

**A QUASI EXPERIMENTAL STUDY TO EVALUATE THE
EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON
KNOWLEDGE AND ATTITUDE REGARDING FIRST AID
MANAGEMENT AMONG AUTO DRIVERS IN SELECTED AREAS AT
MADURAI**



**A DISSERTATION SUBMITTED TO
THE TAMILNADU DR. M.G.R.MEDICAL UNIVERSITY, CHENNAI.
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING**

APRIL - 2012

ABSTRACT

A study to evaluate the effectiveness of planned teaching programme on knowledge and attitude regarding first aid management among auto drivers in selected areas at Madurai was done by Mr. J.C. Frank as a partial fulfillment of the requirement for the degree of Master Science in Nursing to The TamilNadu Dr. M.G.R. Medical University, Chennai during the year 2011-2012.

The objectives of the study were

1. To assess the existing knowledge and attitude on first aid management among auto drivers.
2. To determine the effectiveness of planned teaching programme on knowledge and attitude regarding first aid management among auto drivers.
3. To find out the difference between post test knowledge and attitude of auto drivers regarding first aid management.
4. To find the association between post test knowledge and attitude with selected demographic variables.

Research hypothesis was formulated to find the effectiveness of structured teaching programme. The review of literature was done and organized based on review related to the importance of first aid management, structured teaching programme and knowledge and attitude of drivers. The conceptual framework was based on Imogene King's goal attainment theory. Quasi experimental design was adopted for this study. The sample size was 50. The tool was validated by experts and found to be valid for this study. The reliability was established through the test-retest method. The tool was administered to 5 auto drivers after a gap of one week the retest was given. The Karl Pearson's coefficient of correlation was

computed and the reliability was found to be 0.96. The tool was reliable for this study. The pilot study was conducted in Pasumalai auto stand, Madurai with 5 auto drivers. The main study conducted at Madurai Railway Junction. The samples were selected by using purposive sampling technique. The data was collected by using questionnaire and checklist developed by the researcher. A structured teaching programme on first aid management was administered to the auto drivers and was evaluated. The collected data were tabulated, analyzed and interpreted by using descriptive and inferential statistics and the findings shows that the majority 33 (66%) had adequate knowledge and 17 (34%) had moderately adequate knowledge and 40 (80%) had positive attitude and 10 (20%) had neutral attitude.

This study finding shows that the knowledge and attitude of the auto drivers increased after the planned teaching programme. There were no significant association between the post test level of knowledge and attitude of auto drivers regarding first aid management with the selected demographic variables. The investigator feels that, first aid is a social issue element. So the first aid knowledge is not constrained with any of the demographic variables like age, education, experience and previous exposure about first aid information.

This study concludes that planned teaching programme plays a vital role in increasing the knowledge and attitude level among auto drivers on first aid management. The investigator assures that, every auto drivers who have been taken part in this study will perform a greater part in helping the victims when an emergency crisis arises at the road side or anywhere.

ACKNOWLEDGEMENT

“I will give thanks to thee, O Lord my God,

With all my heart, and will glorify the name forever”.

Psalms 86:12

I owe a deep sense of gratitude to whoever contributed to the accomplishment of this study.

I submit my deepest sense of everlasting gratitude and heartfelt praises to god almighty for the wisdom, inspiration and boundless blessings showered on me throughout the study.

I express my immense gratitude to our principal **Dr. Prof. Mrs. Jothi Sophia M.Sc (N), Ph.D** for her constant encouragement and concern during the entire course of this dissertation.

I convey my sincere thanks to our vice Principal **Prof. Mrs. Merlin Jeypaul M.Sc (N) Ph.D** for her excellent guidance and support to do this study.

I take this opportunity to express my deep sense of gratitude and respect to my esteemed and pragmatic guide, **Prof. Mr. Y. John Sam Arun Prabhu M.Sc(N), Ph.D.**, H.O.D. of community health nursing department for being a source of inspiration in every phase of this dissertation.

It gives me great pleasure to express my heartfelt gratitude to our class coordinator **Prof. Mrs. Jeya Thanga Selvi M.Sc (N), Ph.D** and **Prof. Mrs. Shanthi M.Sc (N)** for their encouragement and help rendered to me during the course of the study.

I would like to express my fervent gratitude and sincere thanks to Medical guide **Dr. A. Munawar Khan, M.B.B.S., FCIP., FISC.D., MIPHA.,** Former Professor Of Community Medicine, Madras Medical College for his guidance and encouragement to make this study successful one.

I am indeed grateful to **Mrs. Veda Selvi M.Sc (N),** Lecturer and **Community health nursing department staff** for their encouragement and valuable suggestions.

I extend my sincere thanks to all the **panel of judges** in the dissertation committee for their valuable suggestions.

My sincere thanks to **Mr. Senthil Kumar, M.Sc., M.Phil., Biostatistician** for his help and extending necessary guidance and suggestion in statistical analysis.

I extend my thanks to the staff of library **Mrs. Angeline,** librarian of C.S.I. Jeyaraj Annapackiam College Of Nursing and the **library staffs of Dr. M.G.R. Medical University,** Chennai and **C.M.C. Vellore** for their permission in referring books and journals.

I am grateful to **Dr. Rajkumar, Dr. Sivakumar, Prof. Helan Rajamanickam, Prof. Diana, Prof. Celina** and all **Experts** for their valuable suggestions and for validating the data collection tool as well as the content of planned teaching programme.

Grateful acknowledgement is extended to **Mr. James,** secretary and **Mr. Tamil Selvam** Programme Coordinator of **NANBAN Trust** for their timely help to conduct this study in Madurai Railway junction.

I am immensely thankful to **Mr. Kesavan**, General Secretary and **Mr. Karnan** Asst. Secretary of Tamil Nadu Consumers Protection Centre for giving me permission to conduct the first aid training programme.

I record my thanks to **Mr. P. Nagaraj** President, **Mr. P.S. Kumar** Secretary and **Mr. R. Saravanan** Treasurer of Madurai Railway Junction Auto Stand for their permission to conduct this study.

A word of appreciation and gratitude to the **Auto drivers** for readily and willingly sharing their time with me; this study wouldn't have been possible without their cooperation.

I am deeply indebted to my parents **Mr. A. John Christopher**, **Mrs. J. Mary Manonmani** and my brother **Mr. J. Aron Henry Daniel** for their constant support and encouragement.

Finally I would like to thank my classmates "**GLITTERING GLADIOLES**" and friends for their help and co-operation rendered during this study.

I submit my deep sense of thanks to the person who have directly and indirectly involved in this study.

CHAPTER – I

INTRODUCTION

“Once a man was wounded and lying half dead on the road side....

Priest, Levite saw him and passed by the other side

But the Samaritan who came there saw him and bandaged him and took him and gave care”.

God created man to help each other in every needed situations of life. Helping each other neither need any qualifications nor status, but just need “helping mind” and a courtesy to help others. Helping a person is not a matter but securing or saving the life of a person is more important, which is the first aid.

Throughout life a human being is faced with all kinds of the accidents / injuries internally and externally, which may endanger the life of the individual. If these injuries / accidents are attended by a first aider immediately, then residual effects fatality can be prevented.

First aid is the initial assistance or treatment given to a casualty for any injury or sudden illness before the arrival of an ambulance, doctor or other qualified person. First aid is provided mainly based on the knowledge of simple human anatomy and physiology.

The first recorded history of first aid dates to 1099, when a religious order of knights trained to administer medical treatment was formed. The Order of St John –to which the modern day St John Ambulance organization traces its roots- specialized in the treatment of battlefield injuries during the crusades and are the first recorded example of people trained to administer first aid. In 1792, the French Army Surgeon

General, formed the first official army medical corps. People were trained and equipped for working away from the field hospitals. Their task was to administer first aid on the battlefield and where necessary remove the casualty to the field hospital by carrying them or on carts.

During the 1860's the first Geneva Convention and the International Red Cross came into being to protect and deal with sick and injured soldiers on the battlefield. Both resulted from the work begun by Henry Dunant, a Swiss man, who had witnessed soldiers of both sides, being left to die with horrific injuries during the Battle of Solferino in 1859. A short time later, an army surgeon first came up with the idea of training civilians in what was termed "pre-medical treatment".

Every human being has a right to learn first aid. It is the sacred duty of each first aider to spread this message till every citizen of the country learns the methods of first aid. Young people are fitter to execute the first aid. First aid training is of value in both preventing and treating sudden illness or accidental injury and in caring for a large number of people caught in a natural disaster.

As we are approaching the 21st century the need for "First aid" is necessary due to the alarming increase in road traffic accidents, fire accidents, suicidal attempts etc. The current statistics shows that globally over 20 million people are injured or crippled and over one million killed due to road traffic crashes each year. Developing countries account for more than 85% of all fatalities and over 90% of disability adjusted life year (DALYs) loss due to road traffic injuries.

According to global burden of disease study, deaths from injuries are projected to rise and road traffic accidents are expected to account for most of this increase. Currently motor vehicle accidents rank ninth in order of disease burden and are projected to be ranked third in the year 2020. More than 50% of global mortality due

to road traffic accidents occur among young adults, aged 15 – 44. These lives could be saved and disability minimized if the general public is aware how to give first aid.

