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A Study to Assess the Effectiveness of Video Assisted Teaching Programe on Knowledge Regarding Prevention of Hepatitis–B among Ward Assistants Working in HSK Hospital and Research Centre, Bagalkot

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Abstract:-

❖ ***OBJECTIVES:***

This chapter deals with the statement of the problem, objectives, operational definitions, assumptions, hypothesis, variables, and conceptual framework of the study.

- **To assess the existing knowledge on prevention of Hepatitis-B among ward assistants.**
- **To evaluate the effectiveness of video assisted teaching programme on knowledge regarding prevention of Hepatitis-B among ward.**
- **To determine association between post-test knowledge scores regarding prevention on Hepatitis-B with selected socio demographic variables.**

❖ ***HYPOTHESIS:***

H1: There is a significant difference between mean pre-test and post-test knowledge scores of ward assistants regarding prevention of Hepatitis-B.

H2: There is a significant association between posttest knowledge levels and selected socio demographic variables of ward assistants.

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I. INTRODUCTION

Health care workers occupations involve contact with patients and their body fluids; face a risk of exposure to occupational infections with subsequent risk of contracting diseases, disability, and even death. Doctors, nurses, laboratory technologists, and clinical waste handlers are continuously at risk of acquiring blood-borne infections such as Hepatitis-B. It is the major health problem all over the world. The disease is highly variable. The acute Hepatitis-B virus (HBV) infection may be mild, self limiting or it can cause fatal fulminant or sub fulminant hepatic failure in a small percentage of infected persons. The ward assistants are at 2 to 10 times greater risk of infection than the general population. This study aims to assist the ward assistants in safe and effective handling of bio-medical waste as well as educate the assistants ward regarding preventive measure against occupationally exposure of infectious diseases such as Hepatitis.

II. RESEARCH METHODOLOGY

In a research study the researcher moves from the beginning a study (posing a question) to the end (obtaining an answer) is a logical sequence of predetermined steps that is similar across studies. This chapter deals with that flow, which is selected by the investigator in order to solve research problem.

➢ Research Approach

Research approach is the most significant part of any research. The appropriate selection of research approach depends on the purpose of the study

An evaluative approach was used to evaluate the effectiveness of Video Assisted Teaching programme on knowledge regarding Hepatitis-B prevention among ward assistants.

An evaluative research approach is generally applied where the primary objective is to determine the extent to which a given strategy meets the desired outcome.

➢ *Research Design-*

The term research design means a plan that describes how, when and where data to be collected and analyzed**.** The Research Design adopted for this study was pre experimental one group pre-test – post-test design without control group.

➢ *Variables under the Study*

Variable is a content that has measurable changing attributes. Variables are qualities, properties, or characteristics of persons, things, or situation that change or vary.

➢ *Dependent Variable*

In the present study, it refers to the knowledge of ward assistants regarding prevention of Hepatitis-B.

➢ *Independent Variable*

In this study it refers to the Video Assisted Teaching programme on knowledge regarding prevention of Hepatitis-B.

➢ *Socio-demographic Variables*

In this study, socio-demographic variables refer to baseline data of ward assistants such as, age, gender, educational status, area of residence, area of working, area of working ward, immunization against Hepatitis-B, years of working experience in hospital, attended any educational program on Hepatitis-B.

➢ *Setting of the Study*

Research setting refers to the physical location and condition in which the data collection for study takes place. The present study was conducted in H.S.K Hospital & Research Centre, Navanagar, Bagalkot.

➢ *Population*

Population is a complete set of persons or objects that possess a common characteristic that is of interest to the researcher. The population of the present study was ward assistants working at HSK Hospital &Research centre Bagalkot.

➢ *Sampling Technique*

Sampling is a process of selecting the portion of the population to represent the entire population. Probability Simple Random sampling technique used for present study. There are 18 hospitals of Bagalkot. Out of that researcher selected one hospital according easy accessibility of location of hospital .i.e. HSK hospital and research centre Bagalkot. Researcher prepared a sampling frame of 182 ward assistants working in HSK hospital and research centre Bagalkot and by simple random sampling; lottery method researcher selected 60 ward assistants who fulfilled inclusion and exclusion criteria.

➢ *Method of Data collection*

The data was collected by the structured interview schedule method. The tool was modified by considering the experts suggestions and results of pilot study. Researcher himself collected data by using self-administered structured closed ended knowledge questionnaire.

