# International Journal of Multidisciplinary Research and Growth Evaluation



International Journal of Multidisciplinary Research and Growth Evaluation

ISSN: 2582-7138

Received: 15-09-2021; Accepted: 03-10-2021

www.allmultidisciplinaryjournal.com

Volume 2; Issue 5; September-October 2021; Page No. 441-444

## A study to assess the effectiveness of video assisted teaching regarding SARS-COV among healthcare students

Varalakshmi E <sup>1</sup>, Kannmani Priya B <sup>2</sup>

<sup>1</sup> Assistant Professor, Department of Medical Surgical Nursing, Saveetha College of nursing, SIMATS. Chennai, Tamil Nadu, India 
<sup>2</sup> Student, Department of Nursing, Saveetha College of nursing, SIMATS. Chennai, Tamil Nadu, India

Corresponding Author: Varalakshmi. E

### **Abstract**

SARS-CoV-2 is a positive-sense single-stranded RNA virus that is contagious in humans as designated by the us national institutes of health, it is the beneficiary to SARS-CoV-1, the virus that caused the 2002–2004 SARS outbreak. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified in December, 2019, as the cause of the illness designated COVID-19. It is caused by a previously unreported strain of coronavirus, officially named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-

2). It primarily spreads person to person through close contact and contaminated surfaces, often via small droplets produced by the infected person through coughing, sneezing or talking. The study aims to measure the amount of information that medical students have on the new and fast-spreading virus and to provide the necessary information as well as to find out if medical students have better knowledge regarding the virus.

Keywords: SARS-CoV, video, teaching, health care students

### 1. Introduction

SARS-CoV-2 is a positive-sense single-stranded RNA virus <sup>[1]</sup> that is contagious in humans <sup>[2]</sup>. As described by the US National Institutes of Health, it is the successor to, the virus that caused the 2002–2004 SARS outbreak <sup>[3]</sup>. COVID-19 is caused by a previously unrecorded strain of coronavirus, officially named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). It primarily spreads person to person through close contact and contaminated surfaces, often via small droplets produced by the infected person through coughing, sneezing or talking <sup>[4, 5]</sup>. COVID-19 is most contagious immediately after the onset of symptoms, although the spread through asymptomatic cases has been reported <sup>[6]</sup>. The incubation period is around 5 days (range, 2–14 days) and common symptoms include fever, cough and shortness of breath <sup>[7, 8, 9]</sup>.

The source of information about COVID-19 is different for health care professionals and the public. As health care professionals are acquiring information from authenticated websites of the world health organization (WHO), centre for disease control and prevention (CDC), Indian council of medical research (ICMR). While the general public relay on television. Both health care professional and the general public are worried to get infected by this virus and taking precautionary measures against COVID-19.

The study aims to measure the amount of information that medical students have on the new and fast-spreading virus and to provide the necessary information as well as to find out if medical students have better knowledge regarding the virus. The findings of this study are expected to help health authorities to organize the necessary educational programs, and better planning for awareness campaigns in order to provide up-to-date information and deliver the best practice to stop the spread of the virus.

### 2. Materials and Methods

An experimental research design was used to assess the level of knowledge regarding SARS-CoV among healthcare students. This study was conducted in Saveetha Medical College Hospitals, SIMATS, Chennai. The total sample size is 100 who all are satisfies the inclusion criteria. Convenient sampling technique was used to collect the data from sample. The inclusion criteria is those who are willing to participate in the study and those who are available during the data collection. The students who are all previously affected by COVID-19 were excluded. Explained about the study and informed consent was obtained. Data was collected by self-structured questionnaires. Confidentiality was of throughout the study. Collected data were analysed by using descriptive and inferential statistics. The project has been approved by the Ethics Committee of the Institution.

