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2. The LJN has the tripartite mission of:
 - (a) Promoting a culture of excellence in Nursing Research.
 - (b) Encouraging the exchange of profound and innovative ideas capable of generating creative practice in nursing research practise.
 - (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
 - (b) Essays and issues papers that contribute to reorienting received ideas, values and practices.
 - (c) Documents emanating from national and international conferences, as well as from largescale research work that emerging trends and thinking in nursing related development.
4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this edition, nineteen (19) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Assessment of client satisfaction with contraceptive services in public health care facilities in Zamfara State, Nigeria; Sociocultural and economic determinants of open defecation practices in Kano State, Nigeria; effect of simulation based training on midwives' skills in managing retained placenta with umbilical vein oxytocin injection in health facilities, Osun State, Nigeria; Nurses Level Of Preparedness In Management Of Patient With Viral Hemorrhagic Fever In Emergency Ward In University Of Ilorin Teaching Hospital, **Nigeria**; Nursing Education: A Sine Qua Non For Addressing The Healthcare Demands Of The 21st Century; Influence Of Nursing Training On Their Competency In Selecting Wound Dressing Materials At A Secondary Health Facility In Ilorin, Kwara State, Nigeria; Prevalence And Outcome Of Malaria Infection Among Children Below 11 Years In A Tertiary Healthcare Facility In Benin City From 2018-2020; Factors Influencing Prevalence Of Gender Based Violence Among Men And Women In Bagudo LGA Kebbi State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Quackery In Nursing, The Causes, Effects And Control Measures: The Nigeria Experience; Knowledge, attitude and practice of injection safety among nurses in Nigeria: a case study of University of Ilorin Teaching Hospital Ilorin, Kwara State, Nigeria; Awareness Of Computer Vision Syndrome Among Staff Of Information Communication And Technology Unit Of University Of Benin Teaching Hospital, Benin City, Edo State, Nigeria; Utilization Of Personal Protective Equipment Against Organic Dusts Among Poultry Farmers In Ona-Ara Local Government Area, Ibadan, Nigeria; Predictors Of Surgical Site Infection Amongst Post Operative Patients In Federal Medical Centre Lokoja, Nigeria; Evaluation Of The Involvement Of Nurses In Policies And Policy Formulation In Nigeria; Determinants of Stress and Coping Mechanisms among Nurses in Aminu Kano Teaching Hospital, Kano State, Nigeria; Influence Of Nursing Training On Their Competency In Selecting Wound Dressing Materials At A Secondary Health Facility In Ilorin, Kwara State, Nigeria; Adaptation To Stress And Academic Performance Of Students In Nursing Institutions In Oyo State, Nigeria; Medication Adherence And Quality Of Life Of Hypertensive Patients Attending Selected Hospitals In Port Harcourt, Rivers State, Nigeria; Perspectives Of Youth On The Legalization Of Abortion In North Central Nigeria.

EDITORIAL DESK

Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focus on but not limited to research findings in the different areas of Nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peer reviewed by seasoned scholar. Eighty authors have contributed in one way or the other to the thirteenth edition of the journal.

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U.S. General Accounting Office. Feb., 1997, Telemedicine: federal strategy is needed to guide investments. Publication No. GAO/NSAID/HEHS-97-67. Retrieved Sept. 15,2000, from http://www.access.gpo.gov/su_docs/aces160.shtml?/gao/index.html.

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AWARENESS OF COMPUTER VISION SYNDROME AMONG STAFF OF INFORMATION COMMUNICATION AND TECHNOLOGY UNIT OF UNIVERSITY OF BENIN TEACHING HOSPITAL, BENIN CITY, EDO STATE

BETTY UKHUEBGE EKUOBASE; LOVETH OGHOGHO OTOIDE; ABIODUN SAMUEL OLOWOLAFE; USIFO PATRICIA ABIEYUWA

ABSTRACT

There has been extensive use of computers in various fields, including organizational information communication technology centers. A descriptive non-experimental cross-sectional survey research design was used for the study. The target population are staff of the information, communication and technology centre in the University of Benin Teaching Hospital, Benin City. The sample size of 133 was determined by Taro Yammane's formula and simple random sampling technique was used to select 133 respondents from the target population. A self-structured questionnaire was used as the instrument for the study. One hundred thirty-three questionnaires were administered to respondents. The results of this study show that the respondents' level of awareness of computer vision syndrome is high ($\bar{x}=3.65$) and the awareness level of associated symptoms of prolonged computer use among the respondents is very high (72.3%). Factors responsible for computer vision syndrome in this study include history of other diseases (69.9%), prolonged computer use (80.5%), improper seating position (76.7%), history of nicotine use (58.6%), improper viewing angle of the computer (66.9%), poor screen resolution and inadequate brightness of the screen (63.9%), and uncorrected refractive errors (73.7%). This study concluded that there is no significant relationship between the level of awareness of computer vision syndrome and factors responsible for computer vision syndrome. It also sheds light on the diverse factors contributing to the syndrome. It is recommended that regular eye check-ups be encouraged for computer users, ensuring that any CVS-related symptoms are detected early and appropriate measures are taken.