➢ *Development of the Tool*

A structured closed ended knowledge questionnaire was prepared by extensive review of literature and based on suggestions of guide and experts, with an aim to assess the knowledge of ward assistants regarding prevention of Hepatitis-B. The tool and VATP were modified according to the suggestions of the experts before implementing to the ward assistants.

The instrument was divided into two parts:

Section – I: Socio demographic Perfoma

It consists of 9 items regarding the demographic information of the subjects such as age, gender, educational status, area of residence, area of working, area of working ward, immunization against Hepatitis-B, years of working experience in hospital, attended any educational program on Hepatitis-B.

Section – II: Structured questionnaire.

Data was collected by means of structured closed ended knowledge questionnaire. It consists of 30 items to assess knowledge regarding prevention Hepatitis B. These items were closed ended, multiple choice questions.

The tool was divided into 4 parts:

Part A: 5 items related to meaning & concept of Hepatitis-B and maximum total score is 5

Part B: 5 items related to etiology, Mode of transmission, diagnostic evaluation of Hepatitis-B and maximum total score is 5

Part C: 6 items related to clinical Features & complications and maximum total score is 6

Part D: 14 items related to medical management & prevention and maximum total score is 14

- *Reliability of the Tool*

The reliability of the tool was established by using split half method. The scores were divided into two parts: the first 15 serial numbered items in one part and the second 15 serial numbered items in the other part. Karl Pearson's co-efficient correlation 'r' was computed for finding out the reliability. The computed 'r' value was 0.80.

Data collection was carried out in two phases as follows:

After that data was collected by researcher himself in two phases as follows:

- **First phase:** All the ward assistants selected for the study were made to gather at seminar hall of the Hospital, & Research Centre, Bagalkot. Pre-test was conducted among 60 ward assistants; by Structured Interview Schedule using Structured closed ended Questionnaire on prevention of Hepatitis-B. Video Assisted Teaching programme on prevention of Hepatitis-B was intervened.
- **Second phase:** A post-test was conducted after one week of Video Assisted Teaching Programme using same Structured Interview Schedule using structured closed ended Questionnaire to evaluate the effectiveness of Video Assisted Teaching Programme.

III. RESULTS

This chapter deals with analysis and interpretation of data collected to assess the knowledge of ward assistants regarding prevention of Hepatitis-B. The purpose of analysis is to reduce the data to intelligible and interpretable forms so that the relation of problems can be studied and tested. The interpretation of tabulated data can bring to light these real meaning of the finding of the study.

- Analysis and interpretation of data for the present study is based on data collected from 60 ward assistants working in Shri. B.V.V.Sangha's Hanagal Shri Kumareshwar hospital and research centre, Bagalkot.
- The data collected were tabulated, analyzed and interpreted by using descriptive and inferential statistics. The data themselves do not provide us answers to our research questions. The amount of data collected in a study is too expensive to be reliably described by mere perusal. In order to meaningfully answer the research questions, the data must be processed and analyzed in some order. The data is analyzed on the basis of objectives and hypothesis of the study.

The collected information was organized and presented under four sections as follows:

Section I: Description of socio-demographic characteristics of sample.

Section II: Assessment of knowledge of ward assistants regarding prevention of Hepatitis-B.

Part A: Assessment of the level of knowledge of ward assistants

Part B: Area wise mean, SD and mean percentage of pre-test knowledge scores

Section III: Assessment of the effectiveness of the VATP on knowledge regarding Hepatitis-B among ward assistants working in Shri. B.V.V.Sangha's Hanagal Shri Kumareshwar hospital and research centre, Bagalkot.

Part A: Comparison of level of knowledge of ward assistants in pre-test and post-test.

Part B: Area wise effectiveness of the VATP

Part C: Determining the effectiveness of VATP on knowledge regarding Hepatitis-B among ward assistants

Section IV: To find out the association between post test knowledge scores regarding prevention of Hepatitis-B with selected socio-demographic variables of ward assistants.

Section I: Description of socio-demographic characteristics of sample.

Table6.1: Frequency and percentage distribution of socio demographic characteristics of sample.

