RESEARCH UTILISATION IN NURSING

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Introduction:
Health care is continuously changing. Health care knowledge must continuously grow and expand to keep health care approaches relevant, current and appropriate. One important source of knowledge is research. This is the hallmark of all professions. Research provides a solid foundation on which health care professionals base their practice. Nurses constitute the largest group of health care providers and their care influences patient outcomes. However, nurses like other professionals, often fail to incorporate current research findings into their practices. According to current scientific evidence, lack of research use contributes to as many as 30%–40% of patients not receiving care and some 20%–25% of patients may receive potentially harmful care David S. Thompson.

Meaning:
Utilization refers to the actual systematic implementation of a scientifically sound, research-based innovation in a health care setting with an accompanying process to access the outcome(s) of the clinical change. This definition from the University of Alberta is widely accepted because it contains the ‘evidence’ and ‘purpose’ as well as setting (‘health care’).

Research utilization refers to ‘a process of using findings from conducting research to guide practice.’ It is ‘the process by which scientifically produced knowledge is transferred to practice’ Barnsteiner & Prevost, 2002.

Research utilization and evidenced based practice are over lapping concepts that concerns efforts to use research as a basis for clinical decisions. Research utilization starts with a research based on innovation that gets evaluated for possible use in practice. Polit and Beck.

Need for implementing research findings in clinical area:
Using research findings increases the quality of nursing care and provides increased efficiency in patient care. It also ensures personal and professional growth for nurses. The care receivers increasingly expect nurses to incorporate research findings into their everyday practice. And most nursing authorities all over the world expect that...
nursing practice to be evidence based. The health care setting continues to become more technologically challenging, and nurses must combine use of new technology with knowledgeable and safe patient care so patients do not experience complications. Ruland, 2004.

Research provides a solid foundation to health care professionals to base their practice. The scientific knowledge base for professional health care practice is developed through scholarly inquiry of the research literature, use of existing research findings, and the actual conduct of research.

Utilization of research by nurses-

Nursing research is conducted to generate knowledge for use in practice. The ultimate goal of research is evidence based nursing practice. Today, nurses are actively generating, publishing, and applying research in practice to improve client care an enhance nursing’s scientific knowledge base. Kozier & Erb, 2004.

In recent years, research utilization by nurses has received increased attention in the literature and has been conceptualized and measured in terms of four kinds or types of research use: instrumental, conceptual, persuasive (or symbolic), and overall. Instrumental research utilization is the concrete application of research in practice most often; this involves using research to carry out an actionable behaviour. Conceptual research utilization is the use of research to change one’s thinking but not necessarily one’s action. And symbolic research utilization refers to the use of research to influence policies or decisions.

The Systematic review done by Janet E Squires et all on ‘To what extent do nurses use research in clinical practice?’ showed that use of research by nurses is moderate-high.

Another review done by the same author on ‘Individual determinants of research utilization by nurses’ concluded positive relationships between general research utilization and beliefs and attitudes, and current role of nurses.

Most of the studies examined the barriers to use nursing research in practice. Some of the cited barriers in all the studies are the inability to obtain the research findings in ones area of interest, too time consuming or costly suggestions for practice, irrelevant results for practice setting and so on.

According to the report presented to the NHS R&D Programme on ‘Nurses’ Use of Research Information in Clinical Decision Making’ the problems in interpreting and working with research products which were seen are too complex, ‘academic ‘and overly statistical. Nurses defining this perspective want to use research but feel limited in their ability to do so by their lack of research appreciation skills and confidence.

Despite being confident with research-based information, and the perceived ability to be able to engage with such material, nurses defining this perspective perceive a lack of organizational support as a significant block. Many nurses adopted the stance that research
products and researchers lack clinical credibility and that they fail to offer the desired level of clinical direction. The nurses educated to graduate level are more likely to see clinically credible and more prescriptive research products in the workplace. Some nurses lacked the skills and the motivation to use research themselves. Consequently, they liked research messages passed to them by a third party and sought to foster others’ involvement in research based practice rather than direct involvement of themselves. The reasons why nurses do not utilize research evidence in their clinical practice are complex and multi-factorial.

The three major barriers identified are:

- Lack of published research on specific clinical issues
- Traditional nursing education and administration philosophies
- Lack of clinical resources e.g. time, money.

Interventions aimed at increasing research use in nursing:

According to the review of literature little is known about how to increase research use in nursing. To advance the field, the experts recommend that investigators should:

- Use theoretically informed interventions to increase research use.
- Measure research use longitudinally using theoretically informed and psychometrically sound measures of research use, as well as, measuring patient outcomes relevant to the intervention.
- Use more robust and methodologically sound study designs to evaluate interventions.

To determine whether research findings can be used as a basis for nursing practice, the nurse should consider the scientific worth of the study, the substantiating evidence provided in other studies, the similarity of the research setting to the nurse’s own clinical practice setting, the status of current nursing theory, and factors affecting feasibility of application. Developing a favorable attitude among nurses that encourages the integration of research evidence into nursing practice at the health care setting is recommended to help overcome the lack of awareness and utilization of research. This needs the cooperation of nurse leaders and other health care professionals in the clinical areas. When barriers to research utilization are identified, nurse administrators, clinicians, and researchers can design and implement specific strategies to overcome these obstacles.

It is recommended that nurses have to be given study days for the lack of time they have in research investigation and implementation.
Competence in the research process, statistics, and research methodology can help nurses argue for use and evaluation of research findings. This may improve support and collaboration from the physicians and other health care administrators.

Each of the nurses and health care professionals alike therefore has a responsibility to know and use the latest research related to their respective clinical practice. Increased administrative support, and encouragement, colleagues’ involvement, time to review and implement the research findings and improved access to research reports are some on the facilitators for nurses to use the research in practice.

Administrators in healthcare organizations need to create collaborative strategies that emphasize the importance of research in enhancing evidence-based practice in the clinical setting. It is time for nurses to stop projecting nursing research as an academic exercise and start perceiving it as a scientific base for evidence-based practice.

There is a need to stress support for nursing research as one of the important means of providing scientific evidence for practice in every forum for nurse executives.

The nursing educators’ should ensure that the researches are not only kept in the academic libraries but the knowledge is to be disseminated to the nursing practitioners. Even the practitioners needs to build up the courage to practice the evidence based findings for the benefit of their clients. The initiative taken by the nurses in changing the traditional way of care can only be the strong foundation towards the integration of evidence based research in to action.

References-

Books-

Journals-
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EFFECTIVENESS OF TEACHING ON INFECTION CONTROL PRACTICES AMONG HEALTH CARE PROFESSIONALS

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Introduction

Infection Control practices has been an area of major concern in healthcare industry. Though there is a great progress in the field of public health & healthcare industry per say, infections continue to develop in hospitalized patients and may also affect hospital staff. Many factors like decreased immunity among patients; the increasing variety of medical procedures and invasive techniques creating potential routes of infection and the transmission of drug-resistant bacteria among crowded hospital populations are responsible for the promotion of infection among hospitalized patients. Poor infection control practices may facilitate transmission of microorganisms from one patient to another. Therefore, the need to follow proper infection control guidelines becomes necessary.

As healthcare industry is growing there are many challenges that are mushrooming. On one side there is a great demand for aesthetics and on the other side there is a tremendous challenge to minimize the nosocomial infections. Turnover of nursing staff is the major area of concern in any part of the world, which leads to increased need for repeated training & better surveillance. High attrition rate of 20-25% among nurses leads to the increased requirement of training despite of the fact that standard protocols are readily available. Inadequate nurse patient ratio leading to increased burden of workload among nurses is another cause of poor compliance to infection control protocols. This leads to innovation by nurses to various short cuts leading to poor infection control practices giving rise to spread of infections. Therefore a need was felt to do a study on health care professionals’ knowledge & practices regarding infection control protocols.

Healthcare associated infections are a very costly affair for any healthcare agency as it increases the length of stay of the patient, increased suffering & very huge pinch to the pocket of the patient resulting in loss of trust and confidence in healthcare facility. This also brings the fear of defaming to the organization. At any time about 1.4 million people worldwide suffer from HCAI & the risk of HAI is 2-20 times higher in developing countries with overall incidence of HAI is about 10%. (1)

WHO defines Nosocomial Infections as
‘An infection acquired in hospital by a patient who was admitted for a reason other than that infection’. (2)
According to Centers for Disease Control and Prevention (CDC)

Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses during the course of receiving medical care. (3)

A decade ago in India one out of every five hospitalized patients suffered from HAI whereas the same was approximately 1 out of every 20 hospitalized patients in United States. (1)

It has been widely recognized that education and awareness play a vital role in increasing the level of compliance among healthcare personnel. Also, if feedback of the impact of education is provided, appropriate interventional measures can be taken to further improve knowledge, attitude and practices to improve compliance to infection control practices, therefore a this study was undertaken.

Problem Statement

‘To assess the Effectiveness of planned health teaching on the reinforcement of the knowledge & practices of health care professionals regarding selected infection control protocols: A case study of a tertiary care hospital in Pune’

Objectives:

1. To assess the knowledge of Heath Care Professionals about infection control practices before & after administration of planned health teaching
2. To observe the practices of Health care professionals about infection control practices before & after administration of planned health teaching
3. To compare the effectiveness of planned health teaching.

Methodology:

A quasi experimental study consisting of one group pre test, post test design was selected by the researcher.

Help was obtained from the P.B. B.Sc. nursing students and ICNs.

Settings and Sample:

The proposed study was conducted in the various general wards, Private and semi private wards and Intensive Care Units of a tertiary care hospital in Pune and 150 nurses working at that Hospital who fulfilled the sampling criteria were chosen. A non probability convenience sampling method was used.

Tool and Techniques:

A structured questionnaire was administered to assess the knowledge scores and the observation technique was used for observing the practice of respondents.

