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"A STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CHEMOTHERAPY AND ITS ADVERSE EFFECTS AMONG STAFF NURSES IN SELECTED HOSPITALS OF AHMEDABAD, GUJARAT"

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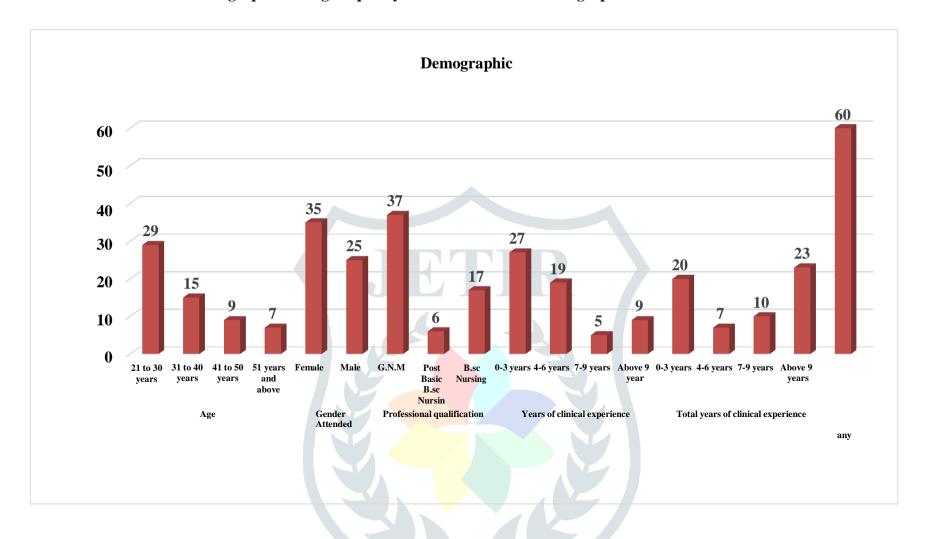
OBJECTIVES OF THE STUDY:

- 1. To assess the pre-test knowledge score regarding chemotherapy and its adverse effects among staff nurses in selected hospitals of Ahmedabad, Gujarat.
- 2. To assess the post-test knowledge score regarding chemotherapy and its adverse effects among staff nurses in selected hospitals of Ahmedabad, Gujarat.
- 3. To evaluate the effectiveness of planned teaching programme on knowledge regarding chemotherapy and its adverse effects among staff nurses in selected hospitals of Ahmedabad, Gujarat.
- 4. To find out association between pre-test knowledge score regarding chemotherapy drugs and its adverse effects and selected demographic variables of staff nurses in selected hospitals of Ahmedabad, Gujarat.

METHOD:

Pre experimental approach was used with one group pre-test and post-test design. The investigator used convenient sampling technique for selecting 60 samples. A structured knowledge questionnaire was used to assess the knowledge of samples. The reliability of the structured knowledge questionnaire was determined by "test re-test method" and using Karl Pearson"s correlation coefficient formula. Descriptive and inferential statistics was used to analyzed the

Bar graph showing frequency wise distribution of demographic variables of staff nurses.



RESULTS:

4.3 Mean, Mean Difference, Standard Deviation (SD) And "z" TestValue of ThePre-Test and Post Test Knowledge Scores of Staff nurses.

[N=60]

Knowledge test	Mean	Mean difference	SD	Z test	DF	Table Value	Sig/Non Sig
Pre Test	11.87		3.87	11.12	59	1.65	Sig
Post Test	19.43	7.56	3.67		3)		

Table 4.3 shows, the comparison between Pre-Test and Post-Test knowledge score obtained of the samples regarding chemotherapy and its adverse effects. The mean Pretest score was 11.87 and the mean post test score was 19.43 with the mean difference of 7.56. Thetable also shows that the Standard Deviation of Pre-test Knowledge score is 3.87 and Standard deviation of post-test knowledge score is 3.67. It reveals, that mean post-test Knowledge score was significantly higher than mean Pre-test Knowledge scores. This indicates that difference obtained in the mean pre-test and post- test knowledge score was a real difference and not by chance.

