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A pre-experimental study to assess the effectiveness of planned teaching programme on knowledge and attitude regarding importance of play during Hospitalization among mothers of under five children admitted in Pediatric ward of MAMC, Agroha District Hisar (Haryana)

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Abstract

Introduction: In India, children of under five years constitute 9% of total population. Migration and globalization have created significance, organization health and social psychological change. Babies and toddler need a safe, healthy environment. Play is the key centre of a healthy child's life. In play children expand their understanding of themselves and others, their ability to communicate with peers and adults. Play is the business of the childhood, allowing your child free rein to experiment with the world around him and the emotional world inside him, says author.

Play means spontaneous or voluntary recreational activities pursued for enjoyment and accessories or equipment used in the activities; includes games, toys, etc. Play has the power not only to aid in normal child development but also to help alleviate emotional and behavioral difficulties. For over six decades, play therapy has been recognized as the oldest and most popular form of child therapy in clinical practice. Health and illness underpin our everyday existence. Health allows us to live full lives and to function as social beings. Illness disrupts our lives, sometimes seriously. Healthy children become a healthy adult improving the health of children is one responsibility among many. Play is integral to the academic environment. It ensures that the school setting attends to the social and emotional development of children as well as their cognitive development. It has been shown to help children adjust to the school setting and even to enhance children's learning readiness, learning behaviors, and problem-solving skills. Social-emotional learning is best integrated with academic learning; it is concerning if some of the forces that enhance children's ability to learn are elevated at the expense of others. Play and unscheduled time that allow for peer interactions are important components of social-emotional learning.

Methods and material: An evaluator research approach with pre experimental (one group pretest posttest group) design was adopted to achieve the objectives of the study. The 40 samples were collected by using the convenient sampling technique. The data was collected from the participants by using a structured knowledge questionnaire and likert scale. Informed written consent was taken from each mothers of under five children. Both descriptive and inferential statistics was used for data analysis.

Results: In pretest knowledge score 18(45%) of mother have inadequate knowledge, 22(55%) of mother have moderate knowledge and no one mother have the adequate knowledge regarding importance of play during hospitalization. But in posttest knowledge score 22(55%) of mother have adequate knowledge, 18(45%) of mother have moderate knowledge and no one mother have the inadequate knowledge regarding importance of play during hospitalization. The findings have shown that the posttest knowledge score is higher than the pretest knowledge score. Hence, planned teaching programme was effective in terms of enhancing knowledge of mothers regarding importance of play during hospitalization.

In pretest the majority of mothers 38(95%) has average attitude, 2 (5%) mothers has high level of attitude and no one having low attitude regarding importance of play during hospitalization. But in posttest attitude score, 40(100%) mothers has high attitude and no one have average and low attitude regarding importance of play during hospitalization. The findings have shown that the posttest attitude score of mothers of under five children is higher than the pretest attitude score regarding importance of play during hospitalization. Hence, planned teaching programme was effective in terms of enhancing attitude of mothers regarding importance of play during hospitalization.

Conclusion: Finding of the study shown that planned teaching programme was effective in terms of enhancing knowledge and attitude of mothers of under five children regarding importance of play during hospitalization.

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Introduction

Play is a very important component of children's life. It is the most essential activities for the physical emotional and social development to the child. It has special importance in the hospital to help sick children to continue to grow and develop, to preserve their sense of wholeness to understand hospital procedures, and to act out emotions. The separation of the family during hospitalization causes an anxiety in the young children and may disturb parent child relationship. W.H.O (2003) says that the child care has prime importance, as the mortality and morbidity are higher in this group. In India the mortality rate under five is 105 per 1000, while in Japan it is 6 per 1000. This can be reduced by demonstration, health education and guidance to the parents and creating awareness and making changes towards the health care branches.

Statement of the problem

"A pre-experimental study to assess the effectiveness of planned teaching programme on knowledge and attitude regarding importance of play during hospitalization among mothers of under five children admitted in pediatric ward of MAMC, Agroha district Hisar (Haryana)."