Validity and Reliability:
The content validity and the reliability of the tool were obtained by experts in the field and a pilot study was conducted between 7th and 19th Oct 2010.

Data Gathering Process:
The study was conducted between 1st Nov 2010 to 18th Dec 2010 at the tertiary care hospital at Pune City.

### Findings of the study:

#### Section I: Analysis of Demographic variables:

**Gender, Age & Number of years of Service at Study Hospital:**

Majority i.e. 91.59% of the respondents were female nurses, who were less than 25 years of age, with major representation was from ICUs and semi private and private wards with 32.77 % and 31.93% respectively.

56.30% were having less than one year of service & 26.05% with service from 1 to 5 years.

<table>
<thead>
<tr>
<th>Experience at study hospital (Yrs)</th>
<th>No of Nurses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1</td>
<td>67</td>
<td>56.30</td>
</tr>
<tr>
<td>1 – 5</td>
<td>31</td>
<td>26.05</td>
</tr>
<tr>
<td>5 – 10</td>
<td>8</td>
<td>6.72</td>
</tr>
<tr>
<td>10 - 20</td>
<td>5</td>
<td>4.2</td>
</tr>
<tr>
<td>≥ 20</td>
<td>8</td>
<td>6.72</td>
</tr>
<tr>
<td>Total</td>
<td>119</td>
<td>100</td>
</tr>
</tbody>
</table>

**Designation & Qualification:**

89.08% of the respondents were staff nurses.

With 63.87% of them being GNMs i.e and 30.25% were B.Sc. Nurses.

**Additional Qualification:**

Only 10.08% staff had acquired additional qualification in the form of PGDHM, BLS, ACLS etc.

#### Section II:

1. **Comparison of Knowledge of Infection Control Protocols:**

The knowledge of infection control protocols was poor (32.77%) to average (65.55%) among nurses during pre test, While during post test the nurses in the good category increased from 1.68% to 5.4% and the nurses in average category increased to 77.3% and poor category decreased to 17.65%.

2. **Comparison of Frequency of Use of Infection Control Manual:**

The frequency of use of infection control protocol increased from 19.33% to 37.81% in average category and 10.92% to 12.60 % in good category and in poor category decreased from 64.71 % to 43.7%. Showing that the awareness about infection control protocol increased among nurses and they started frequently using it.

3. **Comparison of overall pre and post test knowledge & Practice among Nurses about infection control protocols:**

There was a highly significant difference in the overall knowledge & practice of infection control protocols among nurses during post test showing that the overall effect of training was good.

4. **Comparison of Topic wise difference in the knowledge & practice among nurses:**

In knowledge about sharps, hand hygiene, PPE / Barrier Nursing, and catheter care there was a significant difference in the knowledge.

There was a highly significant difference in the practice in Hand Hygiene, Hand Rubs, Urine Sample collection and care of peripheral IV canula.
Table showing comparison of overall pre and post test knowledge of infection control protocols among nurses.

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>Pre test</th>
<th>Post test</th>
<th>Wilcoxon Z</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>27.17 ± 11.01</td>
<td>31.56 ± 10.74</td>
<td>9.53</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Section III: Comparison of Pre and Post Test Knowledge and Practices with Certain Demographic Variables

1. **Comparison of pre and post test Knowledge & Practice of infection control protocol according to gender among nurses:** There is no significant difference between the male and female knowledge scores & practice of IC protocol in the Pre and Post test.

2. **Comparison of pre and post test Knowledge & Practice of infection control protocol according to educational qualification in study group:** There was no significant difference in the knowledge & practice scores of ANMs, GNM, and B.Sc. Nurses.

3. **Comparison of pre and post test Knowledge & Practice of infection control protocol according to area of working in study group:** There was a highly significance difference between area of working, knowledge scores about infection control protocols in the pre test and post test. There was no significant difference in the practice in pre test among nurses based on area of working whereas the difference in the practice was significant among nurses based on area of working with increase in the desirable practice in the other departments.

4. **Comparison of pre and post test Knowledge & Practice of infection control protocol according to years of experience in study group:** There is no difference at all in the knowledge & practice scores of nurses based on no. of years of experience in the pre test.

5. **Comparison of pre and post test Knowledge & Practice of infection control protocol according to age in study group:** There is no significant difference in the knowledge & Practice between various age groups among pre and post test scores.
6. **Comparison of pre and post test Knowledge & Practice of infection control protocol according to IC training in study group:** There is no significant difference in the knowledge & practice between pre and post test scores based on exposure to IC training.

7. **Correlation between pre & post test Knowledge and practice in study group:** There is no correlation between pre & post test knowledge and practice. This means that practice is independent of knowledge about infection control protocols in the pre test group. This could be probably because of the attitude of nurses towards the practice of infection control protocols.

### Conclusion:

From the above study, it can be concluded that the knowledge has significant impact on practice of the nurses but there is no correlation between knowledge and practice. Training gives rise to change in the practice for a novice professional.

The requirement of ongoing in service education is again emphasized through this study. There was overall improvement in the knowledge & practice score of nurses but there was not much significant difference according to various demographic variables among nurses. This shows that the training was highly effective, however to have improvement in the practices, it is a must to keep reinforcing the knowledge regarding infection control.

### References

ATTITUDE TOWARDS NURSING EDUCATION PRACTICAL EXAM AMONG M.SC. NURSING STUDENTS

Mrs. Nisha Naik

Lecturer, Dr.D.Y.Patil college of Nursing Pune-18.

Introduction

Literacy is an impact on human life to grow higher and higher. So well known educators have planned curriculum which is like rules and regulation to complete the set task in set time. To meet certain rules students have to face theory as well as practical exams. Certain rules are difficult to follow for student as well as teachers while implementing the programme.

Problem statement:

“An study to assess the attitude towards Nursing Education practical exam among M.Sc (N) students of Pune city.”

Objectives of the study:

1. To assess the attitude towards Nursing Education practical exam of M.Sc (N) students.
2. To find association of attitude towards Nursing Education practical exam with selected demographic variables of M.Sc (N) students.

Review of literature:

Review of literature is an essential step in the development of a research project. It enables the researcher to develop insight into the study and plan the methodology.

Malik S. L. and et. al in their study on ‘The attitudes of medical students to the objective structured practical examination’ states that the objective structured practical examination (OSPE) together with the classical practical examination (CPE) form the basis for evaluation of laboratory teaching at the All India Institute of Medical Sciences, New Delhi. Students’ attitudes to OSPE and CPE were assessed by preparing a questionnaire containing 32 item on Likert’s 5-point scale (LS) and 11 bipolar adjectives on Osgood’s 7-point Semantic Differential Scale (OSDS). The questionnaire was administered to 50 medical undergraduates before their final examination. Forty-two (84%) students responded to the questionnaire. The LS showed high internal consistency and validity. Attitude scoring on LS and OSDS revealed a high degree of correlation. The majority of students showed a positive attitude to OSPE, and high-rank students had a greater intensity of positive attitude.

Development and description of the tool:

In this study Research design was an exploratory descriptive study and Research setting was Dr. D. Y. Patil College of Nursing, Bharati Vidyapeet College of Nursing, Tehmi
Grant College of Nursing of Pune city. In this study Population was M.Sc (Nursing) students were Samples in this present study includes M.Sc (Nursing) I and II year students who have appeared at least unit test I.

Sampling Technique used was Non-Probability Convenience Sampling Technique for selection of the 100 samples.

Investigator had prepared structured self-reporting questionnaire related to attitude scale.

Analysis and interpretation of data:

Table: Percentage distribution of attitude scores towards Nursing Education practical exam among M.Sc (N) students. N-100

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Attitude scores</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Extreme positive attitude(51-60)</td>
<td>31</td>
<td>31</td>
<td>62</td>
<td>62</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>2</td>
<td>Positive attitude (41-50)</td>
<td>69</td>
<td>69</td>
<td>37</td>
<td>37</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>3</td>
<td>Negative attitude (31-40)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Extreme Negative attitude (20-30)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

The data presented in Table indicate that maximum(58%) have negative attitude of Nursing education Practical exam and minimum(3%) have extreme positive attitude towards practical exam.

Table: Percentage distribution of attitude scores of various areas regarding Nursing Education Practical exam among M.Sc (N) students(N-100)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Attitude score of areas</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Extreme positive (11-15)</td>
<td>31</td>
<td>31</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>2</td>
<td>Positive (6-10)</td>
<td>69</td>
<td>69</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>3</td>
<td>Negative (0-5)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Key

A- Related to exams
B-Criteria of exams by INC
C-Suggestive changes in criteria
D-Pre-preparation of exams

The data presented in Table indicate that maximum(62%) has extreme positive about Criteria of exams by INC similarly maximum (69%) has positive attitude of Criteria related to exams and Maximum(57%) has positive attitude of suggestive changes in criteria similarly maximum(62%) has positive attitude about preparation of exams.
Findings even showed that there is association between attitude and demographic variables like Age and Total Number of experience at P<0.01 but there is no association between attitude and demographic variable like sex.

**Conclusion:**

As education forms bridge to younger plan with their experience, pass certain cultural norms by teaching real values in life and change in personality.

On analysis findings showed that maximum 58% had negative attitude about nursing education practical exam.57% suggested some changes in criteria of examination.

**References:**

THE EFFECT OF BIRTH KANGAROO CARE ON MATERNAL AND NEONATAL OUTCOME: A RANDOMIZED, CONTROLLED TRIAL

Mrs. Shweta Joshi

Lecturer, Dr.D.Y.Patil college of Nursing Pune-18.

