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Content Details:

Alhage Drammeh (Author) <i>Ministry of health The Gambia</i>	Causes of Jaundice and Skin Rashes among Children in Selected Rural Communities in The Gambia, West Africa
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ABSTRACT

The research is on the occurrence of certain diseases among children in rural and far flung parts of the Gambia, and the extent to which they are caused by lack of access to clean water.

The paper explains the purpose of the research, which is majorly to improve the health condition of children more especially those living in the rural communities.

The paper also gives a brief overview of the socio-economic situation of The Gambia, emphasizing its status as a Least Developed Country (LDC), and majority of its population living below the poverty line, with women and children hardest hit.

The research used as case studies, two rural communities in the Gambia -Basse Dampha Kunda Village and Foni Besse. Data was collected through oral interviews and medical tests conducted among people in both villages, with emphasis on children. The demographic detail of those tested is tabulated for a clearer understanding.

The results were compared, revealing that skin rashes, hepatitis and certain other diseases are more prevalent in communities lacking access to safe drinking water. These results were also presented in a tabular form.

The study established how some policy failures and neglect on the part of the Government of The Gambia is imperiling the health of many rural dwellers in the country, the most glaring being that the research team was unable to test water samples collected from the two communities, as there are no laboratory reagents for testing water anywhere in The Gambia.

-Many rural communities lack basic amenities especially clean and potable water, as well as health facilities.

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The study findings also highlighted the need for healthcare providers and medical NGOs to voice the plight of rural dwellers and collaborate with government to set up health facilities in rural areas of The Gambia.

KEYWORDS

Jaundice, skin rashes, children, hepatitis, water sanitation, hygiene, The Gambia, village, Basse.

PURPOSE

This research is prompted by the recognition that a healthy society, one in which access and resources are readily available, promotes economic stability and increases development necessary to advance at a rate comparable to other countries. Countries in Africa have limited resources for health care delivery making it necessary that concerted efforts are made to ensure people remain healthy. Children must be adequately taken care of to reduce maternal and neonatal deaths and other medical tragedies through preventive and promoted activities and by addressing avoidable factors that lead to death. These factors are included in many of the health care initiatives. There is a need to ensure children with debilitating diseases and illnesses are free from pain and suffering. Due to the magnitude of importance the Government and Health Care providers play together as stakeholders as advocates, promoting access to care and treatment must be a top priority.

BACKGROUND

The Gambia is a member of the Commonwealth of Nations and the smallest country in mainland Africa, with a land area of 11 300 sq km. The country is located on the Western tip of West Africa. It has 80km of coastline while its terrestrial borders are surrounded by Senegal. The Gambia has a population of roughly 2.101 million people (2017 estimates). Over half of the population is mainly young people (over 60%) below 25 years (1). Economic growth in The Gambia is dominated by farming, fishing, and tourism. The country is beset by the following social challenges:

- Chronic Poverty- With a Per Capita Income of \$488 USD, The Gambia is one of the poorest countries in the World and classified among the Least Developed Country (LDC).
- Over 60% of Gambian population lives in poverty, of which 63% are women who carry a disproportionate burden of poverty.
- Poor water and sanitation related deaths account for 20% of under-five (U-5) deaths. U-5 mortality rates in rural areas are estimated to be 36% higher than those in urban areas (3).

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- key water sector constraints include provision of sustainable development and management of water resources to meet higher demands for domestic water supply and sanitation.

THE STUDY METHODOLOGY

The paper is based mainly on a field study conducted in 2023 in Basse Dampha Kunda Village and Foni Besse, rural communities in the Upper River Region (URR) and West Coast Region (WCR) of The Gambia respectively. A baseline survey was used in this study because it enables the researcher not only to discover and describe, but also to explain the actual process. Basse Dampha Kunda Village has a population of over four thousand according to the population and housing census, with 90% of the people living below the poverty line. The population is expected to grow by 10 per cent in the next five years (1).

Foni Besse Village has a population of 2500 according to population and housing census 2012 with 75% living below the poverty line, it has a population growth of 0.5% per year. The ethnic distribution represented mainly Mandinka, wolof, Manjago, and Fula. While in Basse Dampha Kunda Village; Mandinka and Fulas are the ethnic majority. The health care research team lived and interviewed mainly in the two villages with locally known, trusted, and trained research assistants (1,4)

In this study, data were collected through oral interviews and medical tests. The questions were asked in a more contingent manner. Interviews were audio-taped and transcribed verbatim.