SIGNIFICANCE AND NEED FOR THE STUDY

Global report based on 2006 and 2007 statistics collected from 178 participating countries, said over 1.2 million people die in road accidents every year and 20-25 million people suffer non-fatal injuries. Every hour, 40 people under the age of 25 die in road accidents around the globe. According to the WHO, this is the second most important cause of death for 5 to 29 year olds.

Road accidents have earned India a dubious distinction. India has the highest number of road accidents in the world .With over 150,000 deaths annually; the country has overtaken China. In India, the death toll rose to 14 per hour in 2009 as opposed to 13 the previous year. The total number of deaths every year due to road accidents has now passed the 135,000 mark, according to the latest report of National Crime Records Bureau or NCRB.

According to the statistics of accident prevention and road safety published in economic times February 18, 2008, TamilNadu and Maharashtra earned the dubious distinction of having largest number of road accidents in the country accounting one fourth of total 3.94 lakhs.

In TamilNadu a total of 64,996 accidents were happened in 2010 of which around 15,409 people lost their life. In 2010, the death rate increased to 12.10% in TamilNadu. In 2011, around 8.120 people died due to road traffic accidents from January to august. It is estimated that about 50 % of deaths occur within the first hour of accidents due to lack of first aid management.

Researchers throw light upon the fact that road traffic accidents occur frequently in busy and lousy roads. If an accident occurs many of the people watch the scene with deep pity but they don't know how to react. All they do is shout and call for help from others who are passing by. Most of the people are ignorant that 60% of lives of the people can be saved by providing first aid immediately.

The researcher found that auto rickshaws have been increased enormous in number for transportation purpose. They can be found almost everywhere in and around the city either parked or on the move. Auto rickshaws are playing a vital role in the means of transportation, especially for school children. These auto drivers are used to fill the students more than the seating capacity which leads to the many road accidents, injuries and death. For such a way driver should be adequately trained with emergency first aid measures for treating the victims in the road side.

The scale and complexity of this problem shows clearly that there is a necessity to improve every citizen's ability to give first aid which the researcher believes quite essential in the case of drivers. Thus special training in first aid and its importance in case of accidents is of primary importance to save the lives of people to a greater extent.

STATEMENT OF THE PROBLEM

“A quasi experimental study to evaluate the effectiveness of planned teaching programme on knowledge and attitude regarding first aid management among auto drivers in selected areas at Madurai.”

OBJECTIVES

1. To assess the existing knowledge and attitude on first aid management among auto drivers.
2. To determine the effectiveness of planned teaching programme on knowledge and attitude regarding first aid management among auto drivers.
3. To find out the difference between post test knowledge and attitude of auto drivers regarding first aid management.
4. To find the association between post test knowledge and attitude with selected demographic variables.

HYPOTHESES

H₁: There will be a significant difference between pre test and post test knowledge score regarding first aid management among auto drivers.

H₂: There will be significant difference between pre test and post test attitude score regarding first aid management among auto drivers.

H₃: There will be a significant correlation between knowledge and attitude among auto drivers regarding first aid management among auto drivers.

H₄: There will be a significant association between pre test and post test level of knowledge and attitude with selected demographic variables among auto drivers.

OPERATIONAL DEFINITIONS

Effectiveness

In this study it refers to the output of planned teaching programme in terms of improvement in the knowledge and attitude among the auto drivers as measured by a questionnaire and five point Likert scale.

Planned teaching programme on first aid management

In this study it refers to the systematically developed teaching aid designed to provide information about the first aid management in road traffic accidents, bleeding, fracture, burns epilepsy and cardiac arrest.

Knowledge

In this study it refers to the level of understanding of first aid management as expressed through correct verbal responses from the auto drivers as measured by a structured questionnaire.

Attitude

In this study it refers to the way of thinking, belief and feeling regarding first aid management among the auto drivers as measured by five point Likert scale.

First aid

In this study it refers to the initial assistance or treatment given by any one to the person who is injured or suddenly taken ill for the selected conditions such as bleeding, fracture, burns, epilepsy and cardiac arrest.

Auto driver

In this study it refers to a person who holds a license given by the government to drive a three wheel auto rickshaw and is within 20-50 years of age in selected areas at Madurai.

ASSUMPTIONS

1. Auto drivers may have inadequate knowledge regarding selected conditions of first aid.
2. Planned teaching programme will improve the knowledge and promote a better attitude on first aid management among auto drivers.
3. Better knowledge and attitude on first aid and by linking with their profession will help in saving lives in emergency situation.
4. The verbal response of the auto drivers to the questionnaire and check list will represent their knowledge and attitude regarding first aid management.

DELIMITATION

1. Study is limited to verbal response on knowledge and attitude of auto drivers and not the practice.
2. The study includes only male auto drivers.

PROJECTED OUTCOME

The study findings will help to improve the knowledge and to change the attitude of auto drivers regarding first aid management.

The findings of demographic variables will help to identify the factors which affect the level of knowledge and attitude of auto drivers regarding first aid management.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is defined as a broad, comprehensive in depth, systematic and crucial review of scholarly publication, unpublished scholarly print materials, audio visual material and personal communication.

Review of literature is important to gain better understanding and provide an insight necessary to develop a broad conceptual framework in which the problem can be examined.

Aim of this systematic review is to summarize the best available information regarding first aid. Review of literature is arranged under the following headings:

1. Studies on importance of first aid management.
2. Studies on structured teaching programme in general.
3. Studies on knowledge and attitude of drivers regarding first aid management.

STUDIES ON IMPACT OF FIRST AID MANAGEMENT

Sosada K (2002) conducted a study to evaluate the knowledge of teachers and high school students in Silesia on the principles of first aid. The study revealed that 7 students achieved an excellent result, 57 had good result and 168 had inadequate level of knowledge. None of teachers achieved an excellent result, 11 teachers had a good result and 63 had inadequate level of knowledge, which shows that the knowledge of secondary school students and teachers were insufficient to perform basic life support.

Singer AJ et al (2004) conducted a descriptive study to assess the knowledge on first aid measures among the parents of injured children in USA. The study findings revealed that most of the subjects lack in knowledge regarding first aid

management for bee stings, burns and tick bites and only 43% had moderate knowledge on first aid measures for seizures, epistaxis and sprains.

Thein MM et al (2005) conducted a pre experimental study to assess the knowledge, attitude and practice on childhood injuries and their prevention by primary care givers in Singapore. The study findings revealed that the primary care givers had good knowledge on road safety but poor knowledge on home safety and first aid management. The study concluded that there is a need to educate the parents and care givers on home safety and first aid measures.

Parnell MM et al (2006) conducted a study to assess the knowledge and attitude towards resuscitation in New Zealand high school students. The findings of the study showed that poor theoretical knowledge, with a mean (SD) score of 5.61 (2.61). Out of maximum score of 18, and no difference between male and female students those who had received previous first aid training, 70% had greater knowledge 6.04 (2.56%) than the untrained 4.91 (2.24%) and the students with a positive attitude towards CPR and First aid training (63%) had a higher knowledge score of 6.12 (2.4%) than who had negative attitude (17%) had knowledge score of 4.65 (2.5%).

Khammees, Nedda (2006) conducted a field study on first aid knowledge and attitudes of college students in Kuwait University. The study findings revealed that over all students scored 0.49 for knowledge and 2.30 for attitude. Knowledge scores were classified into high, average and low and attitudes grouped according to those involving importance, applying and resources. Females had high knowledge, attitude to importance and had close correlation between knowledge and attitude.

Lynch DM conducted a study on a telephone survey to evaluate the effect of previous training on first aid knowledge and skills in Western Australia. The survey result revealed that the overall knowledge and performance of first aid skills by the community are poor, but are improved by first aid training resources.

A study was conducted on first aid training and bystander actions at traffic crashes. The population study with the aim to acquire knowledge about: (1) the prevalence of first aid training (2) the incidence of being a bystander and of the first aid provided at traffic crashes and other emergencies and (3) the impact of first aid training on the risks people take in road traffic accidents. A questionnaire was administered to 2,800 randomly selected persons aged 18-74 years. The response rate was 67.5% . During the previous five years, 39% of the population had received first aid training, with a higher rate among younger individuals and those with a higher education. After training 30% of the respondents had used their skills, and 41% took fewer risks in traffic particularly those who were older or had a lower level of education. 14% of those with training had been bystanders at traffic crash. At 20% of the crashes, a bystander had administered first aid and one third of those who provided such assistance had use of their training. The study findings shows intensified first aid training of the general public could lead to citizens who are more cautious in traffic and to bystanders who provide more immediate and adequate first aid at traffic crashes and other emergencies.

STUDIES ON STRUCTURED TEACHING PROGRAMME IN GENERAL

Engeland A et al (2002) conducted a quasi experimental study to evaluate the effects of first aid training. Knowledge of first aid, attitude towards giving and learning first aid, self efficacy, emotions connected with first aid situations was assessed. The study concluded that both self efficacy, emotion in situations requiring first aid skills. The attitude towards giving and learning first aid were importance for intended behavior.