Abstract

The study was conducted in Dr. D. Y. Patil hospital and Jijamata Hospital on 60 selected postnatal mothers and newborn. Randomization was accomplished by using a table of random numbers. The generator of the study was a different person than executor of group assignment. Mothers were blind to each other’s group assignments, because they spent all delivery stages time in separate delivery rooms. The group was divided in 30 experimental and 30 control group. Investigator had prepared Observation Checklist for assessing maternal and neonatal outcome.

On analysis finding showed that Birth Kangaroo Care (BKC) help mother for better outcome in experimental group in terms of height of uterus, hardness of uterus pain after BKC. Finding also shows that BKC improves neonatal outcome in experimental group all samples slept well, they had flexed arm and flexed legs, and had normal temperature. Most of neonates initiation of Breast Feed was achieved within 1hr and five neonates showed breast crawl. Whereas in control group there not much changes were observed.

Introduction:

Human newborns, even at full term, are extremely immature. Thus, newborns need a habitat where they can thrive and grow. Similar to the marsupials, which keep their infants in a pouch for sometime after birth, the habitat for human newborns is skin-to-skin on their mother’s chest. In this position newborns have easy access to food, remain warm, and the newborns’ actions initiate maternal care taking responses. However, the current paradigm of care separates infants and their mothers at birth and during the early postpartum period. Parents loved Kangaroo Care; they felt excitement and happiness, were no longer afraid of their infant’s small size and fragility, and demonstrated a range of behaviors, such as looking at, talking to and touching their infants Anderson, 1991; Hosseini, Hashemi, & Lundington-Hoe, 1992.
The study was done on effect of birth kangaroo care on neurobehavioral responses of the term newborn. The method of skin-to-skin contact (kangaroo care [KC]) has shown physiologic, cognitive, and emotional gains for preterm infants; however, KC has not been studied adequately in term newborns. The Study Design was a randomized, controlled trial using a table of random numbers. After consent, the mothers were assigned to 1 of 2 groups: KC shortly after delivery or a no-treatment standard care (control group). The samples were included were 47 healthy mother-infant pairs. KC began at 15 to 20 minutes after delivery and lasted for 1 hour. Control infants and KC infants were brought to the nursery 15 to 20 and 75 to 80 minutes after birth, respectively. The result was during a 1-hour-long observation, starting at 4 hours postnatally, the KC infants slept longer, were mostly in a quiet sleep state, exhibited more flexor movements and postures, and showed less extensor movements. The conclusions was KC seems to influence state organization and motor system modulation of the newborn infant shortly after delivery. Sari Goldstein Feber 2004

Self-regulation the index for differences in the level of the neurobehavioral organization in newborns is expressed in the observable strategies the infant appears to use. This is aimed to maintain a balanced, relatively effective equilibrium of subsystem integration; otherwise, the infant persists in more labile subsystem imbalance and fluctuation that is considered more costly both autonomically and interactively. The term “self-regulation” is widely used to identify infant adaptation to various internal and external stimuli and to unstable situations. The development of infant self-regulation involves the regulation of physiologic systems, information processes, and the formation of attachment bonds and ultimately determines how the infant responds cognitively and social-affectively to the environment. Self-regulation develops in the newborn within the womb and throughout the birth process, and it is especially challenged during the first hours and days after delivery. Sari Goldstein Feber 2004

The study done on To determine whether breastfeeding behaviors, skin temperature, and blood glucose values could be influenced through the use of kangaroo care at the time of birth in healthy full term infants. Infant skin temperature was taken at 1 and 5 minutes after birth and every 15 minutes thereafter. Blood glucose level was taken 60 minutes after birth, the time at which the infant latched onto the breast was recorded, and breastfeeding behaviors were observed during the first breastfeeding. The result of study was skin temperature rose during birth kangaroo care in eight of the nine infants, and temperature remained within neutral thermal zone for all infants. Blood glucose levels varied between 43 and 85 mg/dl for infants who had not already fed and between 43 and 118 mg/dl for those who had fed. All but one infant spontaneously
crawled to and latched onto a breast by 74 minutes after birth. Physicians noted that mothers were distracted from episiotomy or laceration repair discomfort during birth kangaroo care. Waltres Mary 2007. The above studies shows that birth kangaroo care will neonate in adjusting extra uterine environment. Hence, the investigator felt the need to take up this study.

**Objectives of the study**

1. To execute Birth Kangaroo Care.
2. To assess the effect of BKC on Maternal outcome & Neonatal Outcome in experimental group.
3. To assess the post observation of Maternal outcome & Neonatal Outcome in control group.

**Material and Methods:**

The researcher has adopted quasi-experimental post test, two group research design. The independent variable is Birth Kangaroo Care and the dependent variable is Maternal and Neonatal outcome. The null Hypothesis of the study was there will be no statistically significant effect of BKC on Maternal and Neonatal Outcome. The settings for this study are the selected hospitals Pimpri, Pune city. Those include Bhosari hospital for pilot study, and Dr. D. Y. Patil hospital and Jijamata hospital for actual study. The researcher took the samples from these selected hospitals. In this study samples are healthy mother-neonate pair delivered in selected hospitals of PCMC, Pune city.

The sample size selected for this study was 60. Sample size of 30 mother-infant pair is sufficient to show a significant effect of the intervention with a power of 80% and 5% risk of type1 error. This calculation was based on the effect size found in temperature regulation between term infants held in KC post birth. Investigator opted to increase the sample size to 60 by taking into consideration a possible refusal rate, exclusion of subjects due to cases of developing fetal distress. The researcher prepared observation checklist as the tool for study. The observation checklist included three sections. The observation checklist included three sections:

| Section A: | • This section included items seeking information on demographic profile of samples |
| Section B: | • Profile of Birth Kangaroo Care. |
| Section C: | • It comprises items on maternal and neonatal outcome. |

**Demographic profile of sample**

- Gender of the baby,
- Mother’s age,
- Education,
- Occupation,
- Types of family,
- Economical status,
- Gravity,
- Parity,
- Gestational age,
- APGAR score,
- Birth weight.
Items on maternal and neonatal outcome
Height of Uterus, Hardness of uterus, Amount of Bleeding, Pain.
Temperature, Sleep State, Crying, Position, Initiation of Breast Feeding.

The content validity of the tool was done.
The reliability was done by test-retest method.
The reliability coefficient ($r_{11}$) was calculated and the score is equal to $0.89$.

A formal permission was obtained from authorities of selected hospitals Pimpri, Pune. Actual data collection was done on 60 postnatal mothers and neonates meeting the criteria for the study and gave consent.

Results of the study:

### Demographic Data
In experimental group, most of the neonates were male 18 (60%).
The most of mothers 14 (47%) were in the age group 22 – 24 yrs.
Majority of the mothers (50%) were below 10$^{th}$ std and very few 2 (7%) were graduate.
In the samples 2 (7%) were working.
Most of the samples 17 (57%) were having monthly income in Rs. 5,001 – 10,000.
Most of the mothers were multipara 17 (57%).
Most of mothers 21 (70%) complemented Gestational weeks 37-38wks.
The maximum 22 (73%) mothers had 1-4hrs labour period.
Most of 27 (91%) neonates’ weight was 2.5 – 3kg.
In control group most of the samples had same demographic variations.

### Table: Description of maternal outcome in relation of hardness of uterus and number of pads used.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Maternal Outcome</th>
<th>Experimental 1hr</th>
<th>2hrs</th>
<th>Control 1hr</th>
<th>2hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hardness of Uterus</td>
<td>3</td>
<td>0</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Number of Pads</td>
<td>1day</td>
<td>2day</td>
<td>1day</td>
<td>2day</td>
</tr>
<tr>
<td>2.1</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.2</td>
<td>3</td>
<td>5</td>
<td>24</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>2.3</td>
<td>4</td>
<td>22</td>
<td>3</td>
<td>23</td>
<td>7</td>
</tr>
<tr>
<td>2.4</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

Above Table shows that in experimental group most of samples (27) hardness of uterus after 1hr was hard, after 2hrs all 30 samples had hard uterus. But in control group most of samples (28) had soft uterus after 1hr and after 2hrs most of them (27) had hard uterus. Most number of Pads used in experimental group after one day 4 and after 2 days 3.

Whereas there not much change in control group.

### Table showing Description of neonatal outcome in relation with Sleep state, Crying, Position and initiation of breast feed.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Fetal Outcome</th>
<th>Experimental 1hr</th>
<th>2hrs</th>
<th>Control 1hr</th>
<th>2hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sleep State</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>1.1</td>
<td>Slept Well</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>1.2</td>
<td>Drowsy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>1.3</td>
<td>Didn't Sleep</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Crying</td>
<td>30 min</td>
<td>1 hr</td>
<td>1.30 min</td>
<td>2 hrs</td>
</tr>
<tr>
<td>2.1</td>
<td>Didn't Cry</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>8</td>
</tr>
<tr>
<td>2.2</td>
<td>Cried more than 5min</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Position</td>
<td>1 hr</td>
<td>2 hrs</td>
<td>1hr</td>
<td>2 hrs</td>
</tr>
<tr>
<td>3.1</td>
<td>Extended arm &amp; Flexed legs</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>3.2</td>
<td>Flexed arm &amp; Flexed legs</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>Initiation of Breast Feed</td>
<td>30 min</td>
<td>1 hr</td>
<td>1.30 min</td>
<td>2 hrs</td>
</tr>
<tr>
<td>4.1</td>
<td>Initiated</td>
<td>5</td>
<td>22</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Above Table shows that Sleep state all 30 samples slept well after one hr & also after 2hrs, but in control group 30 (100%) did not sleep after one hr and most of neonates (22)
were drowsy. In experimental group all 30 neonates did not cry after 30min, 1hr, 1.30min, 2hrs and in control group all 30 cried after 30min, 1hr, 22 neonates cried after 1.30min, after 2hrs 27 neonates did not cry. In experimental group 30 neonates had Flexed arm and Flexed legs after 1hr, 2hr. Whereas in control group 30 neonates had Flexed arm and extended legs after 1hr and after 2hrs only 1 had Flexed arm and Flexed legs position. In experimental group most of neonates (22) initiation of Breast Feed was achieved within 1hr and five neonates showed breast crawl. However, in control group most of neonates initiation of Breast Feed was after 2hrs and two neonates initiation of Breast Feed was after 2.30min.

