



A CROSS SECTIONAL STUDY TO ASSESS THE KNOWLEDGE REGARDING COVID-19 PANDEMIC AMONG THE NURSING STUDENTS OF IBN SINA COLLEGE OF NURSING AND HEALTH SCIENCES OMPORA BUDGAM.

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Abstract:

Pandemic had a great influence in shaping a human society and politics throughout the world. From the earliest times to the present, pandemics have affected human history in myriad ways: demographically, culturally, politically, and financially and biologically. Corona virus disease is a respiratory infection that is recognized as a serious global public health threat. COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness. Most symptoms include fever, dry cough, tiredness and difficulty in breathing. A cross sectional study was conducted to assess the Knowledge regarding Covid-19 Pandemic among nursing students of ibn Sina College of nursing and health sciences Ompora budgam. In present study quantitative research approach was used. The sample size was 60 nursing students. The data was collected by using structured knowledge questionnaire which were designed to assess the knowledge regarding Covid-19 pandemic among nursing students of ibn Sina College of nursing and health sciences Ompora budgam regarding Covid-19. The Findings of the present study revealed that the **frequency and percentage distribution** of knowledge among Nursing students of Ibn sina college of nursing and health sciences **Regarding COVID-19 were** 40 (67 %) students were in adequate knowledge (7-9) Category 20(33%) **students were in moderate knowledge(4-6) and 0(0%) students were in inadequate knowledge (0-3) category.the mean and the knowledge score among students regarding Covid-19 pandemic is 6.75 with a S.D of 0.70, Range 3 and Median 7.00.**

The study was concluded that there is a adequate knowledge regarding Covid -19 pandemic among nursing students of ibn Sina College of nursing and health sciences Ompora budgam regarding Covid-19.

KEY WORDS: Knowledge, Assess , cross sectional study, Covid-19 pandemic

I. INTRODUCTION

A novel corona virus, 2019–NCOV, has identified as the cause of an outbreak of respiratory illness that originated in Wuhan, China and which has spread to several other countries around the world.¹

The novel corona virus disease (COVID -19) has become the fifth documented pandemic since the 1918 flu pandemic. It was first reported in Wuhan, China and subsequently spread worldwide. This virus is the seventh member of the corona virus family to infect humans.²

The World Health Organization (WHO) temporarily termed the new virus 2019 novel corona virus (2019-nCoV) on 12 January 2020 and then officially named this infectious disease corona virus disease 2019 (COVID-19) on 12 February 2020.³

As been recorded for 200 countries, territories and areas with 2,878,196 confirmed cases and 199668 death cases. On 11 March 2020, WHO changed the status of COVID 19 emergency from public health international emergency (30th January 2020) to a pandemic. Nonetheless, the fatality rate of current pandemic is on rise (between 2% to 4%), relatively lower than previous SARS-CoV (2002/2003) and MERS-CoV (2012) outbreaks. On 27th April 2020, the Ministry of Health and Family Welfare confirmed a total of 28380 confirmed cases, 6362 cured/ discharge cases, and 886 death cases in the country from 32 states / union territories.⁴ The worst affected countries, as the report on 29 March 2020.⁶ After 14 hour volunteer public curfew na The infection rate of COVID 19 in India is reported to be 1.7%, significantly lower than med as 'Junta Curfew', India immediately announced the implementation of a nationwide complete lockdown for 21 days (i.e. unto 14th April 2020), which only allowed essential services to operate over the entire 130 million population of India.⁵

Corona virus disease is a respiratory infection that is recognized as a serious global public health threat. COVID-19 affects different people in different ways. Most infected people will develop mild to moderate illness.⁴ Most symptoms include fever, dry cough, tiredness and difficulty in breathing.⁶

Objectives

1. To assess the knowledge regarding COVID 19 pandemic among nursing students.
2. To determine association of knowledge regarding COVID 19 outbreak with the selected demographic

RESEARCH METHODOLOGY:

RESEARCH APPROACH: A quantitative research approach was considered appropriate for the present study as a cross sectional study to assess the knowledge regarding covid-19 pandemic among the nursing students of ibn sina college of nursing and health sciences ompora budgam.

SAMPLE SIZE: A total sample size was 60 nursing students of ibn sina college of nursing and health sciences ompora budgam.

SAMPLING TECHNIQUE: Convient Sampling Technique was used to collect data.

METHODS OF DATA COLLECTION: Data was collected through demographic variables and self structured questionnaire.

RESULTS AND DISCUSSION

Frequency and percentage distribution				
S.no	Demographic variables		Percentage (%)	Frequency(f)
1.	Age	18-27 years	100%	60
		28-37 years	0%	0
2.	Sex	Male	18%	11
		Female	82%	49
3.	Educational status	Illiterate	0%	0
		Primary	0%	0
		Secondary	100%	60
		Graduation	0%	0
4.	Living areas	Rural area	85%	51
		Urban area	15%	9
5.	Heard about COVID-19	Yes	100%	60
		No	0%	0
6.	If yes From Where	TV	15%	9
		News paper	5%	3
		Social media like Face book, WhatsApp	68%	41
		From relative or neighbour	3%	2
		Other source	8%	5
7.	Any COVID positive and suspect case in family?	Yes	13%	8
		No	87%	52
		I don't know	0%	0

The frequency & percentage distribution of age, sex, Educational status, Living areas, Heard about COVID-19, If yes, from where, Any COVID-19 positive and suspect case in family.

