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Original Research

A descriptive study to assess the level of knowledge regarding covid-19 among nursing students studying in Dasmesh College of nursing Faridkot, Punjab

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ABSTRACT:

Background: Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered SARS-COV2. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illnesses. **Objectives:** To assess the level of knowledge regarding covid-19 among nursing students studying in Dasmesh college of nursing, Faridkot. To find out association between knowledge regarding COVID-19 among nursing students of Dasmesh College of nursing Faridkot Punjab. Non-probability convenient sampling technique was used to collect data with the help of a self-administered structured knowledge questionnaire. Data wereanalyzedbased onthe objectives of the study byusing descriptive and inferential statistics such as frequency, percentage, mean, and chi-square. **Results:** The major findings of the study depictthat 18 (43.9%) students had good knowledge, 20 (48.7%) students had average knowledge, and 3 (7.3%) students had poor knowledge. **Conclusion:** It was concluded that the majority of the students had an average level of knowledge regarding COVID-19. **Keywords:** COVID-19, Knowledge, and BSC (N) 3rd year and GNM 3rd year students.

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INTRODUCTION

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered SARS-COV2. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious iillnesses¹

Coronaviruses are zoonotic. This means they first develop in animals before developing in humans. The virus passes from animals to humans, a person has to come into close contact with an animal that carries the infection. Once the virus develops in people, coronaviruses can spread from person to person through respiratory droplets. This is a technical name for the wet stuff that moves through the air when a person cough or sneezes. The viral material hangs out in these droplets and can be breathed into the respiratory tract (trachea and lungs), where the virus can then lead to an infection. These droplets are too heavy to hang in the air and quickly fall on floors or surfaces. People can be infected by breathing in the virus or within proximity of someone who has COVID-19, or by touching a contaminated surface and then touching eyes, nose, or mouth. Most people who fall sick with COVID-19 will experience mild to moderate symptoms and recover without special treatment. Direct person-to-person transmission occurs through close contact, mainly through respiratory droplets. These droplets may also land on surfaces where the virus remains viable. The median incubation period is 5.1 days (range from 2 to 14 days). As per current evidence, the period of infectivity starts 2 days before the onset of symptoms and lasts up to 8-10days. Most patients with Covid-19 predominantly have respiratory tract infections associated with SARS CoV 2. Some of them may progress to a severe and systematic disease characterized by acute respiratory distress syndrome (ARDS), sepsis and septic shock, multi-organ failure including acute kidney injury, and acute cardiac injury.

RESEARCH METHODOLOGY

A quantitative research approach was used to conduct the study. The target population of the study was BSC (N) 3rd year and GNM 3rd year students of Dasmesh College of Nursing Faridkot consisting of 60 students. The Nonprobability convenient sampling technique was used for the selection of samples for the study.The study protocol was approved bythe institutional ethical committee. All students were informedregarding the study and written consent was obtained. General information such as name, age, gender, etc. was recorded. The tool was divided into two parts Part I included socio-demographic variables consisting of 9 items to collect sample characteristics which include age, gender, class, area of residence, heard about COVID-19, heard from, any COVID-19 positive or suspect in the family, occupation of father and occupation of mother and PART-IIconsisted of 30 multiple choice type question to assess the level of knowledge among students regarding COVID-19. Each question has 4 options. The correct answer was given 1 mark and the incorrect answer was given 0 mark. The maximum score was 30 and the minimum score was 0.

RESULTS

 Table 1: Frequency and percentage distribution of level of knowledge of nursing students regarding COVID-19

N=41

Level of knowledge	Score	f	%
Good	21-30	18	43.9
Average	11-20	20	48.7
Poor	1-10	3	7.3

Maximum Score = 26Minimum Score = 7

Figure	2: Bar	graph sh	owing th	e level of	f knowledge	regarding	COVID-19	among nursing	y students.
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Table 1 & Figure 2 depicts those 3 (7.3%) students who had poor knowledge, 20 (48.7%) had average knowledge and 18 (43.9%) had good knowledge. Hence, it can be concluded that the majority of the students had an average level of knowledge regarding COVID-19.

B.sc (N) 3 rd year 7 4.8989794	Class	Mean	SD
CNIM 2rd	B.sc (N) 3 rd year	7	4.8989794
GINM 3^{10} year 5 4.642/960	GNM 3 rd year	5	4.6427960

Table 2: Mean and Standard Deviation of knowledge among nursing students regarding COVID-19 N=41

Table 2 depicts the mean and SD of B.sc (N) 3^{rd} year as 7 and 4.8989794 respectively and the mean and SD of GNM 3^{rd} year are 5 and 4.6427960 respectively. This shows that B.sc(N) 3^{rd} -year students had more mean knowledge scores than GNM 3^{rd} year students studying in Dasmesh College of Nursing, Faridkot

Table 3: Frequency and percentage distribution of level of knowledge of B.sc (N) 3^{rd} year and GNM 3^{rd} year regarding COVID-19