**Conclusion:**

This study finding showed that BKC is helpful in improving neonatal outcome in relation with thermoregulation, sleep pattern, cry and initiation of breastfeeding. This study finding also showed that BKC is helpful in improving maternal outcome in relation with uterine involution, bleeding and pain level.

**References**

DEPRESSION AMONG RURAL ELDERLY POPULATION

Mr. Sharad V. Dighe
Lecturer, PIMS (DU), CON, Loni

Mr. Eknath M. Gawade
Lecturer, PIMS (DU), CON, Loni

Abstract

Statement:
A study to assess the depression among elderly population residing in selected villages of Rahata Tehsil, Maharashtra with a view to develop an informational pamphlet on management of depression.

Objectives:
1. To assess prevalence of depression among elderly population.
2. To find out association between depression and demographic variables.
3. To develop an informational pamphlet on management of depression.

Research methodology:
A cross sectional survey approach with descriptive research design was used. 70 elderly residing in selected villages of Rahata Tehsil, were selected by using purposive sampling technique. A 30 items Geriatric Depression Scale (GDS) questionnaire was used as main screening instrument.

Results:
Demographic findings of a study shows that 42.85% of the participants belonged to the age group 66-70 yrs., 51.42% were male, 37.14 % were primary educated, 97.14 % of the participants were Hindu, 94.28% were married and 5.71% were widow, 91.42 5 were living with family, 42.85% having family income Rs. 2000-5000/ month, 20% of the participants were suffering with arthritis and 14.28% were having hypertension. Finding on level of depression shows that, 51.42% (36) of the participants were found to have mild depression and 11.42% (08) with severe depression. Education, family income, living arrangement and medical illness were found to be significantly associated with depression by using chi square test at 5% level of significance, among the elderly participants. Based on the findings of the study, a pamphlet containing the remedies for management of depression is prepared for elderly.

Key words:
Depression, Elderly population, Informational pamphlet
Introduction

Ageing is a progressive state, beginning with conception and ending with death, which is associated with physical, social and psychological changes. There has been a considerable increase in the absolute and relative numbers of older people in the world population of both developed and developing countries in the 20th century. Approximately 580 million elderly people (60 years and above) in the world, around 335 million live in developing countries. Nowadays, the life expectancy in more than 20 developing countries is 72 years or above. Fahey T et al. 2003

India is growing old! The stark reality of the ageing scenario in India is that there are 77 million older persons in India today, and the number is growing to grow to 177 million in another 25 years. With life expectancy having increased from 40 years in 1951 to 64 years today, a person today has 20 years more to live than he would have 50 years back. Shubha Soneja.

In both industrialized nations of the West and developing countries of Asia, Africa and America Latin, the problem of mental illness among elderly has grown significantly, namely depression. Depression is a disorder that is characterized by sadness, changes in appetite, altered sleep patterns, feelings of dejection or hopelessness and sometimes suicidal tendencies. It can occur at any age; however it is the most common mental health disorder in the elderly. APA, 1994

Depression is the most common mental illness among persons over age 60 years old. Sherina m et al, 2006.

Jariwala Vishal et al. (2010) reported the prevalence of depression among aged in Surat City as 39%

Depression contributes to increase medical morbidity and mortality, reduces quality of life and elevates health care costs. Therefore early diagnosis and effective management are required to improve the lives of those suffering from depression. Fahey T et al, 2003.

Many studies have indicated severe under-recognition and under-treatment of depression in the elderly, even in developed counties. Ather M Taqui et al, 2007.

Though depression is the commonest mental health problem in old age, very few community based studies have been conducted in India to understand the problem. Hence the investigators undertook the said study.

Objectives:

1. To assess the prevalence of depression among elderly population.
2. To find out association between depression and selected demographic variables.
3. To develop an informational pamphlet on management of depression among elderly.
Assumptions

1. Study assumes that Elders may have depression.
2. Depression level varies from person to person.
3. Level of depression depends upon sociodemographic variables.

Research methodology:


Research Design: Non Experimental Descriptive study design

Setting of the study: Study was conducted in selected Villages of Rahata Tehsil.

Sample Size: 70.

Sampling Technique: Non probability purposive sampling technique was used.

Sampling criteria:

Inclusion Criteria:
1. Participants aged 60 years and above.
2. Willing to participate in the study
3. Who are permanent residents of selected villages.
4. Both gender i.e. male and female

Exclusion Criteria:
1. Those who are not willing to participate in a study.
2. Those who are not comfortable with the interview session.
3. Those who are not able to hear and speak.

Tool and technique:

Structured interview schedule was used for data collection. The questionnaires comprises of two sections.

Sections A - deals with Socio demographic data of participants which consists of 8 demographic variables such as age, gender, education, religion, living arrangement, marital status, family income and suffering with any medical illness

Section B- comprises of a scale known as Geriatric Depression Scale – 30, created by Yegavage et al, which has been tested and used extensively to measure depression among the elderly. It is a brief questionnaire that consists of 30 questions. Scores of more than 10 indicate presence of depression, and scores of 10 or less are considered to be negative for depression. The scale was translated into Marathi language for data collection

Legal and ethical aspects

- Permission was obtained from Principal, C.O.N., PIMS, Loni
- Human rights of subjects were protected by explaining the nature of study to them and by obtaining their written consent.

Findings of the study

Findings related to socio-demographic data of participants:

42.85% of the participants belonged to the age group 66-70 yrs., 51.42% were male, 37.14 % were educated up to primary level, 97.14 % of the participants were Hindu, 94.28% were married and 5.71% were widow, 91.42 % were living with family, 42.85% were having family income Rs. 2000-5000/ month, 20% of the participants were suffering with arthritis and 14.28% were having hypertension.
Table: level of depression  

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Level of Depression</th>
<th>Score</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Normal</td>
<td>0–9</td>
<td>26</td>
<td>37.14</td>
</tr>
<tr>
<td>2</td>
<td>Mild</td>
<td>10–19</td>
<td>36</td>
<td>51.42</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
<td>20–30</td>
<td>08</td>
<td>11.42</td>
</tr>
</tbody>
</table>

Table shows that 51.42% of the participants have mild level of depression and 11.42% of the participants have severe level of depression.

Table depicts that there was significant association between depression and few selected demographical variables such as education, family income, living arrangement and presence of medical illness at 5% level of significance.

Discussion

The prevalence of mild depression was (51.42%) and that of severe depression was (11.42%) among the elderly in our study population. These findings are supported by many studies. Studies have revealed that the prevalence rates for depression in community samples of elderly in India vary from 6% to 50%. Venkoba Rao A. et al, Nandi PS et al.

A high prevalence of depressive disorders of 52.2% among the elderly ≥ 60 years was observed in the study conducted by Nandi PS et al, in the rural areas of West Bengal.

Sherina M et al, reported prevalence of depression among elderly as 54%.

Our study found significant association between depression and several important socio-demographic variables such as education, family income, living arrangement and presence of medical illness had shown a significant association with depression in the elderly. The prevalence of depression according to marital status was found to be significantly higher in the elderly who were single (never married), widowed, divorced or separated. Ather M Taqui , 2007, Jariwala et al, 2010.

Jariwala et al, (2010) reported higher rate of depression in literates, mainly because of a
higher life expectancy amongst them. (Jariwala et al, 2010).

*Sherina M et al, 2005* demonstrated significant association between Chronic illness (p=0.028) and depression among the elderly respondents.

**Implications**

1. **Nursing Education:** Nursing educators can educate health workers about screening techniques of depression.
2. **Nursing Service:** Nurse can implement different screening tools to identify depression among elderly patients in different wards.
3. **Nursing Administration:** Nurse administrators can arrange camps for elderly population, where screening for depression can be undertaken.
4. **Nursing Research:** Nurse Researchers can undertake more extensive studies based on the findings and methodology of this study.

**References:**

- Nandi PS, Banerjee G, Mukherjee S, Nandi S, Nandi D. A study of psychiatric morbidity in an elderly population in a rural community in West
- Sherina m et al, The Prevalence of Depression Among Elderly Warded in a Tertiary Care Centre in Wilayah Persekutuan Med J Malaysia Vol 61 No 1 March 2006
- Shubha Soneja, Elder abuse in India, Country report for W.H.O., Help Age India, New Delhi

**World Mental Health Day**

Every year on 10th of October, The World Health Organization joins in celebrating the World Mental Health Day.

The theme of World Mental Health Day in 2012 was ‘DEPRESSION: A Global Crisis.’

The theme of World Mental Health Day in 2013 is ‘Mental health and older adults’.
EFFECTIVENESS OF MUSIC THERAPY ON LEVEL OF DEPRESSION AMONG ELDERLY PEOPLE

Mr. Ravikumar Pimple
M.Sc. Mental Health Nursing

Abstract:

Problem Statement: -

A study to assess effectiveness of music therapy on level of depression among elderly people residing in selected old age home in Pune.

Method: Quasi Experimental (Quantitative) study with pre-test and post-test design. 60 samples (30 experimental and 30 controls) were selected as per the inclusion criteria using Non-Probability Purposive Sampling.

Result: In pre-test 76.7% of elderly people of experimental Group were having moderate depression score (11-15). In pre-test 73.3% of elderly people of control Group were having moderate depression score (11-15). In post-test, in the experimental group, 50% of the people had mild depression score (6-10). In post-test, in the control group, 80% of the people had moderate depression score (11-15), which indicates that the music therapy is effective in reducing the depression of the elderly people residing in old age home.