Objectives of the study

The objectives of study were to:-

1. Assess the pretest knowledge and attitude score regarding importance of play during hospitalization among mothers of under five children.
2. Administer planned teaching programme regarding importance of play during hospitalization among mothers of under five children.
3. Assess the posttest knowledge and attitude score regarding importance of play during hospitalization among mothers of under five children.
4. Assess the effectiveness of planned teaching programme regarding importance of play during hospitalization among mothers of under five children.
5. Find out the association between the pretest knowledge and attitude score regarding importance of play during hospitalization among mothers of under five children with selected demographic variables.

Hypothesis

The study is based on following hypothesis:

H1: The mean posttest knowledge score will be significantly higher than the mean pretest knowledge score after administering planned teaching programme at 0.05 level of significance.

H2: The mean posttest attitude score will be significantly higher than the mean pretest attitude score after administering planned teaching programme at 0.05 level of significance.

H3: There will be significance association between mean pretest knowledge score and selected demographical variables at 0.05 level of significance.

H4: There will be significance association between mean pretest attitude score and selected demographic variables at 0.05 level of significance.

Research methodology

Research approach

The research approach was used in this study was Evaluative research approach.

Research design

Pre-experimental research (one group pre- test post-test) design was used in this study.

Setting

The study was conducted in pediatric ward of Maharaja Agrasen Medical College, Agroha, district Hisar (Haryana).

Populaton

Population of the study was Mothers of under-five children who were admitted in Paediatric ward of M.A.M.C., Agroha, district Hisar (Haryana).

Sample

Sample consists of mothers of under five years children admitted in pediatric ward of MAMC, Agroha, district Hisar (Haryana).

Sample size

The sample size of the study was 40 mothers of under-five children admitted in pediatric ward of MAMC, Agroha, district Hisar (Haryana).

Sampling technique

Convenient Sampling Technique was used to select 40 mothers of under-five children.

Variables

Independent Variables: Planned Teaching Programme regarding important of play during hospitalization.

Dependent Variables: Mother's knowledge and attitude regarding important of play during hospitalization.

Demographic Variables: It consists of variables like age, education, income, number of children, occupation, type of family, religion, previous exposure to information regarding importance of play etc.

Inclusion criteria: The study included:

- Mothers who were having under-five children admitted in Paediatric ward of M.A.M.C., Agroha, district Hisar (Haryana).
- Mothers who were willing to participate in the study.
- Mothers who could read and understand Hindi or English.

Exclusion criteria: The study excluded:

- Mothers who were having more than five years old children admitted in Paediatric ward of M.A.M.C., Agroha, district Hisar (Haryana).
- Mothers who were not willing to participate in the study.
- Mothers who could not read and understand Hindi or English.

Method of data collection

- Structured knowledge questionnaire was used to assess the knowledge of mothers of under-five children regarding importance of play during hospitalization.
- Likert's scale was used to assess the attitude of mothers of under five children regarding importance of play during hospitalization.

Data analysis method

- The data collected were analyzed using both descriptive and inferential statistics, i.e., frequency, percentage, mean, mean percentage, standard deviation, chi-square paired 't' test and unpaired 't' test.

Content validity of tool

The tool was validated by the research committee of Maharaja Agrasen College of Nursing. The prepared tools along with objective and blue print were submitted to the 9 expert for content validity. Modification was made according to the suggestions given by them. Experts suggestion was kept into account and as per suggestions content were rearranged.

Reliability of the tool

Reliability of the tool was determined by split half method. The reliability of the tool has found to be $r = 8.76$. The tool was considered reliable and feasible for proceeding with the pilot study.

Ethical consideration

- Confidential and anonymity of the subject was maintained.
- Prior permission was obtained from the ethical committee of institution through principal, MACON Agroha
- Approval was obtained from Medical Superintendent of MAMC, Agroha for conducting the study.
- Informed consent was obtained from the mothers of under five children.
- Study subjects were informed that their participants were voluntary and they had freedom to withdraw on their own at any time during study.