N=60

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Variables	No of respondents	Percentage (%)
Age in years		
20-30years	17	28.33
31-40years	27	45
41-50years	15	25
51and above	01	1.66
Gender		
Male	18	30
Female	42	70 %
Educational status		
Informal	20	33.33
Primary	19	31.66
Secondary	14	23.33
PUC and above	07	11.66
Area of residence		
Rural	30	50
Urban	30	50
Area of working ward is		
OPD	7	11.66
General ward	30	50
Emergency ward	12	20
ICU,s	11	18.33
Are you immunized against Hepatitis B		
Yes	20	33.33
No	40	66.66
Years of working experience in wards		
Below 5years	29	48.33
6-10years	18	30
11-15years	07	11.66
15year and above	06	10
Have you attended any educational programme on Hepatitis B		
Yes	18	30
No	42	70
Source of information regarding Hepatitis B		
Mass media	0	0
Health personnel	54	90
Relatives	6	10
Others	0	0

Part I: Description of socio-demographic characteristics of sample.

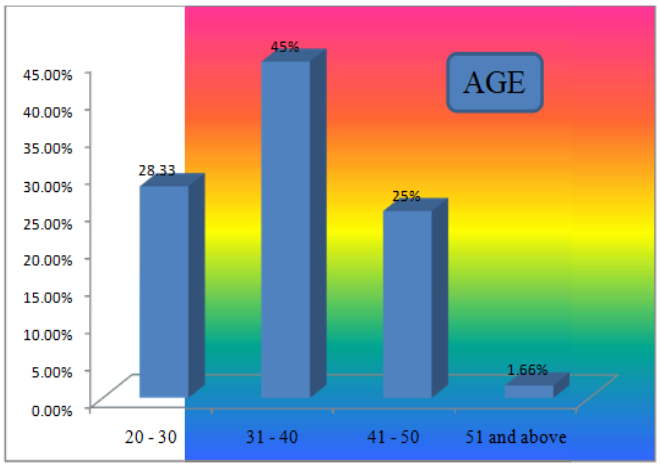

Fig- 6.1: Bar diagram shows percentage wise distribution of ward assistants according to their age.

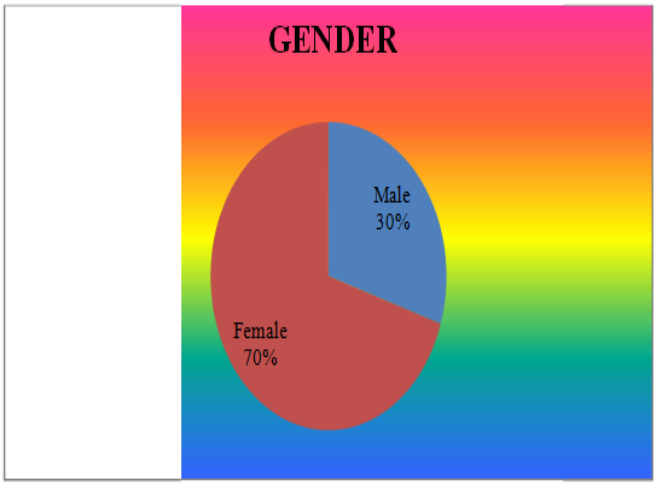

Fig- 6.2: Pie diagram shows percentage wise distribution of ward assistants according to their gender.

Percentage wise distribution of ward assistants according to age groups reveals that out of 60 subjects, majority (45%) of the subjects belong to age group 31-40 years, 28.33% subjects were in the age group of 20-30years, 25% were between 41-50 years of age and remaining 1.66% of subjects were 51-above years of age. (Fig: 6.1). Percentage wise distribution of ward assistants according to gender reveals that, majority 70% of subjects were females and remaining 70% were males. (Fig: 6.2).

Percentage wise distribution of ward assistants according to educational status reveals that out of 60 subjects, majority (33.33%) of the subjects had no formal education, 31.66% had any primary education, 23.33% had high school education, and remaining 11.66% had PUC above levels of education.(Fig: 6.3).