Table 1: Demographic Details of people tested in Basse Dampha Kunda Village

Variable	Number	Percentage	
Age			
50-90	275	16.6	
25-49	631	38.1	
10-24	326	19.7	
5-9	272	16.4	
0-8	152	9.1	1656

Gender			
Male	470	28.4	1656
Female	1186	71.6	
Ethnicity			1656
Mandinka	1586	95.8	
Fula	70	4.2	
Educational			1656
English	110	6.6	
Arabic	1340	80.9	
Non formal education	206	12.4	
Occupation			1656
Teacher	35	2.1	
Domestic farmer	1352	81.6	
Non employment	269	16.2	

Table 2: Demographic Details of people tested in Foni Besse Village

Variable	Frequency	Percentage(%)	
Age			1327
50-90	250	18.8	
25-49	342	25.7	

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10-24	437	32.2	
5-9	225	17.0	
0-4	73	5.5	
Gender			
Male	352	26.5	
Female	975	73.4	
Ethnicity			
Jolas	1005	75.7	
Mandinka	267	20.1	
Fulas	55	4.1	
Others			
Educational level			
English	975	73.4	
Arabic	206	15.5	
Non formal	146	11.0	
Occupation			
Domestic farmer	860	64.8	
Teacher	125	9.4	
Student	600	45.2	
Non occupation	58	4.3	

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RESULTS AND FINDINGS

The results were compared, revealing that skin rashes, hepatitis and certain other diseases are more prevalent in communities lacking safe drinking water. These results were also presented in a tabular form.

Basse Dampha Kunda

People in Basse Dampha Kunda rely mostly on unimproved shallow wells, boreholes, and streams which are often contaminated. Water in some areas is high in iron and manganese. Due to inadequate access to clean water supply and poor hygiene practices, there is a high level of water contamination during water irrigation from the boreholes, handling practices, and storage which undermines having an improved water source. Furthermore, due to the shortage of water the entire population depends on a single borehole for its irrigation system as every family here relies on agriculture for sustenance. Consequently, poor sanitation and hygiene have become a challenging issue for the community.

The socio-economic situation in Foni Besse Village is similar to Basse Dampha Kunda Village and indeed most rural communities in The Gambia. It is also an agrarian community although it relies more on rain-fed agriculture than Basse Dampha Kunda.

In a random data collection procedure, 1656 people in Basse Dampha Kunda Village were screened for hypertension, jaundice, skin rashes, diabetes, asthma and traumatic stress disorder out of which 224 children aged 0-15 years were screened for jaundice and skin rashes.

200 children (89.2%) had only skin rashes without jaundice. The remaining children were presented with jaundice and skin rashes while most adults were diagnosed with diabetes, asthma, and traumatic stress disorder.

A random sample was collected from 20 children for hepatitis tests. The samples tested positive for hepatitis A virus. All 20 children presented with jaundice and were negative for either hepatitis B or C. This could be due to water contamination with hepatitis A virus. Hepatitis A is an inflammation of the liver caused by the hepatitis A virus (HAV). The virus is primarily spread when an uninfected (and unvaccinated) person ingests food or water that is contaminated with the faeces of an infected person. The disease is closely associated with unsafe water or food, inadequate sanitation, poor personal hygiene, and oral-anal sex. The World Health Organization (WHO) estimates that in 2016, 7134 persons died from hepatitis A worldwide (accounting for 0.5% of the mortality due to viral hepatitis (2,4). This is a cause of concern.

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Table 3: Occurrence of Skin Conditions and Jaundice among 224 Children Under 10 in Basse Dampha Kunda Village

Age of children with jaundice and skin rashes	Number	Percentage (%)	Total
10-15			
5-9	4	16.6	
0-4	10	41.6	
	9	37.5	24
child with skin rashes with no Jaundice			
10-15			
5-9	75	37.5	
0-4	100	50.0	
	25	12.5	200
Knowledge of their mothers on cause of jaundice and skin rashes			
Yes			
No	0		224

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	224	100	
Source of water supply for the children			
Borehole			
Well	200	89.2	
Strims	20	8.9	
	4	1.7	224
Hepatitis test			
HepA positive	9	4.0	
Negative		96.0	
Hep B			
HepC	215		224
Mode of transporting water			
Gallon	200	89.2	
Local tap	15	6.7	
	9	4.0	

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Foni Besse Village

People in Foni Besse rely mainly on clean water supply, adequate irrigation system, and scanty boreholes. As a result, no cases of jaundice were found amongst children in the village.

