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A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING NOSOCOMIAL INFECTION AMONG THE FIRST YEAR BSC NURSING STUDENTS IN JEEVA COLLEGE OF NURSING AT KRISHNAGIRI

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ABSTRACT

Hospital is a place from there we will get treatment for all the disease, but there are some disease which will arise from hospital and leads to complication. Those are known as Nosocomial infection. Nosocomial infections are acquired after hospital admission by patients showing no prior signs of infection. Such infections affect patients in hospitals, long-term acute care facilities, nursing homes, rehabilitation centers, dialysis clinics and other healthcare settings. Video assisted teaching programme method is excellent results. A quantitative research approach with pre experimental design was considered. After getting permission from the concerned authority the researcher started data collection. 30 samples were selected by adopting convenient sampling and obtained written consent from each sample. On day – 1 pre test was conducted by using structured knowledge questionnaire, attitude rating scale and observational check list. On day – 2 video assisted teaching programme was performed to nursing students. It includes various aspects of nosocomial infection like a introduction, definition, risk factors, causes, sources, types, mode of transmission and control and prevention of nosocomial infection. Teaching programme is followed by video assisted teaching by the researcher to nursing students, for about 60 minutes. Followed that doubts were clarified. The post test were conducted on day – 7 by using same questionnaire. The overall mean pre test and post test knowledge score on nosocomial infection paired 't' value was t = 30.85 which was significant at P<0.05 level. The overall mean pre test and post test attitude score on nosocomial infection paired 't' value was t = 17.16 which was significant at P<0.05level. The overall mean pre test and post test practice score on nosocomial infection paired 't' value was t = 33.97 which was significant at P<0.05 level.

INTRODUCTION

Hospital Acquired Infection(HAI), also called a nosocomial infection, is an infection that first appears between 48 hours and four days after a patient is admitted to a hospital or other health-care facility. Over 1.4 million people worldwide are suffering from Hospital Acquired Infections. Hospital-acquired infections can be caused by bacteria, viruses, fungi, or parasites. These

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microorganisms may already be present in the patient's body or may come from the environment, contaminated hospital equipment, healthcare workers, or other patients. Depending on the causal agents involved, an infection may start in any part of the body. A localized infection is limited to a specific part of the body and has local symptoms. For example, if a surgical wound in the abdomen becomes infected, the area of the wound becomes red, hot, and painful. A generalized infection is one that enters the bloodstream and causes general systemic symptoms such as fever, chills, low blood pressure, or mental confusion. Hospital-acquired infections may develop from surgical procedures, catheters placed in the urinary tract or blood vessels, or from material from the nose or mouth that is inhaled into the lungs. The most common types of hospital-acquired infections are urinary tract infections (UTIs), pneumonia, and surgical wound infections.

SCHEMATIC PRESENTATION OF RESEARCH METHODOLOGY

DEVELOPMENT AND DESCRIPTION THE TOOL:

The research instrument is developed in English after extensive review of literature and expert opinion. The investigator used demographic variables, self-administered structured knowledge questionnaire, attitude rating scale and observational checklist for practice regarding nosocomial infection. It consists of the following 4 Sections:

Section – A: Demographic variables

It deals with demographic variables which include Age, Gender, Religion, Year of studying, Do you know regarding nosocomial infection, If yes, source of information.

Section – B:Knowledge

This part consists of 50 multiple choice questions which is used to assess the knowledge regarding nosocomial infection before and after the Video Assisted Teaching. The knowledge regarding nosocomial infection was measured in terms of knowledge score. Each correct answer was given a score of one (1) mark and wrong answer or unanswered was given a score of zero (0)

$$\frac{\text{Obtained score}}{\text{Total score}} \times 100$$

GRADING OF SCORES:

The obtained scores were to be computed for 50 structured knowledge questionnaires will be graded as follows

LEVEL OF KNOWLEDGE	SCORE
Poor	<50%
Fair	51-75%
Good	>76%

Section – C: Attitude

It also the participants to express their opinion regarding nosocomial infection. The scale consists of 6 statements to assess the tendency of the participants towards nosocomial infection. Each statements has three opinion likely agree, disagree and no response. The scores were distributed as one for agree.

$$\frac{\text{Obtained score}}{\text{Total score}} \times 100$$

GRADING OF SCORES:

The obtained scores were to be computed for attitude rating scale will be graded as follows

LEVEL OF ATTITUDE	SCORE
Negative attitude	<50%
Neutral attitude	51-75%
Positive attitude	>76%

Section- D: Practice

It also the participants to express their opinion regarding nosocomial infection. The scale consists of9 statements to assess the tendency of the participants towards nosocomial infection. Each statements has five opinion like always, often, sometimes, seldom, never. The score were distributed as one for always.

$$\frac{\text{Obtained score}}{\text{Total score}} \times 100$$

GRADING OF SCORES:

The obtained scores were to be computed for observational check list will be graded as follows

LEVEL OF PRACTICE	SCORE
Inadequate practice	<50%
Moderately adequate practice	51-75%
Adequate practice	>76%

RESULTS AND DISCUSSION

TABLE:1 DATA ON COMPARISON OF PRE AND POST TEST LEVLS OF KNOWLEDGE REGARDING NOSOCOMIAL INFECTION AMONG NURSING STUDENTS.

