



## ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELECTED FIRST AID MEASURES (EPISTAXIS, DOGBITE, FRACTURE) AMONG BSC 2ND SEMESTER NURSING STUDENTS OF IBN-SINA COLLEGE OF NURSING OMPORA, BUDGAM

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### Abstract

First aid is the provision of initial care for an illness or injury. It is usually performed by a lay person to a sick or injured patient until definitive medical treatment can be accessed. Certain self-limiting illnesses or minor injuries may not require further medical care past the care past the first aid intervention. It generally consists of a series of simple and, in some cases, potentially life-saving techniques that an individual can be trained to perform with minimal equipment. In pre-test it was found that 32.5% respondents inadequate knowledge with percentage ,60% respondents had moderate knowledge and 67.5% of the respondents adequate knowledge.

Pre-test knowledge percentage was 32.5% and post test knowledge was with a difference of 67.5% that means the knowledge increment after intervention was 35 percent .The mean SD of pre-test was 12.48-4.013 and the post –test the mean S.D was 19.68-2.683, the mean difference was found to be 7.200, paired test was found to be significant 9.892\* p value <0.001 at the significance level 0.05. There is significant association between the level of scores of Pre-test and other demographic variables (Gender, Occupation of Father and Occupation of mother). The calculated chi-square values were less than the table value at the 0.05 level of significance.

**Keywords:** First aid, Knowledge, STP

## 1. Introduction

The responsibility of people's health is ought to begin with people themselves. The battle for health cannot be fought by medical practitioners alone. It is a people's process in which the entire population must be mobilized permanently to struggle in the war against diseases and injuries.

"Today's Children are tomorrow's citizen". Imparting scientific knowledge to the children is inevitable to build up a healthy society. Preventive aspect of child care is an important part of health promotion and to protect the child from various emergencies. Enlightening the children regarding various aspects of primary aid to mitigate the serious repercussions of accidents. Increased focus on safety strategies in emergency and public awareness has direct impact on reducing the mortality rates and improving the general health of the population.

First aid to sick and wounded has been practiced since ancient times. In fact, the famous German Surgeon General Esmarch (1823-1903) is considered to have conceived the idea of 'First aid'. According to ST JOHN'S AMBULANCE first aid and emergency care is a vital and growing specialty. First aid is the initial temporary and immediate treatment given to causality for any injury or sudden illness before the arrival of an ambulance, doctor or other qualified person.

Adolescents as a group is the most adventurous group, characterized by increased proximity to various types of accidents and emergencies as they try to explore the environment. All primary school children should receive first aid training starting in first grade. It is the need of the hour to facilitate the children with scientific Knowledge. School children are a significant and important segment of the population. They need maximum attention in terms of their education, health, social and emotional development. In India, school health services exist primarily to preserve and promote the health of the children[1].

"First aid is the provision of initial care for an

illness or injury. It is usually performed by a lay person to a sick or injured patient until definitive medical treatment can be accessed. Certain self-limiting illnesses or minor injuries may not require further medical care past the care past the first aid intervention. It generally consists of a series of simple and, in some cases, potentially life-saving techniques that an individual can be trained to perform with minimal equipment"[2].

The aims of first aid are: Preserve life- is the overriding aim of all medical care, including first aid, is to save lives prevent further harm also sometimes called preventing the condition worsening, this covers both external factors, such as moving a patient away from a cause of harm, and applying first aid techniques to prevent worsening of the condition, such as applying pressure to stop a bleed becoming dangerous. Promote recovery - first aid also involves trying to start the recovery process from the illness or injury, and in some cases might involve completing a treatment, such as in the case of applying a plaster to a small wound.

In the general public, less than 1% knows how to assess or manage someone who has collapsed. It has been estimated that if 15-20% of the population were capable of performing Cardiopulmonary Resuscitation (CPR), mortality out of hospital cardiac arrest could be decreased significantly. Training Basic Life Support (BLS) skills to school children would be the most cost-effective way of achieving this goal and ensuring that a large proportion of the population acquires basic lifesaving skills[3].

First aid is the immediate and temporary care given to the victim of an accident or sudden illness. Its purpose is to preserve life, assist recovery and prevent aggravation of the condition until the services of a doctor can be obtained, or during transport to hospital or to the casualties' home[4].

First aid is the immediate care to the injured or suddenly ill person. First aid does not take the place of proper medical treatment. It consists only of giving temporary assistance until competent medical

care, if needed, is obtained, or until the chances for recovery without medical care is ensured[5].

First aid is the immediate and temporary treatment given to the victim who suffers an accident or any sudden illness before the medical help (aid) available is called first aid[6].

First aid is emergency treatment of illness or injury in order to maintain life, to ease pain and to prevent deterioration of the patient's condition until professional medical help can be obtained[7].

First Aid is the immediate and temporary care given to an injured or sick person until the services of a qualified doctor are obtained with such material as may be available. The first aid is not an end by itself. It indicates that the person is in need of a secondary aid[8].

First aid is immediate help provided to a sick or injured person until professional help arrives. It is concerned not only with physical injury or illness but also with other initial care, including psychosocial support for people suffering emotional distress from experiencing or witnessing a traumatic event. When first aid is provided, the safety of the first aid providers must always be considered. So, when these guidelines are used to create first aid educational programmes, including information on personal safety is imperative. Because information related to personal safety is general and applies to all situations, it was not included in each guideline in order to maintain the focus on the specific information relevant for each guideline (as well as for the sake of brevity)[9].

## 2. Need for the Study

Accidents represent a major epidemic of non-communicable disease in the present century. Injuries are major neglected public health problems. Emergencies and injuries commonly occur at home and in school setting. Injuries are responsible for approximately 9.1% (5.16 million) of all causes of death in the world and about 16% of all disabilities are reported due to injury. Accident is the fourth leading cause of death. Children injuries are the

leading cause of death for children in the Pre School and school going age in the world. Accidents are epidemic among the active and productive age group. In India 5000-10000 fatal injuries occur every year.

First Aid is, an important life-saving skill that everybody should know. As young people move towards independence and take on responsibilities in their own lives, they should know how to help others, whether it is a family member, friend or fellow citizen. While there are moves underway to introduce First Aid training into the secondary school curriculum, there are other ways to give our kids (and ourselves!) at least an elementary knowledge of first Aid basics.

Accident is unexpected, unplanned occurrences which involve injury. It can occur at any time, at any place with any section of the population. The disability and morbidity related to accident can be drastically reduced if the injured persons are given care immediately and helped to seek medical care.

Children and young people represent a country's future and therefore their health needs are vital. Along with adults' children claim the right to good and quality health services. According to the universal declaration of children's rights, the children and adolescents have the right to know about health practices<sup>4</sup>. The Geneva consultation conference held under the auspices of WHO, UNESCO, UNICEF, argued strongly for the greater attention to children and adolescents' health and identified numerous appropriate strategies to attain substantial improvements in their health status. This conference identified that schools and their local communities are the key partners for achieving better health and preventing diseases.

Whether in the street or in the factory or anywhere, a first aider can play very important role in saving the life or for minimizing the complications when immediate expert medical aid is out of reach. In every school a fully equipped first aid box should be at hand as per regulations of St. John Ambulance Association of India. The emergencies commonly met within schools are, accidents leading to minor

or serious injuries, and medical emergencies such as gastroenteritis, colic, epileptic fits, fainting etc.

Although the epidemiology of accidental injuries has been well studied in many developed countries, there are still only a few studies done on students' knowledge and practice on first aid. In the UK, a survey of primary and secondary students found that 8 out of 10 pupils said they would feel more confident helping those around them if they were taught First Aid. They also felt that the public would think more highly of them if they knew youngsters were First Aid trained. The research shows that young people want to learn about First Aid. Kids can feel helpless if they are not able to help a loved one. 'First Aid can change how people think about young people. It can also help kids and teens understand the value of life and the importance of communication and teamwork, as well as boost self-esteem.'<sup>12</sup> Red Cross believes that primary school aged children can grasp First Aid information well before they are physically able to administer First Aid. Teaching your child how to check if someone is ok and call for assistance, if necessary, can be lifesaving skills.