Percentage wise distribution of ward assistants according to area of residence reveals that out of 60 subjects, 50% of the subjects reside in urban area and remaining 50% of subjects in rural area. (Fig: 6.4)

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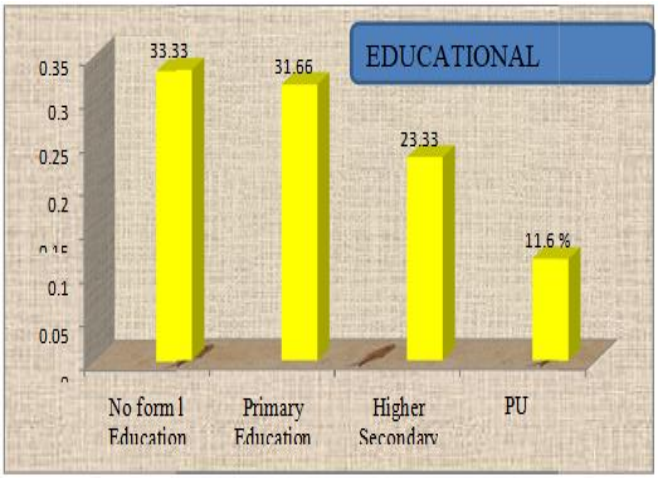

Fig- 6.3: Bar diagram shows percentage wise distribution of ward assistants according to their educational status.

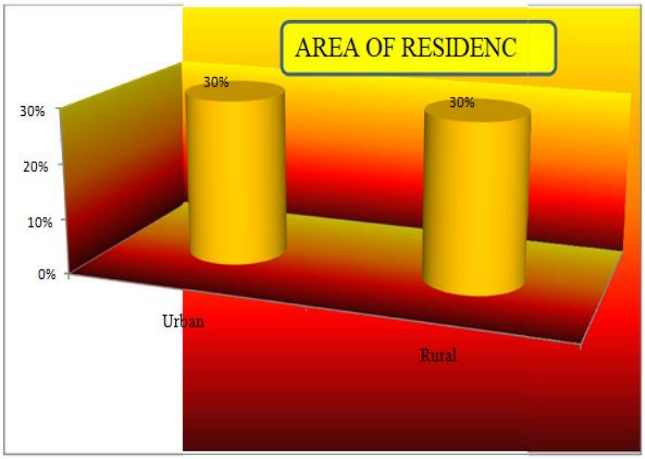

Fig- 6.4: Cylindrical diagram shows percentage wise distribution of ward assistants according to their area of residence.

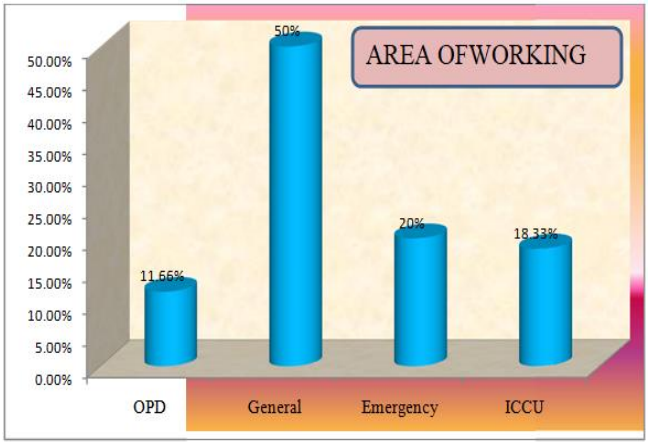

Fig- 6.5: Cylindrical diagram shows percentage wise distribution of ward assistants according to their area of working.

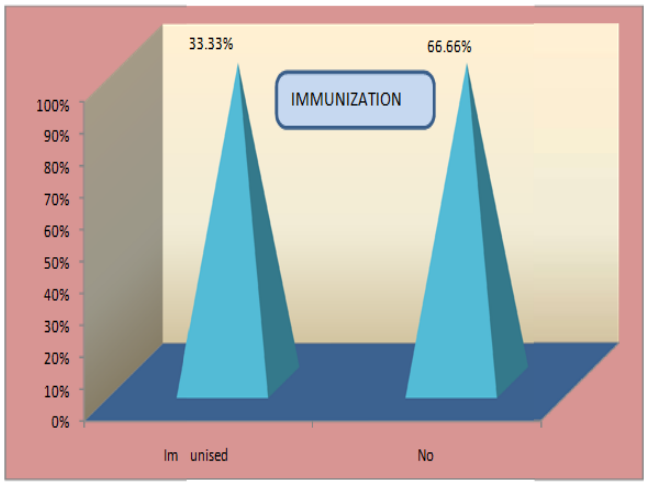

Fig- 6.6: Pyramid diagram shows percentage wise distribution of ward assistants according to their immunization against Hepatitis-B.