Abbas A, Bukhari SI, Ahmad F (2003) conducted the study on Knowledge of first aid and basic life support amongst medical students: a comparison between trained and un-trained students in Ziauddin University, Karachi, Pakistan. . The objective of the study was to compare the level of knowledge of medical students trained in first aid with those with no training. This study was conducted on a convenience sample of 250 (125 trained and 125 untrained) medical students. A pre-tested self administered questionnaire was used for data collection. The questionnaire covered all the major topics of FA-BLS. Amongst the trained students 99 (79.2%) had been trained at their respective medical colleges. The correct responses by the trained students were significantly better than untrained students regarding CPR, Recovery position, Asthma and Bleeding. The mean number of correct answers for trained students was 6.13 +/- 2.1 while 4.94 +/- 2.06 out of the total 13 questions for untrained student. Although the knowledge of trained students was found to be better than those of untrained students yet the mean of trained students was less than 50% which is not satisfactory. In order to improve the knowledge of medical students on first aid, their knowledge should be reinforced every year.

Brevikh H, Ulvik N.M and Blikara G (2006) has reviewed the acquisition of life supporting first aid knowledge and skills by 230 lay people (vehicle mechanics, taxi drivers, pedestrians) in training group instruction which was arranged with the qualified first aid instructors and self training at home. This training course includes audio tape recorded instructions; flip charts, an instructional booklet, first aid materials and training manikin named “Resusci Anne”. Self training at home also used the same instruction booklets. The two teaching systems were found equally effective in providing theoretical first aid knowledge, but the qualified first aid instruction course proved superior in teaching practical skills.

Devan Prabhudoss J (2008) conducted the study to assess the effectiveness of structured teaching programme on knowledge, attitude and skills first aid management among rural youth in Vellore. The level of knowledge, skills and attitude was assessed by the structured interview schedule, observational check list and attitude scale. Structured teaching programme administered only to experimental group. After the teaching programme, there was a significant increase in knowledge (76% adequate knowledge), skills (100% adequate skill) and attitude (97% favorable attitude) among the experimental group. There was a positive correlation between knowledge and attitude among experimental group. But the control group had inadequate knowledge and moderate attitude on first aid management. This shows that the effectiveness of structured teaching programme.

STUDIES ON KNOWLEDGE AND ATTITUDE OF DRIVERS REGARDING FIRST AID MANAGEMENT

Sangowawa AO, Owoaje ET (2000) conducted the study on effect of first aid training on the first aid knowledge and skills of Ibadan university drivers in Nigeria.

The intervention group (n=98) received training on first aid and controls (n=78). First aid knowledge and skills were measured at baseline, immediately after the training and 4 months post-intervention. Changes in knowledge and skills were assessed using repeated measures analysis of variance. Knowledge scores were $51.2\pm 14.8\%$, $59.6\pm 12.8\%$ and $57.6\pm 12.8\%$ ($p>0.05$) for intervention drivers versus $51.6\pm 11.6\%$, $53.2\pm 12.0\%$ and $56.4\pm 12.4\%$ ($p>0.05$) in controls. The skill scores for intervention drivers were $49.2\pm 14.2\%$, $78.3\pm 12.9\%$ and $77.5\pm 11.7\%$ ($p<0.05$) versus $37.7\pm 12.4\%$, $40.4\pm 16.3\%$ and $41.7\pm 12.1\%$ ($p>0.05$) for controls. Four months after intervention, $>75\%$ of the 13 intervention drivers who came across a crash had used the skills acquired. The intervention improved the first aid skills of intervention drivers. In view of the reduction in scores by the fourth month post-intervention, periodic refresher training is recommended to sustain the skills acquired.

Goniewicz M. et al (2002) conducted the study on first aid among the drivers in the city of Lublin. The objective of the study were: 1) identify to what extent the drivers of motor vehicles are prepared to provide first aid for casualties of the road accidents, 2) evaluate the training system of teaching motorists how to give first aid before professional help arrives, 3) identify drivers' views on possibilities of decreasing the number of fatal casualties of the road accidents. The questionnaire was given to 560 employees of local government institutions in the city of Lublin either professional or non-professional drivers. The direct method and anonymous questionnaire were used. The results of the questionnaire revealed clearly that very few drivers are well-prepared to give proper first aid at the accident site. No matter what sex, education or driving experience, the drivers have not got enough skills to give first aid and the effect is enhanced by various psychological barriers. The questioned drivers shared the opinion that first aid training is badly run. The drivers

stressed bad quality of the training and the fact that it is impossible to acquire practical skills that may be required in the case of emergency. Drivers' views on possibilities of decreasing the number of fatal casualties of the road accidents included, among others, the following propositions: in addition to the driving license exam first aid exam should be compulsory severe enforcement and execution of the law which regulates the mandatory first aid giving.

Mock C.N, Tiska M and Ampofo adu (2007) conducted the study on 335 commercial drivers in Africa were trained using a 6 hour basic first aid course. This study has been assessed by comparing the process before and after the course. Among them 61% indicated that they provided first aid since taking course. Improvements were shown in the provision of components of first aid like crash scene management (7% before vs. 35% after), airway management (2% before vs 35% after), external bleeding control (4% before vs 42% after) and splinting of injured extremities (1% before vs. 16% after).

Rosso G.L, Bruno S, and Feola M (2008) conducted the study on organizational aspects of first aid in the road haulage sector and the necessity of organizing first aid courses for those working in road haulage sectors and necessity of ad hoc first aid course courses for professional drivers. Results showed that it was a good level of training achieved. During the first aid course at work place and it might be useful to improve road safety and to increase the quality of basic and advanced first aid training in road traffic injuries.

Khorasani zaverch D, Khankesh H.R, and Mohammadi R (2009) has conducted thirty six semi structured interviews with medical service personnel, police officers, fire fighters, drivers, road administrators and traffic injury victims. Grounded

theory was applied in an qualitative approach. This study had an attempt to fill the knowledge gap and explored on stakeholder's perception of barriers and facilitators of effective post crash management in Iranian regions. A result showed that poor crash management was due to the involvement of lay people, lack of co-ordination, short comings in infra structure. Suggestions were given for the improvement which includes: 1. Public education campaign in first aid, the role of emergency services, co-operation of public at the crash site. 2. The target group training for professional drivers, police officers and volunteers involving at the crash scene.

Sara Elias (2010) conducted the quasi experimental study to assess the effectiveness of structured teaching programme regarding knowledge and practice of first aid for road traffic accident victims among Bangalore transport corporation drivers (50). The level of knowledge was assessed by self administered questionnaire and the level of practice was assessed by modified 5 point likert scale. The overall mean improvement for knowledge was 7.88 with calculated t value was 22.11 at $p < 0.001$ and over all mean improvement for practice was 25.88 with calculated t value was 17.43. The study concluded that there was a significant improvement in knowledge and practice of drivers in post test after structured teaching programme.

CONCEPTUAL FRAMEWORK

A conceptual framework or a model is made up of concepts, which are the mental images of phenomenon. The section deals with conceptual framework adopted for this study. A conceptual framework or model provides the investigator the guidelines to proceed to attain the objectives of the study based on a theory. It is a schematic representation of the steps, activities and outcomes of the study.

Imogene King's goal attainment theory is based on the personnel and interpersonal systems including interaction, perceptions, communication, transaction, stress, growth & development, time and action.

Nursing is defined by Imogene King as "a process of human interactions between the nurse and the client where by each perceives the other and the situation and through communication they set goals, explore means and degree on means to achieve goals.

According to this theory the people meet in some situation, perceive each other, make judgment about the other, take some mental action and react to each one's of the other. The next step in the process is interaction; the last is transaction which is dependent upon the achievement of a goal. The investigator adopted King's goal attainment theory as a basis for conceptual framework, which is aimed to assess the effectiveness of planned teaching programme on first aid management among auto drivers.

The six major concepts of the phenomenon are described as follows:

1. Perception

Refers to person's representation of reading, it is universal, highly subjective and unique to each person. It is not observable but it can be inferred. Hence the investigator's perception is, the auto drivers may have inadequate knowledge and attitude on first aid management for selected conditions.

2. Judgment

The investigator judged that the planned teaching programme enhances knowledge and attitude on first aid management for selected conditions.

3. Action

Investigator implements planned teaching programme in order to enhance the knowledge and attitude on selected first aid measures. The auto drivers are ready and willing to participate in this study.

4. Reaction

The investigator and auto drivers set mutual goals. The mutual goal setting was done by structured questionnaire and five point Likert attitude scale to assess the knowledge and attitude on selected first aid measures.

5. Interaction

It refers to the verbal and non verbal behavior of individual with a purpose to achieve the goal. Hence the investigator interests with the auto drivers by administering pre test, planned teaching programme and post test.

6. Transaction

It refers to observable, purposeful behaviors of individual interactions with their environment to achieve the desired goal. At this stage, the investigator analyzes the level of knowledge and attitude of the auto drivers in pre test and post test. The positive outcome shows that increased the level of knowledge and attitude in post test on first aid management, which indicates the effectiveness of planned teaching programme. The negative outcome is the absence of improvement in knowledge and attitude of auto drivers where the subjects need to be reinforced for further learning.

