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A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Asthma among Nursing Students at Selected Nursing Institute, Jaipur

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INTRODUCTION

Asthma is a common long-term inflammatory disease of the airways of the lungs. Asthma occurs when allergens, pollen, dust, or other particles, are inhaled into the lungs, causing the bronchioles to constrict and produce mucus, which then restricts oxygen flow to the alveoli. It is characterized by variable and recurring symptoms, reversible airflow obstruction, and easily triggered bronchospasms. Symptoms include episodes of wheezing, coughing, chest tightness, and shortness of breath. These may occur a few times a day or a few times per week. Depending on the person, asthma symptoms may become worse at night or with exercise.1

Asthma is thought to be caused by a combination of genetic and environmental factors. Environmental factors include exposure to air pollution and allergens. Other potential triggers include medications such as aspirin and beta blockers. Diagnosis is usually based on the pattern of symptoms, response to therapy over time, and spirometry lung function testing. Asthma is classified according to the frequency of symptoms of forced expiratory volume in one second (FEV1), and peak expiratory flow rate. It may also be classified as atopic or non-atopic, where atopic refers to a predisposition toward developing a type 1 hypersensitivity reaction.2

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There is no known cure for asthma, but it can be controlled. Symptoms can be prevented by avoiding triggers, such as allergens and respiratory irritants, and suppressed with the use of inhaled corticosteroids. Long-acting beta agonists (LABA) or anti leukotriene agents may be used in addition to inhaled corticosteroids if asthma symptoms remain uncontrolled. Treatment of rapidly worsening symptoms is usually with an inhaled short-acting beta2 agonist such as salbutamol and corticosteroids taken by mouth. In very severe cases, intravenous corticosteroids, magnesium sulfate, and hospitalization may be required.3

A respiratory therapist is a specialized health care practitioner trained in critical care and cardio-pulmonary medicine in order to work therapeutically with people suffering from acute critical conditions, cardiac and pulmonary disease. Respiratory therapists graduate from a college or university with a degree in respiratory therapy and have passed a national board certifying examination. The NBRC (National Board for Respiratory Care) is the not-for-profit organization responsible for credentialing the seven areas of Respiratory Therapy in the United States. Those seven areas of Respiratory Therapy include, as of December 2017: CRT

(Certified Respiratory Therapist), RRT (Registered Respiratory Therapist), CPFT and RPFT (Certified or Registered Pulmonary Function Technologist), ACCS (Adult Critical Care Specialist), NPS (Neonatal /Pediatric Specialist), and SDS (Sleep Disorder Specialist).7

Lifestyle modification can reduce the risk of asthma. Avoidance of triggers is a key component of improving control and preventing attacks. The most common triggers include allergens, smoke (from tobacco or other sources), air pollution, nonselective

beta-blockers, and sulfite-containing foods. Cigarette smoking and second-hand smoke(passive smoke) may reduce the effectiveness of medications such as corticosteroids. Laws that limit smoking decrease the number of people hospitalized for asthma. Dust mite control measures, including air filtration, chemicals to kill mites, vacuuming, mattress covers and other methods had no effect on asthma symptoms. There is insufficient evidence to suggest that dehumidifiers are helpful for controlling asthma.8

Overall, exercise is beneficial in people with stable asthma. Yoga could provide small improvements in quality of life and symptoms in people with asthma. More research is necessary to determine how effective weight loss is in improving quality of life, the usage of health care services, and adverse effects for people of all ages with asthma.

NEED OF THE STUDY

Asthma is a chronic respiratory condition characterized by airway inflammation and associated symptoms such as wheezing and shortness of breath. The burden of asthma is substantial in terms of its worldwide prevalence and cost. Epidemiological data have suggested that asthma remains poorly controlled in a significant proportion of patients. These observations have resulted in calls for a stronger emphasis on patient-focused care in asthma, which includes tailoring of treatment approaches to patient needs, such as their information, support and training needs. Addressing those needs (e.g., through shared decision making) may prove effective in improving asthma management and reducing morbidity.10