- Study subjects were assured that the information collected from them will be kept confidential.

Results

As depicted in table 1, from the 40 subjects, majority 14(35%) of the subjects belong to age group of 20-22 years, 13(32.5%) of subjects belong to 22-24 years, 7(17.5%) of subjects belong to 18-20 years, and 6(15%) subjects belongs to age group of above 24 years. Regarding type of family, Majority 15(37.5%) of the mother belong to joint family, 15(37.5%) of the mother belong to extended family, 6(15%) of the mother belong to nuclear family and 4(10%) of the mother belong to single parents family. Regarding education of the sample, large number 15 (37.5%) of the subjects were primary school education qualified, 15(37.5%) of the subjects were secondary school education qualified, 8(20%) of subjects were graduate qualified, 2(5%) were post graduate qualified. As per number of children, majority of the mothers 17(42.5%) had two children, 11(27.5) of the mothers had three children, 9(22.5) of the mothers had one child and 3(7.5%) of the mothers had more than three children. All the mothers belong to Hindu religion 40(100%). As per monthly income of the sample, large number of mothers 20(50%) has monthly family income of Rs. 5,000-10,000, 18(45%) of mothers had income of below 5000, whereas 2(5%) of mother had monthly income of Rs.10,000-20,000. Most of mothers 18(45%) got information by Radio, 13(32.5) mothers had information by T.V. 9(22.5) had gained knowledge by reading Newspaper. Whereas information obtained from internet was 0%. According to residence most of mother 28(70%) belongs to urban area and 12(30%) subjects belong to rural areas.

Table 1: Frequency and distribution of demographic variables of mother of under five children N=40

Socio demographic variable		Percentage (%)	Frequency(f)
Mother's Age	18-20 years	17.5%	7
	20-22 years	35.0%	14
	22-24 years	32.5%	13
	Above 24 years	15.0%	6
Type of Family	Nuclear Family	15.0%	6
	Joint Family	37.5%	15
	Extended Family	37.5%	15
	Single Parents	10.0%	4
Mother's Education	Primary	37.5%	15
	Secondary	37.5%	15
	Graduate	20.0%	8
	Post Graduate	5.0%	2
No. of Children	One	22.5%	9
	Two	42.5%	17
	Three	27.5%	11
	Above Three	7.5%	3
Religion	Hindu	100.0%	40
	Muslim	0.0%	0
	Sikh	0.0%	0
	Others	0.0%	0
Family Income	Below 5000/	45.0%	18
	5000-10,000	50.0%	20
	10,000-20,000	5.0%	2
Source of Information	T.V.	32.5%	13
	Radio	45.0%	18
	Newspaper	22.5%	9
	Internet	0.0%	0
Residence Area	Urban Area	70.0%	28
	Rural Area	30.0%	12

Table 2 shows the pre and posttest knowledge score. As depicted in table 2, in pretest knowledge score 18(45%) of mother have inadequate knowledge, 22(55%) of mother have moderate knowledge and no one have the adequate knowledge regarding importance of play during hospitalization. Hence, in posttest knowledge score 22(55%) of mother have adequate knowledge, 18(45%) of mother have moderate knowledge and none of the mother have the adequate knowledge regarding importance of play during hospitalization.

The mean posttest knowledge score was significantly higher than the mean pretest knowledge score after administering planned teaching programme at 0.05 level of significance. Hence, hypothesis H_1 is accepted.

Table 2: Comparison of pre and posttest knowledge score regarding importance of play during hospitalization. N=40

Criteria measure of knowledge score		
Score Level (N=40)	Pre	Post
Inadequate (0-9)	18(45%)	0(0%)
Moderate (10-20)	22(55%)	18(45%)
Adequate (20-25)	0(0%)	22(55%)

Table 3 shows the pre and posttest attitude score. In pretest the majority of mothers 38(95%) has average attitude, 2 (5%) mothers has high level of attitude and no one having

low attitude regarding importance of play during hospitalization. In posttest attitude score, all 40(100%) mothers has high attitude and no one have average and low attitude regarding importance of play during hospitalization. The mean posttest attitude score was significantly higher than the mean pretest attitude score after administering planned teaching programme at 0.05 level of significance. Hence, hypothesis H_2 is accepted.

