A Study To Assess The Effectiveness of Structured Teaching Programme Regarding Knowledge of First-Aid Measures in Sports Injuries Among Primary School Teachers In Selected Schools at Nagaur

Abhishek Joshi

Principal, Shaheed Bhagat Singh College of Nursing, Nawa City, Nagaur Rajasthan

Abstract

Background: In India around 35-40% of population is youngsters beneath 15 years old. This age bunch is considered as uncommon hazard bunch as they are defenseless against different wellbeing related issues. Emergency treatment is the transitory and quick consideration given to the individual who is harmed or out of nowhere sick. The point is to forestall the condition deteriorating and guaranteeing quick recuperation and protecting the valuable human life. National alliance of secondary school affiliation detailed that around 7.6 million understudies play secondary school sport. Out of which roughly 3.5 million youngsters has a place with age 14 and under get harmed every year by playing sports exercises. According to National Crime Bureau Record report of 2006, there were 22,767 deaths (<14years) because of wounds among kids. An ongoing national survey on weight of wounds in India uncovered that, about 8.2% of deaths and 20-25% of hospitalizations happen among youngsters, in light of barely any medical clinic and population based investigations. The study was undertaken to find The Effectiveness of Structured Teaching Program Regarding Knowledge of First-Aid Measures In Sports Injuries Among Primary School Teachers In Selected Schools At Nagaur (Raj). *Methods***:** In view of the nature of the problem selected and to accomplish the objectives of the study, Quantitative research approach was utilized to assess the adequacy of structured teaching programme. Pre experimental research design [one group pre test - post test] was utilized in the examination to evaluate the knowledge Regarding First-Aid Measures In Sports Injuries Among Primary School Teachers in Selected Schools At Nagaur (Raj). *Results And Conclusion:* After the presentation of the arranged showing program, the post-test measures demonstrated that the mean post-test information scores (24.91) was higher than their mean pre-test information scores (13.76). Results showed a significant difference suggesting that the structured teaching programme was statistically effective in increasing the

knowledge of primary school teachers regarding first aid measures in Sports injury. This is evident that the demographic variables such as the Gender, the determined chi square value is less than the critical value at $p<0.05$ level of significance, so null hypothesis is accepted and research hypothesis is rejected. In demographic variables such as age, educational status, year of teaching experiences and sources of information on first aid, the calculated chi square value is higher than the critical value at $p<0.05$ level of significance, So null hypothesis is rejected and research hypothesis is accepted.

Corresponding Author[*]**: Abhishek Joshi,** Principal, Shaheed Bhagat Singh College of Nursing, Nawa City, Nagaur, Rajasthan. E. Mail- abhishekjoshi2479@gmail.com

INTRODUCTION

Emergency treatment spare a casualty's life particularly if the casualty is draining intensely and has quit relaxing. It likewise forestalls extra health related crises that can emerge from a physical issue or disease. Youngsters are in every case valuable to their folks. Despite the fact that more consideration is taken to secure the youngster at home by relatives, incidentally a crisis emergency may happen to the kids in the home and schools.[1]

As indicated by Carotta M. Reinke, "emergency treatment is a significant obligation of every one of the one, as in remote zones and there is extremely constrained access to undeniable human services offices and dispensaries in close by. Along these lines we ought to have the option to give care of the individuals who are harmed. The points of emergency treatment are to save life, advance recuperation, and forestall intensifying of the casualties general condition and brisk vehicle of the setback to the closest clinical guide if required.[2]

First aider can be a typical individual who may have figured out how to standard technique for use of emergency treatment most appropriate to his aptitudes. The individual recognizes the issue and gives crisis care and when essential move the people without bringing on additional injury.

Medical aid can spare a casualties life in crisis that can emerge from a physical issue or sickness. This is an age when innovation has created entangled apparatus and quick methods for transport so mishaps are on the ascent and produce destroying results with death toll, wounds to the body and brain, under these conditions medical aid has increased a lot of significance. Medical aid can be given to a wiped out or harmed individual until administrations of a certified specialist are obtained.[3]

As indicated by California code of guideline segment (c) and managerial chief principle, characterizes medical aid as "emergency treatment is any one time treatment and any subsequent visit with the end goal of perception of minor wounds, cuts, consumes, splinter and so on. Such onetime treatment and follow up care with the end goal of perception is considered despite the fact that gave by a doctor or enlisted proficient work force". In the event that any individual experiences by a mishap or any unexpected sickness the guide that can be given by the individuals who are close to him before taking him to a specialist is called medical aid. It is important that we all ought to have the option to perform emergency treatment since we will be in the end wind up in circumstance requiring it either for other people or for ourselves. The danger of injury while voyaging, working or playing is extraordinary to such an extent that a great many people support a critical physical issue eventually during their lives.[4]

A sorted out overall exertion of giving emergency treatment came uniquely in 1877, however medical aid was being drilled from old occasions. The well-known German specialist, general Esmatch who was the main concerned the possibility of medical aid with the development of St. John Ambulance relationship of England. In 1922 Red Cross Society of India was set up with in excess of 400 branches everywhere throughout the India[5].