Keywords: Awareness; Communication technology; Computer; Information; Vision.

INTRODUCTION

Advances in technology have made computers and visual display terminals an integral part of our professional and personal lives. There has been extensive use of computers in various fields, including universities where they are used as a medium of teaching and learning. Health educators and other health professionals can now access textbooks on their smartphones and use resources such as medical calculators and drug formulas (Pavel et al., 2023). This calls for introspection into the potential deleterious health disorders resulting from increased "screen time" among digital natives; one such health disorder is computer vision syndrome. The symptoms of computer vision syndrome (CVS) comprise dry eyes, irritated eyes, eye strain/fatigue, blurred vision, red eyes, burning eyes, excessive tear secretion, double vision, headache, light or glare sensitivity, contact lens discomfort, slowness in changing focus, changes in color perception, and neck, shoulder, and backache. CVS can be due to ocular (ocular-surface abnormalities or accommodative spasms) and/or extraocular (ergonomic) etiologies. According to Patil et al. (2019), awareness is an important step in healing. It is of utmost importance for future medical personnel to be aware of what is occurring in society. The level of awareness regarding Computer Vision Syndrome (CVS) pertains to the degree to which individuals, especially those who frequently use computers, are knowledgeable about the condition, including its symptoms, causes, and preventive strategies. This awareness indicates how informed individuals are about the potential risks associated with extended use of digital screens on their eye health (Patil et al., 2019).

Awareness levels can differ significantly across various populations and demographic groups.

Prevention remains the mainstay in managing of CVS. Reasonable knowledge gives the understanding, and also to understand the diseases that can result and thus gives the key on how to implement early preventive measures and treatment initiation (Patil, Chaudhury & Srivastava, 2019). Endogenous melatonin rhythm exhibits a close associate on with the endogenous circadian component of the sleep propensity rhythm. Thus, melatonin is an internal sleep “facilitator” in humans. Owing to their consistency, efficiency, and durability, light-emitting diodes (LEDs) have become the prevalent light source in electronic devices such as computers, smart phones, tablets such as iPads and e-readers, and large liquid crystal display television sets.

Although the light emitted by most LEDs appears white, LEDs have peak emission in the blue light range (400–490 nm), this emitted optical radiation at short wavelengths is close to the peak sensitivity of melatonin suppression (Hassan, Muhammad, & Zubair, 2017). Using a tablet (e-reader) at night just before sleeping while in bed induces circadian phase delay and melatonin suppression altering sleep quality, while enhancing alertness and cognitive performance. Elimination of short wavelength using appropriate blocking goggles in the evening can improve sleep duration and quality and reduce subjective alertness. Electromagnetic field exposure in the evening influences physiological factors such as sleep quality and the melatonin rhythm.

Memory consolidation through the gradual assimilation of episodic memories into long-term memory is strongly influenced by sleep (Munshi, et al., 2017). Given that sleep and its specific architecture serves vitally important physiological, cognitive, and psychological processes, restoring sleep is essential in adults as well as in children and adolescents. The consequences of sleep deprivation and daytime sleepiness are especially problematic to college students and can result in lower grade point averages, increased risk of academic failure,

compromised learning, impaired mood, and increased risk of motor vehicle accidents (Guadiana & Taylor, 2021) Computer vision syndrome (CVS) is a complex of eye and vision problems, related to the activities which stress the near vision and which are experienced in relation, or during the use of computer (American Optometric Association, 2021). CVS is characterized by visual symptoms which result from interaction with computer display or its environment. The symptoms include headache, blurred vision, neck pain, redness in the eyes, fatigue, eye strain, dryness, irritated eyes, double vision, polyopia, and difficulty in refocusing the eyes. As computers become part of our everyday life, more and more people are experiencing a variety of ocular symptoms related to computer use (Hassan, Muhammad & Zubair, 2017).. The mandatory e-learning has emerged as a method for current teaching and learning in universities and schools and means of presentations in organizations.