Globally, Respiratory infection causes morbidity and mortality in young toddlers. Majority of under-five toddlers were affected with 3 to 8 respiratory illnesses a year, globally 3.9 million deaths occur every year. Toddlers develop five to eight attacks of respiratory illness such as bronchiolitis, asthma and pneumonia which causes 30 - 40% of hospitalization. Lower respiratory tract infection is more fatal than upper respiratory infection. Moreover in 2021, 7.9% of death due to respiratory illness which is the leading cause when compare to other diseases. Lower respiratory tract infection manifests symptoms like wheezing, fever, tachypnea, chest retraction. Massage therapy is a complementary and alternative therapy to treat "the manual manipulation of soft tissue intended to promote health and well-being" for toddlers. Massage therapy consists of five steps such as effleurage, petrissage, stroking, and kneading, which improves lung function, promotes relaxation, enhance healing process and well-being.11

Asthma in the elderly is under diagnosed and undertreated, and there is a paucity of knowledge on the subject. The National Institute on Aging convened this workshop to identify what is known and what gaps in knowledge remain and suggest research directions needed to improve the understanding and care of asthma in the elderly. Asthma presenting at an advanced age often has similar clinical and physiologic consequences as seen with younger patients, but comorbid illnesses and the psychosocial effects of aging might affect the diagnosis, clinical presentation, and care of asthma in this population. At least 2 phenotypes exist among elderly patients with asthma; those with longstanding asthma have more severe airflow limitation and less complete reversibility than those with late-onset asthma. Many challenges exist in the recognition and treatment of asthma in the elderly. Furthermore, the pathophysiologic mechanisms of asthma in the elderly are likely to be different from those seen in young asthmatic patients, and these differences might influence the clinical course and outcomes of asthma in this population.12

The proportion of persons older than 65 years in the United States is currently about 13% but is projected to grow from about 40 million in 2015 to more than 86 million by 2050, accounting for 25% of the population. The age group with the largest growth will be those older than 85 years, which is estimated to be more than 1 million by 2050. In 2019, the US prevalence of asthma for those 65 years or older was 7%, with 1,088,000 reporting an asthma attack in the previous 12 months. Older asthmatic patients are more likely to be under diagnosed, undertreated, and hospitalized than younger asthmatic patients. They also have the highest death rate (51.3 per million persons) of any other age group. Older women are hospitalized more than twice as often as older men.12

In 2019, asthma affected approximately 262 million people and caused approximately 461,000 deaths. Most of the deaths occurred in the developing world. Asthma often begins in childhood, and the rates have increased significantly since the 1960s. Asthma was recognized as early as Ancient Egypt.

OBJECTIVE OF THE STUDY

Ø To assess the level of knowledge regarding asthma among nursing students by pre test.

Ø To develop and introduce a Structured Teaching Programme on asthma to nursing students.

Ø To assess the knowledge regarding asthma among nursing students by post test.

Ø To evaluate the effectiveness of structured teaching programme regarding asthma by comparing pre test and post tests knowledge score.

Ø To find out the association of pre test knowledge score with their selected demographic variables.

OPERATIONAL DEFINITION

ASSESS: In this study it refers to determine the knowledge level acquired by the nursing students regarding asthma after administration of structure teaching programme.

EFFECTIVENESS: In this study it refers to significant gain in knowledge as determined by significant difference between pre and post test scores of nursing students regarding asthma.

STRUCTURED TEACHING PROGRAMME (STP): In this study STP means a well prepared teaching programme designed to provide information regarding asthma to the nursing students studying in selected nursing institute Jaipur.

KNOWLEDGE: In this study knowledge refers to the correct responses of nursing students to the items in the self-structured knowledge questionnaire related to asthma.

NURSING STUDENTS: In this study it refers to the students those are studying in selected institute of nursing Jaipur.

ASSUMPTIONS

The study assumes that nursing students may:

- Have some knowledge regarding asthma.
- Structured Teaching Programme may be effective to improve the knowledge of students regarding asthma.

HYPOTHESIS

- **H1:** There will be a significant difference between pre and post-test knowledge mean scores of nursing students regarding asthma.
- **H2:** There will be a significant association of knowledge scores of nursing students with their selected demographic variables.