CHAPTER III

METHODOLOGY

Methodology is a significant part of the study which enables the researcher to project the research undertaken. This chapter includes research approach, research design, variables, settings, sample and sampling technique, description of the instrument, content validity of the tool, pilot study, data collection procedure, plan for data analysis and protection of human rights.

RESEARCH APPROACH

The research approach used for this present study was Quasi-experimental approach.

RESEARCH DESIGN

A Quasi experimental design was adopted with one group pre-test post-test design

SETTING OF THE STUDY

The selection of setting was done on the basis of feasibility of conducting the study, availability of subjects and cooperation of authority. The study was conducted at Madurai Railway Junction auto stand which is situated 8 Km away from C S I Jeyaraj Annapackiam college of nursing, Madurai. The investigator met the Tamil Nadu consumer protection authorities and auto stand president and obtained the permission to conduct the study. The study was conducted with the help of NANBAN Trust, Tamil Nadu consumer protection centre and auto stand authorities.

POPULATION

Target

The target population was auto drivers.

Accessible

The auto drivers of Madurai Railway Junction were the accessible population from whom sample was selected.

SAMPLING TECHNIQUE

In this study, purposive sampling technique was used to select the samples. The list of auto drivers was obtained from the Madurai Railway Junction auto stand. Based on inclusion and exclusion criteria 50 auto drivers were selected through purposive sampling technique.

SAMPLE

The samples selected for this study were auto drivers.

SAMPLE SIZE

The study samples were the auto drivers in Madurai railway junction. The sample size for this quasi experimental study was arbitrarily determined to be 50.

CRITERIA FOR SAMPLE SELECTION

The samples were selected based on the following inclusion and exclusion criteria.

Inclusion criteria

The auto drivers' population who were:

- Between 20-50 years.
- Who are available at the time of data collection.
- Able to understand Tamil or English.
- Willing to participate in the study.

Exclusion criteria

The auto drivers' population who were

- Not working as a private auto driver.
- Not able to hear, understand and respond to the conversation due to any effect.

DEVELOPMENT OF AN INSTRUMENT

After the intense library search and consultation with experts a structured teaching interview schedule was developed to measure the knowledge and attitude of auto drivers regarding first aid measures in selected auto stands of Madurai district.

The structured instrument has three parts.

Part I

It consists of 11 questions about demographic profile such as age, educational status, marital status, Income, religion, experience, previous exposure to first aid information, source of information, previous experience about first aid and availability of first aid box in vehicle.

Part II

A well structured questionnaire which consists of 30 multiple choice questions regarding knowledge on first aid management for selected conditions. The questions were further divided into 6 parts. The first part is general aspect of first aid management has 7 questions. The second part is the first aid management for bleeding has 5 questions. Third part is the first aid management for fracture has 8 questions. Fourth part is the first aid management for burns has 2 questions. Fifth part is the first aid management for epilepsy has 2 questions and sixth part is the first aid management for cardiac arrest has 6 questions.

Part III

It consists of Likert type attitude scale to assess the attitude regarding first aid management among auto drivers. It consists of 10 statements with 5 point scale.

SCORING PROCEDURE

Part I

The correct response to items in part I and part II are respectively knowledge and attitude related to first aid management of auto drivers was given a numerical score. The knowledge was measured in terms of knowledge score. The questions were of multiple choice formats. The multiple choice questions has one or more right answer, which was allotted a score of “one” for every right answer and every wrong answer was given the score of “zero”. The total attainable score in the knowledge questionnaire was 60.

The knowledge score was classified as follows

0 – 50% - Inadequate knowledge

51 – 75% - Moderate knowledge

76 – 100% - Adequate knowledge

Part – III

It includes statements on attitude among auto drivers regarding first aid management. There are totally 10 statements. The items will be measured on a 5 point Likert scale from strongly agree to strongly disagree. The maximum score for measuring attitude of auto drivers was 50.

Attitude score was interpreted as follows,

	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
Positive statement	5	4	3	2	1
Negative statement	1	2	3	4	5

For the purpose of the study score was divided in to

81 - 100% - Positive attitude

61 – 80% - Neutral attitude

0 – 60 % - Negative attitude

VALIDITY OF THE TOOL

The content validity of the tool was obtained from 13 experts including 9 nursing experts, 1 sociologist and 3 physicians. The experts were requested to check the relevance, sequence and adequacy of the items in the interview schedule. Based on their valid suggestions a few items were modified and the final tool was prepared as per the suggestions given by the experts. The tool was drafted in English. The Tamil translation was done by a Tamil expert and language validity was established.

RELIABILITY OF THE TOOL

Reliability was established through test – retest method. The tool was administered to 5 auto drivers in pasumalai auto stand. After the gap of 1 week the retest was done. The Karl Pearson's coefficient of correlation was computed and the reliability was found to be 0.9. The tool was found to be reliable.

PLANNED TEACHING PROGRAMME

A planned teaching programme was developed after reviewing a wide range of literature and consists of information on first aid management. The content in the planned teaching programme on first aid management includes introduction, definition, first aider quality, first aid management for various conditions like bleeding, fracture, burns, epilepsy and cardiac arrest and emergency contact numbers. The video teaching programme prepared with appropriate slides and background voice given by the investigator. The average time taken for administering planned teaching programme was around 45 minutes. The audio visual aids like video, flex, demonstration on CPR and pamphlets were used during teaching. The experts were validated the planned teaching programme content and teaching materials.

DATA COLLECTION PROCEDURE

Data collection is the gathering information needed to address a research problem. The data were collected for 5 days in a week of September 2010. Prior permission from the authority was sought. The study sample was selected by purposive sampling based on sample selection criteria. A total of 50 auto drivers were selected for this study. The objectives and the purpose of the study were explained and confidentiality was maintained.

Data was collected among auto drivers for a period of six weeks. Purpose of the study was explained to the auto stand authorities. The auto drivers were approached by the investigator. An initial rapport was established with the auto drivers. Details of the study are explained to them. A convenient time and date was fixed for data collection. Pre test for Knowledge and attitude test was done among 50 auto drivers in Madurai Railway Junction. Purposive sampling technique was used for collecting samples. The sample size includes 50 auto drivers. The investigator approached the concerned authorities of auto stand and Tami Nadu consumer protection centre and NANBAN Trust for a convenient date and time for conducting the planned teaching programme. The auto drivers were gathered in Tamil Nadu consumer protection centre and the teaching program was administered after the needed explanation. The time limit was 45 minutes. The post test was administered to the same group with same structured questionnaire after one week of the planned teaching programme. All the auto drivers were very cooperative. The investigator expressed her gratitude to the NANBAN Trust, Tamil Nadu consumer protection centre and Madurai Railway Junction Auto stand authorities and the auto drivers for their cooperation during the entire study.

PLAN FOR DATA ANALYSIS

The data was analyzed in terms of the objectives of the study using descriptive and inferential statistics. The plan of data analysis was follows

1. Organize the data in a master data sheet
2. Frequency and percentage distribution were used to analyze the demographic data for auto drivers.
3. Frequency and percentage distribution were used to assess the level of knowledge and attitude of first aid management among auto drivers.
4. Mean, mean percentage, standard deviation and inferential measures 't' test were used to assess and compare the pretest and posttest knowledge and attitude
5. Chi-square tests were used to determine the association between the knowledge and attitude level of auto drivers with selected demographic variables.

PILOT STUDY

The pilot study was conducted during the month of July 2011 at Pasumalai, Madurai town among 5 auto drivers to evaluate the effectiveness of planned teaching programme and to find out the feasibility of conducting the main study. The structured questionnaire was used for data collection. The time taken to complete tool was found to be satisfactory in terms of simplicity and clarity. The administration of the tool and intervention through planned teaching programme were implemented. The feasibility with regards to the availability of the sample and cooperation of respondents, accessibility of setting and financial requirement was established. Pilot study helped the investigator to confirm the feasibility of carrying out the main study.

PROTECTION OF HUMAN RIGHTS

Research proposal as approved by the dissertation committee prior to the pilot and the main study permission was sought from the head of the Community health nursing department of C.S.I Jeyaraj Annapackiam College of Nursing, Madurai. A formal consent was obtained from the respondents of the study (auto drivers) before administering the questionnaire.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data. The data were collected through structured interview questionnaire among 50 auto drivers regarding first aid management. This result was computed using descriptive and inferential statistics based on the objectives of the study. The findings of the study are presented in this chapter under the following headings.

1. Distribution of auto drivers based on the demographic variables.
2. Distribution of pre test and post test knowledge of first aid management among auto drivers.
3. Distribution of pre test and post test attitude of first aid management among auto drivers.
4. Distribution of post test knowledge regarding various aspects of first aid management among auto drivers.
5. Distribution of auto drivers based on their knowledge regarding various aspect of first aid management among auto drivers.
6. Difference between pre test and post test level of knowledge among auto drivers.
7. Difference between pre test and post test level of attitude among auto drivers.
8. Correlation between post test level of knowledge and attitude on first aid management among auto drivers.
9. Association of post test level of knowledge with the selected demographic variables on first aid management among auto drivers.
10. Association of post test level of attitude with the selected demographic variables on first aid management among auto drivers.