Percentage wise distribution of ward assistants according to area of working reveals that out of 60 subjects, majority of the subjects (50%) was working in General wards, 20% of the subjects in Emergency wards, 18.33% of the subjects in ICCU and remaining 11.66% in OPD. (Fig: 6.5).

Percentage wise distribution of ward assistants according to immunization against Hepatitis-B reveals that out of 60 subjects, 66.66% of the subjects were not immunized against Hepatitis-B and remaining 33.33% of subjects were immunized against Hepatitis-B. (Fig: 6.6).

Percentage wise distribution of ward assistants according to years of experience reveals that out of 60 subjects, majority (48.33%) of the subjects had below 5years of experience, 30% of the subjects had 6 to 10 years of experience, 11.66% of subjects had 11 to 15 years of experience, and remaining 10% subjects had 15 years and above experience. (Fig: 6.7).

Percentage wise distribution of ward assistants according to their attendance to any educational programs on Hepatitis-B reveals that out of 60 subjects, majority (70%) of the subjects did not attend any educational program on Hepatitis-B and remaining 30% subjects attended educational program on Hepatitis-B. (Fig: 6.8).

Percentage wise distribution of ward assistants according to sources of information reveals that majority (90%) of subjects received information regarding Hepatitis-B from health personnel, 10 % of them are received from relatives, and none of them receive information from mass media and other source of information. (Fig: 6.9)

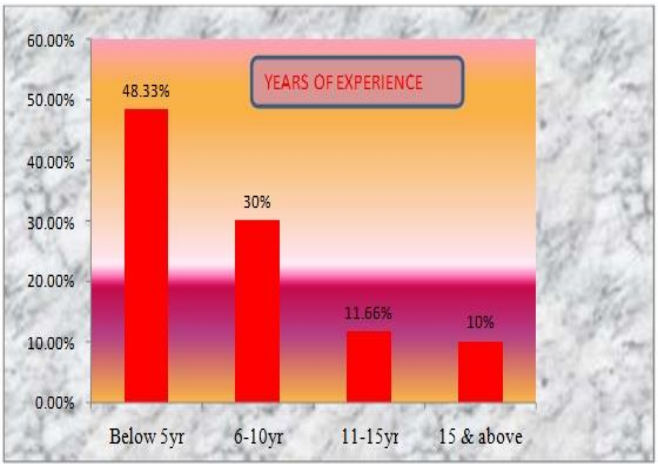

Fig- 6.7: Column diagram shows percentage wise distribution of ward assistants according to their years of experience

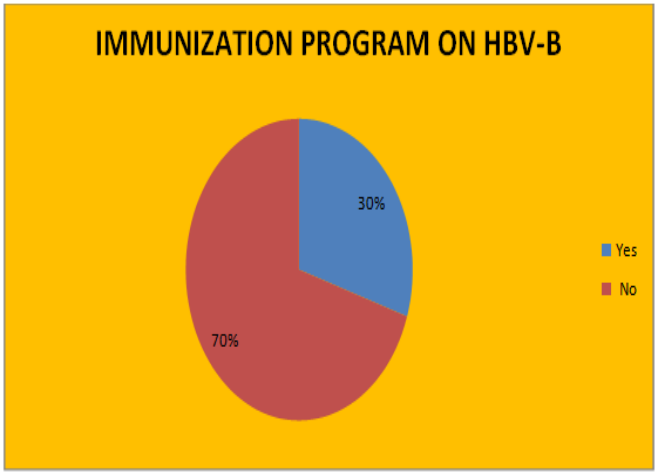

Fig- 6.8: Pie diagram shows percentage wise distribution of ward assistants according to their any immunization program on HBV-B.

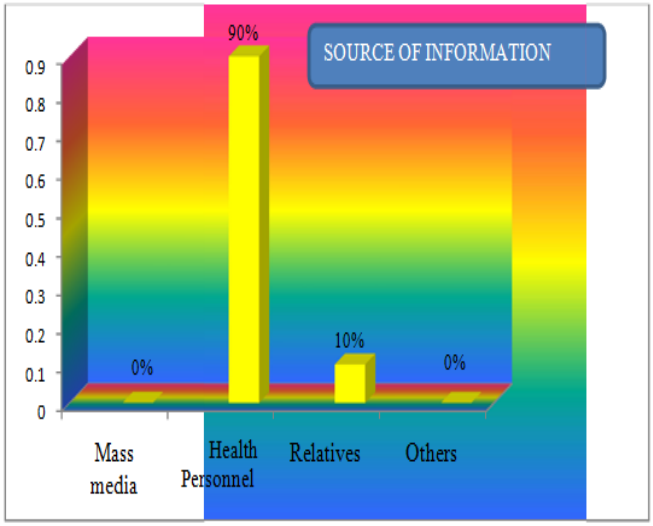

Fig- 6.9: Bar diagram shows percentage wise distribution of ward assistants according to their sources of information.