Table 3: Comparison of pre and posttest attitude score regarding importance of play during hospitalization. N=40

Criteria measure of attitude score		
Score Level (N=40)	Pre	Post
Low (20-47)	0(0%)	0(0%)
Average (48-74)	38(95%)	0(0%)
High (75-100)	2(5%)	40(100%)

Table 4 shows the descriptive statistics of pre and post knowledge score that posttest score is higher than pretest score. In this table shown that t value was more than tabulated value at the 0.05. In pretest knowledge score, the mean was 10.40, S.D 2.550, Mean percentage 41.60, and in posttest knowledge score, the mean was 19.85, S.D. 1.861, Mean percentage 79.40. The mean difference was 9.450, paired t test 27.984, the tabulated value at 0.05 was 2.02 and the result was significant.

Table 4: Description of descriptive statistics of pre and posttest knowledge score regarding importance of play during hospitalization N=40

Paired t test		Mean	S.D.	Mean %	Mean difference	Paired t test	P value	Table value at 0.05	Result
Knowledge	Pretest	10.40	2.550	41.60	9.450	27.984	0.0000	2.02	Significant
	Posttest	19.85	1.861	79.40					

As depicted in table 5, in pretest attitude score mean was 66.60, S.D. 4.634, Mean percentage 66.60 and in the posttest attitude score, the mean value was 85.30, S.D. 2.794, mean percentage 85.30. The mean difference of

attitude score was 18.700, paired t test was 23.009 and tabulated value at 0.005 was 2.02. Hence, the result was significant.

Table 5: Description of descriptive statistics of pre and posttest attitude score regarding importance of play during hospitalization N=40

Paired T Test		Mean	S.D.	Mean %	Mean Difference	Paired T Test	P value	Table Value at 0.05	Result
Attitude	PRE	66.60	4.634	66.60	18.700	23.009	0.0000	2.02	Significant
	POST	85.30	2.794	85.30					

Table 6 shown the association between the knowledge score and socio demographic variable. The calculated chi-square values were less than at the 0.05 level of significance. The Chi square value shows that there is no significance association between the knowledge score and all demographic variable (Age, type of family, mother

education, no. of children, religion, family income, source of information and residence area). There was no significance association between mean pretest knowledge score and selected demographical variables at 0.05 level of significance. Hence H_3 is rejected.

Table 6: Association between pretest knowledge score of the mother of under five children regarding importance of play during hospitalization with selected demographic variables N=40

Demographic Variables		Levels (N=40)			Association with Pre Knowledge Score				
Variable	Opts	Inadequate	Moderate	Adequate	Chi Test	P Value	DF	Table Value	Result
Mother Age	18-20 years	3	4		1.402	0.705	3	7.815	Not Significant
	20-22 years	8	6						
	22-24 years	5	8						
	Above 24 years	2	4						
Type of Family	Nuclear Family	1	5		2.424	0.489	3	7.815	Not Significant
	Joint Family	7	8						
	Extended Family	8	7						
	Single Parents	2	2						
Mother Education	Primary	8	7		0.774	0.856	3	7.815	Not Significant
	Secondary	6	9						
	Graduate	3	5						

	Post Graduate	1	1						
No. of Children	One	2	7		2.890	0.409	3	7.815	Not Significant
	Two	9	8						
	Three	6	5						
	Above Three	1	2						
Religion	Hindu	18	22		NA				
	Muslim	0	0						
	Sikh	0	0						
	Others	0	0						
Family Income	Below 5000/	10	8		2.649	0.266	2	5.991	Not Significant
	5000-10,000	8	12						
	10,000-20,000	0	2						
Source of Information	T.V.	4	9		1.651	0.438	2	5.991	Not Significant
	Radio	9	9						
	Newspaper	5	4						
	Internet	0	0						
Residence Area	Urban Area	13	15		0.077	0.781	1	3.841	Not Significant
	Rural Area	5	7						

The table no. 7 has shown that the association between the pretest attitude score and selected socio demographic variable. The calculated chi-square values were less than at the 0.05 level of significance. The Chi square value shows that there is no significance association between the pretest attitude score and selected demographic variable (Age, type

of family, mother education, no. of children, religion, family income, source of information and residence area).