Scientific evidence shows that increased screen time is associated with health problems including eye diseases. About 88% of people who use computers everyday suffer from eye strain, and children are no exception (Chinoy, Duffy & Czeisler, 2018). Prevention is the most important strategy in managing computer vision syndrome. It is commonly managed by non-pharmacological and pharmacological measures. Non-pharmacological management includes correct ergonomic practices, maintaining normal eye blinking, the use of appropriate lighting, careful positioning of the digital device, adjusting image parameters, and taking breaks, while pharmacological management strategies include using artificial tears (Sudip, Sheikh & Amarjeet, 2020). Nurses and other health care workers have a tremendous responsibility in creating awareness among the computer users on computer vision syndrome and preventive strategies. Hence, this study was conducted to assess Awareness of computer vision syndrome among computer users at the University of Benin Teaching Hospital Information Communication and Technology centre, Benin City, Edo State.

Objectives of the Study

1. To investigate the level of awareness of computer vision syndrome among computer users at the University of Benin Teaching Hospital Information communication and technology centre, Benin City.
2. To determine the awareness of associated symptoms of prolonged computer use among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City.
3. To evaluate the factors responsible for computer vision syndrome among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City.

Research Questions

1. What is the awareness level of computer vision syndrome among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City?
2. What is the awareness level of associated symptoms of prolonged computer use among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City?
3. What are the factors responsible for computer vision syndrome among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City?

Research Hypothesis

There is no significant relationship between the awareness level of computer vision syndrome and factors responsible for computer vision syndrome among staff of Information communication and technology unit of University of Benin Teaching Hospital, Benin City. Edo State.

METHODOLOGY

Design: A descriptive non-experimental cross-sectional survey research design was used to assess the awareness of computer vision syndrome among computer users at the University of Benin Teaching Hospital Information Communication and Technology Centre, Benin City, Edo State.

Setting: The study was carried out in the information, communication and technology centre (ICTC) of the University of Benin Teaching Hospital, Benin City. The University of Benin Teaching Hospital is a tertiary health care institution located at Ugbowo in Egor Local Government Area of Edo- State. The hospital renders care at tertiary level, it is a training institution also concerned with researches.

The Target Population: The target population of this study is 200, whom are staff of the information, communication and technology centre in the University of Benin Teaching Hospital, Benin City.

Sample Size Determination: Taro Yammane's formula was used to determine the sample size

Sampling Technique: Simple random sampling technique was used to select 133 participants. Simple random sampling techniques was used to select the sample size in the study. Participants for the study was chosen by using the fishbowl method, that is, participants who picked Yes from the bowl was selected and used for the study.

Instrument: A self-structured questionnaire was used as the instrument for the study. It comprises of;

Section A: Demographic data of the respondents, Section

B: awareness of computer vision syndrome among computer users,

Section C: awareness of association symptoms of prolonged computer use among computer users. While

Section D: Factors responsible for computer

vision syndrome among computer users.

The research instrument was validated by the supervisor using Face and content validity to attest to the validity of the instrument. The test-retest method of reliability was used to determine the reliability of the instrument. 10 percent of the sample size was used for reliability testing and analysed using the Pearson correlation coefficient, a score greater than or equal to 0.7 shows that the instrument is reliable.

Questionnaires was administered to the subject personally by the researcher over two days and retrieved by the researcher within five days of

their completion. The data obtained from the study was analyzed and presented using simple frequency table, percentage, bar chart, pie chart. Also, Chi-square method was used to test the hypothesis. A letter of introduction was given by the coordinator from the school of post basic nursing studies (Ophthalmic programme) to the Participants was sorted and used by the researcher to fully inform the respondents about the study. Participants autonomy was allowed by giving the participant freedom to choose to participate or not. No falsification of data collected. Confidentiality of data collected was maintained.

