



RESEARCH ARTICLE

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PAEDIATRIC EMERGENCIES AMONG 3RD YEAR B.SC NURSING STUDENTS AT SELECTED NURSING COLLEGE, DHARWAD DISTRICT KARNATAKA, INDIA

*Mr. Shivashankar Hampasagar

Lecturer, Dept. of Child Health Nursing, Shreeya College of Nursing Dharwad

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*Corresponding author: Mr.
Shivashankar Hampasagar

ABSTRACT

Children having more curiosity and desire to taste and manipulate objects and toys, in most of the cases drowning occurs in fresh water and exposure to any thermal, chemical or radiation sources termed as burn. Paediatric emergencies an evaluative study was conducted 60 3rd B.Sc Nursing students at selected nursing college, Dharwad district. Probability; simple random sampling technique was used to select the sample and was collected by structured knowledge questionnaire. The research design used for the study quasi-experimental: single group pre-test post-test design. Data analysis was done by using descriptive and inferential statistics. Overall result of the study revealed that the level of knowledge on specific paediatric emergencies. Pre-test revealed that 32 (53%) had average knowledge, 20 (33.33%) had good knowledge and 8 (13.33%) had poor knowledge. Whereas, in post-test after structured teaching programme, 23 (46%) had good knowledge and 37 (54%) had average knowledge. The calculated paired 't' value ($t_{cal}=20.9$) was greater than tabulated value ($t_{tab}=2.0096$). Hence, H_1 accepted. This indicates that the gain in knowledge score statistically significant at 0.05 level of significance. There was no statistical association between knowledge scores and their selected socio-demographic variables at 0.05 level of significance. The study concluded that the structured teaching programme was effective in improving knowledge regarding specific paediatric emergencies.

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INTRODUCTION

Paediatric emergencies are the foreign body (foreign body aspiration, foreign body in ear, foreign body nose), drowning, poisoning, burns.¹ Foreign body aspiration results in airway obstruction and hypoxia. Incidence less than 5 years of age, commonly aspirated foreign bodies round candies, food particles like apple and peanut, coins, toy car wheels, marbles, button, seeds etc... Clinical features of foreign body aspiration immediate hoarseness, stridor, inability to speak, dyspnoea, coughing, cyanosis, wheezing etc.² Diagnosis of foreign body cyanosed – lips, nails, skin and radiographs, fluoroscope examination. Management of foreign body aspiration – infant under 1 year of age "back blows and chest thrust". Adult and children 1 year of age "Heimlich manoeuvre".³ Foreign body in ear are very common and easy to diagnose. Foreign body several days before generating enough inflammatory response to alert parents for seeking medical attention. Anything small enough to fit in the external ear may be placed there by small child. Objectives commonly put in ears small stones, beads, eraser mini cell batteries, peas, vegetable pieces etc.⁴ Diagnosis history of ear pain and purulent drainage, otoscope. Management removal of living foreign bodies, removal of non-hygroscopic foreign bodies, removal of hygroscopic foreign bodies.⁵ Children can insert foreign bodies in their nose. The objectives commonly insert in the nose are small beads, nuts, rubber, chalk piece etc.⁶ Clinical features foul

smelling nasal discharge from one nostril, rhinolith, wheezing sound, pain in nose, swelling in nose respiratory obstruction. Management nasal speculum, balloon-catheter, positive pressure technique.⁷ Accidental poisoning in home is too common. It is the leading cause of admission in pediatric hospitals in India. When young children explore the world, they use all their senses including taste, they put everything in mouth, to find out how it tastes and what it is? so, adult must make sure that children do not have access to anything poisonous. Common poisonous household materials- caustic soda, kerosene oil, phenyl, Dettol, detergent powder, alcohol, creams and lotions, paint, methylated spirit, turpentine etc.⁸ Risk factors 40% cases of accidental poisoning in children are reported in second year of life. 20% occurs in third year and 12% in first year of life. Clinical features respiratory problem, convulsion, unconscious, vomiting, nausea, diarrhoea, abdominal pain. Management identification of poisoning, removal of poisoning antidote therapy, poison excretion, supportive therapy.⁹ Drowning most of cases occurs in fresh water. Small infants may drown in bathtubs, home fountains and ponds management pre hospital emergency treatment, hospital management and CPR.¹⁰ Injuries that result from direct contact or exposure to any thermal, chemical, electrical or radiation source are termed as burns. Cause of burn scald injury from moist heat, flame, electrical injury, chemical injury, chemical injury and contact injury, radiation injury. Management of burn minor wound care, tetanus immunization,

antibiotics, emergency care establishment of adequate airway, fluid replacement therapy.¹¹