Section II: Assessment of knowledge of ward assistants regarding prevention of Hepatitis-B.

Part A: Assessment of the level of knowledge of ward assistants in pre-test regarding prevention of Hepatitis-B.

Table 6.2: Percentage wise distribution of study subjects according to levels of knowledge in pre test. N=60

Test	Levels of knowledge	Number(f)	Percentage (%)
Pre-test	Excellent	4	6.66%
	Good	11	18.33%
	Average	32	53.33%
	Poor	13	21.66%
	Very poor	0	0

Percentage distribution of study subjects in pre-test reveals that out of 60 subjects majority of subjects 32 (53.33%) had average knowledge followed by 13 (21.66%) subjects with poor knowledge, 11 (18.33%) with good knowledge, 4 (6.66%) with excellent knowledge and none of the subjects where having very poor knowledge regarding prevention of Hepatitis-B. (Table 6.2)

Part B: Area wise mean, SD & mean percentage of pre-test knowledge scores of ward assistants

Table 6.3: Area wise Mean, SD & mean percentage of pre-test knowledge scores of ward assistants. N=60

Knowledge area	Maximum score	Mean	SD	Mean%
Meaning & Concept of Hepatitis-B	5	2.81	1.18	56.33
Etiology, MOT, Diagnostic Evaluation of Hepatitis-B	5	3	1.31	60
Clinical feature & complication	6	2.88	1.61	48
Medical Management & Prevention	14	7.2	2.48	51.42
Total	**30**	**15.85**	**4.37**	**52.83**

The total mean percentage of the knowledge score was **52.83 percent** with mean and SD **15.85** ± **4.37**. Area wise mean percentage of knowledge score was 56.33 percent in the area of "Meaning & concept of Hepatitis-B" with mean and SD 2.81±1.18. In the area of "Etiology, MOT, Diagnostic Evaluation of Hepatitis-B" the mean percentage was 60 with mean and SD 3 ±1.31. In the area of "Clinical feature & complication" the mean percentage was 48 with mean and SD 2.88 ±1.61. In the area of "Medical Management & Prevention" the mean percentage was 51.42 with mean and SD 7.2 ±2.48. (Table 6.3)

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Section III: Assessment of the effectiveness of the VATP on knowledge regarding Hepatitis-B among ward assistants working in Shri. B.V.V.Sangha's Hanagal Shri Kumareshwar Hospital and Research Centre, Bagalkot.

Part A: Comparison of level of knowledge of ward assistants in pre-test and post- test.

Table 6.4: Comparison of level of knowledge of ward assistants in pre-test and post-test

Level of knowledge	Pre-test		Post-test	
	No. of respondents	Percentage %	No of respondents	Percentage %
Excellent	04	6.66%	31	51.66%
Good	11	18.33%	23	38.33%
Average	32	53.33%	3	5%
Poor	13	21.66%	2	3.33%
Very poor	00	00%	1	1.66%
Total	60	100	60	100

Knowledge wise comparison of study subjects in pre test and post test reveals the following results. In pre-test, out of 60 subjects majority (53.33%) had average knowledge, 21.66% subjects had poor knowledge and 18.33% subjects had good knowledge, 6.66% subjects had excellent knowledge and none of them had very poor knowledge regarding prevention of Hepatitis-B. However after administration of VATP in post test, majority (51.66%) subject had excellent, 38.33% subjects had good, 5% had average and 3.33% with had poor knowledge and remaining 1.66% of subjects have very poor knowledge regarding prevention of Hepatitis-B (Table6.4,

Fig: 6.10).