With regard to age, maximum number of 60(100%) were 18-27 years of age, 0(0%) were 28-37 years of age.

With regard to sex, 49 (82%) were female, 11 (18%) were male.

With regard to Educational status, 0(0%) were illiterate, 0 (0%) were having primary education , 60(100%) were having secondary education, 0(0%) were graduates

With regard to living areas, 51 (85%) were from rural areas, 9 (15%) were from urban areas.

With regard to Heard about COVID-19, 60(100%) yes, 0(0%) No.

With regard to if yes from where, 9(15%) from tv, 3(5%) from newspaper, 41(68%) from social media , 2(3%) from relatives or neighbour 5(8%) from others.

With regard to Any COVID positive and suspect case in family 8(13%) yes , 52(87%) No, 0(0%) I don't know.

Table 2: Frequency and percentage distribution of level of knowledge among Nursing students regarding COVID-19

LEVEL OF KNOWLEDGE SCORE		
CATEGORY	Percentage	Frequency
ADEQUATE KNOWLEDGE (7-9)	67%	40
MODERATE KNOWLEDGE(4-6)	33%	20
INADEQUATE KNOWLEDGE(0-3)	0%	0

Maximum Score=9 Minimum Score=0

Table 2: Shows the frequency and percentage distribution of knowledge among Nursing students of Ibn sina college of nursing and health sciences Regarding COVID-19

It can be seen from the table that 40 (67 %) students were in adequate knowledge (7-9)

Category 20(33%) students were in moderate knowledge(4-6) and 0(0%) students were in inadequate knowledge (0-3) category