### 3. Results

### Section A: Description of the demographic variables of health care students

Table 1: Frequency and percentage distribution of demographic variables of health care students N = 100

Demographic Variables	N0.	%	
Age			
17 – 18 years	-	-	
19 – 20 years	86	86.0	
21 – 22 years	14	14.0	
Sex			
Male	54	54.0	
Female	46	46.0	
Level of student			
First year	-	-	
Second year	-	-	
Third year	-	-	
Fourth year	100	100.0	
Previous knowledge regarding SARS-COV			
Yes	91	91.0	
No	9	9.0	
Does any of your family members suffered from COVID-19?			
Yes	77	77.0	
No	23	23.0	
What is your Source of information regarding COVID-19?			
Newspaper	15	15.0	
Television	24	24.0	
Internet	38	38.0	
All the above	23	23.0	

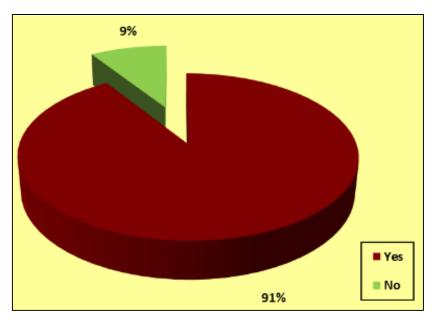


Fig 1

### Section B: Assessment of level of knowledge regarding SARS-CoV among health care students.

Table 2: Frequency and percentage distribution of pretest and level of knowledge regarding SARS-COV among health care students N = 100

Knowledge	Inadequate (1- 40%)		Moderat	e (41-70%)	Adequate (71-100%)		
	No.	%	No.	%	No.	%	
Pretest	71	71.0	17	17.0	12	12.0	
Post Test	8	8.0	56	56.0	36	36.0	

The above table 2 shows that in the pretest, 71(71%) had inadequate knowledge, 17(17%) had moderate knowledge and 12(12%) had adequate knowledge regarding SARS-COV among health care students.

Whereas in the post test, 56(56%) had moderate knowledge, 36(36%) had adequate knowledge and 8(8%) had inadequate knowledge regarding SARS-COV among health care students.

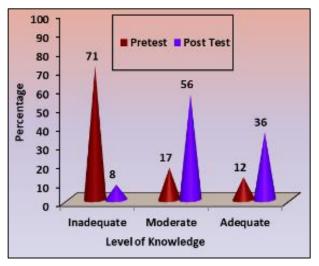


Fig 2: Percentage distribution of pretest and level of knowledge regarding SARS-COV among health care students

### Section C: Effectiveness of video assisted teaching regarding SARS-CoV among health care students

**Table 3:** Comparison of pretest and post-test level of knowledge regarding SARS-COV among Health Care Students. N = 100

Knowledge	Mean	S.D	Paired 't' test Value
Pretest	10.05	4.03	t = 14.514
Post Test	15.75	3.83	p = 0.0001 S***

<sup>\*\*\*</sup>p<0.001, S – Significant

The table 3 shows that the pretest mean score of knowledge was  $10.05\pm4.03$  and the post test mean score of knowledge was  $15.75\pm3.83$ . The calculated paired 't' test value of t = 14.514 was found to be statistically highly significant at p<0.001 level. This clearly infers that administration of Video Assisted Teaching on knowledge regarding SARS-COV among Health Care Students was found to be effective in improving the level of knowledge among Health Care Students in the post test.

### Section D: Association of level of knowledge regarding SARS-CoV among health care students with selected demographic variables

**Table 4:** Association of post level of knowledge regarding SARS-COV among Health Care Students with their selected demographic variables N = 100

Domographia Variables		Inadequate		Moderate		quate	Chi Canana Val
Demographic Variables	No.	%	No.	%	No.	%	Chi-Square Value
Age							$\chi^2 = 1.502$
17 – 18 years	-	-	-	-	-	-	d.f=2
19 – 20 years	8	8.0	47	47.0	31	31.0	p = 0.472
21 – 22 years	0	0	9	9.0	5	5.0	N.S
Sex							$\chi^2 = 2.655$
Male	3	3.0	28	28.0	23	23.0	d.f=2
Female	5	5.0	28	28.0	13	13.0	p = 0.265 N.S
Level of student							
First year	-	-	-	-	-	-	Ì
Second year	-	-	-	-	-	-	-
Third year	-	-	-	-	-	-	
Fourth year	8	8.0	56	56.0	36	36.0	
Previous knowledge regarding SARS-COV							$\chi^2 = 7.601$
Yes	8	8.0	54	54.0	29	29.0	d.f=2
No	0	0	2	2.0	7	7.0	p = 0.022 S*
Does any of your family members suffered from COVID-19?							$\chi^2 = 0.402$
Yes	6	6.0	42	42.0	29	29.0	d.f=2 p = 0.818 N.S
No	2	2.0	14	14.0	7	7.0	
What is your Source of information regarding COVID-19?							2 2 570
Newspaper	1	1.0	7	7.0	7	7.0	$\chi^2 = 2.570$ d.f=6
Television	2	2.0	12	12.0	10	10.0	
Internet	4	4.0	23	23.0	11	11.0	p = 0.861 N.S
All the above	1	1.0	14	14.0	8	8.0	CV1