(n = 30)

	Pre test		**Post test**		**Paired 't' test value**
	Mean	SD	Mean	SD	

	13.8	1.529	23.2	2.22	30.85

H1 – There is a significant difference between the pretest and posttest level of knowledge, attitude and practice regarding nosocomial infection among nursing students.

The above table represents that in the comparison of pretest and posttest mean value 13.8 with standard deviation 1.529 of pretest has significant to the post test mean value 23.2 with standard deviation 2.22 and the 't' value 30.85 which is significant at 0.05 level.

Since there is a highly significant difference in the pretest and posttest levels of knowledge regarding nosocomial infection among the nursing students it shows the given video assist teaching program was very effective.

TABLE: 2 DATA ON COMPARISION OF PRE TEST AND POST TEST LEVEL OF PRACTICE REGARDING NOSOCOMIAL INFECTION AMONG NURSING STUDENTS.

(n = 30)

	Pre test		**Post test**		**Paired 't' test value**
	Mean	SD	Mean	SD	
	4.1	0.21	6.4	0.33	33.97

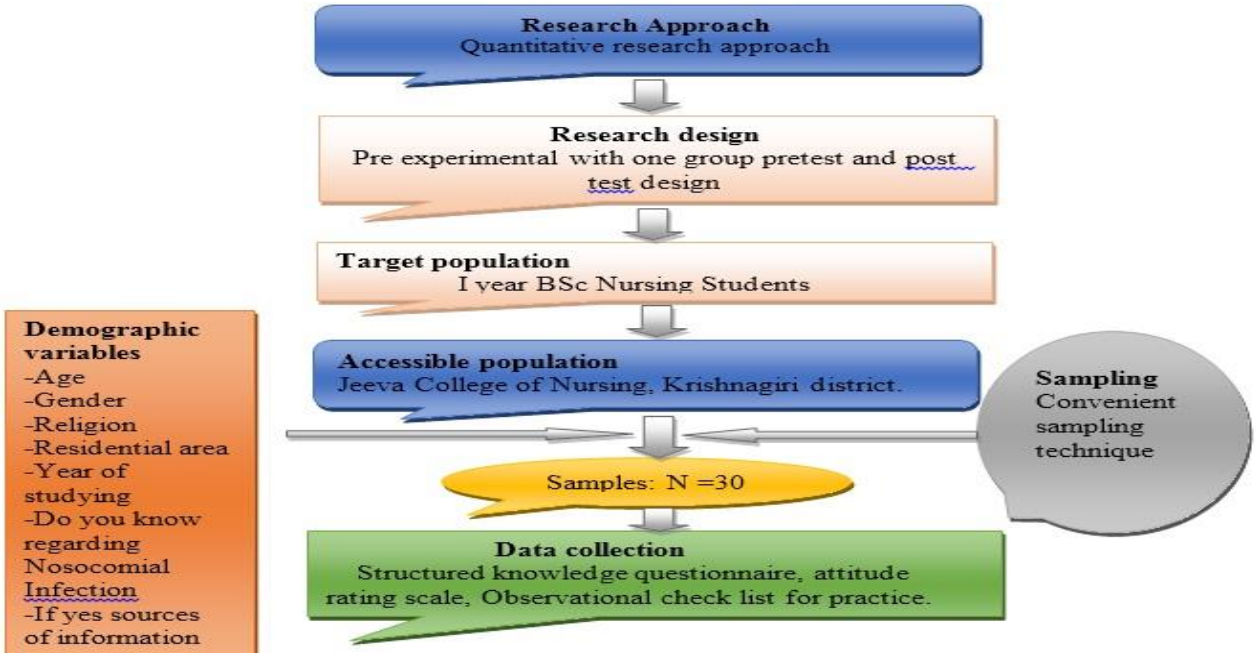
The above table represents the comparison of pretest and posttest level of practice regarding nosocomial infection among nursing students. The analysis revealed that pretest mean value 4.1 with SD 0.21. The posttest mean value 6.4 with SD 0.33.

TABLE: 3 DATA ON COMPARISION OF PRE TEST AND POST TEST LEVEL OF ATTITUDE REGARDING NOSOCOMIAL INFECTION AMONG NURSING STUDENTS.

n = 30)

	Pre test		**Post test**		**Paired 't' test value**
	Mean	SD	Mean	SD	
	1.5	0.5	4.5	1.6	17.16

The above table represent the comparison of pretest and posttest level of attitude regarding nosocomial infection among nursing students. The analysis revealed that the pretest mean value 1.5 with SD 0.5, posttest mean value 4.5 with SD 1.6.



CONCLUSION:

The video assisted teaching programme was effective among nursing students regarding nosocomial infection. As by concluded that, the stated research hypothesis was accepted.

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