RESULTS

Table 1: Socio-demographic Distribution of Respondents (n = 133)

	Variables	Frequency (N)	Percentage (%)
Age (years)	≤ 24	33	24.8
	25- 34	62	46.6
	35- 44	23	17.3
	45- above	15	11.3
Total		133	100
Gender	Male	85	63.9
	Female	48	36.1
Total		133	100
Marital Status	Single	60	45.1
	Married	56	42.1
	Divorced	11	8.3
	Widowed	6	4.5
Total		133	100
Religion	Christianity	114	85.7
	Islam	9	6.8
	African Traditional Religion	10	7.5
	Total		133
Ethnic	Bini	52	39.1
	Yoruba	32	24.1
	Hausa	10	7.5
	Igbo	26	19.5
	Others	13	9.8
Total		133	100

Source: Field Survey 2023

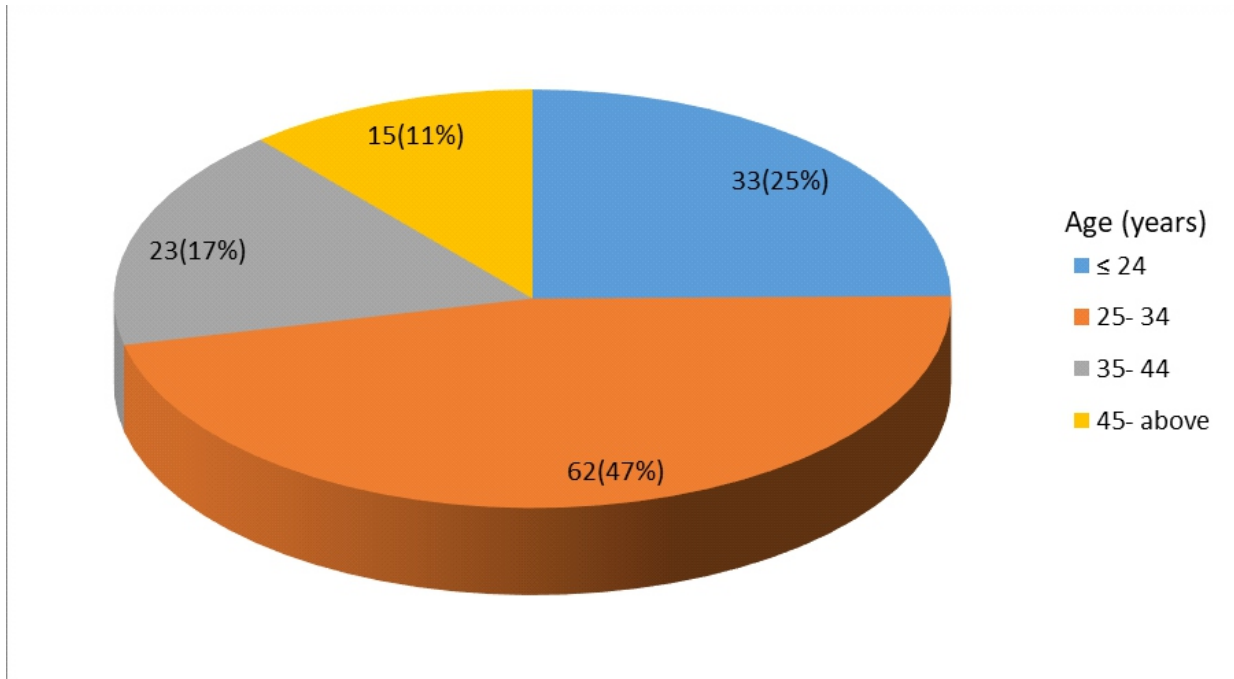


Figure 1: Age of respondents (Source: Field Survey 2023)

Question 1: What is the level of awareness of computer vision syndrome among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City?

Table 2 shows the mean responses of the level of awareness of computer vision syndrome of the respondents. It shows that the responses have a mean range of 3.13- 4.15. The response with the highest mean was 'In order to reduce the risk of computer vision syndrome, one has to take a break in between of a computer use'

with mean of 4.15, this is followed by “Adjusting the appropriate distance from the computer is useful” with mean of 3.77, “Using antiglare computer eye glasses or screen protector can help prevent computer vision syndrome” with 3.69, Computer vision syndrome is an eye problem caused by computer use 3.68, “Lights that come out of computers and other digital devices can affect the eyes” 3.50 and the least mean “Computer-related eye problem cannot be solved medically” 3.13. The respondents' level of awareness of computer vision syndrome is high ($\bar{\chi}=3.65$).