The calculated z value is 11.12 and the table value of 'z' is 1.65 at 0.05 level of significance. Therefore, the null hypothesis H0 is rejected and researchhypothesis H1 is accepted and it revealed that the Planned Teaching Programme was effective in improving the knowledge among staff nurses.

Investigator concluded that there is significant increase in the mean post-test knowledge score as compared to the mean pre-test knowledge score after administration of a Planned Teaching Programme regarding chemotherapy and its adverse effects among staff nurses.

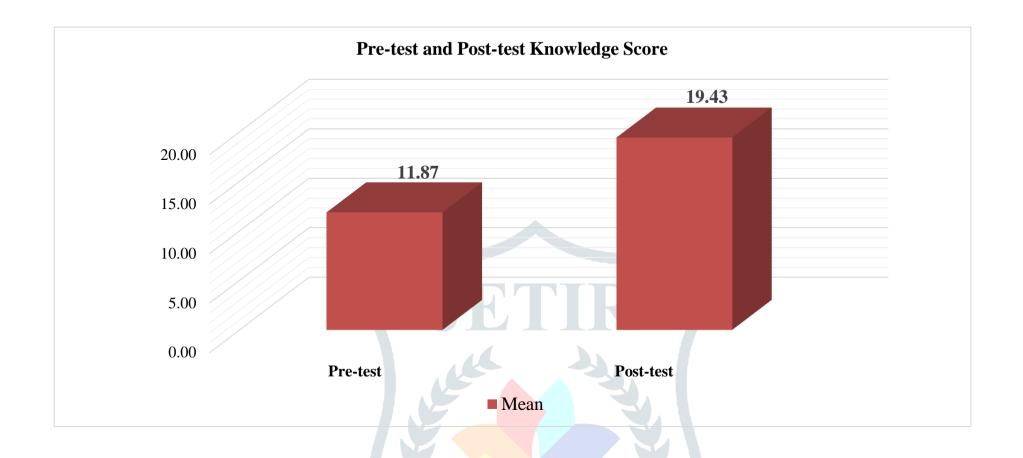


Table 4.4 Frequency and percentage distribution of the pre-test and post-test knowledge score measured by structured knowledge questionnaire regarding chemotherapy and its adverse effects among staff nurses.

[N=60]

Tl of	PRE-	TEST	POST-TEST			
Level of knowledge score	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)		
POOR KNOWLEDG E(0-10)	26	43.3%	00	0%		
AVERAGE KNOWLEDG E(11-20)	34	56.7%	37	61.7%		
GOOD KNOWLEDG E (21-30)	00	0%	23	38.3%		
Total	60	100%	60	100%		

Table 4.4 and figure no. 8 shows before administration of planned teaching programme regarding chemotherapy and its adverse effects pre-testknowledge level of the samples was: poor knowledge 26 (43.3%), average knowledge 34 (56.7%) and good knowledge 0(0%). Whereas afteradministration of planned teaching programme regarding chemotherapy and its adverse effects, post-test knowledge level was 23 (38.8%) had good knowledge, average knowledge 37 (61.7%) and poor knowledge 0(0%).