Introduction:

“The complete life, the perfect pattern, includes old age as well as youth and maturity. The beauty of the morning and the radiance of noon are good, but it would be a very silly person who drew the curtains and turned on the light in order to shut out the tranquillity of the evening. Old age has its pleasures, which, though different, are not less than the pleasures of youth.” W. Somerset Maugham, The Summing Up

‘Old age’, someone remarked, ‘is a curse!’ The term ’old age’ refers to the last period of human life, above 65 years. Late adulthood usually begins at the age of 60 years. According to Sharma the population of people aged 60 years or above is likely to increase to 18.4% of the total population by the year 2025. Venkobarao A. Geropsychiatry in Indian culture, 1979.

India is presently the second-largest country in the world. The absolute numbers will increase from 7.6 million in 2001 to 137 million by 2021. Depression was the commonest illness of old age in this sample, the rate being 522/1000 population (101 cases out of 112 were diagnosed as cases of depression). Women had a higher rate of depression-704/1000 population. Nandi PS, Banerjee G, Mukherjee SP, Nandi S, Nandi DN, 1997.

Depression is a highly prevalent disorder associated with reduced social functioning, impaired quality of life, and increased
mortality. Music therapy has been used in the
treatment of a variety of mental disorders. 
Belcher, Holdcraft, 2001
Music therapy is the functional application of the music towards the attainment of specific therapeutic goals. It facilitates emotional expression. R. Sreevani, 2010
Music therapy is accepted by people with depression and is associated with improvements in mood. With a big literature on melodies, songs, music therapy became a science of healing and relaxing. The present researcher himself has a hobby of listening to various types of music. So with the inner intuition and need of the current scenario about current topic researcher felt in depth need to do this particular study.

Problem statement:
‘A study to assess effectiveness of music therapy on level of depression among elderly people residing in selected old age home in Pune.’

Objectives of the study:
1. To assess level of depression among elderly people for experimental and control group residing in selected old age home in City.
2. To assess the level of depression among the elderly people after the intervention in experimental group.
3. To compare difference in level of depression between experimental and control group after intervention.
4. To find association between study findings with selected demographic variables in experimental and control group.

Research Methodology:
Research approach: Quantitative Comparative Evaluatory approach.
Research design: Quasi- experimental pre-test and post-test design.
Setting of the study: The proposed study was undertaken in selected old age home in Pune.
Population: The target population for the present study includes elderly people residing in selected old age homes all over Maharashtra state and the accessible population for the present study includes elderly people residing in selected old age homes in City.
Sampling technique: Non- Probability Purposive Sampling Technique
Sample size: The sample size selected for this study was 60 elderly people (30 control and 30 experimental group)
Description of the tool:
Study instruments used by the researcher consisted of:
Consent form and Semi structured questionnaire, which has following sections
Annexure A: Demographic data of elderly people above 60 years of age.
Annexure B: Standard questionnaire [Quick Inventory of Depressive Symptomatology Scale (Self-Report)] to assess the level of depression of elderly people in experimental group.
Annexure C: Standard questionnaire [Quick Inventory of Depressive Symptomatology Scale (Self-Report)] to assess the level of depression of elderly people in control group.
Annexure D: Standard questionnaire [Quick Inventory of Depressive Symptomatology Scale
(Self-Report]) to assess the level of depression of elderly people in experimental group after music therapy.

Annexure E: Standard questionnaire [Quick Inventory of Depressive Symptomatology Scale (Self-Report)] to assess the level of depression of elderly people in control group after intervention in experimental group. Compare the difference in level of depression between experimental and control group after intervention in experimental group.

Annexure F: Association between study findings with selected demographic variable in experimental and control group.

Validity: The tool was given to a total 15 experts from various departments.

Reliability: Reliability analysis was done using test retest method and Pearson correlation formula. The reliability score was 0.87 which shows that the tool is reliable.

\[
    r = \frac{\sum_{i=1}^{n}(X_i - \bar{X})(Y_i - \bar{Y})}{(n-1)S_XS_Y}
\]

Pilot study: Pilot study conducted shows that it is feasible to conduct final study with the present tool.

Data collection method: The investigator visited elderly people from various old age homes in Pune and introduced self and nature of the study. Subjects were assured about the confidentiality of the data. The necessary information was collected by interview technique using semi structured questionnaire.

Results:

Demographic Data

1. 11 (36.7%) of the samples from experimental group were from age group 61-64 years.
2. 13 (43.3%) from experimental group were males and 17 (56.7%) of them were females.
3. 8 (26.7%) have completed primary education, 8 (26.7%) have completed secondary education.
4. 12 (40%) from experimental group were married
5. 12 (40%) from experimental group were Hindu
6. 10 (33.3%) of the samples from the control group were in the age group 61-64 years, 9 (30%) of the samples from the control group were from age group 65-68 years,
7. 12 (40%) of the samples from the control group were married.
8. 14 (46.7%) of the samples from the control group them were males and 15 (53.3%) of them were females.
9. 9 (30%) of the samples from the control group have completed primary education, 7 (23.3%) of the samples from the control group have completed secondary education,
10. 12 (40%) of the samples from the control group were Hindu
**Compare difference in level of depression between experimental and control group after intervention.**

(76.7%) of elderly people in pre-test of experimental Group were having moderate depression score (11-15)
73.3% of elderly people in pre-test of control Group were having moderate depression score (11-15),
In post-test, in the experimental group, 50% of the people had mild depression score (6-10),
In post-test, in the control group, 80% of the people had moderate depression score (11-15), which indicates that the music therapy is effective in reducing the depression of the elderly people residing in old age home. (Fig. 3 and 4)

**Find association between study findings with selected demographic variables in experimental and control group.**

The association between depression level and demographic variables of elderly people in experimental group was assessed by using ANOVA.
P-value for Gender is smaller (<0.05). Gender is the only demographic variable which was found to have significant association with effect on depression level after music therapy.

**References:**

11. http://www.livefromtheor.com

**Form the Readers Desk**

Sinhgad ejournal is one among very informative as well as outstanding journals in the field of Nursing Profession. It has become very popular among faculty, staff and students. I congratulate you for your efforts and wish you move forward with same zeal and enthusiasm.

Ms. Manisha Kammar;
Asst. Professor
Symbiosis College of Nursing, Pune.
EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING DISASTER MANAGEMENT AMONG SECONDARY SCHOOL TEACHERS

Mr. Sandeep Mhaske

Lecturer, PIMS (DU), CON, Loni

Introduction:
Disasters are not confined to a particular part of the world: they can occur anywhere and at any time. Major emergencies and disasters have occurred throughout history and as the words population grows and resources become more limited communities is increasingly becoming vulnerable to the hazards that cause disaster so disaster Management training is useful for teachers, social workers and volunteers providing support and rehabilitation measures during disasters, personnel of home guards, paramilitary organizations, civil defense personnel, scientists, meteorologists, and environmentalists. It also proves useful for functionaries of rural development and primary health centers, administrative services and relief workers. Many lives can be saved if proper and timely help is given to the casualties. The School is a densely populated place and has small children that are one of the most vulnerable groups in the society. To reduce this vulnerability particularly for schools, it is important to have a school Disaster Management Plan.

Objectives:
1. To assess the knowledge on disaster management among the secondary school teachers.
2. To evaluate the effectiveness of planned teaching programme on disaster management among the secondary school teachers.
3. To compare the knowledge with their selected demographic variables.

Hypotheses
Two hypotheses were developed and tested at 0.05 level of significance.

H_0.1 There will be no significant difference between the pretest and post test knowledge score of secondary school teachers on disaster management.

H_0.2 There will be no significant association of posttest knowledge score with their selected demographic variables.

Material and methods
The research approach used for the study was a quasi-experimental research with pre and post-test design. Purposive sampling technique was used to select the subjects for the study the study was conducted in three secondary school
Pravara Kanya Mandir, P. Dr. V. Vikhe Vidyalaya and Punyashlok Ahilyabai Holkar Vidyalaya, Loni, Ahemdnagar, Maharashtra with a sample size of 50 secondary school teachers.

The Data were collected by means of demographic Performa, knowledge questionnaire on disaster management of planned teaching programme.

The content validity of the developed tools was established through expert’s agreement. A planned teaching programme was developed and content validity was established. Pre testing of the tools and PTP was done. pilot study was done on three secondary school teachers of pravara school kolhar.

The pre-test and Planned Teaching was conducted on 30 secondary school teachers into three sessions using structured knowledge questionnaire. The time taken by each session was 1hour and forty five minutes. Researcher had demonstrated them the fire drill, after planned teaching. After seven days of pre-test, the post-test was conducted for secondary school teachers into three sessions, using same structured knowledge questionnaire to assess the effectiveness of planned teaching programme. The average time taken for post-test was 25 -30 minutes.

Data analysis was done by using descriptive and inferential statistics. The findings revealed that the research tool and PTP were to be feasible, practicable and acceptable. It shows that, planned teaching programme was effective in terms of increasing the knowledge of secondary school teachers on disaster management.

<table>
<thead>
<tr>
<th>Result of the study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic Data Revealed that</strong></td>
</tr>
<tr>
<td>• Highest percentage (50 %) of the secondary school teachers were between the age group of 36-45 years,</td>
</tr>
<tr>
<td>• Majority (53%) were females,</td>
</tr>
<tr>
<td>• (83 %) of the secondary school teachers were married,</td>
</tr>
<tr>
<td>• (53%) of respondents had post graduate teachers</td>
</tr>
<tr>
<td>• (40%) of respondents were having the 11-15 years’ experience</td>
</tr>
<tr>
<td>• (53%) respondents are having source of information.</td>
</tr>
</tbody>
</table>

Evaluate the effectiveness of planned teaching programme on disaster management among the secondary school teachers.

