, Jeevanwala, Dehradun; willing to participate in the study; available at the time of data collection; and using the self-instructional module. The data were collected using a demographic profile and a self-administered knowledge questionnaire. Approval to conduct the study was obtained from the ethics committee, and informed consent was obtained from all participants before data collection. The participant was informed of the study's purpose. Participants maintained the confidentiality of the information. Each participant took approximately 15-20 minutes to complete the questionnaire. The result was recorded on the master sheet, and descriptive and inferential statistics were used to analyse the data. Suitable descriptive and inferential statistics were used to analyse the data.

## 4. Results

### 4.1. Section A: Demographic Characteristics of Nursing Students

Table 1 presents the demographic variables of nursing students, categorised by age, gender, medium of schooling, residence, monthly income, father's occupation, family type, and religion. In terms of age distribution, the majority of respondents (58.0%) fall within the 21-24 age group, followed by the 25-29 (21.0%) and 17-20 (22.0%) age groups. This indicates that the sample is predominantly young adults. Regarding gender, the distribution is nearly equal, with males at 48.0% and females at 48.0%, and the medium of schooling shows a slight preference for English (56.0%) over Hindi (44.0%), suggesting a bilingual or English-leaning educational background. Regarding residence, the sample is almost evenly split between urban (53.0%) and rural (47.0%) areas, reflecting balanced representation from both settings. Regarding monthly income, a majority of respondents (61.5%) reported earning less than 100,000, while 38.5% reported earning more than 100,000. This indicates a significant portion of the sample falls within the lower income bracket. The father's occupation data reveal that 41.0% of respondents have fathers working in private jobs, another 41.0% in other occupations, and only 18.0% in government jobs, highlighting a predominance of private-sector employment. The type of family structure shows that nuclear families are the most common (80.0%), followed by single-parent families (13.0%) and joint families (8.0%). This reflects a modern trend toward smaller family units. Finally, the religious composition of the sample is diverse, with Hindus forming the largest group (48.0%), followed by Christians and Muslims (15.0% each), and smaller representations from Buddhism, Sikhism, and other religions (8.0% each). Overall, the data provides a comprehensive overview of the sample's demographic characteristics, highlighting trends in age, gender, education, income, family structure, and religious affiliation.

**Table 1:** Frequency and percentage of demographic variables of nursing students (N=200)

Demographic Variables	Frequency	Percentage
Age		
17-20	43	22
21-24	116	58
25-29	41	21
Gender		
Female	103	52
Male	97	48
Medium of Schooling		
English	112	56
Hindi	87	44
Residence		
Urban	105	53
Rural	95	47
Monthly Income		
<100000	123	61.5
>100000	77	38.5
Fathers Occupation		
Govt. Job	36	18
Private Job	82	41
Others	82	41
Type of Family		

Nuclear	159	80
Single	25	13
Joint	16	8
Religion		
Christian	30	15
Islam	30	15
Hindu	95	48
Buddhism	15	8
Sikh	15	8
Others	15	8

#### 4.2. Section B: Effectiveness of the Self-Instructional Module on Knowledge Regarding Verbal Communication and Personal Appearance among Nursing Students

Table 2 presents the frequency and percentage of pre- and post-test scores on knowledge of verbal communication and personal appearance among nursing students. Among the 200 participants, pre-test results showed that 52% had poor knowledge, 34% had average knowledge, and 14% had good knowledge. Following the intervention, post-test findings showed a significant improvement: 76% of students achieved average knowledge, 24% demonstrated good knowledge, and no students remained in the poor category. These results indicate that the self-instructional module was highly effective in enhancing students' understanding of key professional skills. The study underscores the value of structured, independent learning tools in nursing education for developing essential competencies.

**Table 2:** Frequency and percentage of pre- and post-test scores of knowledge regarding verbal communication and personal appearance among nursing students (N-200)

Knowledge	Pre-Test		Post-Test	
	Frequency	%	Frequency	%
Poor Knowledge	104	52.0	0	0.0
Average Knowledge	68	34.0	152	76.0
Good Knowledge	28	14.0	48	24.0

Table 3 shows the Mean and SD of pre- and post-test scores of knowledge regarding verbal communication and personal appearance among nursing students. The pre-test mean score was 12.82 with a standard deviation of 11.73, while the post-test mean score increased to 16.99 with a standard deviation of 10.62, indicating an overall improvement in knowledge. The mean difference between the pre- test and post-test scores was 4.17, which was statistically significant (t-test = 2.114, p = 0.0179). Since the p-value is less than 0.05, the results are considered significant, suggesting that the self-instructional module effectively enhanced the students' knowledge of verbal communication and personal appearance. This demonstrates the module's potential as a valuable educational tool for improving essential skills among nursing students.