A recent Norwegian study shows that even young children are able to learn and perform basic First Aid. Pre-school children were taught First Aid using the 'five-finger-rule' system: look at the person, talk to them, touch them to try to wake them up, call emergency services, and lastly, stay and give comfort. The children also learnt how to put each other into recovery position and how to keep an airway open.

In addition to keeping children safe at play, at home and in public places, and teaching them to take a pro-active role from potential exploitation or harm, it's important for parents and teachers to teach children basic first aid. Children need to be able to deal with any situation that arises. There are many types of resources for teaching first aid to children, such as books and on-line resources.

Children need to be taught to remain calm and not panic in emergency situations that may involve

the need for first aid. It's also very important to provide children with emergency contact information. Children should learn to clean and bandage surface wounds and to activate the emergency ice pack to use it to treat sprains or swellings. Children should also learn how to remove splinters with tweezers. Many of these things can be taught to children by parents and teachers. Children can also learn such things from first aid books written for children.

The first aid to the injured can save them from death reduced the severity of injury, has a positive effect on hospital stay of injured, expense and outcomes of medical care. The responsibility of giving first aid and emergency care to pupils who become sick or injured rests with any people who are with the patient and therefore everyone should receive adequate training programme to prepare them to carry out this obligation.

A study was conducted on 'Comparative Impact of Two Training packages on Awareness and Practices of first Aid for Injuries and Common illness among High School Students in India. The objective of the study is to assess Knowledge about various illnesses and their management among high school students especially in rural areas in India. The sample consists of 120 students of age 14-15 years from a Government Senior Secondary School a Chandigarh, India. The result shows that the students lacked knowledge in childhood emergency conditions and some routine day-to-day conditions which are not taken seriously for treatment.

For the program implementation, several teaching tools were designed. The triangulation of methods allowed accepting the suggested program as valid and feasible after having been evaluated by experts. The qualifications attained by both students and teachers in the output test were optimal. It was suggested that the school with its teachers, students, pioneer's organization and Boy Scout movement was suggested as the ideal path to offer organized and controlled training in life-saving.

Thus, the above information and reviews, the researcher felt that the high school students need more information on first aid management. A structured teaching program for high school students on first aid management will enhance their knowledge and practice. Hence there is need for assessing the knowledge and practice on first aid management among high school students in selected schools, Bangalore.

The first hour after injury's is the golden hour. It is estimated that 50% of deaths occur within first hour of an accident, 30% between one hour and one week, and 20% occur after first week. In US 3925 fire related deaths occurred in the year 2003, and out of these deaths 85% were involved in structural fire while 12% in vehicle fire for children under 14 years. The US death rate is such that more than 600 children die each year from unintentional fire and burn related injuries.

First aid training is very important for everybody. By learning first aid, a person can provide the necessary care while waiting for the ambulance to arrive. Often critical life support is effective when given immediately. Thus, it is advisable that a person should learn basic first aid knowledge. It is sad to note that in most developing countries like India; a lot of people are still unaware of doing basic lifesaving procedures. Hence investigator felt it necessary to conduct structured teaching programme regarding selected first aid measures among B.sc 2<sup>nd</sup> semester nursing students of IBN-SINA COLLEGE OF NURSING OMPORA.

### 3. Objectives

The objectives of the study were:

- To assess the pre-test knowledge scores of B.sc 2<sup>nd</sup> semester regarding first aid measures.
- To assess the post-test knowledge scores of B.sc 2<sup>nd</sup> semester regarding first aid measures.
- To compare pre-test and post-test knowledge scores of B.sc 2<sup>nd</sup> semester regarding first aid measures.
- To determine the association of pre-test

knowledge scores regarding the first aid measures with their selected demographic variables (age, gender, Education status of father and mother, monthly income).

### 4. Methodology

Methodology of a research refers to the controlled investigation of the ways of obtaining, organizing and analyzing data. This chapter deals with description of research methodology and the different steps undertaken for gathering and organizing the data for investigation. It includes the following steps:

- Research approach.
- Research design.
- Research setting.
- Target population.
- Sample size and sample technique.
- Inclusion and exclusion criteria.
- Selection and development of the tool.
- Description of the tool.
- Validity of the tool.
- Data collection method.
- Plan of data analysis.

### 5. Research Approach

The research approach indicates the basic procedure for conducting research. The present study was aimed at determining the level of knowledge regarding First Aid among B.sc 2<sup>nd</sup> semester nursing students, session 2015-2016 of IBN-SINA COLLEGE OF NURSING OMPORA.

Quantitative approach was selected as this was found to be the most appropriate for the problem under study.

#### 5.1 Research Design

A pre-experimental research design was used.

#### 5.2 Research Settings

Research study was conducted at IBN-SINA COLLEGE OF NURSING OMPORA.

#### 5.3 Target Population

The target population in our study were the B.sc 2<sup>nd</sup> semester students.

### 5.4 Variables

Dependent variable: Structured teaching programme on knowledge regarding First Aid.

Independent variable: Level of knowledge about the structured teaching programme regarding First Aid.

### 5.5 Sampling Technique and Sample Size

Purposive sampling technique was used and sample size was 40.

### 5.6 Inclusion Criteria

B.sc 2<sup>nd</sup> semester students who were present and were willing to participate on that day.

### 5.7 Exclusion Criteria

B.sc 2<sup>nd</sup> semester students who were absent on the day of data collection and who were not willing to participate.

### 5.8 Selection and Development of Tool

Tool was prepared on the basis of objectives of study. A structured questionnaire was used to access the knowledge of First Aid among B.sc 2<sup>nd</sup> semester nursing students of IBN-SINA COLLEGE OF NURSING OMPORA.

### 5.9 Instruments Used

- Demographic Performa.
- Structured knowledge questionnaire on knowledge regarding First Aid
- Structured teaching program.

### 5.10 Description of Tool

As the study was concerned with the knowledge regarding First Aid. The following structured tool was used for data collection. It has two parts:

#### Part-I Demographic Data

This part included students' information including code number, demographic data included age, gender, residence.

#### Part-II Structured Knowledge Questionnaire

Included questions which covered all the aspects of knowledge regarding First Aid.

### 5.11 Criterion Measurement

Each correct answer carry one marks and each wrong answer carries zero marks. Criteria as follows.

Knowledge	Range	%
GOOD	31-40	77.5%-100%
AVERAGE	16-30	33.6%-77.5%
POOR	1-15	1%-33.6%

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Quantitative approach was selected as this was found to be the most appropriate for the problem under study.

### 5.12 Validity of Tool

The prepared tool was sent to 7 experts for the establishment of content validity.

The permission for tool validation was obtained by sending requisition letter and acceptance form from the validators were requested to give their opinion to the appropriateness accuracy answers relevance of the items of tool in term of acceptance or non acceptance.

### 5.13 Data Collection Method

Data collection for the study was done from B.sc 2<sup>nd</sup> semester nursing students of IBN-SINA COLLEGE OF NURSING OMPORA. After getting written permission from the concern authority of nursing education department.

The student investigators personally vested the IBN-SINA COLLEGE OF NURSING OMPORA. The purpose of the study was explained to the students. The respondents were assured for confidentiality the study was conducted according to the convenience of students.

## 6. Analysis and Interpretation

### 6.1 Section 1

Description of Demographic Profile.