Overall effectiveness of planned teaching programme is (30.53 %), with mean and SD of (9.17 ±2.9).

The paired ‘t’ test indicates that, the effectiveness in the mean knowledge scores found to significant a level of significance (P<0.05) Paired ‘t’ test was used to analyze the difference in knowledge scores of secondary school teachers in the pre-test and post-test on disaster management.

Findings revealed that the mean post-test knowledge score was significantly higher than the mean pre-test knowledge score. The calculated’ value was greater than the table value at 0.05 level of significance. Hence null hypothesis (H₀₁) was rejected and research
hypothesis ($H_1$) was accepted indicating that gain in knowledge was not by chance. Therefore it was concluded that, the gain knowledge of the secondary school teachers through planned teaching programme on disaster management was highly significant.

Table showing Pre-test and post-test knowledge scores on disaster management among secondary school teachers

<table>
<thead>
<tr>
<th>Area</th>
<th>Max. Score</th>
<th>Respondents knowledge</th>
<th>'t' Value</th>
<th>significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Mean %</td>
<td></td>
<td>p&lt;0.05</td>
</tr>
<tr>
<td>Pre-test</td>
<td>15.1</td>
<td>50.33</td>
<td>6.21</td>
<td>p&lt;0.005</td>
</tr>
<tr>
<td>Post-test</td>
<td>24.26</td>
<td>80.86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td>9.16</td>
<td>30.53</td>
<td>1.33</td>
<td></td>
</tr>
</tbody>
</table>

Chi-square test was done to analyze the association of pre-test knowledge scores with selected demographic variables. Findings revealed that there was no significant association of pre-test knowledge scores with demographic variables.

References -

5. Times Of India, School Students trapped in damaged school buildings April 2010.
OPINIONS OF NURSING TEACHERS
ON USAGE OF COMMUNITY HEALTH BAG

Mr. Ajay Magar

M. Sc. Community Health Nursing

**Introduction:**
Community Health Nursing is a synthesis of Nursing practice and public health practice applied in promoting and preserving the health of populations. Home visit is the backbone of Community health Nursing, during home visit the nurses use Traditional Community Health bag. A Public Health Bag or Community Health Bag is an essential and indispensable equipment of the public health nurse, which he/she has to carry along when he/she goes out for home visiting. It contains basic medications and articles, which are necessary for giving care. *Journal of American Nurses Association, Page 1965.*

Students have problems regarding the Bag Technique, this is mainly because limited use of the community health bag in the field by themselves or even the healthcare worker working in the community. Secondly the bag is used only for return demonstration or during the examination. The attitude of the students toward the bag is very negative and they are tiresome to use the bag during the community posting. *Sitzman, K. Pett, M., Bloswick, D. 2002*

**Methods of Data Collection**
Exploratory Descriptive Study design was used. Sample size was 56 and the sampling technique used is Non Probability Purposive Sampling. Tool consisted of Opinionnaire including General Questionnaire about demographic data, Multiple Choice Questions, Likert’s scale, Checklist and Urine sugar Procedure completion sheet was used to assess the opinion of the Post Graduate Teachers of Community Health Nursing. Tool was given by hand whenever possible and also by other means like email, Speed Posts and Couriers. Data collected was analyzed with percentile frequency.

**Result:**
- All samples revealed that articles such as Iron and Folic acid, Paracetamol tablets must be kept in the community health bag.
- 98.2% of the samples think that adhesive plaster, stethoscope, Multivitamin tablets, and tape measure should be kept in the community health bag.
- 58.9% of the samples rejected to keep mackintosh in the community health bag. 41.6% wanted it to be placed in the community health bag.
Similarly 51.6% and 53.6% think that Mucous sucker and Disposable delivery kit should not be placed in the community health bag.

According to 91.1% of them were using community health bag for their students because it was a part of Curriculum and student must develop skills in using CHN bag.

Similarly 51.6% and 53.6% think that Mucous sucker and Disposable delivery kit should not be placed in the community health bag. Most of the samples suggested to place advance articles in the community health bag.

71.4% of the samples expressed that spirit lamp, match box and nail cutter should be kept in the bag and 28.1% think that it should not be kept.

Similarly 71.4% of the samples disagreed to keep the complete set of Enema in the community health bag and only 28.1% agreed to keep it in the bag.

On the other hand 71.4% of the samples showed their dislike in keeping Urethral catheters in the bag while 35.7% are willing to keep them in the community health bag.

About the bag technique and procedure evaluation, 83% samples focused on greeting the family or maintaining IPR or preparing the clients unit before the procedure.

75% samples think that placing bag on elevated and safe place is important and it should be placed on the paper.

91% samples suggest that hand washing must be done before and after the procedure.

87.5% of the samples suggested that use of Urostick should be done to perform urine sugar testing, while 41% samples suggested that Benedict’s solution can be used. 15% samples didn’t suggested any method for testing urine for sugar.

Research findings reveal that community health bag should be made up of Rexin as suggested by 78.5% (44) of the samples.

More than 90% of the samples gave opinion that disposable delivery kit, complete set of enema and urethral catheters should not be placed in the community bag.

Moreover regarding the suggestions of any other articles in the community health bag, samples indicate that articles such as Glucometer, Urosticks, Snellen’s chart, hammer, advanced assessing tools like, digital B.P. apparatus and thermometer also were suggested.

Opinion about the material to be used for Bag was pointing towards using Rexin, as it is easily washable and durable as well as its strength to withstand in erect position during the procedure. Most of the samples think that Community Health Bag should be student friendly.

**Association with Demographic variables.**

ANOVA test revealed, that there is significant association between the variable like

- Designation,
- Number of courses
• Intake capacity of the students in the institutions on the usage of the community health bag as the value is less 0.05.

**Conclusion**

Above study revealed various facts about the community health bag and its usefulness in the current era of advancement in the medical field. It also provided us with the evidence to recommend and apply the findings of the study. Community health bag should have all the articles in the bag which are useful and efficient in the particular geographical area. Domiciliary care provided by the home visiting nurses should be with accurate assessment tools that will yield accurate results for prompt care and referrals.

**References**

Books


Web access


Journals

SELF CARE ABILITIES OF MODERATE MENTALLY CHALLENGED CHILDREN AND PARENTS INVOLVEMENT IN THEIR CARE

Ms. Badadhe Anita Anand

M.Sc. Mental Health Nursing,
Clinical Instructor in Sadhu Vaswani College of Nursing, Pune.

Abstract:
A study to assess the self care abilities of moderate mentally retarded children and parents involvement in their care.

Method: Descriptive approach using Non Experimental (Descriptive) design. Sample size was 30 moderate mentally challenged children in the age group of 6 – 12 years with IQ 35-50 and their parents using Non-Probability Purposive Sampling.

Result: 53.3% of children had average (score 33-64) self care ability, 56.7% of the mothers had good (score 13-18) involvement in child care, 7.1% of the fathers had good (score 13-18) involvement in child care.

Introduction:
‘Children are the world’s most valuable recourse and its best hope for the future.’ John Fitzgerald Kennedy.

The health of the nation depends on the children which is an index of the society. When children enjoy a state of well being in every true sense, then only harmony, stability, peace, and happiness prevail in any family, community, thus building a strong nation. Mental retardation is a serious problem. It causes various disturbances in their family members. World Health Assembly recognized Mental retardation is a worldwide problem in 1975, it said that methods “are already available” for preventing some of it “especially in children”. Researchers have noted that birth of a retarded child shatters the hopes and aspirations of the parents leading to hopelessness and negative attitude towards the child. Ramaswamy, 1995.

The mentally challenged children account for 2-3 % of the general population. 75–90% of the affected people have mild retardation.

All India Institute of Medical Sciences, 2003.

Problem statement:
‘A study to assess the self care abilities of moderate mentally retarded children and parents involvement in their care in selected areas of Pune.’
Objectives of the study:

1. To assess the self care abilities of moderate mentally challenged children.
2. To assess the parent’s involvement in the care of their moderate mentally challenged children.
3. To find association between self care abilities of mentally challenged children and their demographic variables.
4. To find association between parents involvement in care of mentally challenged children and their selected demographic variable.
5. To find association between the self care abilities of mentally challenged children and parents involvement in their care.

Review of literature:

In a house to house survey of mentally retarded in a sample of 3827 in Maharashtra, it was found that the prevalence rate of mental retardation was 4.4/1000 in total population and 10.4 among children below 14 years of age. Male to female ratio was 5:3, 77% belonged to low socio economic status. 18% had proved genetic disease, 25% were due to environmental inuts. 30% of them were educable, and 45% trainable. Satapathy and Ghosh, 2001

The birth of a retarded child shatters the hope and aspirations, leading to hopelessness and negative attitude towards the child. This negative attitude can be a function of the degree of retardation, problem behavior, burden on the family, etc. Rangaswami, 1995.

Methodology:

Research approach: quantitative descriptive research approach
Research design: Non Experimental (Descriptive) Design
Setting of the study: The proposed study was undertaken in at selected areas of Pune city namely, Kothrud, Rasta Peth, Laxmi road.
Population: The target population for the present study includes the moderate mentally challenged children all over Maharashtra state and the accessible population for the present study includes the the moderate mentally challenged children in Pune.
Sampling technique: Non- Probability Purposive Sampling Technique
Sample size: The sample size selected for this study was 30 moderate mentally challenged children and their 58 parents.
Inclusion criteria:
2. Children in the age group of 6-12 years.
3. Parents of these children who are willing to participate in the study.
4. Parents who are staying with the mentally challenged child for at least 5 years.
5. Parents who can understand and speak English or Marathi.
Exclusion criteria:
1. Parents who are health professionals.
2. Mentally challenged children with any medical disorder or abnormality.
Description of the tool:
The tool used in this study is a use of 4 point likert scale. Study instruments used by the researcher consisted of: Consent form and Semi structured questionnaire, which has following sections
Annexure A: Deals with the demographic data of moderate mentally challenged children in the age group of 6 – 12 years and their parents. Annexure B: Semi-structured questionnaire to assess the self care abilities of moderate mentally challenged children divided into 5 categories i.e. toileting, brushing, bathing, dressing and grooming and eating. Annexure C: Semi-structured questionnaire to assess the parent’s involvement in the care of their moderate mentally challenged children.

