

Comparison of the Effect of Teach-Back Method and Video Clip Training on the Sense of Coherence of Mothers with Children Suffering from Asthma

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ABSTRACT

Aims Mothers whose children suffer from chronic diseases experience high levels of stress. Promoting the sense of coherence can be a way to reduce the stress. The aim of this study was to compare the effect of teach-back method and video clip teaching on the sense of coherence of mothers with children suffering from asthma.

Materials & Methods In this randomized controlled trial, 75 eligible mothers with children suffering from asthma in Yasuj in 2020 were selected by convenience sampling method and randomly assigned into three groups: video clip group, teach-back method group and control group. In video clip group, training was performed through a 15-minute clip in two sessions. In teach-back method group 8 training sessions were held. Data were collected using the Antonovsky's Sense of Coherence scale-13 at baseline and one month after the intervention. Data were analyzed using SPSS 21 by descriptive and inferential statistics.

Findings Before the intervention, there was no significant difference in the mean score of sense of coherence and its subscale in the three groups ($p>0.05$). One month after the intervention, there was a significant difference in the mean score of sense of coherence and its subscales between the two intervention groups with the control group ($p=0.001$). Also, a significant difference was observed between the two intervention groups in the mean scores of the sense of coherence and comprehensibility ($p<0.05$).

Conclusion Both video clip and teach-back methods improves mothers' sense of coherence, but teach-back method is more effective than video clip teaching.

Keywords Teach-back Methods; Video Clip; Sense of Coherence; Asthma; Parents; Mother; Child

CITATION LINKS

[1] Barriers and facilitators of asthma management ... [2] Risk of Helicobacter pylori infection and ... [3] Parenting stress related to behavioral ... [4] Experience of chronic sorrow in mothers ... [5] Stress reduction intervention with mothers of children/adolescents ... [6] Wong's nursing care of infants and ... [7] Comparison of the sense of coherence between ... [8] Sense of coherence and parenting ... [9] The validity of Antonovsky's sense of ... [10] Unraveling the Mystery of Health: How People ... [11] Can the Big Five explain the criterion ... [12] Relations of mother's sense of coherence ... [13] Heterogeneous effects of less educated ... [14] "Like a dialogue": teach-back in the ... [15] Teach-back: A systematic review of ... [16] Effects of teaching communication skills ... [17] The effectiveness of hand dressing training ... [18] Women's sense of coherence and its association with ... [19] Oral health of children and adolescents ... [20] 'I'm having a baby not a labour': Sense ... [21] The effectiveness of Satir brief family therapy ... [22] Validation of Sense of Coherence (SOC) ... [23] Relationship between teach-back ... [24] Effect of telephone vs video interpretation on ... [25] The role of video-based education combined with teach-back method in improving ... [26] The 5Ts for teach back: an operational definition ... [27] Parents support teach-back, demonstration, and a postdischarge phone ... [28] The effectiveness of the teach-back method on adherence ... [29] Effects of teach-back on children's treatment ... [30] Video-delivered family therapy for ... [31] Mobile-based video learning outcomes in clinical nursing skill ... [32] Student Views on Learning Environments ... [33] Video feedback promotes relations between ... [34] The impact of a prenatal education video ...

Introduction

Asthma is one of the most common chronic childhood diseases [1]. According to the World Health Organization (WHO), it's estimated that approximately 250,000 deaths from asthma occur each year. The prevalence of asthma in Iran is 8.8% and its prevalence in the age group under 18 years is 4.9% [2]. The results of studies on the care of children with asthma show that mothers need more support [3] and mothers with children with chronic and acute diseases experience chronic sadness [4]. Also, mothers are more stressed in this regard than other family members [5]. Caring for a child with a chronic disease requires spending a lot of energy, time and financial resources of the parents. Depending on the roles that each parent takes on, the mother often takes on the majority of child care at home [6]. Therefore, it is necessary for mothers to be empowered to deal with stress, better control their children's disease and have a better lifestyle [7]. Promoting the sense of coherence can be a way to reduce the stress caused by chronic disease [8].