RESEARCH APPROACH

Research approach indicates the basic procedure for conducting the research study. Research approach helps the researcher to determine what data to be collected and how to analyze it. It also suggests possible conclusions to be drawn from the data. The selection of approach depends upon the purpose of the study.44

In view of the nature of the problem selected for the study, a quantitative evaluative research approach was found appropriate. Quantitative evaluative research is an applied form of research that involves finding out how well a programme, procedure or policy is working. In this study quantitative evaluative approach was used to assess the effectiveness of structured teaching programme on knowledge regarding asthma among nursing students at selected nursing institute, Jaipur.

RESEARCH DESIGN

Research design refers to the researcher's overall plan for obtaining answers to research questions or for testing the researcher hypotheses.44

Selection of design is based on the purpose of the study that is to assess the effectiveness of structured teaching programme on knowledge regarding asthma among nursing students at selected nursing institute, Jaipur. A pre experimental one group pre test post test research design was best suitable, as it was used to examine characters of a single sample.



Figure–3.1: Schematic representation of research design

O1 – Pretest includes assessment of level of knowledge regarding asthma assessed by self-administered structured questionnaire.

X – Structured teaching programme regarding asthma.

O2 – Post test includes assessment of level of knowledge regarding asthma assessed by self-administered structured questionnaire.

SETTING OF THE STUDY

Setting is the physical location and condition or more specific place in which data collection take place in a study. The researcher needs to decide where the data was collected. Research some time occurs in more than one site because the use of multiple sites can often ensure a larger, more diverse, or more representative sample.

The study was conducted in selected nursing college, Jaipur, Imperial Nursing College, Jaipur, and Rajasthan College of Nursing, Jaipur.

VARIABLES

An attribute of a person or object that varies, that is, takes on different values like age, gender, education etc. Variables are the measurable characteristics of a concept and consist of a logical group of attributes.44 There are three types of variables in this study: dependent variable, independent variable and demographic variables identified.

DEPENDENT VARIABLE

The outcome variable of interest; the variable that is hypothesized to depend on or caused by another variable. In the present study it refers to the knowledge regarding asthma of nursing students.

INDEPENDENT VARIABLE

The variable that is believed to cause or influence the dependent variable; in experimental research, it is treatment or manipulated variables. In present study it refers to structured teaching programme on asthma.

DEMOGRAPHIC VARIABLES

An uncontrolled variable that greatly influences the results of the study is called as the demographic variables.

Demographic variables selected for this study are:
Age, gender, course of study, residence area, students accommodation, previous knowledge regarding asthma, sources of knowledge.

POPULATION

A population is the entire aggregation of cases that meet a designated set of criteria. The accessible population is the aggregate of cases that conform to the designated criteria and that are accessible to the researcher as a pool of subjects for a study. The target population is the aggregate of cases about which the researcher would like to make generalizations.44 The population selected for the study is the nursing students studying in Imperial Nursing College, Jaipur, Rajasthan College of Nursing, Jaipur.

SAMPLE

The sample may defined as a part or subset of the units that compose the population selected to participate in research study.44

60 nursing students were be select from Imperial Nursing College, Jaipur, Rajasthan College of Nursing, Jaipur.

SAMPLING TECHNIQUE

Sampling is a process of selecting a portion of the population to represent the entire population.44 The convenient sampling technique was use for present study.

CRITERIA FOR SELECTION OF SAMPLE

INCLUSION CRITERIA

The nursing students who:

- Are studying in selected institute of nursing, Jaipur.
- Are willing to participate in the study.
- Are available during the period of data collection.
- Are able to read and write Hindi or English.

EXCLUSION CRITERIA

The staff nurses who:

- Are not willing to participate in the study.
- Are not present at the time of data collection.
- Are on leave or sick.

DATA ANALYSIS AND INTERPRETATION OF FINDINGS

The description of the data analysis is the heart of a research project. It is the communication of measurements, and observation gathered by the researcher. For achieving the results, the collection of data must be processed and analyzed in an orderly coherent fashion. Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis can be tested.

The data collected through structured knowledge questionnaire and interpretation of data obtained from structured knowledge questionnaire. Then the findings were printed in different graphs and tables of percentage.

Analysis as the "categorizing" ordering manipulating & summarizing of data to obtain access to research questions. The purpose of analysis is to reduce data to an intelligible & interpretable form, so that the relation of research problem can be studied and tested.

