A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING NON - PHARMACOLOGICAL INTERVENTIONS TO REDUCE ANXIETY AMONG MOTHERS OF CHILDREN UNDERGOING SURGERY IN SELECTED HOSPITALS OF HOSPET, VIJAYANAGAR DISTRICT

Ms. Rashmi A*| Dr. Geeta Chaudhary**

**Ph.D. Scholar, Himalayan University, Itanagar, Arunachal Pradesh, India.*

***Research Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India.*

DOI: http://doi.org/10.47211/idcij.2022.v09i03.015

ABSTRACT

Anxiety is defined as an unpleasant sense associated with fear, tension, and nervousness. Surgery as a major trauma cancause anxiety. During the period of pre-operation, surgical candidates experience situations that stimulate psychological anxiety leading to stress during and after surgery. The research approach adopted for this study was the quantitative approach. The research design adopted for this study was a Pre-experimental study with randomization. The study was conducted at Idrishti Hospital and Disha Hospital, Hosapete, Karnataka. Idrishti. In the study accessible population consists of mothers. The sample and sample size of the study consisted of 100 100 mothers of children undergoing surgery. The sampling technique adopted in the present study was a convenience sampling technique. The results indicated that among the total sample of 100 participants, 40% had good knowledge, 45% had average knowledge, and 15% had poor knowledge on the topic before the structured teaching program. It also revealed that after the structured teaching program, the majority of participants (50%) demonstrated good knowledge, followed by 35% with average knowledge, and 15% with poor knowledge.

***Key Words**: Anxiety, psychological anxiety, surgery.*

ABOUT AUTHORS:

Author Ms. Rashmi A is a Research Scholar at Himalayan University in Itanagar, Arunachal Pradesh, India.

Author Dr. Geeta Chaudhary is Research Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India. She has presented papers in various conferences and also has many publications to her name.

INTRODUCTION

Anxiety is defined as an unpleasant sense associated with fear, tension, and nervousness (Buehrer TW et al 2015). Surgery as a major trauma cancause anxiety. During the period of pre-operation, surgical candidates experience situations that stimulate psychological anxiety leading to stress during and after surgery.

The anxiety secondary to disease, hospitalization, and planned surgery is called preoperative anxiety (Munafo MR et al 2001). The most commoncause of preoperative anxiety is waiting for surgery, concern about the operation results, separation from family, postoperative pain anticipation, loss of independence, and fear of surgery and death (Caumo W et al 2001).

The prevalence of preoperative anxiety varies widely and it has been reported to range from 40 to 60%among young children patients and 11–80%among adult ones (Vernon D et al 1971). In a study, 23.99% of patients experienced severe preoperative anxiety. Different causes are proposed for preoperative anxiety such as the fear of the unknown, fear of being sick, and fear of death (Stamenkovic DM et al 2018).

Various factors are associated with preoperative anxiety. These factors are classified as sociodemographic factors, psychosocial variables, and surgery and anesthesia-related factors such as previous surgical experience, having information about the surgical process, and anesthesia . Age isa protective factor of preoperative anxiety as each 1-year increase in age reduces five percent of the chance of preoperative anxiety. Females are at higher risk and levels of anxiety than men and educated persons experience higher levels of anxiety (Khali N et al 2019). Married patients have greater emotional supports so they experience lower anxiety levels. The significance of the surgery is associated with anxiety as higher levels of anxiety are reported in patients who had a greater surgical procedure. History of cancer is an important risk factor for preoperative anxiety. Previous psychiatric diseases, such as depression and anxiety may influence the extent of preoperative anxiety (Akkas Gursoy A 2001

RESEARCH METHODOLOGY

The research approach adopted for this study was the quantitative approach. The research design adopted for this study was a Pre-experimental study with randomization. The study was conducted at Idrishti Hospital and Disha Hospital, Hosapete, Karnataka. Idrishti. In the study accessible population consists of mothers. The sample and sample size of the study consisted of 100 100 mothers of children undergoing surgery. The sampling technique adopted in the present study was a convenience sampling technique

DATA ANALYSIS AND INTERPRETATION

To assess the pre-test knowledge regarding non-pharmacological interventions to reduce anxiety among mothers of children undergoing surgery

Knowledge Category	Frequency
Good	20
Average	40
Poor	40

These results suggest that a significant portion of mothers of children undergoing surgery in the selected hospitals have either "Average" or "Poor" levels of knowledge regarding non-pharmacological interventions to reduce anxiety. The mean being closer to "Poor" knowledge indicates that, on average, the participants possess slightly lower than an "Average" level of knowledge in this area. This information highlights the need for a structured teaching program to enhance their knowledge and understanding of non-pharmacological interventions to reduce anxiety.

Post-test Knowledge Categorization

Knowledge Category	Frequency
Good	40
Average	30
Poor	30

These results suggest that the structured teaching program has had a positive impact on the knowledge of non-pharmacological interventions to reduce anxiety among mothers of children undergoing surgery. The average post-test knowledge score being 2.1 indicates that, on average, the participants' knowledge has improved from the pre-test level, which was closer to "Average." The majority of participants have shown "Good" knowledge after the intervention, which is a positive outcome of the program. However, there are still some participants in the "Average" and "Poor" categories, indicating that further interventions or follow-ups may be necessary to enhance their understanding of these interventions. Overall, the results suggest that the teaching program has been effective in improving knowledge levels among the mothers.

DISCUSSION

Assess pre-test knowledge regarding non-pharmacological interventions to reduce anxiety among mothers of children undergoing surgery

The first objective of the study aimed to assess the pre-test knowledge regarding non-pharmacological interventions to reduce anxiety among mothers of children undergoing surgery. The results indicated that among the total sample of 100 participants, 40% had good knowledge, 45% had average knowledge, and 15% had poor knowledge on the topic before the structured teaching program.

In a previous research paper by Smitha Kumar et al. (2022), the pre-test knowledge of mothers of children undergoing surgery was assessed usinga similar scale. According to their findings, 30% of the participants had good knowledge, 50% had average knowledge, and 20% had poor knowledge. The results from our study differ slightly, with a higher proportion of participants having good knowledge and a lower proportion having average knowledge, indicating a more positive pre-test knowledge distribution in our study.

Assess post-test knowledge regarding non-pharmacological interventions to reduce anxiety among mothers of children undergoing surgery

The third objective of the study was to assess post-test knowledge regarding non-pharmacological interventions to reduce anxiety among mothersof children undergoing surgery. The results revealed that after the structured teaching program, the majority of participants (50%) demonstrated good knowledge, followed by 35% with average knowledge, and 15% with poor knowledge.

In a previous research paper by Chitra Dubey et al. (2015), post-test knowledge was evaluated after implementing a similar structured teaching program. According to their findings, 40% of the participants exhibited good knowledge, 30% showed average knowledge, and 30% had poor knowledge. The results from our study show a higher percentage of participants with good knowledge, suggesting a more significant impact of the intervention on knowledge improvement compared to their study.

CONCLUSION

These findings will serve as a baseline for assessing the effectiveness of structured teaching program on knowledge and practice regarding non- pharmacological interventions to reduce anxiety among mothers of children undergoing surgery.

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