Table 1.a

**DISTRIBUTION OF AUTO DRIVERS BASED ON THEIR DEMOGRAPHIC
VARIABLES SUCH AS AGE, EDUCATION AND RELIGION**

N=50

Sl. No	Demographic variables	Number	Percentage
1	Age		
	1) 21-30 years	17	34
	2) 31-40 years	19	38
	3) 41-50 years	13	26
	4) >50 years	1	2
2	Education		
	1) Illiterate	1	2
	2) Primary education	19	38
	3) Secondary education	19	38
	4) Higher secondary education	8	16
	5) Any degree	3	6
3	Religion		
	1) Hindu	40	80
	2) Muslim	5	10
	3) Christian	5	10
	4) Others	0	0

Table 1 shows that among the auto drivers majority 19 (38%) of them belonged to the age group of 31-40 years. Regarding educational status majority 19 (38%) of the drivers had primary and secondary level of education. Regarding religion, majority 40(80%) of the drivers were Hindu.

Table 1.b

DISTRIBUTION OF AUTO DRIVERS BASED ON THEIR DEMOGRAPHIC VARIABLES SUCH AS MARITAL STATUS, INCOME AND EXPERIENCE

N-50

S.no	Demographic variables	Number	Percentage
4	Marital status		
	1) Unmarried	14	28
	2) Married	36	72
	3) Others	0	0
5	Monthly income		
	1) 1000-2000	0	0
	2) 2001-3000	2	4
	3) 3001-4000	11	22
	4) >5000	37	74
6	Experience		
	1) 0-5 years	12	24
	2) 6-10 years	11	22
	3) 11-15 years	14	28
	4) >15 years	13	26

Table 1b reveals that among the auto drivers majority 36 (72%) of the drivers are married, 37(61.7%) of the drivers are earning more than Rs.4000 per month and majority 14 (28%) drivers have 11-15 years of experience.

Table 1. c

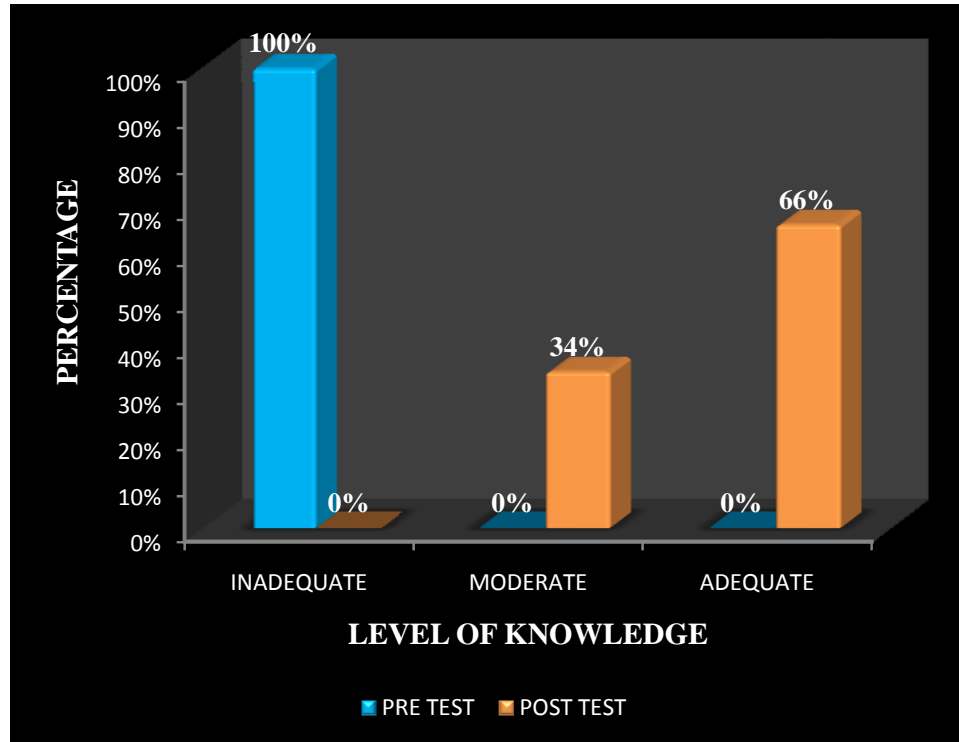
DISTRIBUTION OF AUTO DRIVERS BASED ON THEIR DEMOGRAPHIC VARIABLES SUCH AS PREVIOUS EXPOSURE TO FIRST AID INFORMATION, SOURCE, PREVIOUS EXPERIENCE ABOUT FIRST AID AND FIRST AID BOX **N=50**

S. no	Demographic variables	Number	Percentage
8	Previous exposure to first aid information		
	1. Yes	11	22
	2. No	39	78
9.	Source of information		
	1. Mass media	6	54.5
	2. Medical personnel	2	18.1
	3. Nongovernmental organizations	3	27.2
	4. Others	0	0
10.	Previous experience about first aid to victims		
	1. Yes	8	16
	2. No	42	84
11.	First aid box in vehicle		
	1. Yes	15	30
	2. No	35	70

Table 1c shows that majority of the auto drivers 39 (78%) don't have prior information regarding first aid management. Majority of them 42 (84%) don't have any experience regarding first aid management. Most of the auto drivers 35 (70%) don't have first aid box in their vehicle.

FIGURE 2

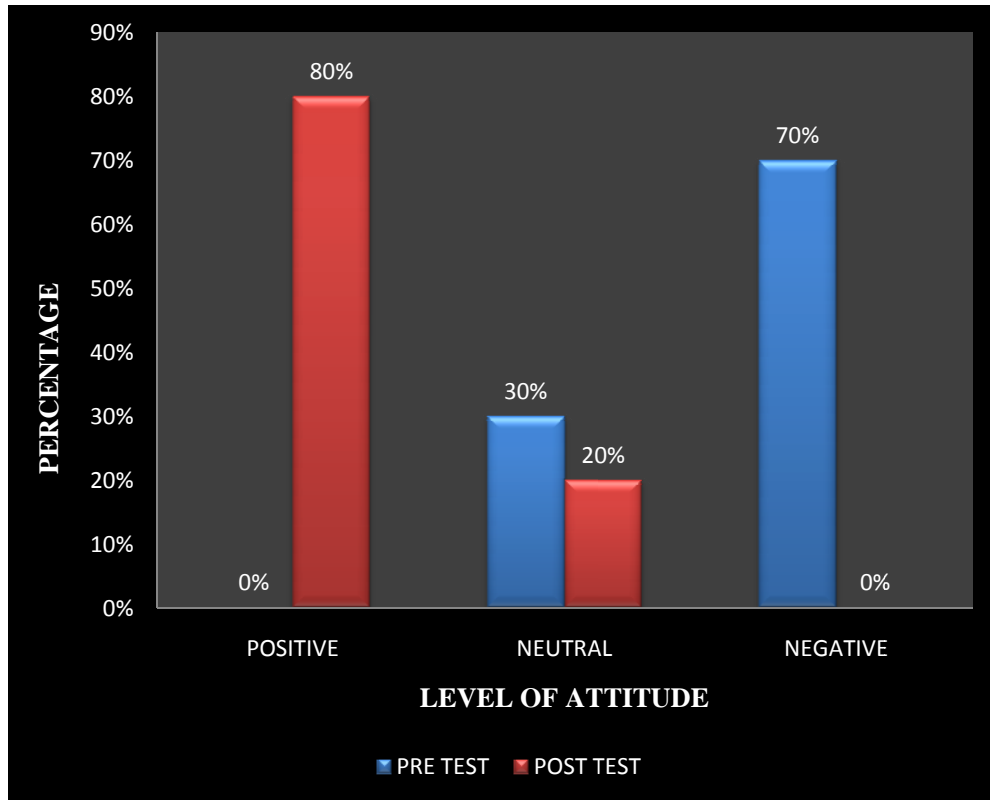
**DISTRIBUTION OF PRE TEST AND POST TEST LEVEL OF KNOWLEDGE
ON FIRST AID MANAGEMENT AMONG AUTO DRIVERS**



The above figure reveals that all auto drivers 50 (100%) had inadequate knowledge regarding first aid in pre test. In post test 33 (66%) drivers had adequate knowledge and 17 (34%) drivers had moderate knowledge regarding first aid.

FIGURE 3

**DISTRIBUTION OF PRE TEST AND POST TEST LEVEL OF ATTITUDE
ON FIRST AID MANAGEMNT AMONG AUTO DRIVERS**



The above figure reveals that 35(70%) auto drivers had negative attitude and 15(30%) had neutral attitude regarding first aid in pre test. In post test 45 (90%) had positive attitude and 5 (10%) drivers had neutral attitude regarding first aid.

Table 3.a

**PRE AND POST TEST LEVEL OF KNOWLEDGE OF FIRST AID
MANAGEMENT AMONG AUTO DRIVERS**

N = 50

Group	Mean	SD	“t” test Value
Pre test	12.46	4.5	
			*30.65
Post test	45.96	5.7	

*Significant at 0.05 level

The above table reveals that the obtained “t” value was found to be highly significant at the level of $p < 0.05$. It is inferred that the auto drivers exposed to the planned teaching programme had significant increase in post test knowledge.