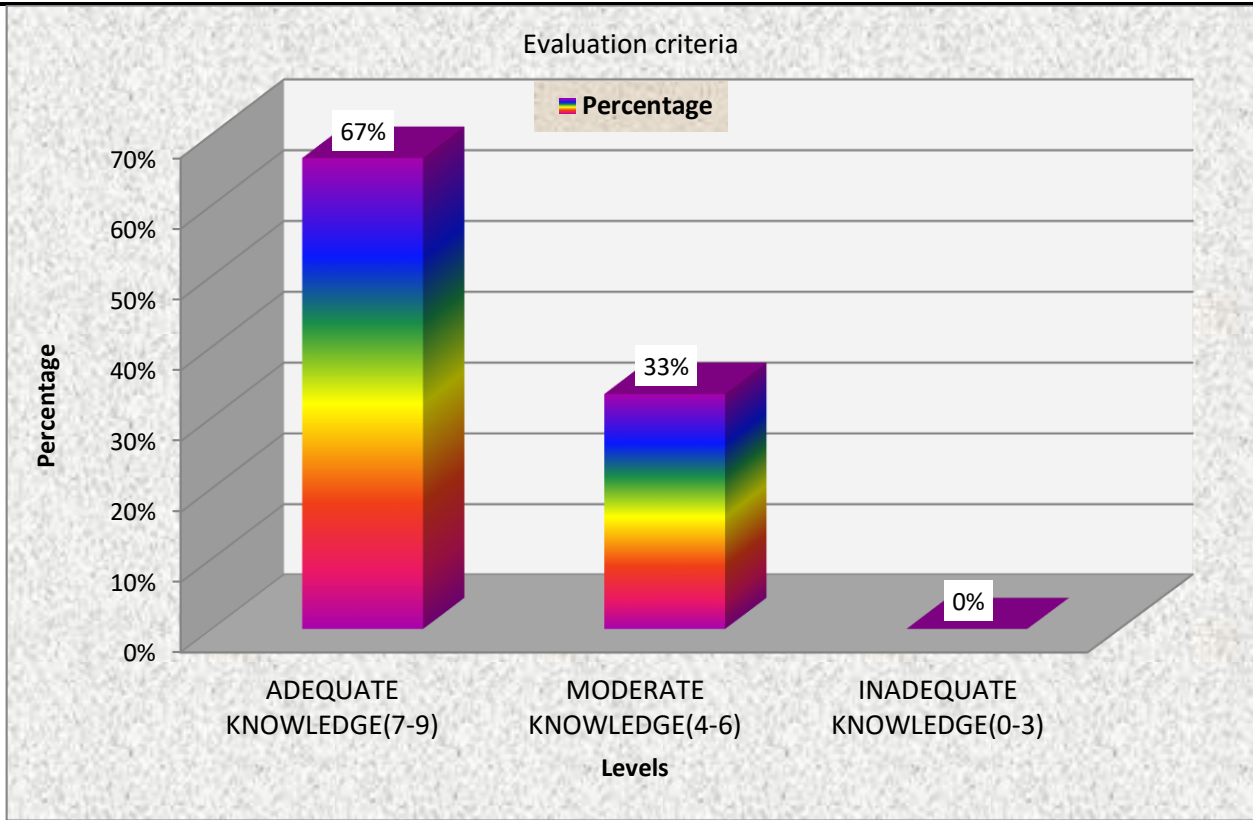


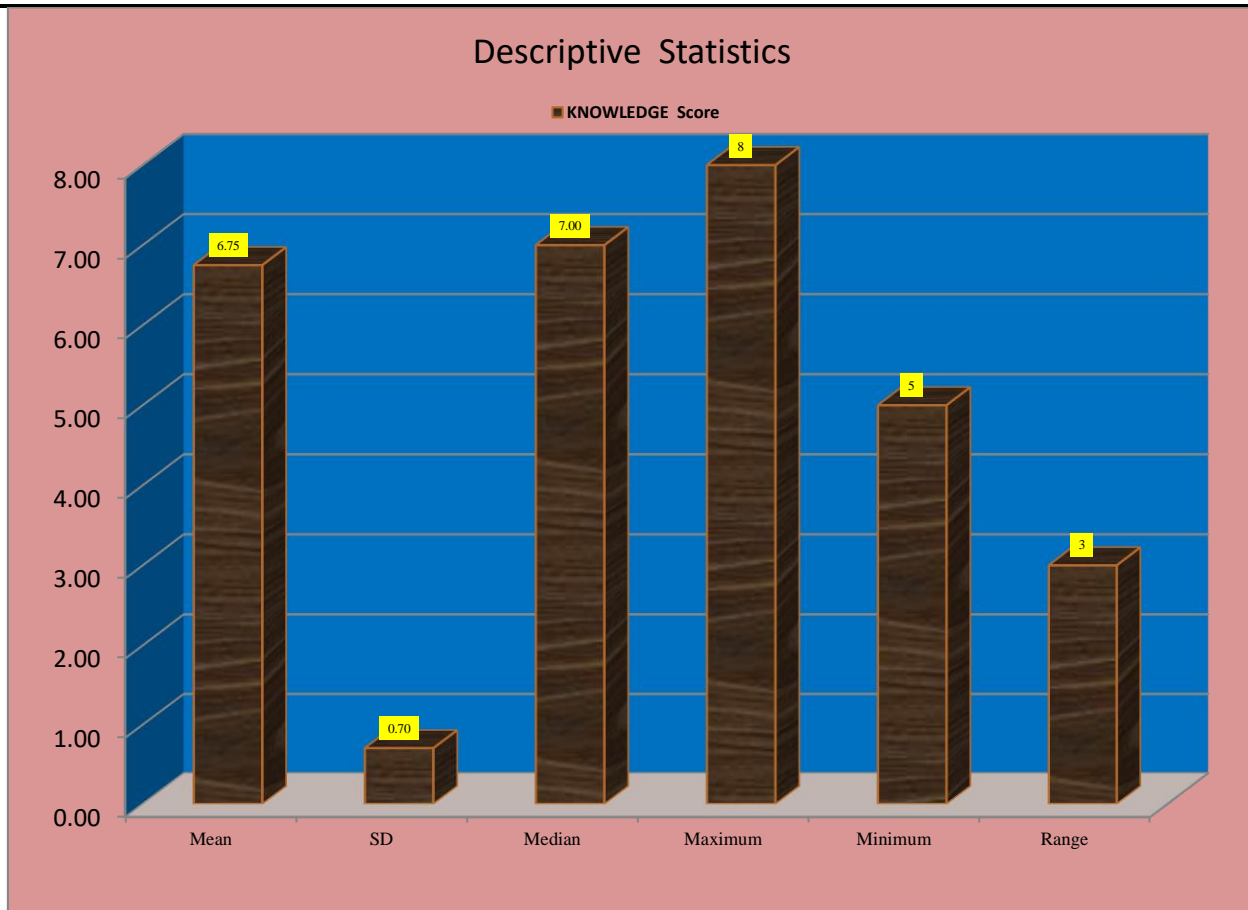
Table.3- Range, Mean, SD and Median of knowledge score among Nursing students of ibn sina college of nursing and health sciences regarding Covid-19

Descriptive Statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
KNOWLEDGE	6.75	0.70	7.00	8	5	3	75.0

Maximum= 9 Minimum= 0

Table 3: Shows the distribution of knowledge score among Nursing students of ibn sina college of nursing and health sciences regarding Covid-19 in terms of Range Mean, SD and Median .

It can be seen from the table mean knowledge score among students regarding Covid-19 is 6.75 with a S.D of 0.70, Range 3 and Median 7.00.



The association between the level of knowledge score and socio demographic variable. The chi-square value shows that there is significance association between the score level and demographic variables (living areas). The calculated chi-square values were more than the table value at the 0.05 level of significance. There is no significance association between the level of scores and other demographic variables (sex ,if yes from where, any covid positive and suspect case in family) the calculated chi-square values were less than the table value at the 0.05 level of significance

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