Skin rashes account for 20% in children aged 10-15, 64% in age 5-9 and 16% below 5years respectively, this could be due to poor hygiene, allergies, and tropical weather conditions. Therefore, none of the children were further tested for hepatitis (4).

The table below highlights some significant findings as to why people of Foni suffer less from water-borne diseases compared to those at Basse Dampha kunda.

Table 4: Occurrence of Skin Conditions and other diseases among 50 Children Under 10 in Foni Besse Village

Variables	Numbers	Persentages(%)	Total
Age of children having both jaundice and skin rashes			
10-15			
5-9			
0-4	00	0	
	00	0	
	00	0	00
Age of children having skin rashes only			
10-15			

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5-9	10	20	
0-4	32	64	
	8	16	50
Hepatitis test			
HepA	Negative for all 50	100	
Hep B			
Hep C			
Know causes of jaundice			
Yes	00	0	
No	50	100	50
Source of water supply			
Borehole	10	20	
Well	5	10	
Streams	0	0	
Tap water	35	70	50

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Mode of transporting water from borehole to home			
Gallon			
local community tap	10	20	50
	40	80	

Water samples from water sources in Basse Dampha Kunda Village and Foni Besse Village were collected by the research team for further investigation. However, no test could be conducted on the water as there are no laboratory reagents anywhere in The Gambia, not even in the facilities of the country’s utility provider, the National Water and Electricity Company (NAWEC).

These findings have also indicated some major issues that are worth the healthcare workers’ consideration:

Official policy failures are imperiling lives especially in rural, remote communities in The Gambia as the government has failed to live up to its responsibility of providing necessities or amenities for most of the population especially those in rural areas. For example:

- The community of Basse Dampha Kunda has not been provided with clean water by the government.
- There is no single health facility in the community.
- There is no provision for mobile clinics to visit rural communities like Basse Dampha kunda and conduct medical checks and provide treatment for the population.

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- There is no emergency transportation available to evacuate patients to hospitals in the nearest town or city.
- There are no government sanitary or health inspectors to advise the people on safe practices that would preserve their streams and other sources of water supply from contamination or pollution.
- There are no agricultural extension workers or environmental officers to advise the people on the use of fertilizers, chemicals, or pesticides. Education around how some of these substances can contaminate sources of water supply if wrongfully or indiscriminately applied is not available.

One of the direct results of the neglect of rural communities is increased rural-urban migration. The Gambia has a high population growth rate, and over the last few decades the country has witnessed an upsurge in rural-urban migration, with many people moving from the hinterland to urban areas such as the Greater Banjul Area and other regional and provincial towns. This has resulted in increased unemployment and pressure on available amenities including health facilities.

In summary, issues as indicated in the findings, have significant implications for healthcare providers. Intentionally or unintentionally healthcare providers are positioned to be agents of social justice. As a profession that upholds social justice, healthcare providers also need to be socially and politically conscious. They must at a minimum attempt to engage the political leaders and draw their attention to the unfortunate neglect happening in rural communities. Hence the formation of the Ocean Health Foundation.

CONCLUSION

In general, there were differences between the two villages with respect to accessing a water supply. The lack of clean water in many rural communities in The Gambia is a cause for concern, as it leads to the spread of skin rashes and other diseases endangering the life of rural inhabitants, especially children.

RECOMMENDATION

Experts have suggested to address this challenge, the government should prioritize the following: (i) implementation of the National Water Policy; (ii) strengthening of the human and infrastructure capacities of sector institutions to perform their mandates; and (iii) to empower communities to participate effectively in water management. These priorities make up the current water sector reforms of The Gambia. The Ocean Health Foundation involvement currently seeks

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to collaborate with the government and other related organizations and agencies to address these problems. The Foundation realizes the seriousness of the situation and remains cognizant in its efforts to work towards a solution based approach, keeping the safety and wellbeing of the citizens the first priority and abstain from any endeavors that can be used as a political ploy.