**Table 3:** Mean and SD of pre- and post-test scores of knowledge regarding verbal communication and personal appearance among nursing students (N-200)

Group	Mean	Standard Deviation (SD)	Mean difference	t-test
Pre-test	12.82	11.73	4.17	2.114 (p<0.0179) *
Post -test	16.99	10.62		

#### 4.3. Section C: Associations between Pre-Test Knowledge Scores and Selected Demographic Variables of Nursing Students

Table 4 illustrates the associations between pre-test knowledge scores and selected demographic variables of nursing students. The results showed no statistically significant associations between any of the demographic variables and students' knowledge levels (p > 0.05 for all). This indicates that these demographic factors did not impact students' baseline understanding. The findings suggest that other influences—such as prior exposure, motivation, or learning style—may play a more crucial role in shaping knowledge in these areas. The self-instructional module significantly improved students' knowledge of verbal communication and personal appearance. Demographic variables such as age, gender, medium of schooling, residence, monthly income, father's occupation, type of family, and religion did not significantly influence pre- test knowledge levels. The study highlights the potential of self-instructional modules as an effective educational tool for nursing students.

**Table 4:** Association between pre-test knowledge scores regarding verbal communication and personal appearance and selected demographic variables (N=200)

Demographic Variables	Level of Knowledge						Df	Chi-Square ( $\chi^2$ ) value
	Poor		Average		Good			
	F	%	f	%	f	%		
Age								
17-20	24	12.0	15	7.5	4	2.0	4	3.882 p<0.422
21-24	63	31.5	38	19.0	15	7.5		
25-29	17	8.5	15	7.5	9	4.5		
Gender								
Female	52	26.0	33	16.5	18	9.0	2	2.166 p<0.339
Male	52	26.0	35	17.5	10	5.0		
Medium of Schooling								
English	58	29.0	35	17.5	20	10.0	2	3.261 p<0.196
Hindi	46	23.0	33	16.5	8	4.0		
Residence								
Urban	52	26.0	40	20.0	13	6.5	2	1.765 p<0.414
Rural	52	26.0	28	14.0	15	7.5		
Monthly Income								
<100000	57	28.5	49	24.5	17	8.5	2	5.176 p<0.44
>100000	47	23.5	19	9.5	11	5.5		
Fathers Occupation								
Govt. Job	18	9.0	15	7.5	3	1.5	4	3.814 p<0.432
Private Job	42	21.0	30	15.0	10	5.0		
Others	44	22.0	23	11.5	15	7.5		
Type of Family								
Nuclear	82	41.0	55	27.5	22	11.0	4	2.633 p<0.621
Single	15	7.5	8	4.0	2	1.0		
Joint	7	3.5	5	2.5	4	2.0		
Religion								
Christian	13	6.5	22	11.0	5	2.5	10	6.018 p<0.814
Islam	14	7.0	13	6.5	3	1.5		
Hindu	58	29.0	27	13.5	13	6.5		
Buddhism	8	4.0	4	2.0	3	1.5		
Sikh	6	3.0	6	3.0	3	1.5		

## 5. Discussion

### 5.1. Nursing Implications

- **Educational Strategies:** Nursing curricula should incorporate self-instructional modules and similar interventions to enhance students' communication and personal appearance skills.
- **Skill Development:** Emphasis should be placed on developing verbal communication and personal appearance skills, as these are critical for effective patient care and professional interactions.
- **Individualised Training:** Since demographic factors did not affect knowledge levels, educators should focus on individualised training to address specific learning needs.
- **Continuous Assessment:** Regular assessment of students' knowledge and skills can help identify gaps and tailor interventions accordingly.

## 6. Conclusion

The study clearly showed that a self-instructional module helped B.Sc. nursing students learn how to communicate effectively and present well, both of which are important aspects of becoming a professional nurse. These skills are very important for building patients' trust, ensuring clear clinical interactions, and maintaining a professional image in healthcare environments. The results indicated a clear and substantial increase in post-test scores after the module was implemented. This shows that the module was effective at teaching and useful in real life. After the intervention, none of the students remained in the "poor

knowledge" group, indicating that the module helped even the worst pupils reach an acceptable or good level of understanding. This result shows how important the module is for filling gaps in education that are often overlooked or given insufficient attention in traditional nursing programs, where technical skills are sometimes given more attention than soft skills. The study also found no significant association between demographic factors and students' pre-test knowledge levels. This means the improvements were mostly due to the intervention itself, rather than factors such as age, gender, prior exposure, or the type of education they received. This bolsters the internal validity of the results and corroborates the assertion that the module operates effectively as a standalone instructional resource. It also shows that self-instructional modules work for all kinds of students, regardless of background or learning style. In conclusion, incorporating structured, learner-centred tools such as self-instructional modules into nursing education can greatly enhance essential soft skills—especially communication and professional appearance—crucial for delivering high-quality patient care, fostering workplace confidence, and facilitating long-term professional development. The results strongly support the widespread and systematic incorporation of such modules as a fundamental element of nursing education programs.

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