This section describes the demographic characteristics of the sample under study. The data obtained describes the characteristics pertaining

Section 1: Description of Demographic variables of study subjects (Age, Gender, place of living, Education status of Father, Education status of Mother, Occupation of Father, Occupation of Mother, Previous information).

Table 1, percentage and frequency distribution of study subjects according to age.

**Table 1: Demographic profile of the subjects**

Variables	Opts	Percentage	Frequency
Age	18-19 years	77.5%	31
	20-21 years	22.5%	9
	22-24 years	0.0%	0
	24 years and above	0.0%	0
Gender	Male	52.5%	21
	Female	47.5%	19
Place of Living	Urban	27.5%	11
	Rural	72.5%	29
Educational Status of Father	Illiterate	27.5%	11
	Primary education	12.5%	5
	Secondary education	35.0%	14
	Graduation or above	25.0%	10
Educational Status of Mother	Illiterate	7.5%	3
	Primary education	35.0%	14
	Secondary education	25.0%	10
	Graduation or above	32.5%	13
Occupation of father	Govt sector employee	12.5%	5
	Private sector employee	12.5%	5
	Self employed	42.5%	17
	Retired	32.5%	13
Occupation of Mother	Other	0.0%	0
	Govt sector employee	20.0%	8
	Private sector employee	25.0%	10
	Self employed	30.0%	12
Previous information	House-wife	25.0%	10
	Mass-media	40.0%	16
	News-paper	55.0%	22
	Books	5.0%	2
	Others	0.0%	0

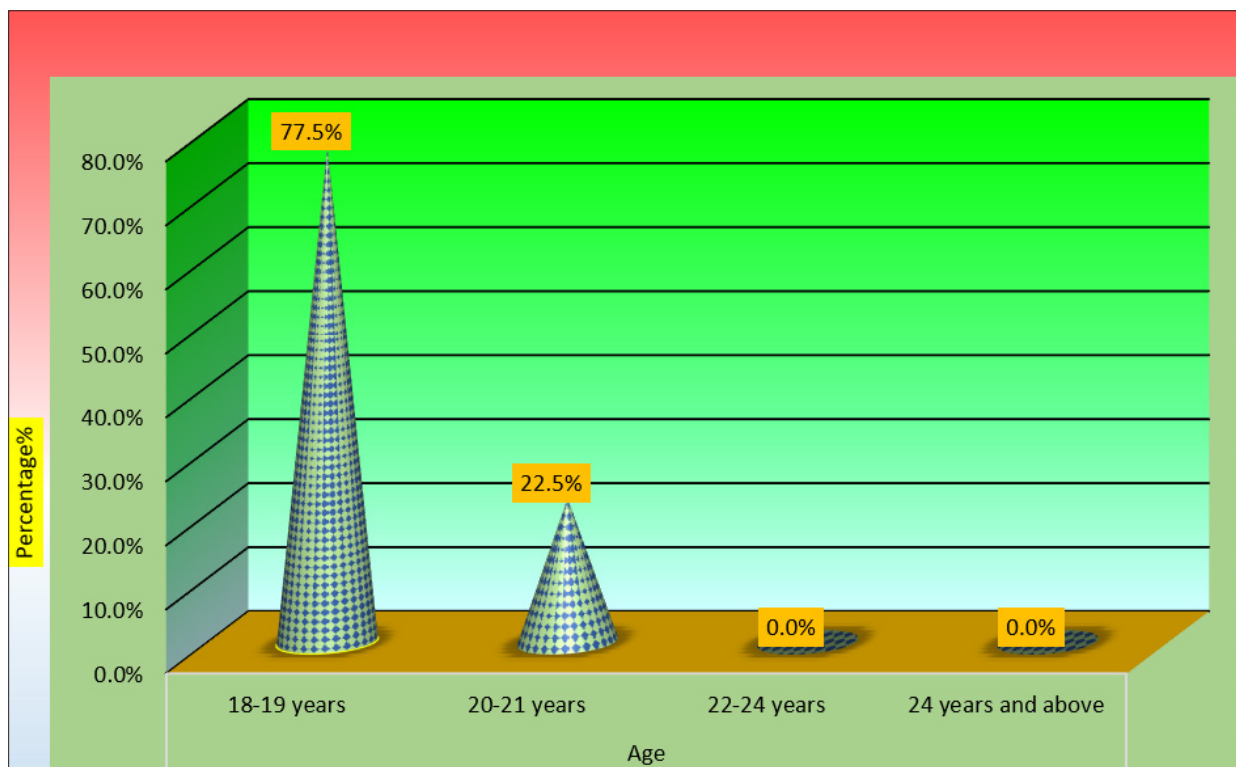


Figure 1: Conical diagram showing frequency and percentage distribution of study subjects according to Age

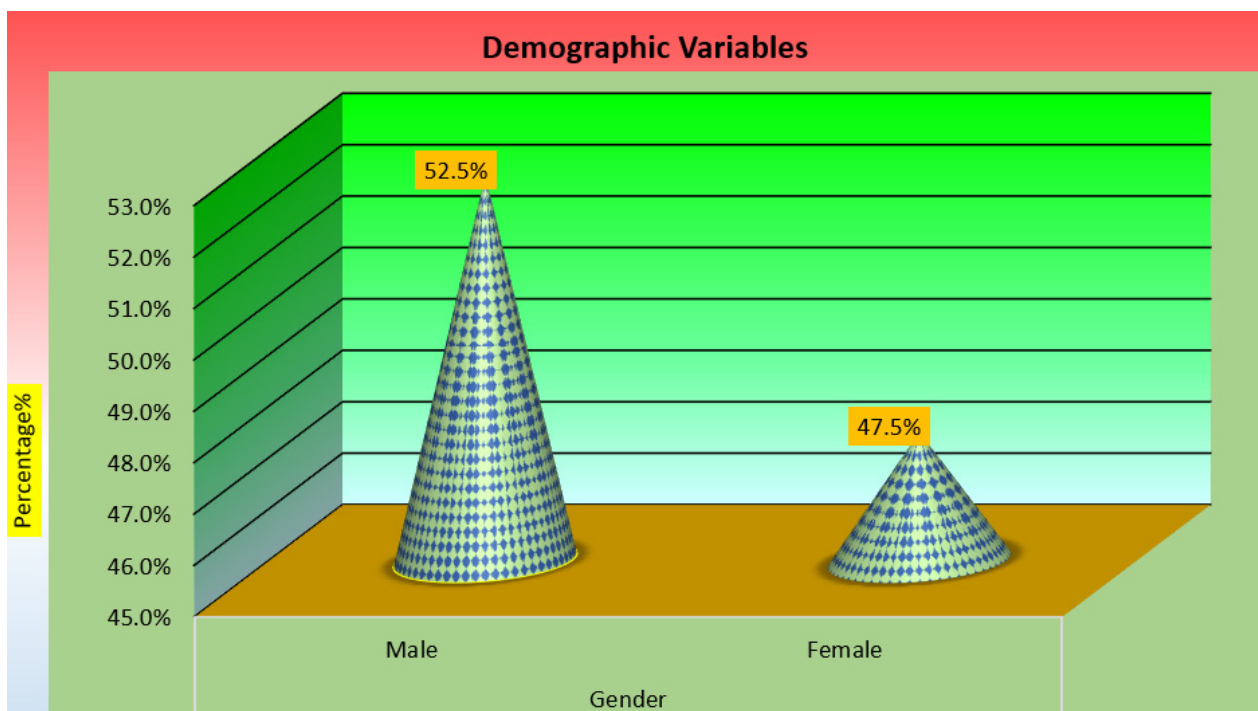


Figure 2: Conical diagram showing frequency and percentage distribution of study subjects according to Gender

Data presented in table 1 and figure 1 shows: 77.5% were 18-19 years, 22.5% were 20-21 years.