Table 2: The level of awareness of computer vision syndrome among computer users (n= 133)

	Agree	Strongly agree	Strongly Disagree	Disagree	Not sure	Mean ± SD
1. Computer vision syndrome is an eye problem caused by computer use	38	45	12	13	25	3.68±0.67
2. Lights that come out of computers and other digital devices can affect the eyes.	53	30	13	20	17	3.50±0.63
3. Computer-related eye problem cannot be solved medically.	45	19	22	22	25	3.13±0.46
4. Adjusting the appropriate distance from the computer is useful.	40	53	13	17	10	3.77±0.82
5. Using antiglare computer eye glasses or screen protector can help prevent computer vision syndrome.	44	48	18	12	11	3.69±0.77
6. In order to reduce the risk of computer vision syndrome, one has to take a break in between of a computer use.	34	73	8	11	7	4.15±1.14
Average mean of Response						3.65±0.74

N = 133

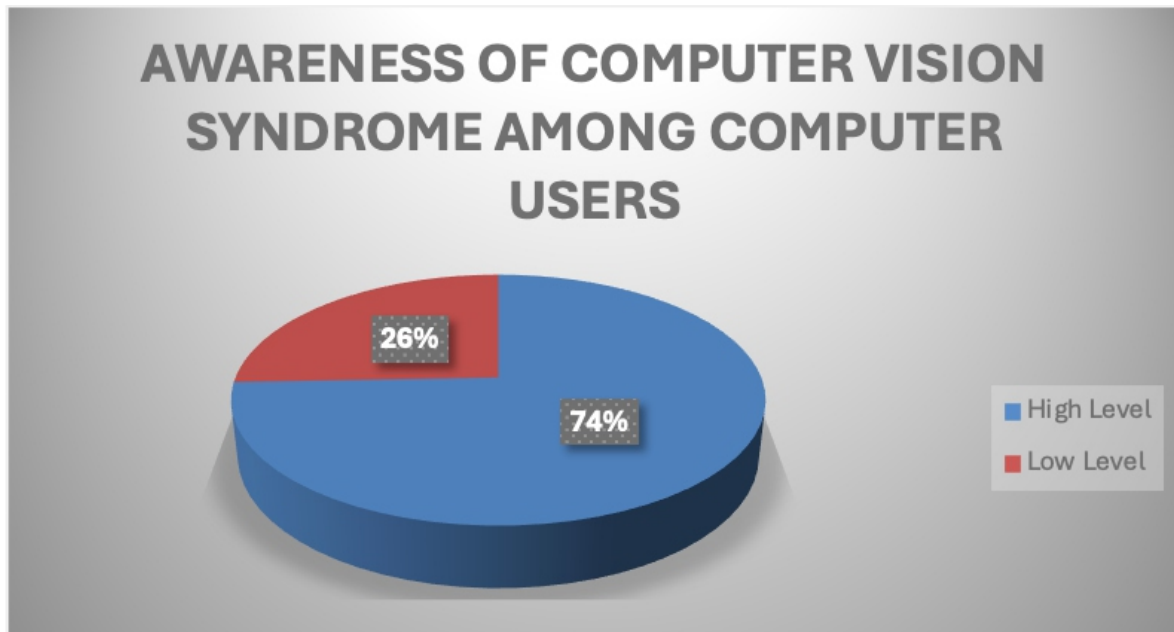
Source: Field Survey 2023

Table 2b: Overall Score on awareness of computer vision syndrome among computer users

Awareness level	Frequency (%)
High Level (%)	99 (74.4)
Low Level (%)	34 (25.6)

Table 4.2.1 shows the overall score on awareness of computer vision syndrome among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City. The overall

table shows that 99(74.4%) of the staff have high level of awareness computer vision syndrome while 34 (25.6%) have low level of awareness respectively.



Question 2: What is the level of awareness of associated symptoms of prolonged computer use among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City?

Findings from Table 3 and Figure 2

Table 3 shows the awareness level of associated symptoms of prolonged computer use of the respondents. It shows that these symptoms are “Dryness of eyes and sensitivity to bright light” with 108(81.2%) believe that while the others do

not 25(18.8%), “Difficulty focusing” with 103(77.4%) yes while the others said no 30(22.6%), “Eye strain” with Yes 98(73.7%) while the others said no 35(26.3%), “Musculoskeletal disorders” with yes response 87(65.4%) while the others said no 46 (34.6%) and finally Headache with a yes response of 85(63.9%) while the others said no 48(36.1%). This study concludes that the level of awareness of computer vision syndrome is low (3.65%). Findings of this study revealed that the awareness level of associated symptoms of prolonged computer use among the respondents is very high (72.3%).