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<p>Amita Joseph (Author) <i>Renaissance University, School of Nursing</i></p>	<p>Effectiveness Of An Educational Package On Knowledge Regarding Telehealth Among B.Sc Nursing Students In Selected College Of Indore, Madhya Pradesh</p>
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ABSTRACT

Background:- The onset of Covid-19 emerged the need of telehealth as a new standard of care for patient. The current study aimed to evaluate the effectiveness of an educational package on telehealth among B.Sc. nursing final year students.

Methodology:- A quantitative approach with pre experimental one group pre-test, post-test design was adopted for the study. The samples from the selected college were selected using purposive sampling technique. The sample consists of 200 B.Sc. nursing final year students. The tool used for data collection was structured knowledge questionnaire.

Result :- Comparing the knowledge level between pretest and posttest revealed that the mean pretest score rose from 9.05 to mean score 12.98 in posttest and was found to be statistically significant at $p < 0.001$.

Conclusion: - Study result showed significant improvement in the level of knowledge among B.Sc. nursing final year students on telehealth.

Keywords: Effectiveness, Telehealth, educational package, knowledge, nursing students.

INTRODUCTION

During the coronavirus disease 2019 (COVID-19) pandemic, many people used telehealth. People often still use it. The technology extends the reach of the healthcare professional and allows efficient and effective interaction with people seeking healthcare services. It is an essential

component of the new models of care being developed.^[4]

It is believed that telehealth began with the telephone in the late 1800s. The story is told that Alexander Graham Bell spilled battery acid on himself; then called a doctor friend to help with care for the injury. Telehealth nursing offers many benefits to patients and clinicians alike. To start, it saves patients travel time and can limit their exposure to disease.^[7] However, telehealth can also pose challenges. These challenges, ranging from managing technical issues to finding effective methods of communication, make unique demands on nurses. Nurses need to develop specific skill sets and knowledge that prepare them to effectively deliver healthcare services virtually. For example, during in-person visits, nurses often use a patient’s nonverbal communication, such as body language, to catch misunderstandings and pose relevant questions. Telehealth visits limit the nonverbal communication nurses can pick up on.

To compensate for this limitation, nurses can learn new techniques that help address potential communication gaps during telehealth visits. One method, called teach-back, creates a communication feedback loop that helps telehealth nurses check for understanding. Nurses ask patients to repeat back the information or instructions the nurse has shared, allowing nurses to clear up confusions and locate misunderstandings. Today, professional goals for nursing should include building telehealth skills. Nurses can develop these skills in formal and informal ways.

NEED FOR THE STUDY

Nurses, as frontline caregivers, play a vital role in patient care and are instrumental in driving advancements in healthcare, including the utilization of telehealth technology. With continuous and rapid development in medical technology, the significance of telehealth in nursing practice is growing, providing nurses with tools to enhance patient outcomes and facilitate access to high-quality healthcare services. The growing prevalence of telemedicine is particularly important considering aging population that places increased demands on the healthcare system, compounded by the challenges posed by a nursing shortage. The integration of telehealth has become increasingly necessary to bridge the gap between healthcare demand and available resources. This shift underlines the need for a more comprehensive understanding of the role telehealth plays in nursing practice and its potential to address these healthcare challenges effectively. By leveraging telehealth technologies, nurses can overcome geographical barriers, reach underserved populations, and provide timely interventions. Thus, exploring the various aspects of telehealth and its impact on nursing practice is essential for healthcare professionals, policymakers, and educators, as it presents new opportunities to improve patient care, enhance healthcare delivery, and meet the evolving needs of a changing healthcare landscape.

Statement of the problem

“An experimental study to assess the effectiveness of an educational package on knowledge regarding telehealth among B.Sc. nursing 4th year student in selected college of Indore.

OBJECTIVE: -

1. To assess the knowledge of B.Sc. nursing final year student on telehealth in selected college of Indore.
2. To evaluate the effectiveness of an educational package on telehealth among B.Sc. Nursing final year student.

3. To find the association between selected demographic variable and pre-test knowledge of B.Sc. nursing final year students regarding telehealth in selected college of Indore.

Hypotheses:-

- RH0:- There will be no significant difference between pre-test and post-test knowledge of B.Sc. Nursing 4th year student on telehealth in selected college of Indore at the level $p < 0.05$.
- RH1:- There will be significant association of pre-test knowledge on telehealth with selected demographic variables among B.Sc. nursing final year students at the level $p < 0.05$.
- RH2:- There will be significant difference between pre-test and post-test knowledge of B.Sc. nursing 4th year student on telehealth in selected college of Indore at the level $p < 0.05$.