N=41

Level of	Scores	B.sc (N) 3 rd year	GNM 3 rd year		
knowledge		f	%	f	%	
Good	21-30	13	64.90%	5	25%	
Average	11-20	7	33.33%	13	65%	
Poor	1-10	1	4.76%	2	10%	

Figure 3: Bar graph showing the level of knowledge regarding COVID-19 among B.SC (N) 3rd year and GNM 3rd year students



Table 3 & Figure 3 depicts 1(4.76%) student had poor knowledge, 7(33.33%) had average knowledge and 13(6.90%) students had good knowledge in B.sc (N) 3^{rd} year while 2(10%) had poor knowledge, 13(65%) had average knowledge and 5(25%) had

good knowledge in GNM 3^{rd} year. This shows that in B.sc (N) 3^{rd} year, the majority of the students had good knowledge whereas, in GNM 3^{rd} year, the majority of the students had average knowledge about COVID-19.

Table 5: Association of the level of knowledge regarding COVID-19 with their selected sociodemographic variables N=41

1-41						
Variables	Good	Average	Poor	Chi-square	df	p-value
1. Age (in years)						
a) 20-21	14	14	1			
b) 22-23	2	5	3	7.05441	4	0.133 ^{NS}
c) 24-25	1	1	0			
2. Gender						

a) Male560b) Female131431.210672 0.5459 3. Class13711111a) BSC(N) 3rd year5132 5.66787 2 0.0587 5. Area of Residence1371111a) Rural9132 5.66787 2 0.0587 b) Urban881 0.399146 2 0.819 6. Have you heard about COVID-19?182031 0.399146 2 0.819 b) No0000001 1.21067 1.21067 2.210587	
b) Female 13 14 3 1.21067 2 0.5459 a) BSC(N) 3rd year 13 7 1 - - - - - - - - 0.5459 a) BSC(N) 3rd year 13 7 1 -	
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a) BSC(N) 3rd year 13 7 1 b) GNM 3rd year 5 13 2 5.66787 2 0.0587 5. Area of Residence 9 13 2 5.66787 2 0.0587 a) Rural 9 13 2 5.66787 2 0.0587 b) Urban 8 8 1 0.399146 2 0.819 6. Have you heard about COVID-19? 9 18 20 3 10 0 a) Yes 18 20 3 0 0 0 0 0 7. If yes from: 9 18 20 3 0 0 0 0	
b) GNM 3rd year 5 13 2 5.66787 2 0.0587 5. Area of Residence 9 13 2 5.66787 2 0.0587 a) Rural 9 13 2 5.66787 2 0.0587 b) Urban 8 8 1 0.399146 2 0.819 6. Have you heard about COVID-19? 9 18 20 3 1 0.399146 2 0.819 b) No 0 0 0 0 0 0 1	
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a) Rural 9 13 2 b) Urban 8 8 1 0.399146 2 0.819 6. Have you heard about COVID-19? - <t< td=""><td></td></t<>	
b) Urban 8 8 1 0.399146 2 0.819 6. Have you heard about COVID-19? -	
6. Have you heard about COVID-19? 18 20 3 a) Yes 18 20 3 b) No 0 0 0 7 If yes from: 18 20 3	NS
a) Yes 18 20 3 b) No 0 0 0 7 If yes from: 0 0 0	
b) No 0 0 0	
7 If yes from:	
/· II 300, II0III.	
a) Mass Media 11 10 0	
b) Print Media 0 0 1	
c) Social Media 6 6 1 23.7271 6 0.00058	62*
d) Friends or Relatives 1 5 0	
8. Any COVID-19 positive or	
suspect case in the family?	
a) Yes 5 2 0	
b) No 13 18 3 2.78119 2 0.2489) ^{NS}
9. Occupation of mother:	
a) Health Professional 0 1 0	
b) Teacher 0 1 0	
c) Housewife 16 18 3 4.69099 6 0.5484	1 ^{NS}
d) Others 2 0 0	
10. Occupation of Father: -	
a) Health Professional 0 1 0	
b) Teacher 2 3 0 0.9214	^{NS}
c) Farmer 12 14 2 1.98191 6	
d) Others 3 3 1	

*Significant at p=0.05 level

NS- Nonsignificant

Table 5 revealed that there was no association of knowledge with demographic variables such as Age, Gender, Class, Area of residence, heard about COVID-19, COVID-19 positive or suspect, occupation of mother and father.

There was a significant association of knowledge with sources of information on COVID-19. Hence, it can be concluded that mass media significantly contribute to improving knowledge regarding COVID-19.

DISCUSSION

The main purpose of the study is to assess the knowledge regarding COVID-19 among the nursing students of Dasmesh College of Nursing, Faridkot.

According to the first objective, the findings show that a maximum number of 20 (48.7%) students had average knowledge, 18 (43.9%) had good knowledge and 3 (7.3%) had poor knowledge regarding COVID-19. The age of students was significant at the 0.0005862 level.

According to the second objective association of knowledge with demographic variables. The result showed that the source of information had a significant association with knowledge.

Hence, it can be concluded that a maximum number of 20 (48.7%) students had average knowledge, 18

(43.9%) had good knowledge and 3 (7.3%) had poor knowledge regarding COVID-19.

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