Table 3: Awareness of associated symptoms of prolonged computer use among computer users (n = 133)

S/N	Associated symptoms of prolonged computer use	Yes (%)	No (%)
12	Eye strain	98(73.7%)	35(26.3%)
13	Headache	85(63.9%)	48(36.1%)
14	Difficulty focusing	103(77.4%)	30(22.6%)
15	Dryness of eyes and sensitivity to bright light	108(81.2%)	25(18.8%)
16	Musculoskeletal disorders	87(65.4%)	46 (34.6%)
		72.3%	27.7%

Source: Field Survey 2023

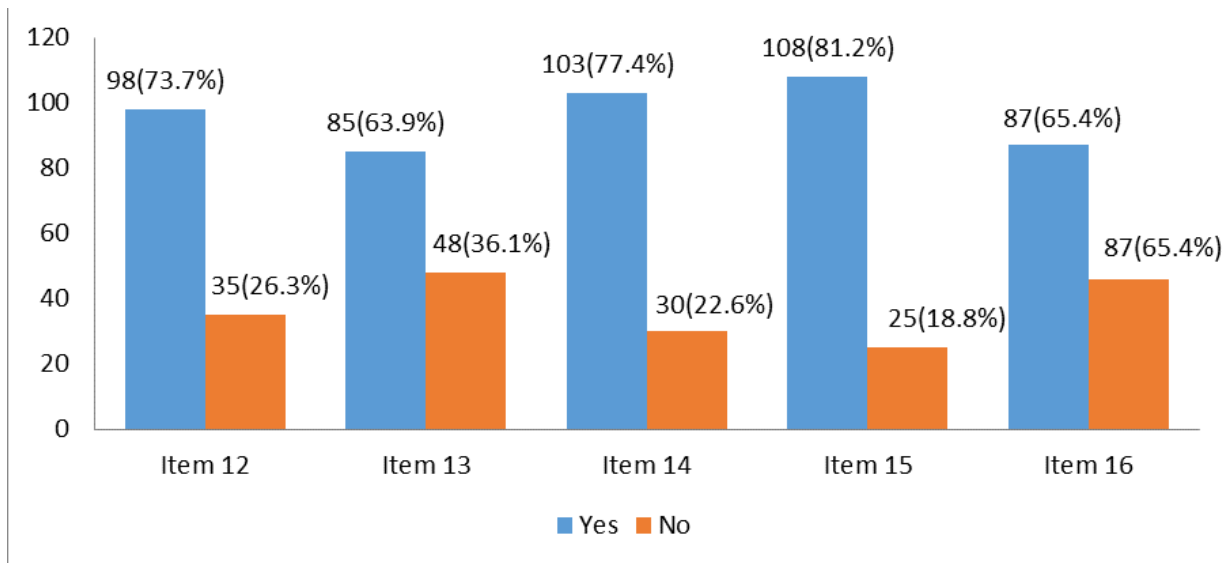


Figure 2: the associated symptoms of prolonged computer use among computer users

Question 3: What are the factors responsible for computer vision syndrome among staff of the Information communication and technology centre University of Benin Teaching Hospital, Benin City?

Table 4 shows the factors responsible for computer vision syndrome of the respondents. These factors are “prolonged computer use” with a positive response of 107(80.5%) and negative response of 26(19.5%), “improper seating position while using the computer” with a positive response 102 (76.7%) and negative response 31(23.3%), uncorrected refractive errors with a positive response of 98(73.7%) and a negative response 35(26.3%). The respondents also believe that History of other diseases can predispose computer users to computer vision

syndrome 93(69.9%) while 40(30.1%) do not believe so, also “improper viewing angle of the computer” is also a factor with a positive response 89(66.9%) and negative response of 44(33.1%), others are “Poor screen resolution, inadequate brightness of the screen, and glare” with Yes 85(63.9%) and no 48(36.1%) and also History of nicotine use with Yes 78(58.6%) and No 55(41.4%). Factors responsible for computer vision syndrome in this study include History of other diseases (69.9%), Prolonged computer use (80.5%), Improper seating position, (76.7%), History of nicotine use (58.6%), improper viewing angle of the computer (66.9%), poor screen resolution, inadequate brightness of the screen, (63.9%) and Uncorrected refractive errors (73.7%)

Table 4: Factors responsible for computer vision syndrome among computer users.