Delimitation

1. Study is limited to selected college of Indore.
2. Study is limited to B.Sc. nursing final year students present at the time of study.

Conceptual Framework

The conceptual framework of the present study is based on Ludwig Von Bertalanffy. According to this theory an individual is an open group because he/she receives input from the environment. The input includes B.Sc. nursing 4th year background such as age, gender, religion, monthly income, information about telehealth. The input is processed in a way useful to the system. Here it refers to the administration of educational package on telehealth to B.Sc. nursing 4th year student. The output is assessed through a comparison between the pre-test and post-test knowledge of B.Sc. nursing final year students.

Literature Review

Heather M Jones, Beth A Am merman, Kevin L Joiner, Deborah R Lee(2023) conducted a study to describe APRN

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students belief and confidence regarding the delivery of care via telehealth in their future practice. 68 APRN students participated in the study. The measurement consisted of a self-administered online pre-test and post-test questionnaire of 16 items including socio-demographic variables. Result indicate after the intervention there was a significant improvement in the students' knowledge.⁽³⁾

Chami Nadine, Shah A Hemant, Nastos Steve, Shaikh Shaun, Tenenbein K Paul, Loughheed, Mizdrak Nikolina (2023) conducted an observational study of monthly virtual visits and emergency department visits from Apr. 1, 2020, to Mar. 31, 2021, using administrative data from Ontario, Canada. They used multivariable regression analysis to estimate the association between the proportion of a physician's visits that were delivered virtually and the number of emergency department visits among their enrolled patients. The proportion of virtual visits was higher among female, younger and urban physicians, and the number of emergency department visits was lower among patients of female and urban physicians. In an unadjusted analysis, a 1% increase in a physician's proportion of virtual visits was found to be associated with 11.0 (95% confidence interval [CI] 10.1–11.8) fewer emergency department visits per 1000 rostered patients. After controlling for covariates, we observed no statistically significant change in emergency department visits per 1% increase in the proportion of virtual visits (0.2, 95% CI –0.5 to 0.9).⁽¹⁾

RESEARCH METHODOLOGY

Research approach

In the view of the objectives of the present study, quantitative research method and experimental approach was used.

Variables under study

Independent Variable-In the present study, the independent variable refers to the Educational package on telehealth to

improve the knowledge of B.Sc. nursing final year students.

Dependent Variable-In the present study the dependent variable refers to knowledge of B.Sc. nursing final year student on telehealth.

Sample Size: - In this study the sample consisted of 200 B.Sc. nursing final year students who were present at college during the period of data collection and who fulfilled the inclusion criteria.

Sampling technique: - Purposive sampling technique was used to select the sample.

Sampling criteria

Inclusion criteria: -

1. Students of B.Sc. nursing final year attending college.
2. Students of B.Sc nursing final year who are willing to participate.

Exclusion criteria

1. Students of B.Sc nursing 1,2 and 3rd year.
2. Students of B.Sc nursing final year who were not available at the time of data collection in College.

Data collection tool and technique

A structured knowledge questionnaire was prepared to assess the effectiveness of an educational package on telehealth among B.Sc. nursing final year students. The tool used in the study is consisting of two sections. Section A include baseline data of 5items of sociodemographic data. Section B includes 20 questions related to knowledge of B.Sc. nursing final year students on telehealth.

Validity and reliability of tool

The prepared tool along with statement, objectives, hypotheses and criteria checklist was given to 5 experts for establishing content validity. A score of 0-6 indicate poor knowledge, 7-13 indicate average knowledge and 14-20 indicate good knowledge.

The tool was test on 10 respondents. The reliability was calculated by using the split

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half method. The reliability was confirmed by using Karl Pearson coefficient that obtained ' $r = 0.84$ ' which showed the tool was reliable.

Ethical Consideration

The researcher obtained permission from the in Renaissance University School of Nursing Indore and LNCT Nursing College Indore to conduct the study at college. Written informed consent was obtained from the participant. The researcher assured the participants of confidentiality and anonymity and no name or any form of identity was indicated on the form and questionnaire.

Pilot study

The pilot study was conducted at Sapphire Institute of Nursing Sciences in Indore. The structured knowledge questionnaires introduced to 20 respondents who fulfilled the sampling criteria.