Mishaps and injuries are fifth driving reason for death by and large, surpassed uniquely by coronary illness, malignant growth, stroke, and interminable obstructive pneumonic ailments. Incidental wounds remain on third situation in significance behind malignant growth and coronary illness and Accidental wounds are the significant reason for death in youngsters between the ages of 1 and 21.[12] Accidents occur, particularly during sports. It very well may be conceivable to limit the number and seriousness of wounds with preventive techniques. One

wrong advance on the field can bring about an abrupt, difficult injury. At the point when inadvertent injury happen, you should be react rapidly. The essential objective of emergency treatment is to forestall further injury or damage.[6]

As per the World Health Organization, inadvertent wounds were answerable for over 3.9 million passings and more than 138 million handicap balanced life-years in 2004, with over 90% of those happening in low-and center pay nations (LMIC). This paper uses the year 2004 WHO Global Burden of Disease Study appraises the worldwide and territorial weight of coincidental wounds and rates, separated by cause, district, age, and sexual orientation. The overall pace of unplanned wounds are 62 for every 100,000 populaces for each annum. Generally speaking, street traffic wounds make up the biggest extent of unexpected injury passings (33%).[7]India is a nation of over a billion people, is developing today as one of the most youthful creating nations on the planet. Surmised 33% of its populace is under 16 years old.[8] Financial specialists and backers of advancements have more than once focused on that India needs to give far more noteworthy access to improved human services and instruction for this youthful population.[9]

According to National Crime Bureau Record report of 2006, there were 22,767 deaths (<14years) because of wounds among kids. An ongoing national survey on weight of wounds in India uncovered that, about 8.2% of deaths and 20-25% of hospitalizations happen among youngsters, in light of barely any medical clinic and populace based investigations. Around the same time, there were deaths among 1,133 youngsters in Karnataka.[10]

MATERIAL AND METHODS

In the current investigation, 300 primary school teachersof selected schools at Nagaur city (Raj) are chosen, who satisfied the choice standards were chosen as test for the examination. Advantageous inspecting procedure includes the choice of subjects who are accessible at the ideal spot during the hour of information assortment. The example for the examination was chosen dependent on the consideration and rejection standards by advantageous inspecting. An evaluative research approach was adopted for this study in order to accomplish the objectives. Evaluative research deals with the question of how well the program is meeting the objectives. The primary objective of the evaluative research is to determine the extent to which a given program or procedure is effective. Hence

the evaluative research approach was considered most appropriate. The research design selected for present study was pre experimental in nature i.e., one group pre-test post-test design. This study is intended to find out the gain in knowledge by primary school teachersof selected schools at Nagaur city (Raj) after administering STP, who was subjected for the study. Thus the group is observed twice. The effect of treatment would be equal to the level of phenomenon after the treatment minus the level of the phenomena before treatment.

Inclusion criteria

School teacher who are:

1. Willing to take an interest in the investigation.
2. Present during the time of information assortment.
3. Who can peruse or compose English.

Exclusion criteria

School teacher who had.

1. Already experienced first aid training.
2. Who are absent at the hour of the investigation

Selection and Development of Tool

Tools were prepared on the basis of objectives of the study. An organized

survey was utilized for the information assortment as it is viewed as the most fitting instrument to evoke the reaction from educated members. In this study a non-probability convenient sampling technique was used to select the sample. Convenient sampling is strategy in which researcher's knowledge of the population and elements are used to select sample which are easy to the population.An outline was set up to help in the development of the device. Knowledge questionnaire featuring the three domains of learning i.e., knowledge, application and comprehension were formed. A questionnaire to assess the level of knowledge on first aid measures in sports injury.

Description of The Tool

After an extensive review of literature and discussion with the experts, structured knowledge questionnaire was developed. Organized information survey was set up to assess the knowledge of first-aid measures in sports injuries among primary school teachers in selected schools at Nagaur city (Raj).