There was no significance association between mean pretest attitude score and selected demographic variables at 0.05 level of significance. Hence, hypothesis H₄ is rejected.

Table 7: Association between the pretest attitude score of the mother of under five children regarding importance of play during hospitalization with selected demographic variables. N=40

Demographic Variables		Levels(N=40)			Association with Pre Attitude Score				
Variable	Opts	HIGH	AVERAGE	LOW	Chi Test	P Value	DF	Table Value	Result
Mother Age	18-20 years	0	7		3.910	0.271	3	7.815	Not Significant
	20-22 years	2	12						
	22-24 years	0	13						
	Above 24 years	0	6						
Type of Family	Nuclear Family	1	5		6.667	0.083	3	7.815	Not Significant
	Joint Family	0	15						
	Extended Family	0	15						
	Single Parents	1	3						
Mother Education	Primary	1	14		0.702	0.873	3	7.815	Not Significant
	Secondary	1	14						
	Graduate	0	8						
	Post Graduate	0	2						
No. of Children	One	1	8		7.251	0.064	3	7.815	Not Significant
	Two	0	17						
	Three	0	11						
	Above Three	1	2						
Religion	Hindu	2	38		NA				
	Muslim	0	0						
	Sikh	0	0						
	Others	0	0						
Family Income	Below 5000/	1	17		0.117	0.943	2	5.991	Not Significant
	5000-10,000	1	19						
	10,000-20,000	0	2						
Source of Information	T.V.	1	12		1.853	0.396	2	5.991	Not Significant
	Radio	0	18						
	Newspaper	1	8						
	Internet	0	0						
Residence Area	Urban Area	2	26		0.902	0.342	1	3.841	Not Significant
	Rural Area	0	12						

Discussion

The present research study was aimed to assess the knowledge level of mother on importance of play during hospitalization. This will help the mother of under five children to gain knowledge in the certain aspects of importance of play during hospitalization. This knowledge

will later help to improve the health status of the children and improve the quality of care of children.

The study involves pre experimental design with a evaluator approach was adopted to achieve the objectives of the study. The samples size of 40 mother of under five children were collected by using the connivance sampling technique. The

data was collected from the participants by using tools in three parts; Demographic data, a structured knowledge questionnaire and likert scale. Validity of the tool was established by research Committee College of nursing and nine expert's from the nursing field. These tool were considered as the best ways to assess the knowledge and attitude of mother on importance of play during hospitalization.

The following conclusions were drawn on the basis of the findings of this study

The present study reveals 0% of mother have inadequate knowledge regarding importance of play, 45% of mother have moderate knowledge and 55% mother have the adequate knowledge regarding importance of play during hospitalization. In the aspect wise analysis of mothers score, the maximum mean knowledge score obtained is found in the aspect of importance of play during hospitalization with standard deviation as 1.145, the minimum mean knowledge score (19.85) was found in the aspect of importance of play during hospitalization with standard deviation as 1.861. Level of attitude of mother is low. That is 0% regarding importance of play, 100.0% of mother have average attitude and 00% mothers have the high attitude regarding importance of play during hospitalization. In the aspect wise analysis of mother of under five children, the mean attitude score obtained is found in the aspect of importance of play during hospitalization (85.30) with standard deviation as 2.794.

Conclusion

From the findings of the present study, it can be concluded that administration of the Planned Teaching Programme on knowledge and attitude of mothers of under-five children regarding importance of play during hospitalization was effective.

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