Validity: The tool was given to a total 17 experts from various departments.
Reliability: Reliability analysis was done using split half method. The reliability score was 0.996 for the questionnaires to assess the self care abilities of mentally challenged children and 0.857 for the questionnaires to assess the parent’s involvement in care of their mentally challenged children which shows that the tool is reliable. The reliability was calculated using Cronbach’s α (alpha).

Pilot study: Pilot study showed that it was feasible to conduct final study with the present tool.

Data collection method: The investigator visited various mentally challenged children and introduced self and nature of the study. Subjects were assured about the confidentiality of the data. The necessary information was collected by interview technique using semi structured questionnaire.

Results:

Demographic data

- 14 (46.7%) of the children were from age group 10-12 years.
- 15(50%) of the children were males and another 15(50%) of them were females.
- 11(36.7%) of the mothers were from age group 30-35 years.
- 28(93.3%) of the mothers were married and 2(6.7%) of them were divorced
- 10(33.3%) of the mothers had secondary education.
- (40%) of the mothers had monthly family income Rs. 5000-10000.
- 16(53.3%) of the mothers were from nuclear family,
- 11(39.3%) of the fathers were from age group 35-40 years
- 11(39.3%) of the fathers had secondary education.
- 13(46.4%) of the fathers were private sector employees

Self care abilities of moderate mentally challenged children.

- 53.3% of children had average (score 33-64) self care ability,
- 20% of the children had good (score 65-96) self care ability
- 26.7% of the children had poor (score 0-32) self care ability.
Table showing Frequency distribution and percentage of overall self care abilities of moderate mentally challenged children

<table>
<thead>
<tr>
<th>Overall self care abilities of moderate mentally challenged children</th>
<th>Range</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>0 – 32</td>
<td>8</td>
<td>26.7%</td>
</tr>
<tr>
<td>Average</td>
<td>33 – 64</td>
<td>16</td>
<td>53.3%</td>
</tr>
<tr>
<td>Good</td>
<td>65 – 96</td>
<td>6</td>
<td>20.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table showing Frequency distribution and percentage of score of the questions on mother’s involvement in care of their mentally challenged children.

<table>
<thead>
<tr>
<th>Mother’s involvement in care</th>
<th>Range</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>0-6</td>
<td>3</td>
<td>10.0%</td>
</tr>
<tr>
<td>Average</td>
<td>7-12</td>
<td>10</td>
<td>33.3%</td>
</tr>
<tr>
<td>Good</td>
<td>13-18</td>
<td>17</td>
<td>56.7</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>

Parent’s involvement in the care of their moderate mentally challenged children.

Mothers’ Involvement:

- 56.7% of the mothers had good (score 13-18) involvement in child care,
- 33.3% of mothers had average (score 7-12) involvement in child care,
- 10% of the mothers had poor (score 0-6) involvement in child care.

Fathers’ Involvement:

- 7.1% of the fathers had good (score 13-18) involvement in child care,
- 53.6% of fathers had average (score 7-12) involvement in child care,
- 39.3% of the fathers had poor (score 0-6) involvement in child care.
Table showing Frequency distribution and percentage of score of the questions on father’s involvement in care of their mentally challenged children.

<table>
<thead>
<tr>
<th>Father's involvement in care</th>
<th>Range</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>0-6</td>
<td>11</td>
<td>39.3%</td>
</tr>
<tr>
<td>Average</td>
<td>7-12</td>
<td>15</td>
<td>53.6%</td>
</tr>
<tr>
<td>Good</td>
<td>13-18</td>
<td>2</td>
<td>7.1%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>

The association between self care abilities of moderate mentally challenged children and parents’ involvement in their care

This was assessed by using Fisher’s exact test. The result showed that mothers’ involvement in child care has statistically significant association with Toileting, brushing and bathing abilities of moderate mentally challenged children.

The association between self care abilities of moderate mentally challenged children and demographic variables

This was assessed by using ANOVA. The result showed that none of the demographic variables is found to have statistically significant association with self care abilities of moderate mentally challenged children.

The association between parents’ involvement in care of moderate mentally challenged children and demographic variables of parents was assessed by using ANOVA. The result showed that father’s involvement in care of child is statistically significantly associated with father’s occupation and marginally associated with Number of years of stay with child.

References:


### Grades of Mental Retardation

<table>
<thead>
<tr>
<th>Class</th>
<th>IQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profound mental retardation</td>
<td>Below 20</td>
</tr>
<tr>
<td>Severe mental retardation</td>
<td>20–34</td>
</tr>
<tr>
<td>Moderate mental retardation</td>
<td>35–49</td>
</tr>
<tr>
<td>Mild mental retardation</td>
<td>50–69</td>
</tr>
<tr>
<td>Borderline intellectual</td>
<td>70–80</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Education to parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage parents to talk about report.</td>
</tr>
<tr>
<td>Listen patiently with supportive attitude.</td>
</tr>
<tr>
<td>Encourage mother to clarify doubt at each stage of development.</td>
</tr>
<tr>
<td>Guide family through decision making related to issue whether to keep child at home or they will allow connective surgeries for some deficiencies.</td>
</tr>
<tr>
<td>Explain parents to give one activity at a time like taking out water with mug from 1 bucket till gets empty and encourage repeating.</td>
</tr>
<tr>
<td>Allow child to attend group activities.</td>
</tr>
<tr>
<td>Help child learn behaviors, which is accepted in group such as not throwing objects here and there.</td>
</tr>
<tr>
<td>Be quiet when guest have home.</td>
</tr>
<tr>
<td>Put bed near window to visualize variety of thing.</td>
</tr>
<tr>
<td>Use bright colors and name them repeatedly.</td>
</tr>
<tr>
<td>Bring certain foods, flowers, and scents near nose.</td>
</tr>
<tr>
<td>Show a picture of dog repeatedly and show the real dog and say dog.</td>
</tr>
<tr>
<td>Rehabilitate child by allowing them to do small activities at home.</td>
</tr>
<tr>
<td>Help parents to send child at day care centers or half way homes.</td>
</tr>
<tr>
<td>Put child in a sheltered workshop where he can be surprised.</td>
</tr>
</tbody>
</table>
FACTORS RESPONSIBLE FOR STRESS AMONG THE
PRE-OPERATIVE CLIENTS

Mr. Eknath M. Gawade
Lecturer, PIMS (DU), CON, Loni

Ms. Bharti Weljale
Lecturer, PIMS (DU), CON, Loni

Abstract

Statement

‘A study to assess the factors responsible for stress among the pre-operative clients admitted in PRH Loni.’

Objectives:

1. To assess factor responsible for stress among pre-operative client.
2. To find association between factors responsible for stress and selected demographic variables.

Research methodology:

A cross sectional survey approach with descriptive research design was used. Sample consists of 30 pre-operative clients; selected by simple random sampling from Pravara Rural Hospital. Structured questionnaire on factors responsible for stress; consists of 28 items related to communication; outcome, OT and anesthesia; finance and Miscellaneous.

Results:

Demographic findings of a study shows that 50% of the participants belonged to the age group 49 yrs and above, 73.33 % were female, 53.33 % were illiterate, 50 % of the participants were farmer, 53.33% were living in nuclear family, 50% having family income below Rs. 3000/ month, 40% respondents were from female surgery ward, 53.33% were not having past history of surgery and 70% were not having information regarding management of stress. In the aspect of factors related to OT and anesthesia mean score was 82.67% and Outcome of surgery mean score was 80.85%. There is no significant association between selected demographic variables and factors responsible for stress.

Key words:
Stress and preoperative clients.

Introduction:

Stress response in humans is an important means of adapting to altered environmental conditions and a prerequisite for responding to potential threats. Preoperative stress is a challenging concept in the preoperative care of patients. Most patients awaiting surgery experience stress and it is widely accepted as an expected response. It begins as soon as the surgical procedure is planned and increases to maximal
intensity at the moment of entering the hospital. Patients may perceive the day of surgery as the biggest and the most threatening day in their lives. The degree to which each patient manifests anxiety related to future experiences depends on many factors. These include age, gender, type and extent of the proposed surgery, previous surgical experience, and personal susceptibility to stressful situations. Some degree of stress is a natural reaction to the unpredictable and potentially threatening circumstances typical of the preoperative period, especially for the patient's first few surgical experiences. Studies have shown that high preoperative anxiety levels can lead to increased postoperative analgesic requirement, prolonged hospital stay, significant contribution to adverse preoperative outcome and poor patient satisfaction.

Hypothesis:

H₀: There is no significant association between the factors responsible for stress among the pre-operative client with their selected demographic variables.

Assumption:

It is assume that

1. Pre-operative client are more prone to stress.
2. Demographic variable that is age, sex, financial status, outcome of surgery, communication among the client and health care provider responsible for stress.
3. There may be a relationship between demographic variable and factor responsible for stress among the pre-operative client.

RESEARCH METHODOLOGY:

RESEARCH DESIGN:

Descriptive Study design with survey approach.

Setting of the study:

Present study was conducted in PRH Loni. (Surgery, Ortho and Gynecology ward.)

Sample:
Sample consists of 30 pre-operative clients from surgery, orthopedic and gynecology ward.

Sample size:
Sample size consists of 30 pre-operative clients who fulfill the inclusion criteria.

Sampling technique:
Simple random sampling (Lottery method).