Table 3.b

**PRE AND POST TEST LEVEL OF ATTITUDE OF FIRST AID
MANAGEMENT AMONG AUTO DRIVERS**

N = 50

Group	Mean	SD	“t” test
Pre test	26.72	5.3	
			*17.5
Post test	43.3	3.8	

*Significant at 0.05 level

The above table reveals that the obtained ‘t’ value was found to be highly significant at the level of $p < 0.05$. It is inferred that the auto drivers exposed to the planned teaching programme had significant increase in post test Attitude.

Table 4

**RELATIONSHIP BETWEEN POST TEST LEVEL OF KNOWLEDGE AND
LEVEL OF ATTITUDE ON FIRST AID MANAGEMENT AMONG AUTO
DRIVERS**

N = 50

Group	Mean	SD	“r” Value
Knowledge	45.96	5.7	
			*0.55
Attitude	43.3	3.8	

*Significant at 0.05 level

The above table reveals, obtained knowledge mean score was 45.36 with a standard deviation of 5.7 and obtained attitude mean score was 43.3 with standard deviation of. The ‘r’ value was 0.55 which was positive, was significant at 0.05 significant levels. It is inferred that there is a significant relationship between post test knowledge and attitude of first aid management among auto drivers.

TABLE 5.a.1

ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES WITH POST TEST KNOWLEDGE AMONG AUTO DRIVERS SUCH AS AGE, EDUCATION AND RELIGION **N=50**

S.no	Demographic variables	Adequate	Moderately adequate	Inadequate	χ^2
1.	Age				
	1. 21-30	10	7	0	
	2. 31-40	14	5	0	# 2.89
	3. 41-50	9	4	0	
	4. >50	0	1	0	
2.	Education				
	1. Illiterate	1	0	0	
	2. Primary education	13	6	0	
	3. Secondary education	12	7	0	# 3.73
	4. Higher secondary education	7	1	0	
	5. Any degree	1	2	0	
3.	Religion				
	1. Hindu	26	14	0	
	2. Muslim	4	1	0	# 0.53
	3. Christian	3	2	0	
	4. others	0	0	0	

Not significant

Table 4.a.1 presents the association between selected demographic variables with post test knowledge among auto drivers. Regarding age, the χ^2 was 2.89 ($p < 0.05$) which was not significant. Regarding education, the χ^2 was 3.73 ($p < 0.05$) which was not significant. Regarding religion, the χ^2 was 0.53 ($p < 0.05$) which was not significant.

TABLE 5.a.2

**ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES WITH POST
TEST KNOWLEDGE AMONG AUTO DRIVERS SUCH AS MARITAL
STATUS, INCOME AND EXPERIENCE** N=50

S.no	Demographic variables	Adequate	Moderately adequate	Inadequate	χ^2
4. Marital status					
	1. Unmarried	9	5	0	
	2. Married	24	12	0	# 1.07
	3. Others	0	0	0	
5. Income					
	1. 1000-2000	0	0	0	
	2. 2001-3000	2	0	0	# 2.69
	3. 3001-4000	7	4	0	
	4. >4000	24	13	0	
6. Experience					
	1. 0-5 years	6	6	0	
	2. 6-10 years	8	3	0	# 2.10
	3. 11-15 years	11	3	0	
	4. >15 years	8	5	0	

Not significant

Table 4.a.1 presents the association between selected demographic variables with post test knowledge among auto drivers. Regarding Marital Status, the χ^2 1.07 was ($p < 0.05$) which was not significant, regarding income, the χ^2 was 2.69 ($p < 0.05$) which was not significant, regarding experience, the χ^2 was 2.10 ($p < 0.05$) which was not significant.

TABLE 5.a.3

ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES WITH POST TEST KNOWLEDGE AMONG AUTO DRIVERS SUCH AS PREVIOUS KNOWLEDGE ABOUT FIRST AID, EXPERIENCE AND FIRST AID BOX

N=50

S.no	Demographic variables	Adequate	Moderately adequate	Inadequate	χ^2
7.	Previous exposure to first aid information				
	1. Yes	5	6	0	# 2.1
	2. No	27	12	0	
8.	Previous experience to give first aid to the victims in emergency				
	1. Yes	4	4	0	# 1.41
	2. No	30	12	0	
9.	First aid box in vehicle				
	1. Yes	8	7	0	# 1.53
	2. No	25	10	0	

Not significant

Table 4.a.1 presents the association between selected demographic variables with post test knowledge among auto drivers. Regarding previous exposure to first aid information, the χ^2 2.1 was ($p < 0.05$) which was not significant, regarding previous experience about first aid, the χ^2 was 1.41 ($p < 0.05$) which was not significant, regarding first aid box in vehicle, the χ^2 was 1.53 ($p < 0.05$) which was not significant.

TABLE 5.b.1

**ASSOCIATION OF POST TEST KNOWLEDGE WITH SELECTED
DEMOGRAPHIC VARIABLES AMONG AUTO DRIVERS SUCH AS AGE,
EDUCATION AND RELIGION**

N=50

S.no	Demographic variables	Positive	Neutral	Negative	χ^2
1.	Age				
	1. 21-30	11	6	0	
	2. 31-40	17	2	0	# 3.99
	3. 41-50	11	2	0	
	4. >50	1	0	0	
2.	Education				
	1. Illiterate	1	0	0	
	2. Primary education	16	3	0	
	3. Secondary education	13	6	0	# 4.719
	4. Higher secondary education	8	0	0	
	5. Any degree	2	1	0	
3.	Religion				
	1. Hindu	31	9	0	
	2. Muslim	5	0	0	# 1.406
	3. Christian	4	1	0	
	4. others	0	0	0	

- Not significant

Table 4.a.1 presents the association between selected demographic variables with post test attitude among auto drivers. Regarding age, the χ^2 was 3.99 ($p < 0.05$) which was not significant. Regarding education, the χ^2 was 4.719 ($p < 0.05$) which was not significant. Regarding religion, the χ^2 was 1.406 ($p < 0.05$) which was not significant.

TABLE 5.b.2

**ASSOCIATION OF POST TEST KNOWLEDGE WITH SELECTED
DEMOGRAPHIC VARIABLES AMONG AUTO DRIVERS SUCH AS
MARITAL STATUS, INCOME AND EXPERIENCE**

N=50

S.no	Demographic variables	Positive	Neutral	Negative	χ^2
4.	Marital status				
	1. Unmarried	10	4	0	
	2. Married	30	6	0	# 0.893
	3. Others	0	0	0	
5.	Income				
	1. 1000-2000	0	0	0	
	2. 2001-3000	2	0	0	# 0.89
	3. 3001-4000	8	3	0	
	4. >4000	30	7	0	
6.	Experience				
	1. 0-5 years	7	5	0	
	2. 6-10 years	9	2	0	# 5.162
	3. 11-15 years	13	1	0	
	4. >15 years	11	2	0	

Not significant

Table 4.a.1 presents the association between selected demographic variables with post test attitude among auto drivers. Regarding Marital Status, the χ^2 0.893 was ($p < 0.05$) which was not significant, regarding income, the χ^2 was 0.89 ($p < 0.05$) which was not significant, regarding experience, the χ^2 was 5.162 ($p < 0.05$) which was not significant.

TABLE 5.b.3

ASSOCIATION OF POST TEST KNOWLEDGE WITH SELECTED DEMOGRAPHIC VARIABLES AMONG AUTO DRIVERS SUCH AS PREVIOUS INFORMATION ABOUT FIRST AID, EXPERIENCE AND FIRST AID BOX

N=50

S.no	Demographic variables	Positive	Neutral	Negative	χ^2
7.	Previous exposure to first aid information				
	1. Yes	9	2	0	# 0.029
	2. No	31	8	0	
8.	Previous experience to give first aid to the victims in emergency				
	1. Yes	6	2	0	#0.149
	2. No	34	8	0	
9.	First aid box in vehicle				
	1. Yes	12	3	0	# 0
	2. No	28	7	0	

Not significant

Table 4.a.1 presents the association between selected demographic variables with post test attitude among auto drivers. Regarding previous exposure to first aid information, the χ^2 0.029 was ($p < 0.05$) which was not significant, regarding previous experience about first aid, the χ^2 was 0.149 ($p < 0.05$) which was not significant, regarding first aid box in vehicle, the χ^2 was 0 ($p < 0.05$) which was not significant.

CHAPTER - V

DISCUSSION

The study was conducted to evaluate the effectiveness of planned teaching programme on knowledge and attitude regarding first aid management among auto drivers in selected auto stands at Madurai.

This study was conducted using a quasi experimental design. Subjects were selected by the purposive sampling method. The sample size was 50

A questionnaire and checklist was used to find out the knowledge and attitude among auto drivers regarding first aid management. The responses were analyzed through descriptive measures (mean, frequency, percentage, standard deviation) and inferential statistics (chi-square, 't' test). Discussions on the findings are arranged in the order of the objectives of the study.

The first objective of this study was to assess the existing knowledge and attitude regarding first aid management among auto drivers

The level of knowledge on first aid management before the planned teaching programme among auto drivers 50 (100%) was inadequate. And the pre test attitude for all 35 (70%) had negative attitude and 15 (30%) had neutral attitude. The pre test knowledge (Mean = 12.46, SD = 4.5). The pre test attitude (Mean = 26.72, SD = 5.3) the investigator feels that by assessing the existing knowledge and attitude we can identify their previous exposure regarding first aid management.