MATERIALS AND METHODS

Study Design: The research design used for the present study was quasi-experimental: single group pre-test post-test design. **O₁:** Assessment of the knowledge of the subjects through structured knowledge questionnaire before administration of structured teaching programme. **X:** administration of structured teaching programme regarding paediatric emergencies. **O₂:** Assessment of the knowledge of the subject through same structured knowledge questionnaire after the administration structured teaching programme.

Setting and Sample: In present study, 60 samples (consists of 3rd Year B.Sc Nursing students). The study was conducted at Shreeya college of nursing Dharwad district Karnataka, were selected through Probability; Simple Random Sampling Technique.

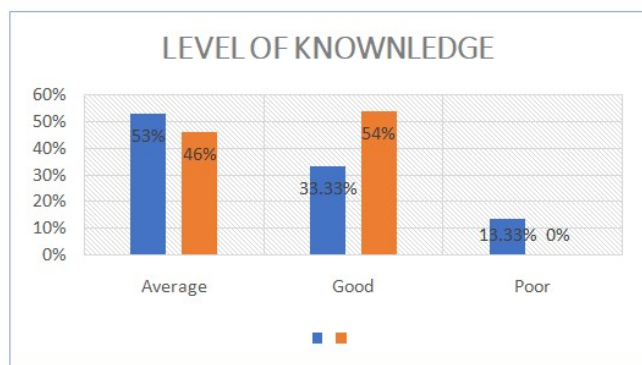
Measurements: The subjects were given Socio-demographic sheet and the structured knowledge questionnaire this part consists of 32 items for obtaining level of knowledge regarding paediatric emergencies. Each correct answers carries 1 mark and incorrect answer carries 0 mark. The tool was validated by the experts in the field of Child Health Nursing and other health care professionals' tool was tested for reliability of structured knowledge questionnaire was $r = 0.95$

Data Collection: The data obtained were analysed in terms of the objectives of the study using descriptive and inferential statistics. Tabulation of data in terms of frequency, percentage, mean, median, mode, standard deviation, and range to describe the data. Classification of the knowledge scores (level of knowledge) were as follows:

- Adequate– Above [Mean (M) + Standard Deviation (SD)]
- Moderate – Between [M + SD] & [M - SD]
- Inadequate – Below [M - SD]

RESULTS

Pre-test and post-test level of knowledge score
Level of knowledge scores n=60



Graph 1: The bar graph represents percentage of subjects according to their level of knowledge scores in pre-test and post-test. The level of knowledge has seen into categories indicates pre-test 53% average knowledge, 33.33% good knowledge and 13.33% poor knowledge. Post-test indicates 46% good knowledge, 54% average knowledge, poor 0% knowledge. The calculated paired 't' value ($t_{cal}=20.9$) was greater than tabulated value ($t_{tab}=2.0096$). Hence, H₁ accepted. This indicates that the gain in knowledge score statistically significant at 0.05 level of significance. There was no statistical association between knowledge scores and their selected socio-demographic variables at 0.05 level of significance. The study concluded that the

structured teaching programme was effective in improving knowledge regarding specific paediatric emergencies.

DISCUSSION

The present study has been undertaken with the aim to study to assess the effectiveness of structured teaching programme on knowledge regarding paediatric emergencies among 3rd Year B.Sc Nursing students at selected nursing college, Dharwad district Karnataka, India. The overall result of the study revealed that the level of knowledge on specific paediatric emergencies. Pre-test revealed that 32 (53%) had average knowledge, 20 (33.33%) had good knowledge and 8 (13.33%) had poor knowledge. Whereas, in post-test after structured teaching programme, 23 (46%) had good knowledge and 37 (54%) had average knowledge. The calculated paired 't' value ($t_{cal}=20.9$) was greater than tabulated value ($t_{tab}=2.0096$). Hence, H₁ accepted. This indicates that the gain in knowledge score statistically significant at 0.05 level of significance. There was no statistical association between knowledge scores and their selected socio-demographic variables at 0.05 level of significance. The study concluded that the structured teaching programme was effective in improving knowledge regarding paediatric emergencies.

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