The device utilized in the current investigation comprised of:

Section A: Socio - Demographic Variables: The initial segment of the

instrument comprised of five (05) things to gather information with respect to baseline proforma of primary school teachers. It comprised of things for acquiring data about the chose foundation factors, for example, age, gender, educational status, years of experience and sources of information on first aid.

Section B: Structured Knowledge Questionnaire - The blueprint of items in the structured knowledge questionnaire featuring the three domains of learning i.e., knowledge, application and comprehension were formed. A questionnaire to assess the level of knowledge on first aid measures in sports injury. The questionnaire was consist of 30 multiple choice item. The items were of multiple-choice with one correct answer. A score of 1 was offered to each right response. The absolute score was 30. The final research tool comprised of 30 items.

Scoring Of Items: Among 30 questions each item has 4 alternatives out of which, one is right, score "1" were offered to each right response. Score "0" was offered to wrong response. Complete score was changed over into score and score and deciphered as 0-50% poor, 51-75% average, above 75% good knowledge. Thus for 30 question there were 30 right answers with 30 most extreme realistic

scores. The gathered data was statically examined by utilizing frequency and percentage distribution.

Table-1

S. No.	Max Score Achieved	Interpretation
1.	>50%	Poor knowledge
2.	50-75%	Average knowledge
3.	<75%	Good knowledge

Reliability: Reliability of research instrument is defined as the degree of consistency or dependability with which an instrument measures an attributes. The reliability of the final tool was established by testing the internal consistency using split-half method was used. The tool was administered to 30 samples and the reliability of the tool was established under Spearman Brown's prophecy formulate method. The reliability of the structured interview questionnaire was 0.91. Since the score is positive; the instrument was seen as higher, measurably solid for the current investigation.

Procedure For Data Collection - In the wake of acquiring the consent examiner met the subjects and builds up the affinity. 50 primary school teachers from each school were selected, and convenient sampling technique was used. Seating arrangement was made in the A-V Aids

room of each school separately. A written informed consent was taken separately from each primary school teacher. Appropriate orientation direction was given to the respondent about the point of the examination, length, nature of the poll and sufficient consideration was taken for shielding the respondent from the potential dangers including look after privacy, security and identity. The time of information assortment was in the period of 15/7/2019 to 14/9/2019. The demographical tool and structured knowledge questionnaire was administered. The structured teaching programme was administered to all 300 primary school teachers. After 7 day of the intervention the post-test was directed to the same 300 primary school teachers separately who were appeared in pre-test and attended structured teaching programme.

Findings and Conclusion

The analysis and interpretation of data of this study are based on data collected through Structured Knowledge Questionnaire regarding Knowledge of first-aid measures in sports Injury through a structured teaching programme. The results were computed using both descriptive and inferential statistics based on the objectives of the study. The data

obtained will be analyzed using frequency, percentage, mean, median, mean percentage, standard deviation in terms of descriptive and inferential statistics.

Objectives of the Study

1. To assess the existing knowledge of primary school teachers regarding first aid measures in Sports injury.

2. To develop and validate structured teaching programme on knowledge regarding first-aid measures in sports Injury.

3. To determine the effectiveness of structured teaching programme on knowledge regarding first-aid measures in sports Injury among primary school Teachers.

4. To find out association between knowledge score of primary school teachers regarding first aid measures in sports injury with their selected Demographic variables.

Hypothesis

H_1: The mean post-test knowledge score will be significantly higher than mean pre-test knowledge score on first aid measures in sports injuries among primary school teachers.

H_2: There will be a significant association between pre-test knowledge scores with selected demographic variables of primary school teachers.

H_0: There will be no significant association between pre-test knowledge scores with selected demographic variables of primary school teachers.

Organization Of The Study Findings-
The analysis of the data is organized and presented under the following sections:

Section -I

Section I: Frequency and percentage distribution of samples according to demographic variables.

Section II: Effectiveness of STP in terms of gain in knowledge scores.

Section III: Association between pre-test knowledge scores and selected socio-demographic variables.