Data presented in table 1 and figure 3 shows: 27.5% were urban, 72.5% were Rural.

Data presented in table 1 and figure 4 shows: 27.5% were illiterate, 12.5% were primary education, 35.5% were secondary education, 25% were graduation.

Data presented in table 1 and figure 5 shows: 7.5%



were illiterate, 35% were primary education, 25% were secondary education, 32.5% were graduation.

Data presented in table 1 and figure 6 shows: 12.5% were govt sector employee, 12.5% were private sector employee, 42.5% were self-employed, 32.5% were retired.

Data presented in table 1 and figure 7 shows: 20% were govt sector employee, 25% were private sector employee, 30% were self-employed, 25% were retired.

Data presented in table 1 and figure 8 shows: 40% were Mass- media, 55% were news-paper, 5% were Books.

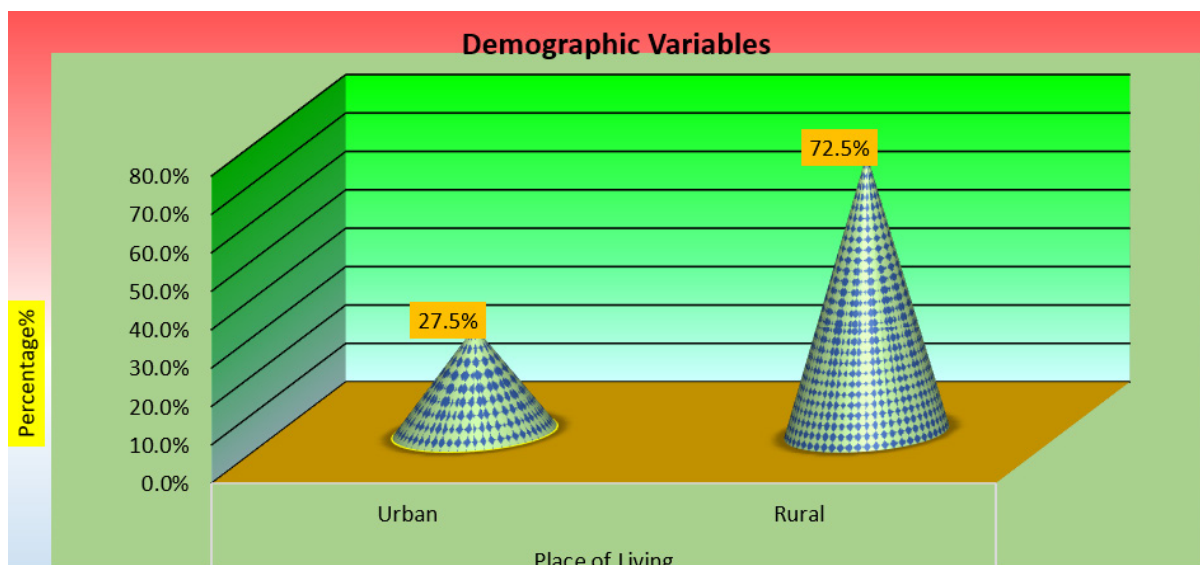


Figure 3: conical diagram showing frequency and percentage distribution of study subjects according to Place of living

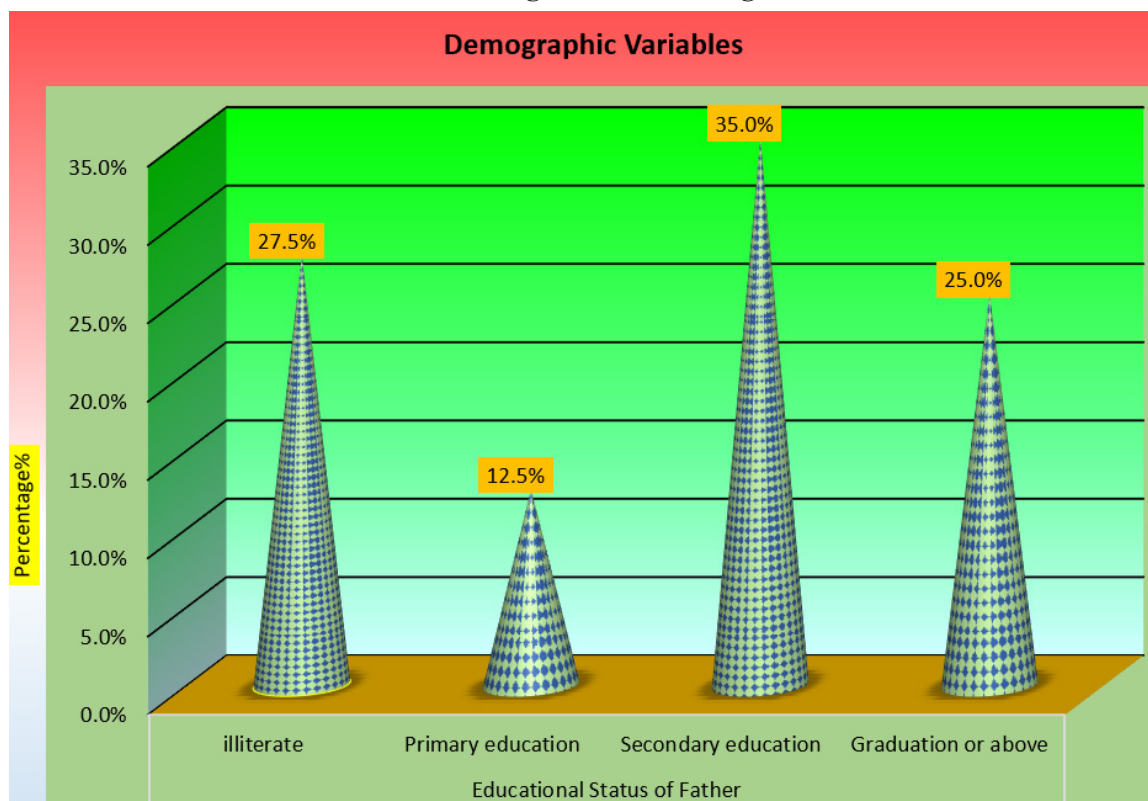


Figure 4: conical diagram showing frequency and percentage distribution of study subjects according to Education status of Father