<sup>\*</sup>p<0.05, S – Significant, N.S – Not Significant

The table 4 shows that the demographic variable previous knowledge regarding u-COV had shown statistically significant association with post test level of knowledge regarding SARS-COV among health care students at p<0.05 level. The other demographic variables had not shown statistically significant association with post test level of knowledge regarding SARS-COV among health care students.

### 4. Discussion

The COVID-19 is an emerging disease, which needs to be briefly understood by all individuals. Whereas preventive aspects need to be grossly understood by all individuals. the pretest mean score of knowledge was  $10.05\pm4.03$  and the post test mean score of knowledge was  $15.75\pm3.83$ . The

calculated paired 't' test value of t = 14.514 was found to be statistically highly significant at p<0.001 level. This clearly infers that administration of Video Assisted Teaching on knowledge regarding SARS-COV among Health Care Students was found to be effective in improving the level of knowledge among Health Care Students in the post test.

### 5. Conclusion

The present study indicates that video assisted teaching is the effective and easy method to improve knowledge among students.

### 6. Acknowledgement

We would like to extend our gratitude to the authorities of Saveetha College of Nursing and Saveetha Medical College and Hospital for this study.

### 7. Authors Contribution

All the authors actively participated in the work of study. All the authors read and approved the final manuscript.

#### 8. Conflict of Interest

The authors declare no conflict of interest.

### References

- Machhi J, Herskovitz J, Senan AM, Dutta D, Nath B, Oleynikov MD, et al. The Natural History, Pathobiology, and Clinical Manifestations of SARS-CoV-2 Infections. Journal of Neuroimmune Pharmacology. 2020; 15(3):359-386. Doi: 10.1007/s11481-020-09944-5. PMC 7373339. PMID 32696264.
- 2. Chan JF, Yuan S, Kok KH, To KK, Chu H, Yang J, *et al.* A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: A study of a family cluster. Lancet. 2020; 395(10223):514-523. Doi: 10.1016/S0140-6736(20)30154-9. PMC 7159286. PMID 31986261.
- 3. New coronavirus stable for hours on surfaces. National Institutes of Health (NIH). NIH.gov. 17 March 2020. Archived from the original on, 2020.
- 4. Guo YR, Cao QD, Hong ZS, Tan YY, Chen SD, Jin HJ, *et al.* The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak-An update on the status. Mil. Med. Res. 2020, 7:11.
- WHO. Coronavirus disease 2019 (COVID-19) situation report-107 data. WHO, 2020b. https://www.who.int/docs/defaultsource/coronaviruse/situation-Reports/20200506covid-19-sitrep-107.pdf?sfvrsn=159c3dc\_2
- 6. Bi Q, Wu Y, Mei S, Ye C, Zou X, Zhang Z, et al. Epidemiology and Transmission of COVID-19 in 391 cases and 1286 of their close contacts in Shenzhen, China: A retrospective cohort study. Lancet Infectious Diseases, 2020. https://doi.org/10.1016/S1473-3099(20)302875.
- CDC. Interim clinical guidance for management of patients with confirmed Coronavirus disease (COVID-19). CDC, 2020b. https://www.cdc.gov/coronavirus/2019-Ncov/hcp/clinical-guidance-management-patients.html
- Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, Zhang L. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: A descriptive study. The Lancet. 2020; 395(10223):507-513. https://doi.org/10.1016/S0140-

- 6736(20)30211-7
- 9. Elsevier. Novel Corona virus information center: Expert guidance and commentary, 2020. https://evolve.elsevier.com/education/educational-trends/coronavirus-resources/