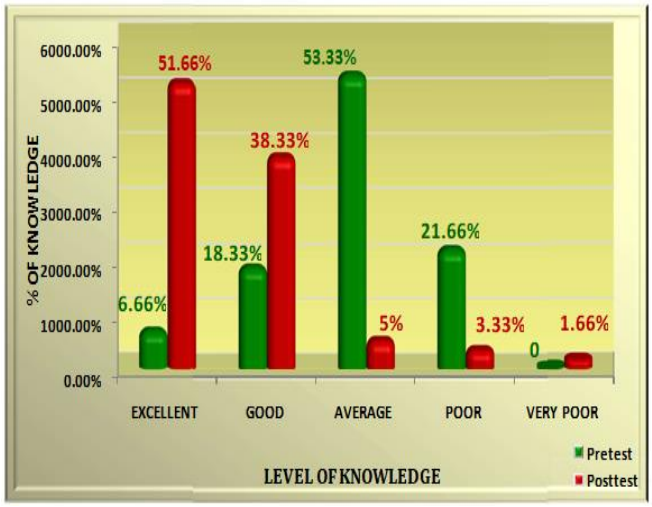

Fig- 6.10: Cylindrical diagram shows comparison of level of knowledge of ward

Assistants in pre-test and post-test.

Part B: Area wise effectiveness of the VATP on prevention of Hepatitis-B

Table 6.5: Area wise mean SD and mean percentage of the knowledge in pre-test and post-test.

Knowledge area	Max. score	Pre-test (O1)		Post-test (O2)		Effectiveness(O2-O1)	
		Mean ± SD	Mean %	Mean ± SD	Mean %	Mean ± SD	Mean %
Meaning & Concept of Hepatitis-B	5	2.81 ± 1.18	56.2	3.9 ± 1.13	78	1.08 ± 1.45	21.8
Etiology, MOT, Diagnostic Evaluation of Hepatitis-B	5	3 ± 1.31	60	4.1 ± 1.06	82	1.1 ± 1.55	22
Clinical feature & complication	6	2.88 ± 1.61	48	4.31 ± 1.33	71.83	1.43 ± 1.82	23.83
Medical Management & Prevention	14	7.2 ± 2.48	51.42	11.33 ± 3.03	80.92	4.13 ± 3.33	29.5
Total on Prevention of Hepatitis-B	30	15.85 ± 4.37	52.83	23.5 ± 4.69	78.83	7.65 ± 4.71	26

Comparison of mean percentage of the knowledge scores in pre-test and post- test reveals an increase of 26% in the mean knowledge scores of the ward assistants after administration of VATP. Comparison of area wise mean and SD of the knowledge score in the area of "Meaning & concept of Hepatitis-B" shows that the pre-test mean percentage of knowledge score was 56.2% with mean and SD 2.81

±1.18 where as the post test mean percentage of knowledge score was 78% with mean and SD 3.9±1.13 this shown an increase of 21.8% in the mean percentage of knowledge scores of the ward assistants.

In the area of "Etiology, MOT, Diagnostic Evaluation of Hepatitis-B" shows that the pre-test mean percentage knowledge score was 60% with mean and SD 3±1.31 where as the post test mean percentage of knowledge score was 82% with mean and SD 1.1±1.55 this shown an increase of 22% in the mean percentage of knowledge scores of the ward assistants.

In the area of "Clinical feature & complication" shows that the pre-test mean percentage of knowledge score was 48% with mean and SD 2.88±1.61 where as the post test mean percentage of knowledge score was 71.83% with mean and SD 4.31±1.33. This shown an increase of 23.83% percent in the mean percentage of knowledge scores of the ward assistants.

In the area of "Medical Management & Prevention" the pre-test mean percentage of knowledge score was 51.42% with mean and SD 7.2±2.48 where as the post test

mean percentage of knowledge score was 80.92% with mean and SD 11.33±3.03. This shown an increase of 29.5% in the mean percentage of knowledge scores of the ward assistants.

The overall findings reveal that the post-test mean percentage knowledge score 23.5 with SD ±4.69 which is 78.83% of total score was more when compared to the pre-test mean knowledge score 15.85 with SD ±4.37 which is 52.83% of total score. The overall effectiveness of VATP on prevention of Hepatitis-B, mean score was 7.65 with SD ±4.71 which is 26% of total score. Hence it indicates that the VATP was effective in enhancing the knowledge of ward assistants regarding prevention of Hepatitis-B (table 6.5).

Part C: Determining the effectiveness of VATP on knowledge regarding prevention of Hepatitis-B among ward assistants

To evaluate the effectiveness of video assisted teaching programme a research hypothesis was formulated.