The concept of sense of coherence was first introduced by Antonovsky in 1987, who defined sense of coherence as a personal dispositional orientation to life [9]. According to his salutogenic model, the sense of coherence is an inner experience that develops gradually during youth until it reaches a relatively stable quality in the individual. Antonovsky contrasts this model with the pathogenic model [10]. This structure has three features; comprehensibility, manageability and meaningfulness [11]. Numerous studies on the relationship between sense of coherence and stress have shown that people with a strong sense of coherence are able to cope with stressful events better; in contrast, people with a weak sense of coherence are more vulnerable to stress and its negative effects on health [12]. Educating Mothers can foster human, cultural, social and economic capital in them and therefore it is considered a major factor [13].

One of the educational methods is teach-back method. It is a method through which the patient's understanding is confirmed by explaining the received information to the provider, so that if the comprehension is not proven, the provider can clarify and correct the explanation and recall. This approach can influence people's understanding [14]. The teach-back method is used as a teaching method to improve knowledge, skills and self-care abilities in people [15].

Video clip training is another effective method of learning. This method is a new and innovative educational method. In this educational method, communication and interaction skills increase, this feature can be strengthened by the nurse. Also, this method improves non-verbal behaviors such as laughing and eye contact and verbal behaviors such

as paraphrasing and interpretation [16]. This educational method is very attractive and effective and can enable education while attracting the audience in different direct and indirect ways. Learning in this way is easier and takes less time. You can also easily watch it on your mobile phone, tablet and computer, and its use is not limited to a specific time and place [17].

In this regard, Cortelo *et al.* showed that mothers with a low sense of coherence wean their babies earlier [18]. In addition, Ruy Carneiro *et al.* showed that the sense of coherence of mothers with children/adolescents with mucopolysaccharidosis is associated with dental caries experience, so improving mothers' sense of coherence contributes to a better quality of life for their children [19]. Ferguson and Davis showed that a strong sense of coherence in pregnant women is expressed through a positive attitude, and strengthening their sense of coherence reduces the rate of cesarean section [20].

A child with asthma poses many challenges for parents, especially mothers. Challenges such as treatment costs and visits to medical centers, the child's absence from school, more monitoring of the child due to the use of sprays and asthma, as well as the use of drugs prescribed by a specialist doctor. Since the mother has a closer relationship with the child and also has more responsibility in taking care of him/her, the child's illness causes her anxiety, stress and depression, which also reduces the sense of cohesion in mothers. With the low sense of coherence of mothers and the high level of stress in them, their quality of life is also overshadowed and reduced, which causes mothers to suffer from various physical, mental and psychological diseases, and they may face many problems in their current affairs. Therefore, it is necessary to implement different educational methods to reduce the stress of mothers and increase their sense of cohesion, which is in line with improving the health of mothers. Among the educational methods in this field, we can mention two methods of teach-back method and video clips. The teach-back method and video clips are among the new methods of teaching people that can reduce the mother's stress and improve the mother's sense of coherence.

According to our searches, there are few interventional studies related to sense of coherence and most of them are descriptive studies. Therefore, the present study aimed to compare the effects of teach-back method and video clip teaching on the sense of coherence of mothers with children suffering from asthma.

Materials and Methods

This study is a randomized- controlled trial that was registered in the Iranian Registry of Clinical Trials website with the code IRCT20200107046044N1. The study population consists of all mothers with

children suffering from asthma referred to the specialized pediatric clinic in Yasuj City in 2020. A total of 75 eligible mothers were selected by convenience sampling method and randomly divided into three groups using block random assignment, including teach-back method group (Intervention group 1), video clip group (Intervention group 2) and control group. Inclusion criteria included the ability to communicate and answer questions, consent to participate in the study and sign an informed consent form, and confirmation of the diagnosis of pediatric asthma by a specialist at least one year ago. Exclusion criteria were maternal mental or chronic physical illness and previous participation of the mother in similar studies. The number of samples required for the study was calculated based on the formula used in the similar research [21], 12 people in each group. Since there were three groups in the study (two intervention groups and one control group), after the correction coefficient, according to the estimated 15% drop for each group, the final sample size was 25 people and a total of 75 people.