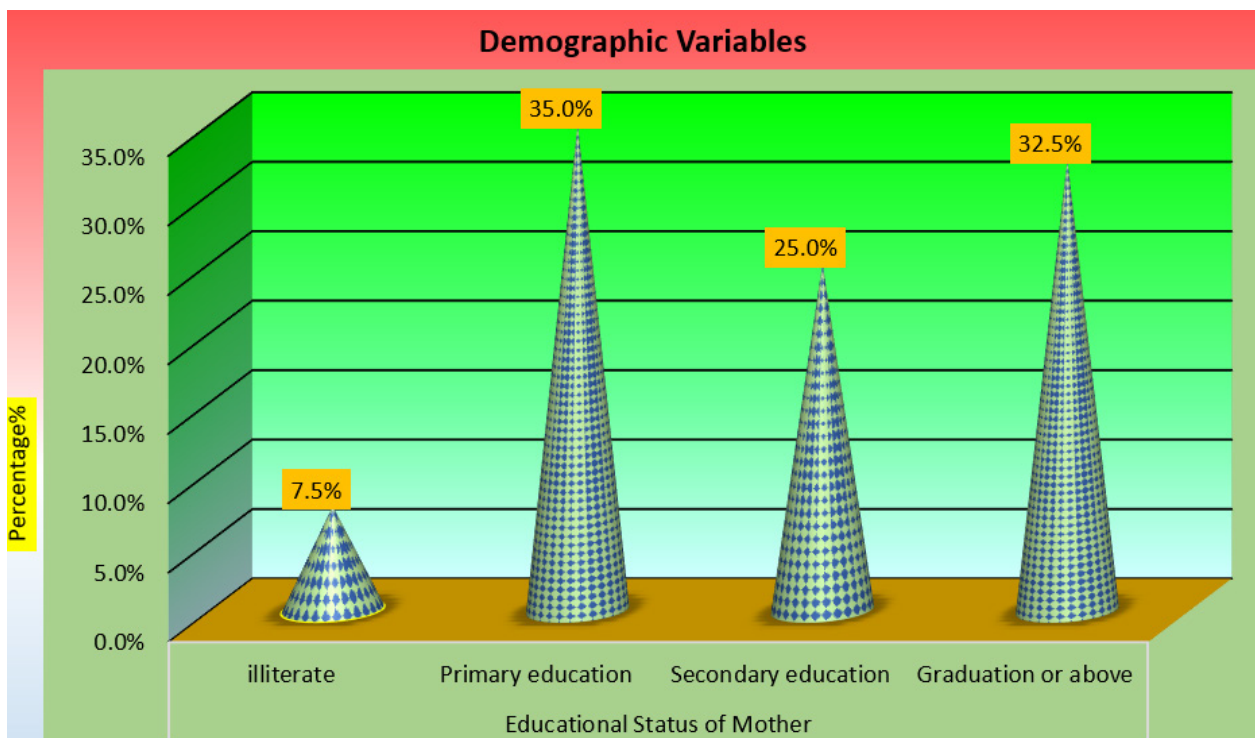


Figure 5: Conical diagram showing frequency and percentage distribution of study subjects according to Education status of Mother

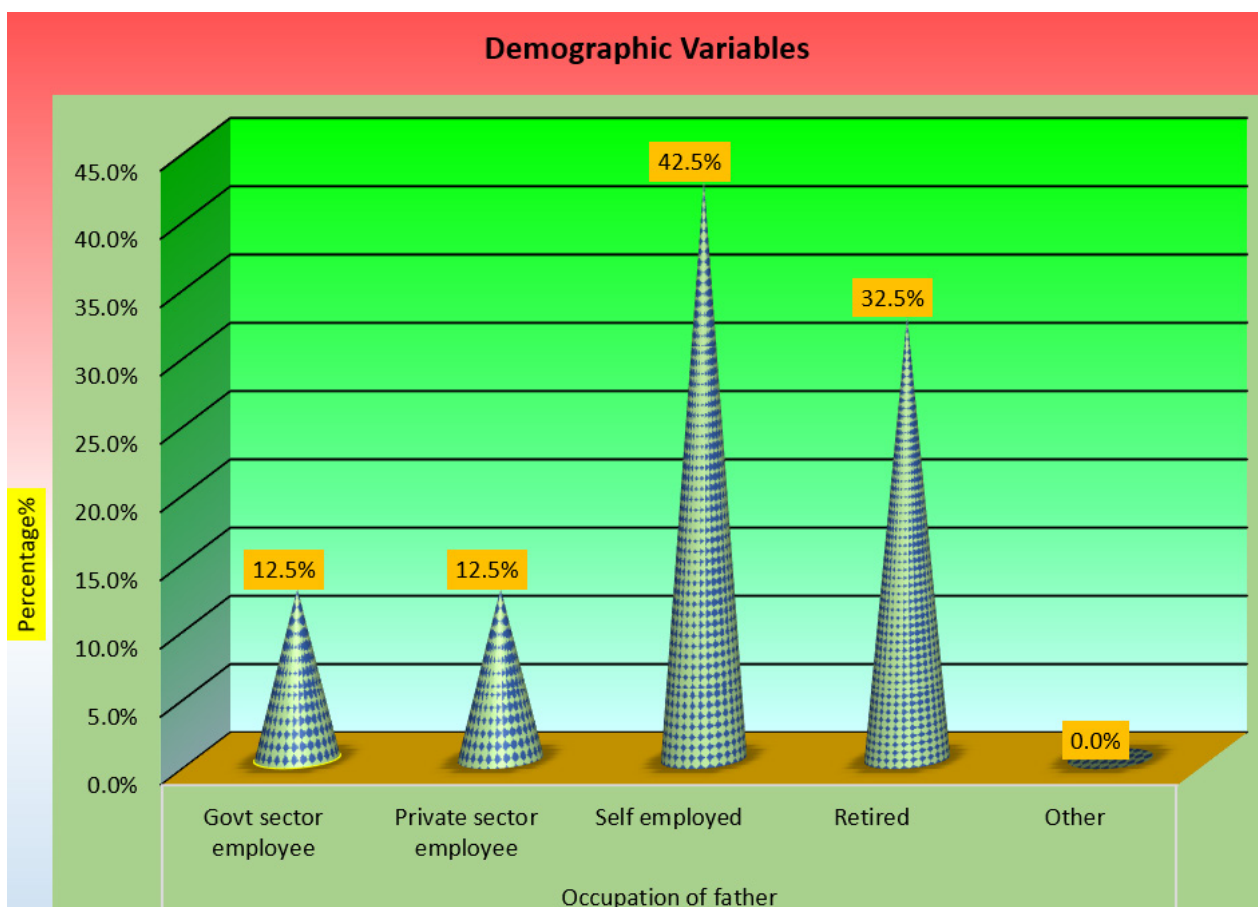


Figure 6: Conical diagram showing frequency and percentage distribution of study subjects according to occupation of Father