H_1: There will be a significant difference between pretest and posttest scores at 0.05 level of significance.

Paired't' test was used to find out the significant difference between the pre- test and post-test knowledge scores of ward assistants regarding prevention of Hepatitis-B.

Table 6.6: Significance of the difference between the pre-test & post-test knowledge scores of ward assistants. N=60

Knowledge area	Mean of difference	SD of difference	Paired t-value
Meaning & concept of Hepatitis-B	1.08	1.46	5.74*
Etiology, MOT, Diagnostic Evaluation of Hepatitis-B	1.1	1.56	5.42*
Clinical feature & complication	1.43	1.84	6.01*
Medical Management & Prevention	4.13	3.36	9.50*
Total knowledge	7.65	4.75	12.46*

P< 0.05 DF=59 N=60 * Significant

Calculated values are much higher than table value (1.96). Thus the **H_2 is accepted**. Findings reveal that difference between mean pre-test (15.85±4.37) and post-test (23.5±4.69) knowledge scores of ward assistants found to be statistically
Significant at 0.05 level of significance [t=12.46, (P<0.05)]

Similarly the area wise between the pre-test and post-test knowledge scores on prevention of Hepatitis-B were highly significant. Mean of post-test knowledge score in the area "Meaning & concept of Hepatitis-B" (3.9±1.13) is significantly higher that the mean of pre-test knowledge score (2.81±1.18) at 0.05 level of significance (t=5.74, P< 0.05) similarly mean of post knowledge scores in the area "Etiology, MOT, Diagnostic Evaluation of Hepatitis-B" (4.1±1.06) is significantly higher that the mean of pre-test knowledge (3±1.31) at 0.05 level of significance (t=5.42, P< 0.05) similarly mean of post knowledge scores in the area "Clinical feature & complication" (4.31±1.33) is significantly higher that the mean of pre-test knowledge (2.88±1.61) at 0.05 level of significance (t=6.01, P< 0.05) similarly mean of post knowledge scores in the area "Medical Management & Prevention (11.33±3.03) is significantly higher that the mean of pre-test knowledge (7.2±2.48) at 0.05 level of significance (t=9.50, P< 0.05).

Section IV: Association between selected socio demographic variables and the post-test knowledge scores of ward assistants on prevention of Hepatitis-B.

To find out the association between post test knowledge scores of ward assistants regarding prevention of Hepatitis-B with selected socio-demographic variables a research hypothesis was formulated.

H_2: There is a significant association between post test knowledge scores and selected socio demographic variables of ward assistant at 0.05 level of significance.

The hypothesis was tested using chi square test.

Table 6.7: Association between the post-test knowledge scores of ward assistants and socio- N=60

SL. NO	Socio demographic variables	DF	Chi- square value	Table value	Level of significance	Significant
1	Age	1	1.39	3.84	0.05	Not significant
2	Gender	1	0.41	3.84	0.05	Not significant
3	Education	1	0.53	3.84	0.05	Not significant
4	Area of residence	1	0.07	3.84	0.05	Not significant
5	Area of working	1	0.28	3.84	0.05	Not significant
6	Immunisation	1	0.01	3.84	0.05	Not significant
7	Years of Experience	1	0.04	3.84	0.05	Not significant
8	Educational programme	1	0.08	3.84	0.05	Not significant
9	Sources of information regarding prevention of hepatitis-B	1	0.14	3.84	0.05	Not significant

DF - degree of freedom **NS – Not significant**

Table No. 6.7 reveals the data obtained by chi square to determine the association between post test knowledge score and. Socio demographic factors of ward assistants.

Findings of the study revealed that there is no significant association found between post-test knowledge scores of ward assistants and socio demographic variables such as age, gender, education, area of residence, area of working, immunization, and years of experience, educational programme, and source of information regarding prevention of Hepatitis-B. Thus **H_2 hypothesis** stated is rejected and alternative hypothesis was accepted at 0.05 level of significance.

IV. SUMMARY

This chapter dealt with the analysis and interpretation of the findings of the study. The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis. Finding reveal that the post-test mean knowledge score (23.65 ±4.69) was higher than the pre-test mean knowledge score (15.85 ±4.37). Paired' test (t=12.46) was used to analyze the effectiveness of VATP, which showed that the gain in the knowledge was significant. No other socio- demographic variables have influenced on post test knowledge scores of ward assistant on prevention of Hepatitis-B.

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