Data were collected using the demographic form and the Antonovsky's Sense of Coherence scale-13 (SOC-13). This scale consists of 13 items prepared by Antonovsky and its rating is based on a 7-point Likert scale. In addition to the total SOC score, the sense of coherence has 3 separate sub-scores of comprehensibility, manageability, and meaningfulness, which generally correspond to the components of the SOC concept. In order to score the SOC scale for a participant, 5 response codes are analyzed in reverse (items 1, 2, 3, 7, and 10). Total SOC score ranges from 13 to 91. In Iran, Mohammadzadeh *et al.* standardized the scale for Iranian students after translation and obtained a Cronbach's alpha of 0.77. In order to evaluate the validity of the scale, the researchers examined the relationship between the subscales of comprehensibility, manageability and meaningfulness with the total score of the scale, which were 0.86, 0.81 and 0.76, respectively [22]. Cronbach's alpha coefficient of this scale was 0.74 in the present study.

The interventions included teach-back and video clip education methods. In the intervention group 1, the teach-back method was presented by the researcher once a week during 8 sessions. These trainings were flexible according to the educational needs of mothers and were performed face-to-face for 30-45 minutes (Table 1).

Table1) Teach-back method protocol

Sessions	Educational content
First	Introduction of the researcher, acquaintance with asthma and its symptoms
Second	Defining the sense of coherence, introducing the characteristics of people with a sense of coherence and getting familiar with the concept of comprehensibility

Third	Definition of manageability
Fourth	Explain the concept of stress
Fifth	How to manage stress
Sixth	Introducing assertiveness skills
Seventh	Definition of meaningfulness
Eighth	General conclusion

In the intervention group of video clip training, the contents said in the teach-back method were included in the corresponding video clip. The place of training was the same place designated for teach-back method. The video clip was made by the researcher and was implemented with the approval of several pediatric asthma and allergy doctors, pediatric psychiatrists, pediatric nurses, and psychiatric nurses. This clip was designed in the form of a compact disk based on available sources for use on computers, DVDs and mobile phones and included images, sounds and text in a simple and understandable language. Mothers received the necessary training by showing this video clip in two 15-minute sessions. In terms of educational content, this clip consisted of the necessary information and knowledge about asthma and its symptoms and a sense of coherence and strategies to improve it. At the end of each session, questions were asked about the displayed content to measure the amount of information obtained through the clip.

Data were collected before the intervention and one month after the intervention. No intervention was performed in the control group. Blinding was not done in the present study.

Data were analyzed by SPSS 21 software using analytical statistics including one-way Analysis of Variance (ANOVA), Chi-squared test, Paired t-test, and Scheffe post hoc test. Kolmogorov-Smirnov test was used to check the normality of the distribution of the variables, and the variables had a normal distribution.

Findings

75 mothers with children suffering from asthma participated in the study. Before the intervention, there was no significant difference between the three groups in terms of age of parents and children, child's gender, father's occupation and education, number of hospitalizations and duration of illness, but a significant difference was observed in the occupation and education of mothers and the number of children (Table 2).

its subscales one month after the intervention showed a significant statistical difference between the three groups ($p < 0.01$; Table 3).

In the pairwise group comparison, there was a significant difference in the sense of coherence and its subscales after the intervention between the control group and the teach-back group and between the control group and the video clip group (except in the meaningfulness). Also a significant

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difference was observed between the teach-back group and the video clip group in terms of the mean score of sense of coherence and comprehensibility, but there was no statistical significant difference in the other subscales (Table 4).

Table 2) Comparison of the characteristics of the participants between the three groups

Variables	Video clip group	Teach-back group	Control group	P-value
Age (years), Mean±SD				
Child	7.84±2.30	8.80±2.10	9.04±1.98	0.117*
Mother	35.92±5.07	35.92±4.01	36.64±4.68	0.817*
Father	40.48±6.23	41.16±4.25	42.16±5.02	0.525*
Child gender, No. (%)				
Male	11 (44.0)	14 (56.0)	9 (36.0)	0.36**
Female	14 (56.0)	11 (44.0)	16 (64.0)	
Maternal occupation, No. (%)				
Housewife	10 (40.0)	9 (36.0)	22 (88.0)	0.001**
Employee	15 (60.0)	16 (64.0)	3 (12.0)	
Maternal education, No. (%)				
Less than a diploma	1 (4.0)	0 (0)	11 (44.0)	0.001**
Diploma	8 (32.0)	2 (8.0)	8 (32.0)	
More than a diploma	16 (64.0)	23 (92.0)	6 (24.0)	
Father's occupation, No. (%)				
Employee	13 (52.0)	16 (64.0)	16 (64.0)	0.607**
Other	12 (48.0)	9 (36.0)	9 (36.0)	
Father's education, No. (%)				
Less than a diploma	2 (8.0)	1 (4.0)	7 (28.0)	0.09**
Diploma	7 (28.0)	6 (24.0)	7 (28.0)	
More than a diploma	16 (64.0)	18 (72.0)	11 (44.0)	
Number of children, No. (%)				
1 individual	9 (36.0)	6 (24.0)	3 (12.0)	0.028**
2-3 people	16 (64.0)	18 (72.0)	17 (68.0)	
More than 3	0 (0)	1 (4.0)	5 (20.0)	
Number of hospitalizations, No. (%)				
0	11 (44.0)	9 (36.0)	13 (52.0)	0.577**
1-2 times	14 (56.0)	16 (64.0)	12 (48.0)	
Duration of illness (years)				
Mean±SD	1.56±0.82	1.80±0.81	1.76±0.77	0.532*