These findings were consistent with study done by Sangowawa (2000) found that effects of first aid training was very high among the drivers but the existing knowledge of the samples were not satisfactory.

The second objective of this study was to assess the post-test level of knowledge and attitude regarding first aid management among auto drivers

The post test knowledge revealed all auto drivers 33 (66%) had adequate knowledge and 17 (34%) had moderately adequate knowledge, the post test attitude revealed 40 (80%) had positive attitude and 10 (20%) had neutral attitude. The post test knowledge (Mean = 45.96, SD = 5.7) and attitude (Mean = 43.3, SD = 3.8) shows that the planned teaching programme was effective. It was observed that planned teaching programme plays a vital role in improving knowledge and attitude of auto drivers. Hence, the hypothesis H₁ and H₂ were accepted.

Even though there was a remarkable improvement in knowledge and attitude after the teaching programme, the investigator was not able to achieve 100% of knowledge in all aspects; it may be due to their lack of interest, literacy level, and lack of previous exposure to first aid training programme regarding various conditions. The investigator feels that by giving effective planned teaching programme with appropriate A.V. aids can improve their level of knowledge and attitude regarding first aid management.

These findings were supported by the study conducted by Sara Elias (2010) where she found that the initial knowledge of transport drivers was not satisfactory. But, there was a significant improvement in knowledge ('t' value=22.11) and practice ('t' value=17.43) after the structured teaching programme.

The third objective of this study was to find the difference between post test level of knowledge and attitude of auto drivers regarding first aid management

The obtained post test knowledge mean score was 45.96 with a standard deviation of 5.7 and obtained attitude mean score was 43.3 with standard deviation of 3.8. The difference between the post test level of knowledge and attitude 'r' value was 0.55 ($p=0.05$). It shows that, there will be a mild positive correlation between knowledge and attitude regarding first aid management among auto drivers. Hence, the hypothesis H_3 was accepted. The investigator feels that, if the knowledge increased, attitude also will increase.

This finding were supported by the study done by Sudeep Sam Alex (2010) where he found that there was a positive correlation between the post test knowledge and attitude regarding first aid measures among experimental group after the structured teaching programme.

The fourth objective of this study to find out the association between the post test level of knowledge and attitude with selected demographic variables

Regarding the association between the post test level of knowledge and attitude with selected demographic variables, the results revealed that there was no significant association between knowledge and attitude with selected demographic variables like age, educational status, marital status, experience, income, prior information about first aid, previous experience about first aid management and availability of first aid box in vehicle. Hence, the hypothesis H_4 was rejected. The investigator feels that, first aid is a social issue element. So the first aid knowledge is not constrained with any of the demographic variables like age, education, experience

and previous exposure about first aid information. In spite of all the demographic variables, the planned teaching programme will improve the knowledge and attitude of auto drivers regarding first aid management.

These findings were supported by the study done by Devan Prabhudoss (2008) where he found that there was no association between the knowledge and attitude with demographic variables after the structured teaching programme. This shows that intervention was effective.

CHAPTER-VI

SUMMARY AND RECOMMENDATION

This chapter deals with the summary of the study, its findings and conclusion. It focuses on the implications and gives recommendations for nursing practices, nursing research, nursing administration and nursing education.

SUMMARY OF THE STUDY

The focus of the study to evaluate the effectiveness of planned teaching programme on knowledge and attitude regarding first aid management among auto drivers in selected auto stands at Madurai.

A review of literature helped the investigator to develop the conceptual framework, tool and methodology of this study the review of literature was organized under the following headings.

- Studies on importance of first aid management.
- Studies on structured teaching programme in general.
- Studies on knowledge and attitude of auto drivers regarding first aid management.

The conceptual frame work adopted for this study was derived from King's goal attainment theory. Research design adopted for the study was Quasi-experimental design more specifically one group pre test and post test design.

A questionnaire was developed and used for data collection to assess the knowledge and attitude of auto drivers regarding first aid management. The planned teaching programme was developed. The content validity of the questionnaire, check

list and planned teaching programme were found to be reliable and feasible. The tool was found to be reliable and feasible. The reliability of the tool was established by test-retest method. In pilot study the tool was administered among 5 auto drivers in pasumalai, Madurai. After a gap of one week, a retest was done. Karl parson's coefficient of correlation was computed and reliability for knowledge found to be 0.96% and the reliability for attitude found to be 0.98%. The tool was found to be reliable. Data gathered were analyzed and interpreted terms of the study objectives.

The main study was conducted in Madurai Railway Junction auto stand with the help of NANBAN trust, Tamil Nadu Consumer Protection Centre and auto stand authorities for a period of six weeks. 50 auto drivers were selected through purposive sampling technique. The existing knowledge and attitude was assessed before the teaching, through questionnaire and checklist. Planned teaching programme on first aid management was administered. After 7 days data was collected for assessing the knowledge and attitude of the auto drivers. Data were organized and interpreted by using both descriptive and inferential statistics.

SUMMARY OF THE STUDY FINDINGS

Regarding existing knowledge and attitude on first aid management among auto drivers, all of them 50 (100%) had inadequate knowledge and 35 (70%) had negative attitude and 15 (30%) had neutral attitude regarding first aid management. This may be due to lack of education, unawareness, lack of exposure to health education programme regarding first aid management.

Regarding the effectiveness of planned teaching programme on various aspect of first aid management, the mean score for post test knowledge was higher than pretest knowledge. It was 12.46 in pretest and 45.96 in post test. The mean score of

attitude in posttest was 26.72 increased from pretest mean score 26.72. This results shows that there was significant difference between pretest and posttest level of knowledge and attitude regarding first aid management among auto drivers. It was observed that the planned teaching programme plays a vital role in improving the knowledge and attitude of auto drivers regarding first aid management.

Regarding the relationship between posttest knowledge and attitude, there was a positive correlation ($r = 0.55$) between posttest knowledge and attitude on first aid management.

Regarding the association between the levels of knowledge and attitude with selected demographic variables, there was no significant association between their knowledge and attitude with selected demographic variables like age, education, experience and prior information about first aid among auto drivers.

CONCLUSION

The main study concludes that, the existing level of knowledge and attitude regarding first aid management among auto drivers was inadequate. So the investigator prepared the planned teaching programme effectively with live pictures, slides and own voice recording. Education plays fundamental role in bringing changes in knowledge and attitude of the auto drivers. The investigator observed that, the planned teaching programme increased their knowledge and attitude regarding first aid management among auto drivers. Many of the auto drivers were impressed with the demonstration of C.P.R with C.P.R Monique. After the teaching programme, the auto drivers were instructed to keep the equipped first aid box in their respective vehicles. The investigator has given the equipped first aid boxes to the auto stand authorities for promoting them to use it properly. For creating the first aid awareness

among auto drivers, the investigator particularly designed a sticker for their autos. The study participants pasted the sticker in their vehicles. The investigator have arranged a St. John's ambulance certified first aid training course to final year B.Sc (N) students and requested to become a continuous programme for creating the awareness regarding first aid in the institution. Finally the investigator assures that, every auto drivers who have been taken part in this study will perform a greater part in helping the victims when an emergency crisis arises at the road side or anywhere.

IMPLICATIONS

The findings of the study have several implications in following field. It can be discussed on four areas namely nursing practice, nursing administration, nursing education and nursing research.

IMPLICATIONS OF NURSING PRACTICE

1. This study finding will encourage the community health nurses to create awareness among public about first aid measures by intensifying mass health education and individual health education programmes with appropriately designed audio visual aids.
2. The nurse must implement first aid training module activities to create awareness, to promote knowledge and attitude and to enhance the skills of auto drivers on first aid measures for bleeding, fracture, burns, epilepsy and cardiac arrest.
3. As a service provider, the nurse should design information booklet, pamphlet on first aid measures and distribute to the public including school students and drivers and create awareness among them.

4. The community health nurse must aim to translate the components of first aid measures at all levels in various setting.

IMPLICATIONS OF NURSING ADMINISTRATION

1. The present study will help the nursing administrative authority to recognize the need for developing the appropriate formal education programme for the drivers on first aid management.
2. Nursing administration should provide necessary facilities to conduct first aid awareness programme for auto drivers at nearby auto stands.
3. The administration should allocate budgets for developing educational materials like pamphlets, posters, slides, cassettes, etc. which contain information about first aid management.

IMPLICATIONS OF NURSING EDUCATION

1. The study emphasizes the need for educating the nursing personnel through in service or continuing education program to update their knowledge regarding first aid management.
2. The nursing students must improve their skills regarding first aid.
3. The various effective methods of teaching like simulation, demonstration, exercise and lecture cum discussion should be used for improving the knowledge and skills regarding first aid management among students.

IMPLICATIONS OF NURSING RESEARCH

1. The findings of the study help to expand the scientific body of professional knowledge upon which further research can be conducted.
2. Based upon this study, in-depth research studies of various factors contributes for first aid measures among auto drivers can be conducted.
3. Large scale studies can be conducted in consideration of other contributing variables.