This chapter presents the analysis and interpretation of the data collected for assess the effectiveness of structured teaching programme on knowledge regarding asthma among nursing students.

The data analysis was based on the following objectives of the study:

Ø To assess the level of knowledge regarding asthma among nursing students by pre test.

Ø To develop and introduce a Structured Teaching Programme on asthma to nursing students.

Ø To assess the knowledge regarding asthma among nursing students by post test.

Ø To evaluate the effectiveness of structured teaching programme regarding asthma by comparing pre test and post tests knowledge score.

Ø To find out the association of pre test knowledge score with their selected demographic variables.

PRESENTATION OF DATA

The analyzed data has been organized and presented in the following sections:

Section I: Description of demographic characteristics of the nursing students.

Section II: Assess the level of knowledge regarding asthma.

Section III: Assess the effectiveness of structured teaching programme on knowledge regarding asthma.

Section IV: Find out the association between level of knowledge regarding asthma with their selected demographic variables.

SECTION I: DESCRIPTION OF DEMOGRAPHIC CHARACTERISTICS OF THE NURSING STUDENTS.

Table no. 4.1: Frequency and percentage distribution of nursing students (N=60)

S. No.	Variables	Frequency	Percentage
1.	Age		
	18– 20years	30	50%
	21– 23years	13	21.66%
	24– 26years	10	16.66%
	26andAbove	07	11.66%
2.	Gender		
	Male	38	63.33%
	Female	22	36.66%
3.	Course of study		
	GNM	28	46.66%
	Basic B.Sc. Nursing	18	30%
	PB B.Sc. Nursing	10	16.66%
	M.Sc. Nursing	04	06.66%
4.	Residential Area		
	Rural	31	51.66%
	Urban	29	48.33%
5.	Students Accommodation		
	Paying Guest	11	18.33%
	Hostel	22	36.66%
	Own house	27	45%
6.	Previous knowledge		
	Yes	27	45%
	No	33	55%
7.	Sources of knowledge		
	seminar, webinar	16	26.66%
	Family member and friends	21	35%
	Health personnel	11	18.33%
	Magazines and newspaper	12	20%

SECTION II: ASSESS THE LEVEL OF KNOWLEDGE REGARDING ASTHMA

A. Level of knowledge of nursing students regarding asthma

Table no. 4.2: Level of knowledge of nursing students before and after intervention

S. No.	Aspect	Before intervention		After intervention	
		Frequency	Percentage	Frequency	Percentage
1.	Poor <50%	21	35%	03	05%
2.	Average51–65%	27	45%	07	11.66%
3.	Good>65%	12	20%	50	83.33%

B. Level of knowledge of nursing students regarding asthma before and after intervention

Table 4.3: Mean, mean percentage, median, SD of level of knowledge

S. No.	Aspect	Mean	Mean percentage	Median	SD
1.	Before intervention (Pre test)	18.26	60.88%	18	2.76
2.	After intervention (Post test)	23.81	79.38%	24	3.08

SECTION III: ASSESS THE EFFECTIVENESS OFSTRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING ASTHMA

There were 60 nursing students were taken for the study. Each of them had to give to response on questionnaire. To assess the level of knowledge structure knowledge questionnaire was used. After that mean, median, SD is calculated on the basis of responses and result or hypothesis can be calculated by 't' test. Mean, median and standard deviation were obtained as below:

Table 4.4: Mean, median, SD and t-value of knowledge (N=60)

S. No.	Knowledge	Mean	Median	SD	Mean difference	Df	T value	p value
1.	Before intervention (PreTest)	18.26	18	2.76	5.55	59	10.77	0.001
2.	After intervention (Post test)	23.81	24	3.08				

SECTION IV: FIND OUT THE ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE REGARDING ASTHMA WITHTHEIR SELECTED DEMOGRAPHIC VARIABLES

Table–4.5: Association between Level Of knowledge With Selected Demographic Variables (N=60)

S. No.	Variables	df	Table value	X^2 Value	Remarks
1.	Age	6	12.59	8.54	NS
2.	Gender	2	5.99	7.17	S
3.	Course of study	6	12.59	14.67	S
4.	Residential Area	2	5.99	2.07	NS
5.	Students accommodation	4	9.49	4.17	NS
6.	Previous knowledge	2	5.99	6.51	S
7.	Sources of knowledge	6	12.59	13.32	S

SUMMARY

The objective of the study was assessing the effectiveness of structured teaching programme on knowledge regarding asthma among nursing students. The review of existing literature discloses a dearth in research on actual hands-on nursing which would be because of the methodological difficulties associated with investigating actual practice.