*one-way ANOVA; **Chi-squared test

Table 3) Comparison of mean scores of sense of coherence and its subscales in all three groups

Variables	Video clip group	Teach-back group	Control group	P-value*
Sense of coherence				
Before the intervention	48.08±1.75	48.08±1.82	48.00±1.64	0.15
After the intervention	53.12±1.98	54.44±1.66	48.00±1.53	0.001
P-value**	0.02	0.001	0.7	-
Comprehensibility				
Before the intervention	14.32±1.97	13.80±1.82	14.56±1.08	0.26
After the intervention	16.72±2.05	17.24±1.85	14.56±0.91	0.001
P-value**	0.001	0.001	1.0	-

Manageability				
Before the intervention	15.52±1.04	15.60±0.86	15.00±1.34	0.32
After the intervention	16.88±1.48	17.72±1.27	15.00±1.09	0.001
P-value**	0.01	0.001	0.38	-
Meaningfulness				
Before the intervention	18.96±2.28	18.87±0.87	18.16±1.4	0.2
After the intervention	19.52±2.00	19.48±0.82	18.16±1.4	0.002
P-value**	0.09	0.11	0.42	-

*One-way ANOVA; **Paired t-test

Table 4) Pairwise comparison of the groups in terms of mean scores of the sense of coherence and its subscales after the intervention

Compared groups (I-J)	Mean difference (I-J)	P-value*
Comprehensibility		
Video clip (I) - Control (J)	2.4	0.001
Teach-back (I) - Control (J)	3.44	0.001
Teach-back (I) - Video clip (J)	1.04	0.03
Manageability		
Video clip (I) - Control (J)	1.88	0.001
Teach-back (I) - Control (J)	2.72	0.001
Teach-back (I) - Video clip (J)	0.76	0.12
Meaningfulness		
Video clip (I) - Control (J)	0.56	0.08
Teach-back (I) - Control (J)	0.72	0.01
Teach-back (I) - Video clip (J)	0.16	0.8
Sense of coherence		
Video clip (I) - Control (J)	5.12	0.001
Teach-back (I) - Control (J)	6.44	0.001
Teach-back (I) - Video clip (J)	2.04	0.001

*Scheffe Post Hoc test

In both intervention groups, the mean score of sense of coherence and its subscales (except for the subscale of meaningfulness), before and one month after the intervention, had a significant difference (p<0.05). However, in the control group, there was no significant difference in the sense of coherence and its subscale after the intervention compared to before (Table 3).

Discussion

The aim of this study was to compare the effect of teach-back method and video clip teaching on the sense of coherence of mothers with children suffering from asthma.

The findings of this research showed that one month after the completion of the research interventions, there was a statistically significant difference between the groups of teach-back, video clip and control in the sense of coherence, but the teach-back had a greater effect than the video clip. This is consistent with the results of Badaczewski *et al.*'s research, which showed that teach-back method is associated with patient-centered communication and helps parents take better care of the child [23]. But Lion *et al.* showed that video training is more effective than telephone [24], which is not consistent with the results of the present study. The reason for this discrepancy may be that in this study, education

was done by telephone and only one sense, the sense of hearing, was involved; while in the present study, which was a video clip compared to the teach-back method, the training was face-to-face and individual, and all the audience's senses were involved in the subject. Moreover, Zhong *et al.* showed that video training with teach-back method is an effective way to improve health literacy and blood pressure control level in the elderly with hypertension [25]. In the above study, the two methods of teach-back and video training have been used as a combined method and as a result, the effect of the training has increased, but in the present study, the comparison of the effect of these two educational methods has been carried out separately.