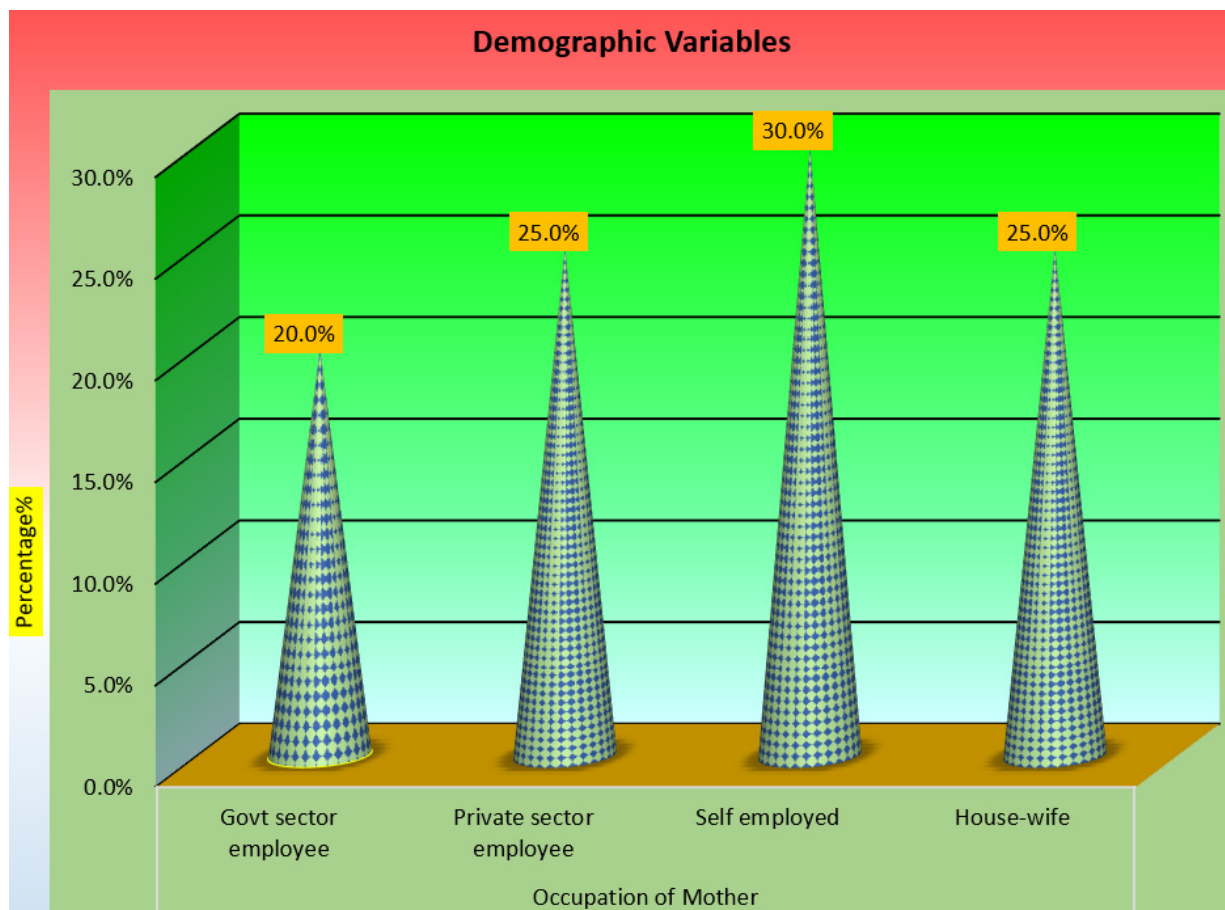


Figure 7: Conical diagram showing frequency and percentage distribution of study subjects according to occupation of Mother

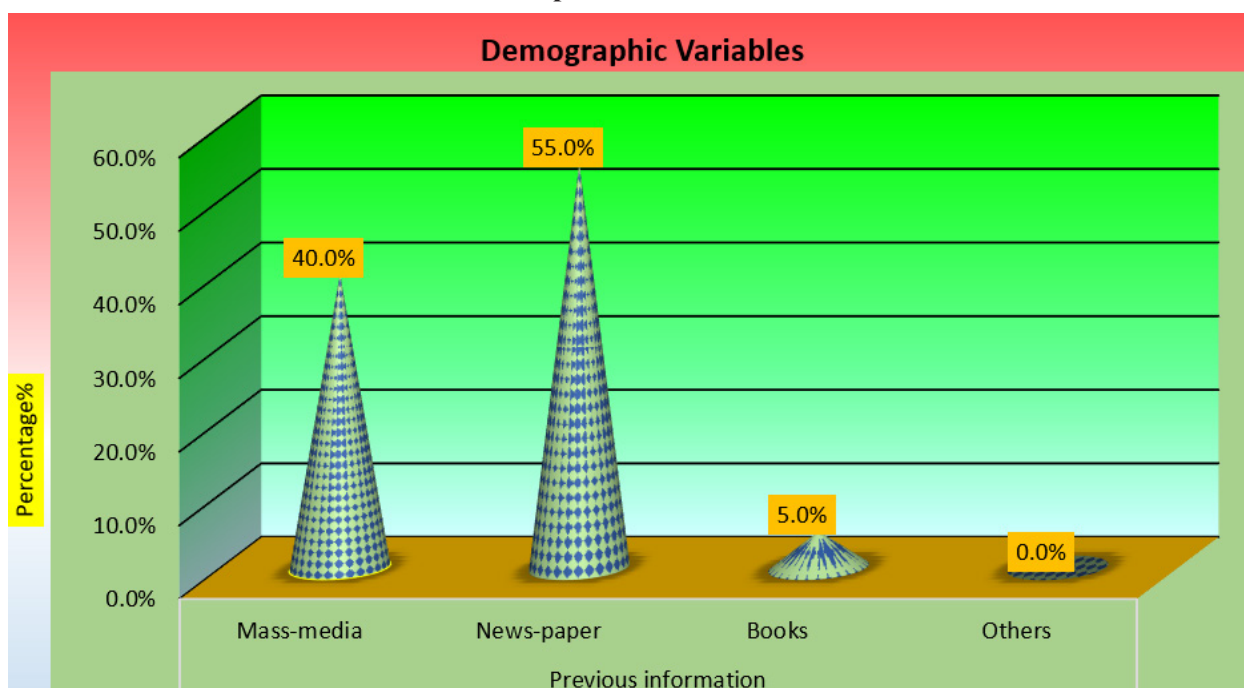


Figure 8: Conical diagram showing frequency and percentage distribution of study subjects according to previous information

6.2 Section II

Description of pre-test and post-test knowledge scores of study subjects regarding first-aid.

Table 2: Distribution of study subjects according to their pre-test knowledge scores regarding first-aid (n=40)

Level of Knowledge	Criteria Measure	Frequency	Percentage
Poor Knowledge.	0-9	13	32.5%
Average Knowledge	10-18	24	60%
Good Knowledge	19-28	3	7.5%

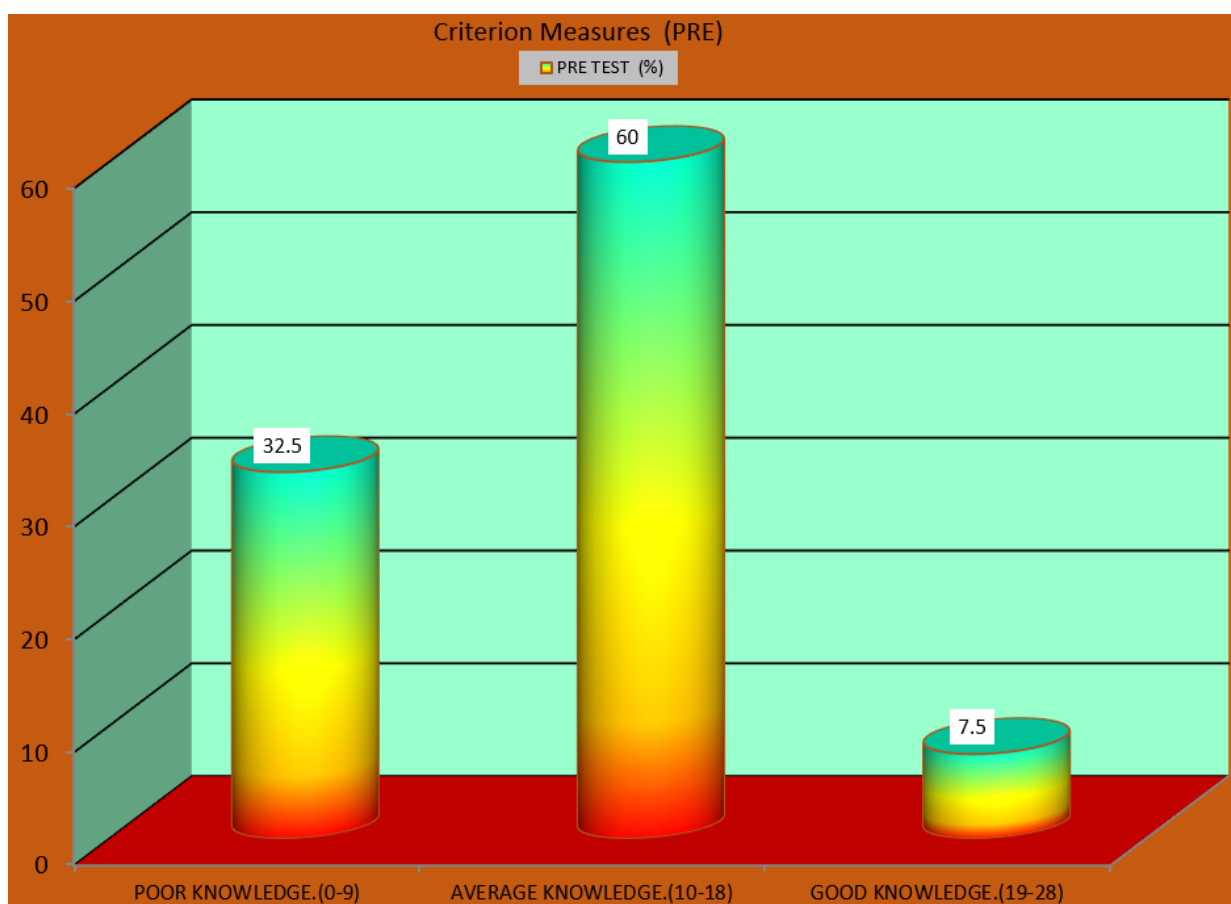


Figure 9: Bar diagram showing the frequency and percentage distribution of study subjects according to pre-test knowledge scores regarding first-aid

Table 3: Distribution of study subjects according to their post-test knowledge scores regarding first-aid (n=40)

Level of Knowledge	Criteria Measure	Percentage (F)	Frequency (%)
Poor Knowledge	0-9	0	0
Average Knowledge	10-18	13	32.5
Good Knowledge	19-28	27	67.5

Data presented in table 2 and figure 9 shows: 32.5% were poor knowledge, 60% were average knowledge, 7.5% were good knowledge.

