"A descriptive study to assess the cognizance regarding Ergonomics on physical discomfort among peoples''

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Abstract-
The current study has been undertaken to assess the pre-test Knowledge score regarding ergonomics on physical discomfort among peoples in Khudel, Indore. The research design used for study was descriptive in nature. The tool for study was self-structured knowledge questionnaire which consists of 2 parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess the pre-test knowledge score regarding ergonomics on physical discomfort among peoples. The data was analyzed by using descriptive & inferential statistical methods. The most significant finding was that 80.0% subjects have poor knowledge, 20.0% have average knowledge score while 0.0% peoples were having good knowledge score.
Keyword- Ergonomics on physical discomfort and peoples.

I. Introduction

Health is the level of functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain (as in good health). The World Health Organization defined health in its broader sense in 1946 as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Although this definition has been subject to controversy, in particular as lacking operational value and because of the problem created by use of the word "complete," it remains the most enduring. Other definitions have been proposed, among which a recent definition that correlates health and personal satisfaction. Classification systems such as the World Health Organization's Family of International Classifications, including the International Classification of Functioning, Disability and Health and the International Classification of Diseases, are commonly used to define and measure the components of health. Ergonomics may help prevent musculoskeletal injuries at work. Examples of such injuries include lower back pain and carpal tunnel syndrome. Office ergonomics places a special focus on making the workplace conducive to a pain-free place. This is done through setting up employee workstations properly.

II. Objective of the study

1. To assess the knowledge scores regarding ergonomics on physical discomfort among peoples.
2. To find out association between knowledge score regarding ergonomics on physical discomfort among peoples with their selected demographic variables.

III. Hypotheses:

RH_0: There will be no significant association between knowledge score on ergonomics on physical discomfort among peoples with their selected demographic variables.

RH_1: There will be significant association between knowledge score on ergonomics on physical discomfort among peoples with their selected demographic variables.

IV. Methodology

A descriptive research design was used to assess the knowledge score regarding ergonomics on physical discomfort among peoples residing in Khudel, Indore. The study was carried out on 30 peoples selected by convenience sampling technique. Demographical variable and self-structured 30 knowledge questionnaire were used to assess the Knowledge score regarding ergonomics on physical discomfort by survey method.

V. Analysis and interpretation

SECTION-I Table -1 Frequency & percentage distribution of samples according to their demographic variables.

n = 30

S. No	Demographic Variables	Frequency	Percentage
1	**Age in Years**		
a.	Less than 20	23	76.7
b.	Greater than 20	7	23.3
2	**Living area**		
a.	Rural	22	73.3
b	Urban	8	26.7
3	**Educational qualification**		
a.	Primary	1	3.3
b.	Higher secondary	15	50.0
c.	Graduate & above	14	46.7
4.	**Previous knowledge regarding ergonomics**		
a.	**on physical discomfort**		
b.	Yes	4	13.3
	No	26	86.7
5.	**Types of family**		
a.	Nuclear	20	66.7
b	Joint	10	33.3
c	extended	0	0

SECTION-II- Table- 2.1.1- Frequency and percentage distribution of knowledge score of studied subjects:

Category and test Score	Frequency (N=30)	Frequency Percentage (%)
POOR (1-10)	24	80.0
AVERAGE (11-20)	6	20.0
GOOD (21-30)	0	0.0
TOTAL	30	100.0

The present table 2.1.1 concerned with the existing knowledge regarding ergonomics on physical discomfort among peoples were shown by knowledge score and it is observed that most of the peoples 24 (80.0%) were poor (01-10) knowledge, 6 (20.0%) were have average (11-20) knowledge score and rest of the peoples have 0 (0.0%) were from good (21-30) category.