RECOMMENDATIONS

1. A similar study can be undertaken by utilizing other domain like practice.
2. A similar study can be undertaken with large number of samples which might lead to generalization.
3. A similar study can be conducted as a comparative study between urban and rural area auto drivers.
4. A similar study can be conducted in another setting like drivers in industries, educational institutions and Transport Corporation.
5. The planned teaching programme can be administered periodically among public to create the awareness regarding first aid management.
6. All final year B.Sc (N) students must be undergone St. John's ambulance first aid training course.

REFERENCES

BOOKS

- Andrew, K. (1992), *First aid manual St. Andrew's Ambulance Association and the British Redcross*, London.
- Ann Mariner (1989), *Nursing theorist & their work*, St. Louis, C.V. Mosby company.
- Annama Jacob (2007), *Clinical Nursing Procedures: The art of nursing practice*, (1st ed), Jaypee publications, (376-386).
- Anne Naulhall (1999), *Nursing Research*, (1st ed.), Churchill Livingstone Publications, (160-170).
- Ansari & Kaur (2009), *A text book of medical surgical nursing*, Pee Vee publications, India, (1751-1759).
- Bailey & Love (2000), *Short practices of surgery*, (23rd ed.), London, Arnold Publishers, (325-335).
- Barbara Hazard Munro (2005) , *Statistical methods for health care research*, Philadelphia, Add crop crickey publications.
- Basavanthappa, B. (2007), *Nursing Research*, (2nd ed.) New Delhi, Jaypee brothers medical publishers. (464-450).
- Davidson (2006), *Principles and Practice of Medicine*, (20th ed.), Philadelphia, Churchill Livinstone Elsevier Limited, (1086-1087).
- Fair, J. (2007), *Understanding and applying nursing research*, (3rd ed.), Philadelphia, F.A. Devis company. (233-252).
- Gupta (2000), *Manual of first aid management*, London, (1st ed.), Lippincott publishers.

- Hungler, P & Polit (1995), *Nursing research Principles and Methods*, (5th ed.), Philadelphia, J.B. Lippincott Company. (69-77).
- Joyce M. Black (2005), *Medical Surgical Nursing: Clinical Management for positive outcomes*, (7th ed. Vol 2), Missouri, Saunders publications. (619-649)
- Martin J. Frank (1973), *Cardio Vascular Physical Diagnosis*, year book medical publishers, Chicago. (100-108)
- Mike Toohey (1971), *Medicine for Nurses*, (10th ed.), E & S Publications, Edinburgh, London. (159-162)
- Moroney (1991), *Surgery For Nurses*, (16th ed.), Churchill Livingstone Publications, Hongkong, (199-211).
- Gupta (2000). *Manual of First Aid Management*, London: Lippincott Publishers, (1st ed.).
- Kamath MA (1996), *Atlas of First Aid management*, Philadelphia: Mosby publications, (2nd ed.).
- Kothari C.R.(1990), *Research Methodology, Methods and Techniques*, New Delhi: Wishwa Prakasam publications.
- Onila Salins (2003), *Medical Surgical Nursing Specialities*, (1st ed.), Jaypee Publications, New Delhi. (217-220)
- Patricia A Downie (1993), *Text book of Chest, Heart and Vascular Disorders for physiotherapists*, (4th ed.), Jaypee brothers, New Delhi. (286)
- Potter& Perry (2006), *Fundamentals of Nursing*, (6th ed.) Missouri, Mosby Publications. (123-132)
- Priscilla Lemone et.al (2008), *Medical Surgical Nursing*, (4th ed.) New Delhi, Dorling Kindersley Pvt.Ltd. (960-969)

- Richard J. Epstein (2003), *Medicine for Examinations*, (4th ed.), Churchill Livingstone Publications, Edinburgh. (25-32)
- Richard Hatchett et.al (2007), *Cardiac Nursing*, (2nd ed.) Missouri, Churchill Livingstone publications. (209-267)
- Richard & Sunder Rao, J. (2008). *Introduction to Bio-Statistics and Research Methods*, (4th ed.), New Delhi (66-101).
- Samant Kusum (2000), *First aid manual, Accident and Emergency*, Mumbai, Vora medical publications.
- Sophie Mogotlane (2009), *Medical Surgical Nursing*, (4th ed.), Juta And Co Ltd, South Africa. (145-217)
- Susan L Woods (1995), *Cardiac Nursing*, (3rd ed.), J.B. Lippincott Company, Philadelphia, (602-603).
- Thomas E.Andreoli et.al (2001), *Essentials of Medicine*, (5th ed.) Philadelphia, WB Saunders Company. (90-99)
- Vasani R. Sudha Seshathri , *Text book of Medicine*, (1st ed.) Chennai, Orient Longman Ltd. (695-725)
- Watson (1992), *Medical Surgical Nursing*, (4th ed.), Balliere Tindall Publications, London. (858-861)
- Wilma J. Phipps et .al (2001), *Medical Surgical Nursing*, (7th ed.) New Delhi, BI publications. (439-445)
- WHO report, 2004.
- World Road Statistics, 2007.
- WHO- Global status report on road safety, 2009.

JOURNALS

- Akpek EA (2003), Knowledge of basic life support: a pilot study of Turkish Population by Baskest University In Ankara, *Nightingale Nursing Times*, 58(2) 187-192.
- Anne Covell (2005), Raising Awareness of the Issues Surrounding Heart Failure, *Nursing Times*, 101 (7), 28-29.
- Boonwark et al (2004), Knowledge and Skill After Brief ACLS Training, *Journal of Medical Association Thailand*, 87 (11), 1311-1314.
- Boyde M Wooten (2001), A Review of Nurses Performance Of Cardio Pulmonary Resuscitation At Cardiac Arrests, *Journal Of Staff Development*, 17 (5), 248-255.
- Bradely P Bond (2005), A Questionnaire Survey Of Students perceptions of nurse tutor teaching in a clinical skills learning programme, *Medical Tech*, 28(1), 49-52.
- Buck – Barrett (2004), The use of basic life support skills by hospital staff, *Resuscitation*, 60(10), 39-44.
- Cheung BM (2003), Knowledge of Cardio Pulmonary Resuscitation among the public in Hong Kong Telephone Questionnaire Survey, *Hong Kong Medical Journal*, 9(5), 323-328.
- Dr. Sreevastava et al (2004), Cardio Pulmonary Resuscitation: an over view of recent advances in concepts and practices, 60(1), 52-58.
- Gail M (2006), Getting at CPR, New AHA guidelines emphasize basic life support, *American Journal Of Nursing*, 106 (2), 19.

- Kellum MJ (2006), Cardio Pulmonary Resuscitation improves survival of patients without of hospital cardiac arrest, *American Journal of Medicine*, 119 (4), 335-340.

NET

- Achari. R et.al (2009), *First aid and emergency management* from [www.medindia.net/patients/first aid. htm](http://www.medindia.net/patients/firstaid.htm)
- Ayd. C. Frank (2000), first aid from [www.webhealth centre.com/healthy living/first aid](http://www.webhealthcentre.com/healthyliving/firstaid)
- Bawazeer (1992) , first aid for from [http://Wikipedia.org/wiki/first- aid](http://Wikipedia.org/wiki/first-aid)
- Department of Health and Human Services. *Healthy people 2010(2009), understanding and improving health and objectives for improving health.* from: <http://www.cdc.gov/nchs/hphome.htm>
- Glasper Tasman, D. (1995) medical emergency from [www.mayoclinic.com/health/first aid.](http://www.mayoclinic.com/health/firstaid)
- Hurlock. B, (2004), sprains, strains and fracture first aid from <http://www.raisingchildren.net.au/articles>
- Lalit batra (2007) first aid and healthy living from [www.webhealth centre.com/healthy living/first aid](http://www.webhealthcentre.com/healthyliving/firstaid)
- Linda Mcquaid (2005) , first aid from www.nim.nib.gov/firstaid.html
- Mcfarland (1998) first aid training from [www.riskmanagement services.in.](http://www.riskmanagement.com.au)
- Michella Morrison (1995) medical emergency from [www.mayoclinic.com/health/first aid](http://www.mayoclinic.com/health/firstaid)
- Margaret. G, (1994) first aid emergency care from [www.medicfirst aid.com](http://www.medicfirstaid.com)
- Townsend. L, (1997) first aid for fracture from www.indiaparenting.com

PART - III

ATTITUDE STATEMENTS ON FIRSAID MANAGEMENT AMONG AUTO DRIVERS

INSTRUCTION

Read the following statements carefully. Put tick (✓) mark based on the your view of each statements.

S.no	Content	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1.	It is necessary to have first aid box in all vehicles.					
2.	Providing first aid is a waste of time.					
3.	Providing first aid leads to many legal obligations.					
4.	It is the duty of every citizen to have knowledge about first aid.					

5.	Providing first aid in the golden hour can save many lives.					
6.	Nasal bleeding cannot be control when the victim blows the nose or swallows the sputum.					
7.	Applying coffee powder controls bleeding					
8.	Immediate oil massage at the fractured site relieves pain					
9.	Pouring water over the victim who is on fire is harmless.					
10.	Give iron objects to the victim's hand can stop fits.					