		Yes (%)	No (%)
17	History of other diseases can predispose computer users to computer vision syndrome	93(69.9%)	40(30.1%)
18	Prolonged computer use	107(80.5%)	26(19.5%)
19	Improper seating position while using the computer	102 (76.7%)	31(23.3%)
20	History of nicotine use	78(58.6%)	55(41.4%)
21	improper viewing angle of the computer	89(66.9%)	44(33.1%)
22	poor screen resolution, inadequate brightness of the screen, and glare	85(63.9%)	48(36.1%)
23	Uncorrected refractive errors	98(73.7%)	35(26.3%)

Source: Field Survey 2023

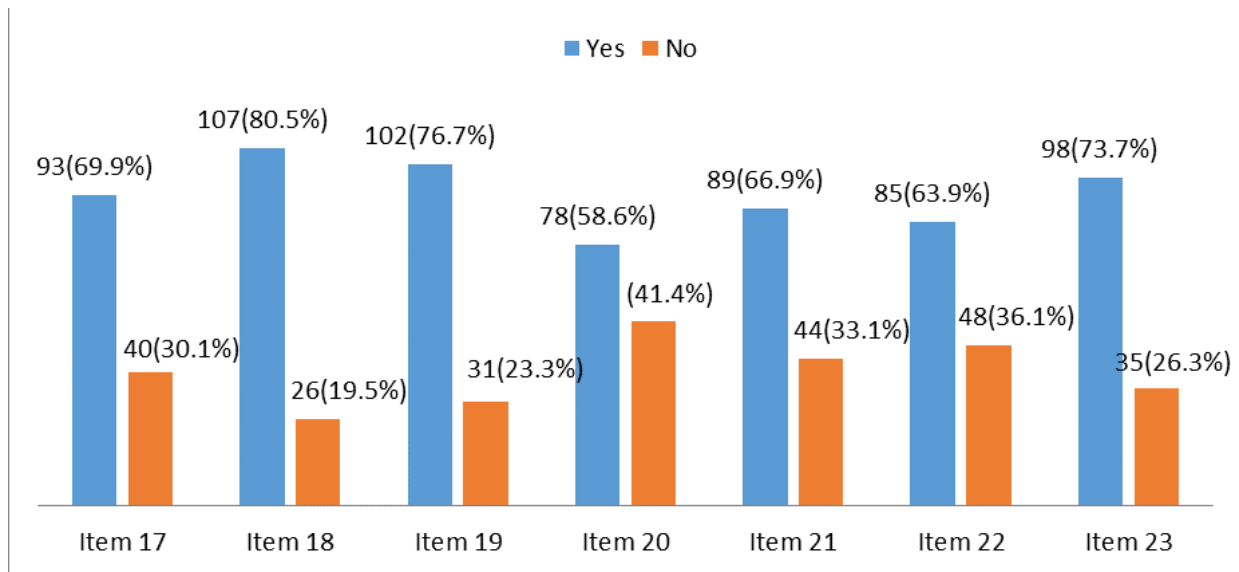


Figure 3: Factors responsible for computer vision syndrome among computer users Findings from Table 4 and Figure 3

Hypothesis Testing

Null Hypothesis: There is no significant relationship between the level awareness of computer vision syndrome among computer users and factors responsible for computer vision syndrome among computer users at the University of Benin Teaching Hospital Information communication and technology centre, Benin City.

Decision Rule: The calculated P value ≥ 0.05 , the null hypothesis is accepted and the alternate hypothesis is rejected. This study showed that there is no significant relationship between the level of awareness of computer vision syndrome and factors responsible for computer vision syndrome.

Table 5: Observed Frequencies of the Chi Square Table

The level of awareness of computer vision syndrome among computer users		Factors responsible for computer vision syndrome among computer users.				
		History of other diseases can predispose computer users to computer vision syndrome		Prolonged computer use		Row Total
		Yes	No	Yes	No	
Computer vision syndrome is an eye problem caused by computer use	Strongly Agree with Agree	60	22	73	10	165
	Not sure	15	10	25	0	50
	Strongly Disagree with Disagree	18	4	8	16	46
Column Total		93	36	106	26	261
$\chi^2 = 2.980$ Df = 6 P value = 0.811						

Degree of freedom (df) = (Column-1) (Row-1) df = (3-1) (4-1) = 2X3 df = 6

DISCUSSION OF THE FINDINGS

This study determines the awareness of computer vision syndrome among computer users at the University of Benin Teaching Hospital Information Communication and Technology centre, Benin City, Edo State. The demographic characteristic of this study indicates that majority of the respondents are within the ages of 25- 34, male, single and are Christians. Majority of the respondents are Bini.

Awareness Level of computer vision syndrome among computer users

The respondents' level of awareness of computer vision syndrome is high. This study is not in agreement with Patil *et al.*, (2019) whose study assessed the level of awareness, knowledge, and its impact on sleep quality among medical students and finding showed that awareness of CVS was notably low, with only 34.1% of medical students recognizing the condition.

