"A Study To Assess The Effectiveness Of Structured Teaching Programe On Knowledge Regarding Hepatitis B Among 1st Year Nursing Students In Selected Nursing Colleges At Udaipur (Rajasthan)"

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Abstract: A quasi experimental one group pre-test post to assess the effectiveness of structured teaching program on knowledge regarding hepatitis b among 1st year nursing students in selected nursing colleges at Udaipur (Rajasthan)" by random sampling technique method. The tool comprised of by using structured knowledge questionnaire. The pre-test was conducted and the structure teachingprogramwas administeredusing simple questionnaire. The pre-test was conducted and structure teaching program was administered. The post test was conducted after one week. The data obtained were analyzed by using differential and inferential statistics. The mean post-test knowledge score is 20.8 (86.75 Percent) is greater than the mean pre-test knowledge scores 12.37(51.54 Percent). The enhancement in the knowledge level of respondents is 8.43 indicates gain in knowledge by respondents.

Key words: One group pre –test post –test quasi experimental study, nursing students, and the post test was conducted.

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I. Introduction

Hepatitis B is a disease a caused by the hepatitis B virus and is transmitted by infected body fluids of infected cases to the health by individuals hepatitis B virus cause acute hepatitis, a disease that can very anywhere from a mild and self limiting form to an aggressive and distractive disease leading to post necrotic cirrhosis and death.

Hepatitis B virus (HBV) infection is a worldwide problem. It is estimated that 400 million people are suffering from this infection. The quantification of the burden of disease attributable to hepatitis B virus (HBV) infection and the adaptation of prevention and control measures requires knowledge on its prevalence in the nursing students. For most countries such data are not routinely available. We estimated the national, regional, and global prevalence of chronic HBV infection. Present study was aimed to assess the effectiveness of the structured teaching programme on knowledge regarding hepatitis B among the 1st year nursing students.

II. Research Elaboration

Statement of problem-

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAME ON KNOWLEDGE REGARDING HEPATITIS B AMONG 1ST YEAR NURSING STUDENTS IN SELECTED NURSING COLLEGES AT UDAIPUR (RAJASTHAN)"

III. Objective

- \bullet To assess the knowledge score regarding hepatitis B among 1st year nursing students.
- To evaluate the effectiveness of structured teaching programme on knowledge regarding hepatitis B among 1st year nursing students.
- To find out the association between pre-test knowledge score with selected socio-demographic variables.

IV. Hypothesis

- H1: There was significant difference between pre- test and post test knowledge score regarding the Hepatitis B among 1st year nursing students.
- H2: There was significant association between pre- test knowledge score with selected socio- demographic variables.

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V. Material And Method

 $Population-nursing\ students$

Sample – I year nursing students

Setting- Geetanjali College of Nursing UdaipurRajasthan

Conceptual framework based on Imogene M. King's goal attainment theory

VI. Research Design

THE RESEARCH DESGIN FOR PRESENT STUDY WAS ONE GROUP PRE-TEST POST -TEST RESEARCH DESGIN

	Pre-test	Intervention	Post-test
Group	R O1	X	R O2

Table1: Quasi-experimental one group pre and post-test design.

Keys:

RO1: Random assessment of knowledge by pre-test.

X - Administer the structured teaching regarding hepatitis B.

RO2: Random assessment of knowledge by post-test

Ethical Conisidertion

After obtaining permission from principal and research committee of Geetanjali College of nursing consent was taken from each participant who had participate in the study.

Description of the tool

The self-administered questionnaire consists of two parts:

Part I: consist of selected socio-demographical variables. This section consists of 5variables such as age in year, gender, area of habitat, type of family, any information regarding hepatitis B, source of information.

Part II: consists of a structured knowledge questionnaire. This section consists of the 24 items on selection aspects are:

- Hepatitis B statistics.
- Introduction and definition of hepatitis B.
- Type, incubation period & risk factor.
- Sign& symptoms
- Investigation
- Complication
- Treatment measure

Each items had only one correct response and each correct response was scored one. The total possible score of the structure questionnaire was 24. The same questionnaire was used for the assessment of knowledge level in pre and post-test,

Data COLLECTION AND DATA ANALYIS

Section-I: Description of demographical variables of respondents.

Section-II: Finding related to knowledge scores of respondents regarding hepatitis.

Part-I: Finding related to Area wise pre-test knowledge scores of respondents regarding hepatitis B.

Part-II: Finding related to Area wise post-test knowledge scores regarding hepatitis B.

Part-III: Finding related to effectiveness of structure teaching regarding road safety measures among 1st year nursing students by comparing pre and post-test knowledge scores.

Section-III: Findings related to association between pre-test knowledge scores and selected demographical variables of respondents.