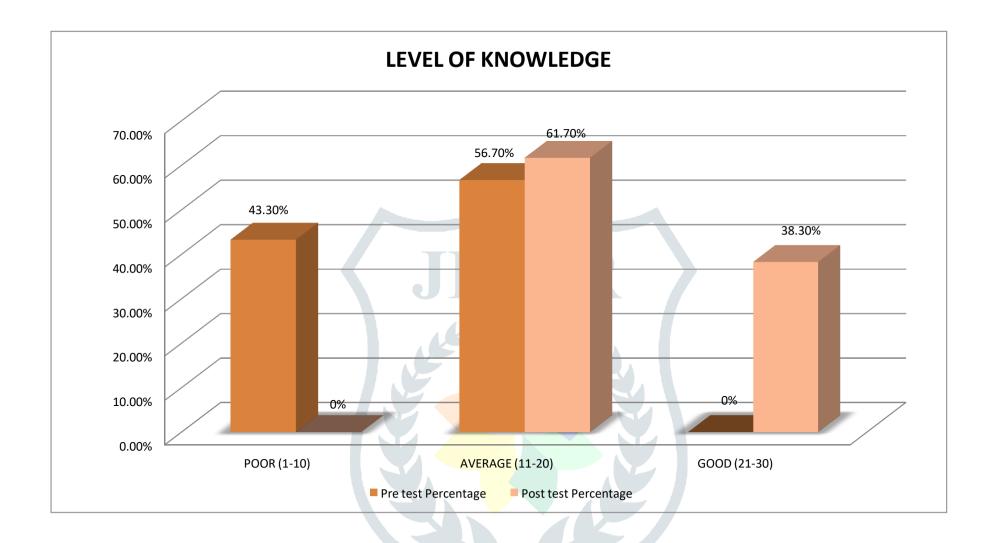


Table: 4.5 Association between pre -test knowledge score regarding chemotherapy and its adverse effects with demographic variables

[N=60]

Demographic Variables		Pre Tes	t Score	Tota	Chi Squar	DF	Table Valu	Sig/No
		Averag e	Poor	1	e	ы	e	n Sig
Age	21 to 30 years	18	11	29				
	31 to 40 years	8	7	15				Non
	41 to 50 years	4	5	9	0.961	3	7.82	Sig
	51 years and above	4	3	7	47			
Gender	Female	24	11	35	4.848	1	3.84	Sig
	Male	10	15	25				~-8
	G.N.M Post	22	15	37				
Profession al qualificati on	Basic B.sc Nursing	2	4	6	1.48	2	5.99	Non Sig
	B.sc Nursing	10	7	17				
Years of clinical experienc e in oncology departmen t	0-3 years	16	11	27				
	4-6 years	10	9	19	0.227	3	7.82	Non
	7-9 years	3	2	5	0.227		2	Sig

	Above 9 year	5	4	9				
Total years of clinical experienc e	0-3 years	13	7	20	1.344	3	7.82	Non Sig
	4-6 years	3	4	7				
	7-9 years	6	4	10				
	Above 9 years	12	11	23				

Table 4.3 Shows the association of the Pre-Test Knowledge Scores of the samples withdemographic variables such as Age, Gender, Professional Qualification, Years of Experience in oncology department, years of total clinical experience and attended any training/workshop/seminar/In service education programme regarding chemotherapy and its adverse effects.

Regarding, age groups with the pre-test knowledge scores, the calculated value of chi-square 0.961 which is less than the table value 7.82 of chi-square, at the degree of freedom and 0.05 level of significance. Hence, Age has no significant association with the pretest knowledge score of the samples.

Regarding, Gender of the samples with the pre-test knowledge scores, the calculated value of chi square is 4.848, which is greater than the table value 3.84 of chi-square at 1 degree of freedom and 0.05 level of significance. Hence, Gender have significant association with the pre-test knowledge scoreof samples.

Regarding, professional qualification of the samples with the pre-test knowledge scores, the calculated value of chi square is 1.48, which is less than the table value 5.99 of chi-square at 2 degree of freedom and 0.05 level of significance. Hence, professional qualification has no significant association with the pre-test knowledge score of samples.

Regarding, years of clinical experience in oncology department of the samples with the pre-test knowledge scores, the calculated value of chi square is 0.227, which is less thanthe table value 7.82 of chi-square at 3 degree of freedom and 0.05 level of significance. Hence, years of clinical experience in oncology department has no significant

association with the pre-test knowledge score of samples.

Regarding, years of total clinical experience of the samples with the pre-testknowledge scores, the calculated value of chi square is 1.344, which is less than thetable value 7.82 of chi-square at 3 degree of freedom and 0.05 level of significance. Hence, years of total clinical experience has no significant association with the pre- test knowledge score of samples.

This indicates that the pre-test knowledge among the samples had significance association with selected demographic variable GENDER, hence research hypothesis H_2 was accepted and null hypothesis H_0 is rejected.