Data presented in table 3 and figure 10 shows :0 % were poor knowledge, 32.5% were average knowledge, 67.5% were good knowledge.

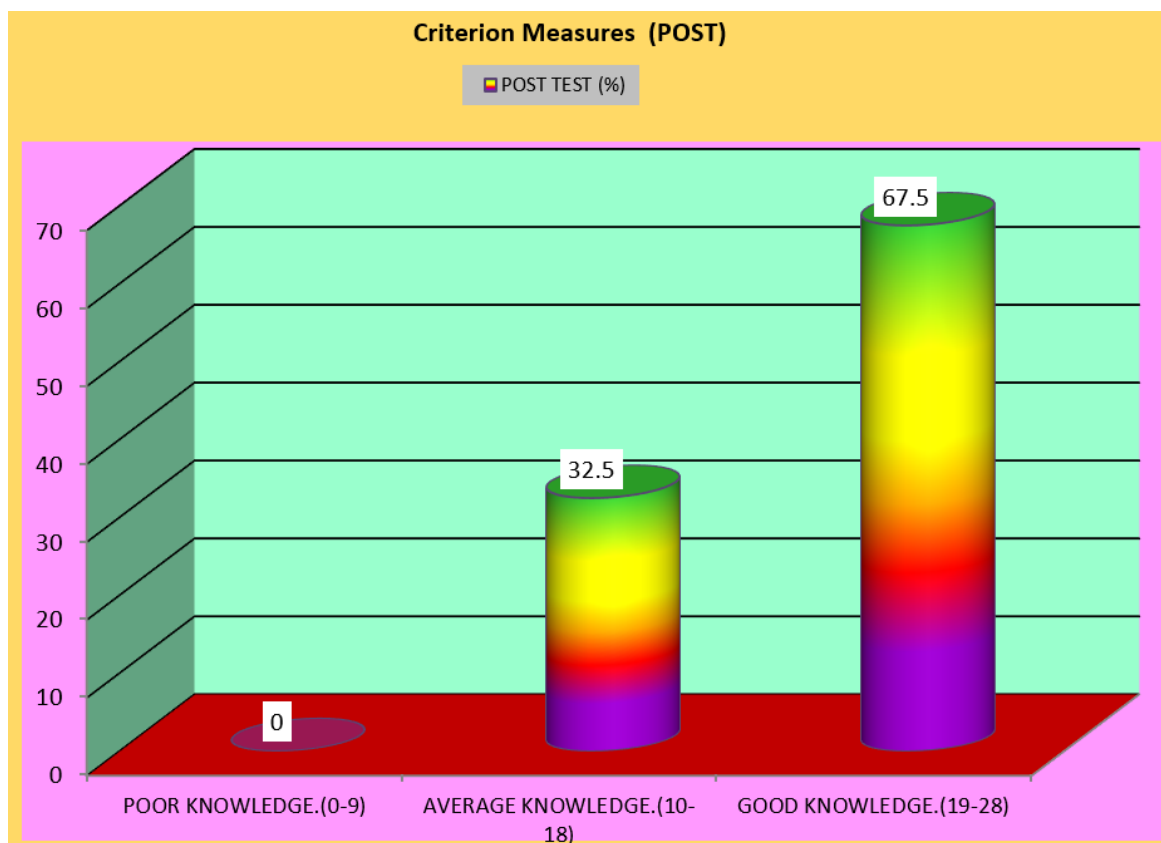


Figure 10: Bar diagram showing the frequency and percentage distribution of study subjects according to post-test knowledge scores regarding first-aid

### 6.3 Section III

Table 4: Comparison of descriptive statistics of pre-test and post-test scores of knowledges (N=40)

Paired T-test	Mean±S.D.	Mean%	Range	Mean Diff.	Paired T-test	P value	Table Value at 0.05
Pre-test Knowledge	12.48±4.013	44.60	6-20	7.200	9.892 *Sig	<0.001	2.02
Post-test Knowledge	19.68±2.683	70.30	14-25				

\*\* Significance Level 0.05, Maximum=28 Minimum=0

Table 5: Comparison of pre-test mean percentage and post-test mean percentage of knowledge of study subjects regarding first-aid (n=40)

Mean%	Pre-test Knowledge	Post-test Knowledge	Difference	Pre-test Knowledge Score %	Post-test Knowledge Score %	Difference%
Average	12.48	19.68	7.20	44.55	70.27	25.71