Procedure for data collection

The main study was carried out in the same way as that of the pilot study. A total of 200 sample were selected for the study that was in Renaissance University School of Nursing Indore and LNCT Nursing College Indore.

The purpose of study was explained to the respondents and informed consent was obtained. Confidentiality was assured to all the subjects to get their cooperation. A pre-test with the sociodemographic data and structured questionnaire was given to each respondent to assess the knowledge of B.Sc. nursing final year students on telehealth. Intervention that is educational package on telehealth has been given. Post-test was administered on the 7th day by using same questionnaire. The investigator thanked and appreciated all the participants for their cooperation.

Finding And Discussion

The data were analysed according to the objectives of the study using descriptive and inferential statistics.

Section I: Socio-demographic data containing sample characteristic
Section II: Comparison of final year B.Sc. nursing students according to their pre-test and post- test knowledge score.

Section III: Evaluate the effectiveness of educational package on Telehealth among B.Sc. nursing final year students.

Section I: Socio-demographic data containing sample characteristics would be analysed using frequency and percentage.

Table 1: Frequency and percentage distribution of B.Sc. nursing final year students according to demographic variables.

1	Age in years	Frequency	Percentage
	17-20	168	84%
	21-24	20	10%
	25-28	10	5%
	29-32	2	1%
2	Gender	Frequency	Percentage
	Male	30	15%
	Female	170	85%
3	Religion	Frequency	Percentage
	Hindu	156	78%

	Muslim	20	10%
	Christian	24	12%
	Others	0	0
4	Monthly Family Income	Frequency	Percentage
	6000-10000	50	25%
	11000- 15000	18	9%
	16000-20000	12	6%
	Above 21000	120	60%
5	Information source on Telehealth	Frequency	Percentage
	Media	144	72%
	Teacher	26	13%
	Friends	20	10%
	Relatives	10	5%

It is observed that most of the students were in the age group of 17 – 18 years that is 168(84%) out of 200, followed by 20(10%) students under the age group of 21-24 years, the students who were in the age group of 25-28 years comprises 10(5%) and the sample who includes in the age group of 29-32 years were 2(1%). There were 30(15%) males and 170 (85%) females in the present study. Majority of female found in the study. The religion of student was 156(78%) were Hindu, 20(10%) were

Muslim and remaining 24(12%) were Christian. There were 50(25%) students have family income between 6000 -10000, 18(9%) having income 11000-15000, 12(6%) having income 16000-20000 and remaining 120(60%) have income above 21000. There were 144(72%) students have information about telehealth by media, rest from teachers, friends and relative that is 26(13%), 20(10%) and 10(5%) subsequently.