Table 2: Frequency and percentage distribution of primary school'steachersas per baseline characteristics (N=300)

S. N.	Socio-demographic variables	Categories	Frequency	Percentage
1.	Age (yrs)	21-30	25	8.33
		31-40	175	58.33
		41-50	75	25.00
		51-60	25	8.33
2.	Gender	Male	120	40.00
		Female	180	60.00
3.	Educational status	BSTC	45	15.00
		B.Ed.	180	60.00
		M.Ed.	45	15.00
		Other	30	10.00
4.	Years of teaching experienc	0-5 years	80	26.66
		6-10 years	120	40.00
		11-15 years	60	20.00
		> 16 years	40	13.33
5.	Previous sources of Information	Newspaper	10	3.33
		T.V/ internet/ media	225	75.00
		Workshop/seminar/conference	65	21.66
		Other	00	0.00

Section II: Effectiveness Of Structure Teaching Programme in Terms Of Gain In Knowledge Score

This section manages the investigation and understanding of the information got from to evaluate the effectiveness of STP among primary school teachers regarding first aid

measures in sports injury in terms of gain in knowledge scores. Data regarding the pre-test and post-test knowledge scores are analyzed in terms of frequency percentage and presented in tables and figures.

Table 3: Frequency, percentage and cumulative frequency distribution of pre-test and post-test knowledge scores N= 300

Knowledge scores	Pre-test			Post-test		
	Frequency	%	Cumulative frequency %	Frequency	%	Cumulative frequency %
1-6	00	00	00.00	-	-	-
7-12	20	06.66	06.66	-	-	-
13-18	265	88.33	94.99	-	-	-
19-23	15	05.00	100.00	25	8.33	8.33
24-30	00	00	100.00	275	91.66	100
	300	**100.00**		**300**	**100.0**	

Maximum total scores = 30

Table 4: Grading of pre and post-test knowledge scores knowledge among primary School teachers regarding first aid measures in sports injury N=300

Grade	Range	Pre-test		Post-test	
		Frequency	**%**	**Frequency**	**%**
Good	24-30	00	00.00	275	91.66
Average	16-23	155	51.66	25	8.33
Poor	1-15	145	48.33	0	00.00

Data in Table 4 shows that majority of subjects (91.66%) had scores ranging between (24-30) in post-test whereas in the pre-test none of them had scored above 23.

Table 5: Area wise pre and post-test knowledge scores of among primary school teachers regarding first aid measures in sports injury N=300

Area	Max. Score	Mean % knowledge score		Mean % actual gain
		Pre-test	Post-test	
Questions related to General Information of First Aid	09	31.51	86.02	54.51
Questions related to Sports Injury	09	24.72	75.27	50.55
First Aid Measures of Sports Injury	12	48.54	90.10	41.56

Maximum Score 30

Section-III

Table 6: Chi-square test showing the association between pre-test knowledge scores and selected segment factors (N= 300)

S. No	Variables	Pre-test knowledge scores		χ2 (Chi-Square) Chi-Square	df	Level of significance
		< mean	> mean			
1	**Age (in years)**					
	21-30	20	05	12.8238	3	YES
	31-40	85	90			
	41-50	30	45			
	51-60	10	15			
2	**Gender**					
	Male	50	70	3.5595	1	No
	Female	95	85			
3	**Educational Status**					
	BSTC	25	20	18.3537	3	YES
	B.Ed.	70	110			
	M.Ed.	28	17			
	Others	22	08			
4	**Years of Teaching Exp.**					
	0-5 Years	48	32	10.7786	3	YES
	6-10 Years	55	65			
	11-15 Years	20	40			
	16 or more Year	22	18			
5	**Previous Sources of Information On First Aid**					
	Newspapers	07	03	11.4325	2	YES
	T.V./Internet	118	107			
	Workshop/Seminar/Conference	20	45			
	Others	0	0			

From table 6 it is evident that the demographic variables such as Gender, the determined chi square value is less than the critical value at $p<0.05$ level of significance, so null hypothesis is accepted and research hypothesis is rejected.In Demographic variables such as Age, educational status, year of teaching experiences and sources of information on first aid, the calculated chi square value is higher than the critical value at $p<0.05$ level of significance, So null hypothesis is rejected and research hypothesis is accepted.

Recommendations - Based on the discoveries of the current examination and remembering the impediments of the investigation, the accompanying suggestions were proposed for additional exploration. The accompanying exploration based suggestions are drawn:

- The study can be duplicated in various settings with bigger examples, in this

way the discoveries could be summed up better.

- A study should be possible to evaluate the adequacy of the data booklet arranged as result of the examination.

- A comparative investigation can be led by illustrative methodology, frequently serves to produce theory for future research.

- A comparative investigation can be led among staff nurses and other health workers.

- Improve educational plan and present nursing curriculum put together preparing programs with respect to First aid and management in sports injuries.

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