Objectives of the study are:

Ø To assess the level of knowledge regarding asthma among nursing students by pre test.

Ø To develop and introduce a Structured Teaching Programme on asthma to nursing students.

Ø To assess the knowledge regarding asthma among nursing students by post test.

Ø To evaluate the effectiveness of structured teaching programme regarding asthma by comparing pre test and post tests knowledge score.

Ø To find out the association of pre test knowledge score with their selected demographic variables.

The research approach adopted for the study was quantitative evaluative research approach. The research design was pre experimental one group pre test post test research design. The dependent variable was knowledge of nursing students regarding asthma. The independent variable was structured teaching programme regarding asthma. The demographic variables were age, gender, course of study, residence area, students accommodation, previous knowledge regarding asthma, sources of knowledge. The study

was conducted at Imperial Nursing College, Jaipur, and Rajasthan College of Nursing, Jaipur. The sampling technique used to choose the subjects was convenient sampling technique. The sample comprised 60 nursing students.

DISCUSSION

Major findings of the study are summarized as follows:

Ø Majority 30 (50%) samples were from the 18–20 years of age followed by 13 (21.66%) were 21–23 years of age, some of them 10 (16.66%) were from 24–26 years of age and remaining 07 (11.66%) samples were 26 and above.

Ø The most of 38 (63.33%) samples were male and remaining 22 (36.66%) were female.

Ø The most of 28 (46.66%) samples were pursuing GNM, followed by 18 (30%) samples pursuing Basic B.Sc. Nursing, some of them 10 (16.66%) samples pursuing PB B.Sc. Nursing and remaining 04 (06.66%) samples were pursuing M.Sc. Nursing.

Ø The most of 31 (51.66%) samples were from rural area and remaining 29 (48.33%) samples were from urban area.

Ø The most of 27 (45%) samples were living in own house followed by 22 (36.66%) samples were living in hostel and remaining 11 (18.33%) samples were living in paying guest.

Ø The most of 33 (55%) samples had no previous knowledge regarding asthma and remaining 27 (45%) samples had previous knowledge regarding asthma.

Ø The most of 21 (35%) samples received information from family members and friends, followed by 16 (26.66%) samples who received information from seminar and webinar, some of them 12 (20%) samples received information from magazine and newspaper and remaining 11 (18.33%) samples received information from health personnel.

Description of Knowledge Score

The comparison of pre test and post test level of knowledge regarding asthma. With regard to knowledge scores, 21 (35%) nursing students had poor knowledge, 27 (45%) nursing students had average knowledge and 12 (20%) nursing students had good knowledge before administration of structured teaching programme, whereas 03 (05%) nursing students had poor knowledge, 7 (11.66%) nursing students had average knowledge and 50 (83.33%) nursing students had good knowledge after administration of structured teaching programme.

The summary of statistical outcomes of pre test knowledge scores of nursing students regarding asthma. With regards to knowledge score, the mean of knowledge is 18.26 with 60.88% mean percentage. The median and SD are 18; 2.76 respectively in pre test. While the mean of nursing students is 23.81 with 79.38% mean percentage. The median and SD are 24; 3.08 respectively in post test.

The pre test mean score of nursing students is 18.26 while 23.81 for post test with 5.55 mean difference. The median is 18 for the pre test and 24 is for post test. The SD is 2.76 for pre test and 3.08 for post test.

The t value is 10.77 at 0.001 p value. This value is obtained by paired t test. The calculated value of t (10.77) is more than the tabulated value (1.96) at 0.05 level of significance.

Here the calculated value i.e. 10.77 is more than the tabulated value i.e. 1.96; so we can say that the structured teaching programme is effective for nursing students to improve the knowledge. In other words, we can say that structured teaching programme is beneficial for nursing students to enhance knowledge. The hypothesis H1 is accepted.