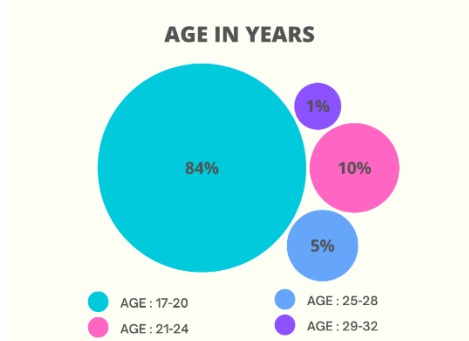


Fig.1:Pie diagram showing distribution according to age

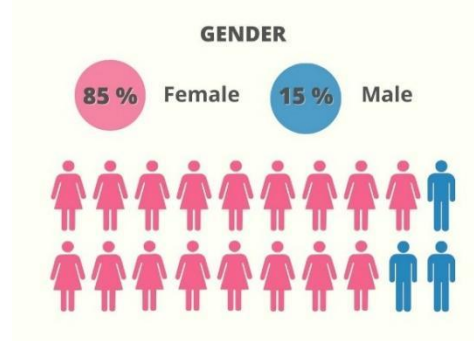


Fig 2:Pie diagram showing gender distribution

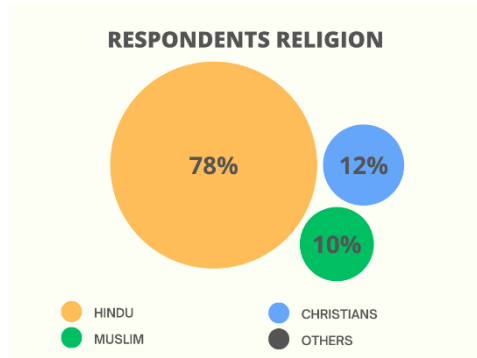


Fig.3:Pie diagram showing religion distribution

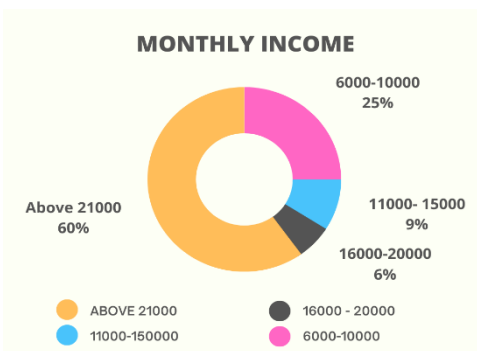


Fig.4:Pie diagram showing monthly income

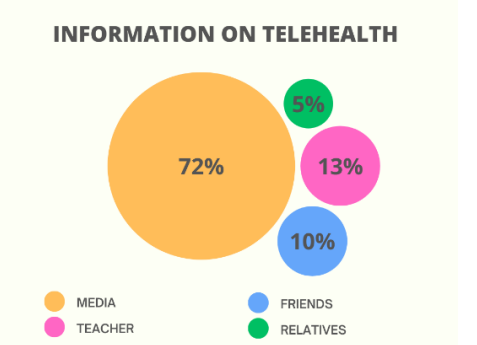


Fig.5 Pie diagram showing awareness on telehealth

Section II: Comparison of final year B.Sc nursing students according to their pre-test and post- test knowledge score.

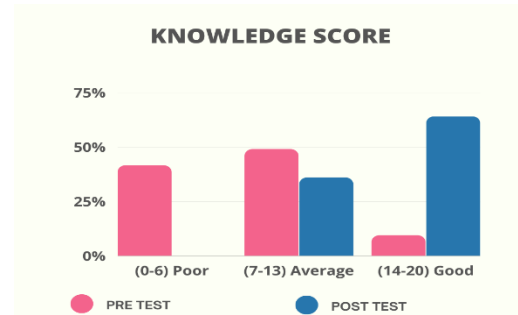


Fig.6: Bar diagram showing the pre-test and post-test knowledge level

The pre interventional score of the samples, show that 83(41.5%) out of 200 had poor knowledge,98(49%) scored average knowledge and 19(9.5%) had good knowledge about the Telehealth.

After providing educational package on Telehealth to the students. The post interventional score of the samples show that 128(64%) students got good score,72(36%) were able to achieve average score.

Section III: Evaluate the effectiveness of educational package on Telehealth among B.Sc. nursing final year students.

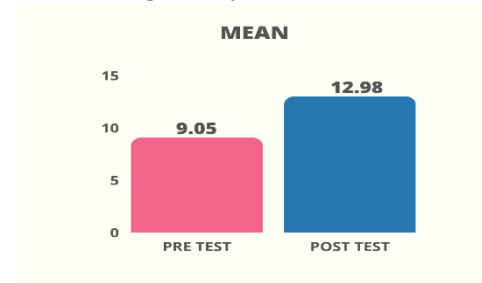


Fig.7: Bar diagram showing comparison of pre-test and post-test mean

It can be clearly seen that the mean score of pre-test is 9.05 and posttest is increased by 12.98 and ‘Z’ value was 16.199 which depict that educational package on Telehealth was very effective in increasing knowledge of students.

CONCLUSION

Thus after the analysis and interpretation of the data, we can conclude that the hypothesis RH2 that, “There will be a

significant difference in the pre-test and post-test knowledge score of B.Sc nursing final year student on Telehealth is being accepted. From the above results, we can conclude that there was a statistically significant effectiveness seen in knowledge of B.Sc nursing final year student. Thus, the intervention “educational package on Telehealth” was effective in improving the knowledge of students. There was no significant association between pre-test and sociodemographic variable hence RH1 was hypotheses was rejected.

RECOMMENDATIONS

(Further research)

1. A similar study can be replicated on a large sample, there by finding can be generalized for a larger population.
2. A similar study can be conducted with a control group.
3. A study to assess the knowledge of staff nurse on Telehealth technology can be done.
4. A study can be conducted, to assess the knowledge of Telehealth among general public.

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