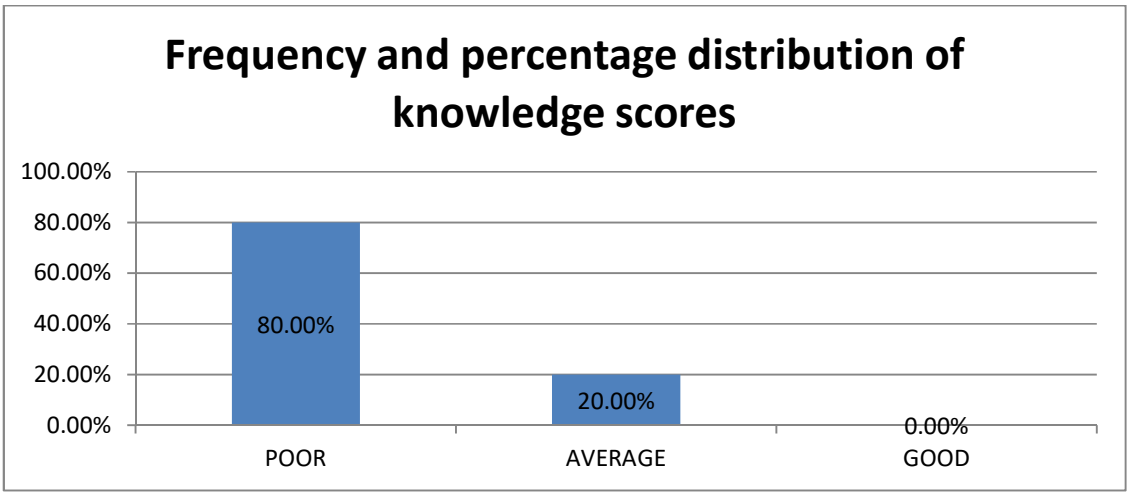

FIG.-2.1.1- Frequency and percentage distribution of Knowledge score of studied subjects

Table-2.1.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:

Knowledge **Pre –test**	**Mean** **($\overline{X}$)**	**Std Dev** **(S)**
Pre-test score	8.77	2.08

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean knowledge score was 8.77 ± 2.08 while in knowledge regarding ergonomics on physical discomfort among peoples in Khudel, Indore.

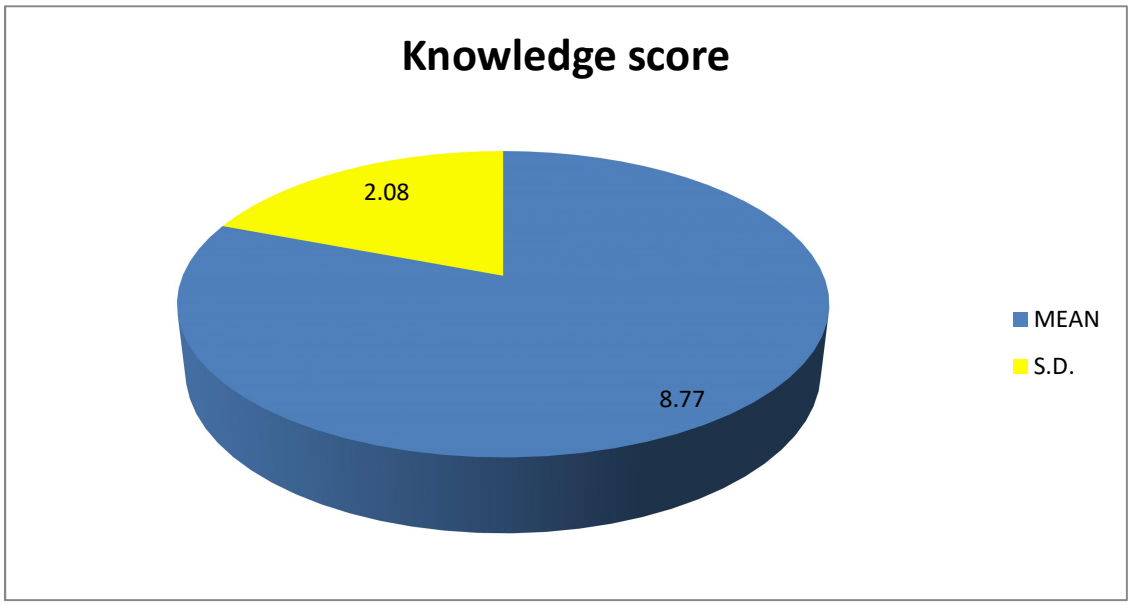

Figure no.-1 Mean and SD of knowledge score of peoples.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table- 3.1 Association of age of peoples with knowledge score:

Age	**Test scores**			**Total**
(In years)	**POOR (1-10)**	**AVERAGE (11-20)**	**GOOD (21-30)**	
Less than 21	18	5	0	**23**
Greater than 21	6	1	0	**7**
Total	**24**	**6**	**0**	**30**
	X= 0.18	p>0.05 (Insignificant)		

The association of age & test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.18 for 1 DF which indicated insignificant value (p>0.05). Hence, it is identified that there is insignificant association between age & test scores. Moreover, it is reflected that age isn't influenced with current problem.

Table- 3.2 Association of living area with knowledge score:

Living area	**Test scores**			**Total**
	POOR (1-10)	**AVERAGE (11-20)**	**GOOD (21-30)**	
Rural	17	5	0	**22**
Urban	7	1	0	**8**
Total	**24**	**6**	**0**	**30**
	X= 0.38	p>0.05 (significant)		

The association of living area & test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.38 for 1 df which indicated living area & test scores. Moreover, it is reflected that living area is influenced with current problem.

Table- 3.3 Association of educational qualification with knowledge score:

Educational qualification	**Test scores**			**Total**
	POOR (1-10)	**AVERAGE (11-20)**	**GOOD (21-30)**	
Primary	1	0	0	**1**
Higher sec.	12	3	0	**15**
Graduate & above	11	3	0	**14**
Total	**23**	**6**	**0**	**30**
X= 0.26		p>0.05 (Insignificant)		

The association of educational qualification & test score is shown in present table 3.3. The probability value for Chi-Square test is 0.26 for 2 degrees of freedom which indicated educational qualification and test scores. Moreover, it is reflected that educational qualification isn't influenced with present problem.

Table- 3.4 Association of previous knowledge with knowledge score:

Previous knowledge	**Test scores**			**Total**
	POOR (1-10)	**AVERAGE (11-20)**	**GOOD (21-30)**	
Yes	2	2	0	**4**
No	22	4	0	**26**
Total	**24**	**6**	**0**	**30**
X= 2.59		p>0.05 (Insignificant)		

The association of previous knowledge & test scores is shown in present table 3.4. The probability value for Chi-Square test is 2.59 for 1 degrees of freedom which indicated previous knowledge & test scores. Moreover, it is reflected that previous knowledge isn't influenced with current problem.

Table- 3.5 Association of types of family with knowledge score:

Types of family	Test scores			Total
	POOR (1-10)	AVERAGE (11-20)	GOOD (21-30)	
Nuclear	14	6	0	**20**
Joint	10	0	0	**10**
Extended	0	0	0	**0**
Total	**24**	**6**	**0**	**30**
X= 3.75		p>0.05 (Insignificant)		

The association of types of family & test scores is shown in present table 3.5. The probability value for Chi-Square test is 3.75 for 1 degrees of freedom which indicated types of family & test scores. Moreover, it is reflected that types of family aren't influenced with current problem.

VI. Results

The findings of the study revealed that 80.0% subjects have poor knowledge, 20.0% have average knowledge score while 0.0% peoples were having good knowledge score towards ergonomics on physical discomfort. The mean knowledge score of subjects was 8.77 ± 2.08. The association of knowledge score of peoples was found to be statistically significant with Living area. ($p<0.05$).

VII. Conclusion

It was concluded that majority of Peoples had poor knowledge score regarding ergonomics on physical discomfort. Peoples should also educate regarding ergonomics on physical discomfort.

VIII. Limitations

- This was limited to Khudel, Indore.
- This was limited to 30 peoples.

IX. Reference

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