VII. Result
PART – I Table: 2Area wise pre-test knowledge scores of respondents regarding hepatitis B.
N-60

11-00							
AREA	MAXIMUUM SCPRE	MEAN	MEAN PERSENTAGE	STANDERED DEVIATION			
INTRODUCTION & DEFINITION	12	6.2	52.33%	1.34			
CAUSE& RISK FACTOR	1	0.38	38%	0.49			
MODE OF TRANSMISSION	2	1.03	51.5%	0.69			
SIGN& SYMPTOMS	2	1	50%	0.76			
MANAGEMENT	4	2.18	54.5%	0.89			
PREVENTION	3	1.58	52.67%	0.78			
TOTAL	24	12.37	51.54%	4.95			

Table 2 revealed that the maximum mean percentage obtained by the respondents was 54.5% with SD = 0.89 in area of management, 52.33% with SD = 1.3 in area of introduction & definition, 51.5 with SD = 0.69 in area of mode of transmission, 38% with SD = 0.49 in area of cause & risk factor, 52.67% with SD = 0.78 in area of prevention, 50% with SD = 0.76 in area of sign & symptoms.

PART-II Table: 3 Area wise post-test knowledge scores of respondents regarding hepatitis B.

	11=00					
AREA	MAXIMUUM SCPRE	MEAN	MEAN PERSENTAGE	STANDERED DEVIATION		
INTRODUCTION & DEFINITION	12	10.51	87.58%	0.79		
CAUSE& RISK FACTOR	1	0.9	90%	1.007		
MODE OF TRANSMISSION	2	1.75	87.5%	0.47		
SIGN& SYMPTOMS	2	1.67	83.5%	0.475		
MANAGEMENT	4	3.36	84%	0.84		
PREVENTION	3	2.63	87%	0.51		
TOTAL	24	20.82	86.75%	4.09		

Table 3showed that post-test result reveals that the maximum mean percentage obtained by the respondents was 90% with SD = 1.007 in area of cause & risk factor, 87.58% with SD = 0.79 in area of introduction & definition, 87.5% with SD = 0.47 in area of mode of transmission, 87% with SD 0.51%, 84% with SD = 0.84 in area of management, 83.5% with SD=0.47 in area of sign & symptoms

Table: 4 distributions of respondents by the level of knowledge.

N=00						
LEVEL OF		FREQUENCY		PRECENTAG(%)		
KNOWLEDGE	SCORE	PRE-TEST	POST-TEST	PR-TEST	POST-TEST	
INADEQUATE KNOWLEDGE (0-50%)	0-12	15	0	25%	0%	
Moderate knowledge (51- 75%)	12-19	45	9	75%	15%	
Adequate knowledge (76- 100%)	21-24	0	51	0%	85%	
Total	24	60	60	100%	100%	

Table4 revealed that 25% of the nursing student had inadequate knowledge, 75% students have moderate knowledge, and 0% had adequate knowledge in pre-test. After administration of structured teaching program 85% of the subject had adequate knowledge, 15% had moderate knowledge and 0% had inadequate knowledge regarding hepatitis B.

Table: 5 Effectiveness of structured teaching programme by comparing pre and post-test knowledge scores.

N=60

	MEAN	MEAN PRECEN TAGE	VARIANC E	SD	ENHANCEMEN T	Z SCOR E	Z CRITICSA L VALUE	INFERENC E (0.05)
PRE- TWST	13.57	56.54	3.16	4.1	7.26	26.18	1.96	S
POST- TEST	20.83	77.14	1.46	3.3				

Table: 5 revealed that the mean post-test knowledge score is 20.83 (77.14%) was greater than the mean pre-test knowledge score 13.57 (56.54%). The above table also depicted that the enhancement in the knowledge of respondents is 7.26 supporting the post-test knowledge score was higher than the pre-test knowledge score. The data further for the Z test that the obtain Z value is 26.18 which was greater than the Z critical value, 1.96 at 0.05 level of significance This is indicate that there was significant difference between the pre and post-test knowledge score hence research hypothesis (H1) was accepted and proved

H1: There is significant difference between the pre-test and post-test knowledge scores of 1st year nursing students on hepatitis B.

H2: There is no significant association of knowledge scores with selected socio-demographical variable.

There was no significant association between pre test knowledge score with selected socio demographical variables such as such as age in year ($\chi 2=0.46$), Gender ($\chi 2=1.37$), area of habited ($\chi 2=2.88$), type of family ($\chi 2=0$), and any information hepatitis B ($\chi 2=0.37$), were not significant at 0.05 level. Hence the hypothesis (H2)

VIII. Conclusion

The overall comparison of ore and post-test knowledge scores on hepatitis b show that the mean post-test knowledge score is 20.83 (77.14%) was greater than the mean pre-test knowledge score 13.57 (56.54%). The enhancement in the knowledge of respondents was 7.26 supporting the post-test knowledge score are higher than the pre-test knowledge score. The data further for the Z test that the obtain Z value was 26.18 which is greater than the Z critical value, 1.96 at 0.05 level of significance This 47 is indicate that there is significant difference between the pre and post-test knowledge score hence research hypothesis (H1) is accepted and proved.

"Effectiveness of Self Instructional Module on knowledge regarding the use of Communication

This indicates that there was significant difference in pre-test and post-test knowledge score of respondents and that the self- instructional module was effective in improving the knowledge level of ICU staff nurses on use of communication board in communicating with mechanical ventilated patients.

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