Association of Level of Knowledge Score With Selected Demographic Variables

The tabulated value of chi square at 6 df was 12.59 which is more than calculated value that is 8.54. So there was no significant association between the level of knowledge with age of nursing students at 0.05 level of significance. The hypothesis H2 is rejected.

The tabulated value of chi square at 2 df was 5.99 which is less than calculated value that is 7.17. So there was significant association between the level of knowledge with gender of nursing students at 0.05 level of significance. The hypothesis H2 is accepted.

The tabulated value of chi square at 6 df was 12.59 which is less than calculated value that is 14.67. So there was significant association between the level of knowledge with course of study of nursing students at 0.05 level of significance. The hypothesis H2 is accepted.

The tabulated value of chi square at 2 df was 5.99 which is more than calculated value that is 2.07. So there was no significant association between the level of knowledge with residential area of nursing students at 0.05 level of significance. The hypothesis H2 is rejected.

The tabulated value of chi square at 4 df was 9.49 which is more than calculated value that is 4.17. So there was no significant association between the level of knowledge with students accommodation of nursing students at 0.05 level of significance. The hypothesis H2 is rejected.

The tabulated value of chi square at 2 df was 5.99 which is less than calculated value that is 6.51. So there was significant association between the level of knowledge with previous knowledge of nursing students at 0.05 level of significance. The hypothesis H2 is accepted.

The tabulated value of chi square at 6 df was 12.59 which is less than calculated value that is 13.32. So there was significant association between the level of knowledge with sources of knowledge of nursing students at 0.05 level of significance. The hypothesis H2 is accepted.

CONCLUSION

The following conclusions were drawn on the basis of the findings of the study:

Ø The overall pre test mean score of the nursing students was 18.26.

Ø The overall post test mean score of the nursing students was 23.84.

Ø The overall pre test median of knowledge score of nursing students was 18.

Ø The overall post test median of knowledge score of nursing students was 24.

Ø The SD of pre test knowledge score of the nursing students was 2.76.

Ø The SD of post test knowledge score of the nursing students was 3.08.

NURSING IMPLICATION

The finding of the study shows the following implications in various fields of nursing like nursing practices, nursing education, nursing administration and nursing research.

NURSING PRACTICE

Give clear information in simple, easy and understandable language and recognize need of the nursing students regarding asthma. Helps the nursing students efficiently and confidently in their routine work and evaluate the benefits of structured teaching programme. When such type of structured teaching programme provided to the nursing students, it can improve the knowledge about asthma. It is always possible for the nursing students to develop such information guide sheet for the students, nursing staff, people, care giver etc.

NURSING EDUCATION

Nursing curriculum should take initiative to publish books and articles in journals regarding asthma. They should also motivate nursing students and also care givers regarding asthma. Continuing nursing education program, state and national conferences, workshops, seminars and symposiums can be held for all needful nursing students to improve the condition and update their knowledge.

NURSING ADMINISTRATION

The nurse administrator should take interest in providing information related to asthma to all the nursing students in their respective nursing institute. The nurse administrator forms a normal training program, information guide sheet etc. for nursing students to improve the knowledge regarding asthma. Sufficient studies must be encouraged to assess the effect of structured teaching programme on asthma. Research findings can be utilized in clinical practice. The nurse administrator must initiate health education in also community area by the proper utilization of people also and encouraging them.

NURSING RESEARCH

Promote more research in innovative area of nursing practice. Nursing researchers can conduct interactive sessions for improving the knowledge of the nursing students with asthma by providing structured teaching programme. The protocol may be developed as a demonstration for future research in different settings for the nursing students.

LIMITATIONS

The study was limited to:

Ø Nursing students from Imperial Nursing College, Jaipur, and Rajasthan College of Nursing, Jaipur.

Ø Nursing students willing to participate in the study.

Ø Nursing students present at the time of data collection.

RECOMMENDATIONS

The following recommendations were drawn based on the findings of the study:

Ø We will be conducting a similar study with other research design like descriptive research design.

Ø A similar study can be conducted by qualitative and other approaches, often serves to generate hypothesis for future research.

Ø We will be using different setting area.

Ø A similar study can be replicated on samples with different demographic variables.

Ø We will be using different number of samples.

Ø A similar study can be conducted on a large sample which may help to draw more definite conclusions and make generalization.

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