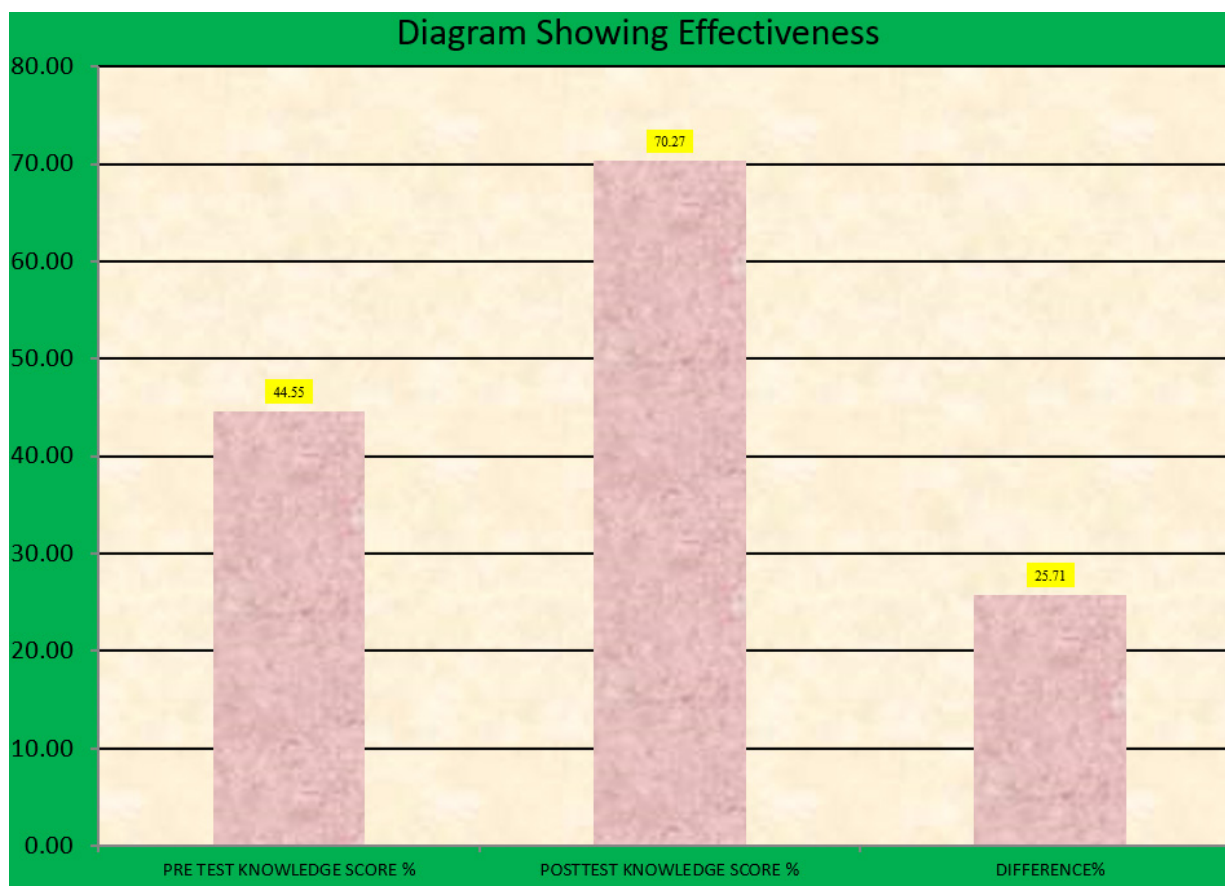


Figure 11: Bar diagram showing pre-test mean percentage, post-test mean percentage and effectiveness percentage of teaching

Table 6: Association of Pre-test knowledge scores with selected demographic variables

Association of pre-test knowledge scores with selected socio-demographic variables									
Variables	Opts	Good Knowledge	Average Knowledge	Poor Knowledge	Chi Test	P Value	df	Table Value	Result
Age	18-19 years	3	16	12	4.121	0.127	2	5.991	Not Significant
	20-21 years	0	8	1					
	22-24 years	0	0	0					
	24 years and above	0	0	0					
Gender	Male	0	11	10	6.853	0.033	2	5.991	Significant
	Female	3	13	3					
Place of Living	Urban	1	5	5	1.370	0.504	2	5.991	Not Significant
	Rural	2	19	8					

Educational Status of Father	illiterate	1	8	2	5.015	0.542	6	12.592	Not Significant
	Primary education	1	3	1					
	Secondary education	0	7	7					
	Graduation or above	1	6	3					
Educational Status of Mother	illiterate	0	2	1	4.849	0.563	6	12.592	Not Significant
	Primary education	0	9	5					
	Secondary education	2	4	4					
	Graduation or above	1	9	3					
Occupation of father	Govt sector employee	0	2	3	13.270	0.039	6	12.592	Significant
	Private sector employee	0	1	4					
	Self employed	3	10	4					
	Retired	0	11	2					
	Other	0	0	0					
Occupation of Mother	Govt sector employee	3	5	0	15.982	0.014	6	12.592	Significant
	Private sector employee	0	5	5					
	Self employed	0	8	4					
	House-wife	0	6	4					
Previous information	Mass-media	1	12	3	4.883	0.299	4	9.488	Not Significant
	News-paper	2	10	10					
	Books	0	2	0					
	Others	0	0	0					

Data presented in table 5 and figure 12 shows: 44.55% were pre-test mean percentage, 70.27% were post-test mean percentage and 25.71% were effectiveness percentage of teaching.

## 7. Summary

### 7.1 Summary

This research project work was conducted to evaluate the effectiveness of structured teaching progame on knowledge regarding first aid among BSc nursing 2<sup>nd</sup> semester IBN-SINA COLLEGE OF NURSING. The investigator intended to assess the knowledge regarding first aid among BSc nursing 2<sup>nd</sup> semester IBN-SINA COLLEGE OF NURSING. with the intention to increase the knowledge among the

students regarding first aid to reduce the medical complications and to provide emergency care.

The study was under taken with the following objectives:

Objectives of research group were to assess the level of knowledge regarding first aid among BSc nursing 2<sup>nd</sup> semester IBN-SINA COLLEGE OF NURSING. To determine the association of pretest knowledge score with selected associated demographic variables. A review of related research literature and non related research literature enabled by the investigator to develop methodology for the study. The present study was pre-experimental survey. The study was conducted at IBN-SINA COLLEGE OF NURSING. The pretest data was

collected in a day from 40 students of BSc nursing 2<sup>nd</sup> semester IBN-SINA COLLEGE OF NURSING.

The relevant data was collected by using self-administered questioner.

The following tools were used:

## 7.2 Questionnaire

Questionnaire consists of two parts:

### Part I

Demographic Characteristics: Gives information about the respondents i.e personal bio data, age, education, Gender, previous source of information, place of living.

### Part II

#### Self-structured questioner

Containing different questions about first aid.

The collected data was first categorized and described in terms of frequencies and percentage.

## 8. Discussion

The study was conducted to assess the effectiveness of organised teaching program on knowledge regarding First-aid measures among BSc 2<sup>nd</sup> semester students IBN-SINA College of Nursing Ompora Budgam. The study was conducted using pre-experimental research design. Subjects were selected by the purposive sampling method.

A Self structured questionnaire was used to assess effectiveness of organised teaching program on knowledge regarding First-aid measures among B.sc 2<sup>nd</sup> semester students IBN-SINA College of Nursing Ompora Budgam. The response was analysed through Descriptive statistics (chi-square). The discussion of the results was arranged according in the study objectives.

The first objective of this study was to assess the pre-test level of knowledge score of B.sc 2<sup>nd</sup>-semester regarding first aid measures in Ibn Sina College of Nursing Budgam.

In pre-test it was found that 32.5% respondents' inadequate knowledge with percentage ,60%

respondents had moderate knowledge and 67.5% of the respondent's adequate knowledge.

The second objective of this study was to assess the post-test knowledge scores of B.sc 2<sup>nd</sup> semester regarding first aid measures in Ibn Sina College of Nursing Budgam.

Pre-test knowledge percentage was 32.5% and post-test knowledge was with a difference of 67.5% that means the knowledge increment after intervention was 35 percent. The mean SD of pre-test was 12.48-4.013 and the post –test the mean S.D was 19.68-2.683, the mean difference was found to be 7.200, paired test was found to be significant 9.892\* p value <0.001 at the significance level 0.05.

The third objective of this study was to determine the association of pre-test knowledge scores regarding the first aid measures with their selected demographic variables in Ibn Sina College of Nursing Budgam.

This study revealed that there was significant association between the pre score level and demographic variables (Gender, Occupation of Father and Occupation of Mother). While as in post-test there was no significant association between the pre score level and demographic variables.

There is significant association between the level of scores of Pre-tests and other demographic variables (Gender, Occupation of Father and Occupation of mother). The calculated chi-square values were less than the table value at the 0.05 level of significance.

There is no significant association between the level of scores of post-tests and other demographic variables (Age, Gender, Education of Father and Mother, Occupation of Father and Mother, Source of income, Place of living). The calculated chi-square values were less than the table value at the 0.05 level of significance.

## 9. Conclusion

In the present study the mean post-test knowledge was higher than the pretest knowledge. So, it shows the effectiveness of structured teaching programme. There was significant association found with



education in knowledge but no association found with demographic variables on practice.

In pre-test it was found that 32.5% respondents' inadequate knowledge with percentage ,60% respondents had moderate knowledge and 67.5% of the respondent's adequate knowledge.

Pre-test knowledge percentage was 32.5% and post-test knowledge was with a difference of 67.5% that means the knowledge increment after intervention was 35 percent. The mean SD of pre-test was 12.48-4.013 and the post –test the mean S.D was 19.68-2.683, the mean difference was found to be 7.200, paired test was found to be significant 9.892\* p value <0.001 at the significance level 0.05. There is significant association between the level of scores of Pre-tests and other demographic variables (Gender, Occupation of Father and Occupation of mother). The calculated chi-square values were less than the table value at the 0.05 level of significance.

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**11. Conflict of Interest:** None

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