The teach-back method, because of the feedback it receives, i.e. through the instructor asking the learner to rephrase what was said, causes the instructor evaluate whether the learner has received the information or not [26]. These cases cause the teach-back method to be more effective than the video clip.

The teach-back method increased the mean score of the sense of coherence and its subscales in mothers with children suffering from asthma, but the subscale of meaningfulness did not increase significantly. The results of Vepraskas *et al.*'s study showed that the telephone call form was useful [27], which is consistent with the present study. The difference between this study and our research is that in the aforementioned study, teaching was done by telephone and 7 days a week, but in the present study, teaching was done in person and only once a week. At the same time, the results of both trainings are consistent.

Teach-back is a method that aims to increase people's understanding of illness by asking them to repeat key points. Teach-back does not require a specific level of literacy and can be used to teach people with low literacy. The purpose of this method is to improve comprehension, conscious satisfaction and reduce hospitalization [28]. Kopulos showed that teach-back method has no effect on the changes in parental health literacy [29] and it is not consistent with the present study. The reason can be the duration and method of intervention. In this study, the method of teach-back was done by phone for 2 to 3 days, but in the present study, the intervention was performed face to face for 8 sessions in a period of 2 months.

The results of the present study showed that one month after the completion of the research interventions, the video clip training increased the mean score of the total sense of coherence and its subscales in mothers with children suffering from asthma, but the increase in the subscale of meaningfulness was not significant. This is consistent with the results of research by Cluxton-Keller *et al.*, which showed that the use of video

training method is accepted by the family and has a positive effect on reducing depression in young perinatal mothers [30]. The use of new technologies such as E-learning, computer-based learning and web-based applications increases learner satisfaction compared to conventional learning methods [31]. Video clips can increase a person's focus on the subject through audio and video features and help a person to achieve the most important goal of education, which is learning [32]. Kristensen *et al.* showed that video feedback using the Marte Meo method can strengthen the relationship between infants and vulnerable mothers in early infancy and also improve maternal psychosocial functioning [33]. The results of these studies are consistent with the present study. But, Kellams *et al.* showed that perinatal education video alone had no effect on low-income breastfeeding mothers [34]. The findings of this study are not consistent with the results of the present study. This may be due to the long playing time of the film, which is 25 minutes and causes fatigue and loss of its effect, but in the present study, the playing time was 15 minutes.

The present research had some undeniable limitations, including uncontrollable destructive factors such as cultural, social, economic, and religious factors, mistakes in self-reporting due to lack of focus, and the possibility of non-cooperation and adherence to the implementation of mother's practical programs due to the conditions and problems in the living environment.

Considering that improving the sense of coherence of these mothers makes them face less stress and tension and enjoy more physical and mental health, therefore it is suggested that the members of the health team implement these educational methods, especially teach-back method in educational program of mothers with children suffering from asthma.

It is suggested to conduct a study with the same topic on resilience and quality of life of mothers with a larger sample size and a longer intervention period of 6 months. Also, it is recommended to conduct a study with the same topic, but as family therapy on mothers with children with cancer.

Conclusion

Both video clip training and teach-back methods improves the sense of coherence of mothers with children suffering from asthma, but the effect of teach-back method on the sense of coherence is greater than the video clip training.

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Ethical Permissions: This study was registered in the Research Ethics Committee of Yasuj University of Medical

Sciences with the code IR.YUMS.REC.1398.127. Before the intervention and after fully explaining the study objective, written informed consent was obtained from all participants. In addition, the confidentiality of the collected data as well as full autonomy of the participants to participate or leave the study at each stage was emphasized.

Conflicts of Interests: The authors declare that they have no conflict of interest.

Authors' Contribution: Poursamad A. (First author), Methodologist/ Original researcher/ Discussion author (30%); Karimi Z. (Second author), Assistant/ Statistical analyst/ Discussion author (30%); Mousavi M.S. (Third author), Introduction author/ Methodologist/ Original researcher/ Discussion author (40%)

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