Awareness Level of Associated symptoms of prolonged computer use among computer users

Findings show that the awareness level of associated symptoms of prolonged computer use among the respondents is very high. This finding is not in agreement with a study conducted by Rashidi and Alhumaidan, (2017), who reported that the awareness level of associated symptoms of prolonged computer use among the respondents is low and common associated symptom of computer vision syndrome are blurred vision, eyestrain and difficulty focusing. This study is also not in line with Alamri *et al.*, 2022 who reported that the awareness of symptoms of prolonged computer use is poor, being dryness of the eyes, headaches and difficulty focusing. This student is in support of Sheppard & Wolffsohn, (2018) whose findings showed the awareness of associated symptoms of prolonged computer use of the respondents is moderate with a yes

response of 85(63.9%). It shows that these symptoms are dryness of eyes and sensitivity to bright light, difficulty focusing, eye strain, musculoskeletal disorders and headache.

Factors responsible for computer vision syndrome among computer users

Factors responsible for computer vision syndrome in this study include History of other diseases, Prolonged computer use, Improper seating position, History of nicotine use, improper viewing angle of the computer, poor screen resolution, inadequate brightness of the screen, and Uncorrected refractive errors. This study is consistent with Adane *et al.*, (2020) who discovered the predisposing factors which are significantly associated with CVS and previous history of eye disease in Ethiopia. The findings of this study is in support of Tadesse *et al.*, (2020) who shows that the factors responsible for computer vision syndrome are “prolonged computer use” with a positive response, improper seating position while using the computer, uncorrected refractive errors, History of other diseases can predispose computer users to computer vision syndrome, also improper viewing angle of the computer, poor screen resolution, inadequate brightness of the screen, and glare and a history of nicotine use.

Relationship between the level of Awareness of computer vision syndrome and factors responsible for computer vision syndrome

This study showed that there is no significant relationship between the level of awareness of computer vision syndrome and factors responsible for computer vision syndrome. This is in agreement with Mandal *et al.*, 2020 who reported a low level of awareness in respondents about computer vision syndrome and did not find a significant relationship between level of awareness of computer vision syndrome and factors causing computer vision syndrome.

Implication for Nursing Practice

From the findings of this study, nurses can develop educational materials and workshops about computer vision syndrome, focusing on prevention strategies and promoting healthy computer usage habits. They can design screening programs to identify individuals at risk of computer vision syndrome, allowing for early intervention and reducing the severity of symptoms, also helping to counsel patients on proper ergonomics, eye care, and regular breaks to minimize the impact of prolonged computer use on their eyesight.

SUMMARY

This study was carried out on the awareness of computer vision syndrome among computer users at the University of Benin Teaching Hospital information communication and technology centre, Benin City, Edo State. Research questions were formulated and also related literature reviewed. The researcher used a descriptive non-experimental survey research design was used for the study and 133 questionnaire were used for data collection and data represented in mean with standard deviation and frequency with percentage frequency were necessary. Findings showed that majority of the respondents have good level of awareness about computer vision syndrome, the causes of road traffic accident and the measures that can be taken to reduce road traffic accident were also explored.

LIMITATION OF THE STUDY

The study may have a limited sample size, potentially restricting the generalizability of the findings to a broader population of computer users, also participants from the University of Benin Teaching Hospital might not represent the diversity of computer users in the general population, leading to selection bias.

CONCLUSION

The study showed that computer users in the ICT centre of the University of Benin Teaching Hospital have good knowledge about computer vision syndrome. It also sheds light on the diverse factors contributing to the syndrome. The findings underscore the importance of addressing this issue due to its potential impact on the eye health and overall well-being of individuals engaged in extensive computer usage.

RECOMMENDATIONS

Awareness Campaigns: Develop targeted awareness campaigns within the University of Benin Teaching Hospital community, emphasizing the symptoms, prevention, and treatment of CVS.

Ergonomic Assessments: Conduct ergonomic assessments of computer workstations at the ICT Centre to ensure they are designed to minimize eye strain and other CVS-related issues.

Regular Eye Check-ups: Encourage regular eye check-ups for computer ICT staffs ensuring that any CVS-related symptoms are detected early and appropriate measures are taken.

Policy Implementation: Advocate for the implementation of policies within the institution that promote regular breaks, proper lighting, and ergonomic furniture in computer labs and offices to reduce the risk of CVS.

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