Inclusion criteria:
1. Pre-operative client above the age group of 18.
2. Pre-operative client those who are willing to participate in this study.
3. Pre-operative client from surgery, orthopedic and gynecology ward.

Tools and Technique for data collection:
Structured interview schedule used to collect the data from pre-operative client which consists of two sections.

Section A: Items related to Socio demographic data
It consists of 9 items related to age, sex, education, occupation, monthly income, and type of family, previous history of surgery, ward and information regarding management of stress.

Section B: Structured questionnaire on factors responsible for stress.
It consists of 28 items related to communication, outcome, OT & anesthesia, finance and miscellaneous.

Table showing 28 items related to communication, outcome, OT & anesthesia, finance and miscellaneous.

<table>
<thead>
<tr>
<th>Factors inducing stress</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Do doctors explain the procedure to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are you satisfied with the explanation given by doctor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are nurses solving your doubts regarding surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Whether health care provider gives preoperative teaching?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you understand the explanation given by the health care provider?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do they explain the preoperative procedure that you have to undergo?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do they communicate the test result of the preoperative test?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do your close relatives support you during hospitalization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Unsuccessful surgical operation Causing stress in you?* Complications from anesthetics Drugs*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Not waking up after surgery*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Postoperative nausea and vomiting*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Possibilities of postoperative pain causing stress in you.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Possibilities of postoperative infection causing stress in you.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you feel outcome of surgery will reduce your ability to discharge your duty? *</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Finance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Are you the only earning member in your family?*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Financial loss due to hospitalization makes you stressful?*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are you helped by NGO or govt. organization for expenditure of surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Difficulty in paying hospital bill.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Blood transfusion*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hospital smells and noises?*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Insufficient attention from care providers.*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The items placed on checklist. The checklist consists of 28 items to judge Yes and No. For every negative (*) items for Yes response 1 and No 0 score is given and for every positive items for Yes response 0 and No 1 score is given.

Data collection procedure:

Ethical consideration:
From institutional ethical committee and from institutional research committee problem statement and tool was approved. Prior to collection of data written permission obtained from medical superintendent of PRH Loni. The purpose of the study explained to client with self introduction and then informed consent obtained to participate in the study.

Preliminary requisite before interview schedule:
1. Patients were made to feel comfortable.
2. Purpose of the study was explained to the participants.
3. Sufficient time was provided for the response of client.

Results:

Findings related to socio demographic data.
- Demographic findings of a study shows that 50% of the participants belonged to the age group 49 yrs and above,
- 73.33% were female,
- 53.33% were illiterate,
- 50% of the participants were farmer,
- 53.33% were living in nuclear family,
- 50% having family income below Rs. 3000/month,
- 40% respondents were from female surgery ward,
- 53.33% were not having past history of surgery,
- 70% were not having information regarding management of stress.

Table showing Aspect wise mean response of respondents on factors responsible for preoperative stress among the clients

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Factors inducing stress</th>
<th>Statements</th>
<th>Max score</th>
<th>Response Mean</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Communication</td>
<td></td>
<td>8</td>
<td>4.33</td>
<td>54.12</td>
</tr>
<tr>
<td>2</td>
<td>Outcome</td>
<td></td>
<td>7</td>
<td>5.66</td>
<td>80.85</td>
</tr>
<tr>
<td>3</td>
<td>Factors related to OT and Anesthesia</td>
<td>6</td>
<td>6</td>
<td>4.96</td>
<td>82.67</td>
</tr>
<tr>
<td>4</td>
<td>Finance</td>
<td></td>
<td>4</td>
<td>3.1</td>
<td>77.5</td>
</tr>
<tr>
<td>5</td>
<td>Miscellaneous</td>
<td></td>
<td>3</td>
<td>2.06</td>
<td>68.67</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>28</td>
<td>20.11</td>
<td>71.82</td>
</tr>
</tbody>
</table>

Above Table Reveals that aspect wise mean response of respondents on factors responsible for preoperative stress among the clients. OT and anesthesia mean score was 82.67%, Outcome of surgery mean score was 80.85%, Finance related mean score was 77.5%, Miscellaneous related mean score was 68.67% and communication related score mean score was 54.12%. The total mean score was 71.82%. It can be concluded that factors related to OT and anesthesia are highly responsible for stress among the preoperative client followed by outcome of surgery, finance, Miscellaneous and communication.

Association between factors responsible for stress and selected demographic variables at 5% There is no significant association between selected demographic variables and factors responsible for stress at 5%, so null hypothesis are accepted.

Discussion:

For many patients surgery is a life event of dramatic significance, which disrupts their personal, professional, and economic lives, besides having physical effects. The patient enters the operation room with fear and anxiety. The findings of this study showed that most of the patients awaiting surgery experienced high levels of preoperative stress. Factor responsible for stress among the preoperative clients was OT and anesthesia (82.67%) and Outcome of surgery (80.85%). These findings are supported by study which revealed that the prevalence rates for fear of complication...
(87%), results of operations (82.4%) and fear of postoperative pain (78.8%) (Preoperative anxiety before elective surgery, Massod Jawed & Asim Mushtaq). Kindler et al reported a preoperative anxiety score of 33 millimeter (mm) for surgery and 29 mm for anesthesia by VAS.

**Implications:**

**Nursing Education:**
Nursing educators can educate health workers about management of stress.

**Nursing Service:**
Nurse can implement different screening technique to assess the stress and implement different methods to reduce the stress.

**Nursing Research:** Nurse Researchers can undertake more extensive studies based on the findings and methodology of this study.

**References:**

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**World Health Day - 7 April 2013**

World Health Day is celebrated on 7 April to mark the anniversary of the founding of WHO in 1948. Each year a theme is selected for World Health Day that highlights a priority area of public health concern in the world.

**The theme for 2013 is high blood pressure.**

**Goals**
Greater awareness, healthy behaviours, improved detection, and enabling environments
The ultimate goal of World Health Day 2013 is to reduce heart attacks and strokes.
EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS OF UNDER FIVE CHILDREN ON DOMICILIARY MANAGEMENT AND PREVENTION OF UPPER RESPIRATORY TRACT INFECTIONS

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Abstract:
In the present study, Quasi-experimental design was used to evaluate the effectiveness of structure teaching programme on domiciliary management and prevention of upper respiratory tract infections among the mothers of under five children at urban slums. The study was conducted in selected urban slums at Bangalore. The sample consisted of 60 mothers, experimental Group- 30 and Control Group-30. Purposive sampling technique was adapted to select subjects. A structure interview schedule was used for data collection. Descriptive and inferential statistics was used for data analysis. The research concluded that structure teaching programme was effective mean to improve knowledge of the mothers regarding domiciliary management and prevention of upper respiratory infections.

Keywords: Upper respiratory tract infections; domiciliary management; Prevention of upper respiratory tract infections; under five children; urban slum area

Introduction:
Upper respiratory tract infections are inflammation of upper respiratory tract that is ear, nose and throat leads to common cold, pharyngitis and otitis media. Respiratory infections are the major causes of morbidity and mortality in under five children in developing countries. In India mortality of under- five children due to acute respiratory infections is 23%. A child in urban area suffers from 5-9 episodes of respiratory infections annually during the first five years of life, each episode lasting for a mean duration of 7-9 days. Upper respiratory tract infections are usually minor illnesses. Many children with cough, cold and fever do not have pneumonia and they don’t required treatment with antibiotics. Main causative factors of upper respiratory infections are viruses where antibiotics are not useful, they increase resistant strains and cause side effects while proving no clinical benefit, and are wasteful expenditure. Symptomatic treatment and domiciliary management is much more effective in such cases. Teaching mothers with planned instructional material
help in improving knowledge and practice of mothers with regard to the care of their children at home.

**Problem statement:**
A study to assess effectiveness of structured teaching programme on knowledge of domiciliary management and prevention of upper respiratory tract infections among mothers of under five children in selected urban slum at Bangalore

**Objectives:**
1. To assess the level of knowledge on domiciliary management and prevention of upper respiratory tract infections among mothers of under-five children.
2. To assess the effectiveness of structured teaching programme on domiciliary management and prevention of upper respiratory tract infections.
3. To determine the association between pretest posttest knowledge scores and the selected demographic variables among the mothers of under five children.

**Hypotheses:**

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<tr>
<th>Hypothesis</th>
<th>Description</th>
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<tr>
<td>$H_1$</td>
<td>There will be significant difference between the pretest and posttest knowledge scores of mothers of under five children, among experimental group.</td>
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<tr>
<td>$H_2$</td>
<td>There will be a significant difference between the knowledge scores of experimental and control group in terms of posttest score.</td>
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<tr>
<td>$H_3$</td>
<td>There will be a significant association between the knowledge scores of mothers of under five children and selected demographic variables.</td>
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**Material and methods:**
The tool consisted of:
Structured interview schedule consisting of 40 items to assess knowledge of domiciliary management and prevention of upper respiratory infection was used. The reliability was established by using split half method the *Reliability* coefficient of tool is $r_{1/2}=0.9122$ which indicated that the tool was reliable. A pilot study was conducted on a sample of 8 mothers of under five children.

**Data collection process:**
Pre-test was conducted by administering a structured interview schedule on domiciliary management and prevention of upper respiratory infection in mother’s home for control and experimental group. Each interview extended for a period of 30 to 35 minutes. The content validity of the STP was established by 9 experts against the criteria checklist, based on suggestions of the experts and a finding of pre testing the final STP was selected. On the same day of pretest, the structured teaching programme was administrated to experimental group only. The post-test was conducted by using the same structured interview schedule after 7th day of pre test for both the group. The data collected was analysed in terms of frequency, percentage, paired ‘t’ test, χ² test and presented in the form of tables and graphs.
Results:

Demographic data:

- Majority of the mothers 17(56.7%) from control group and 21(70%) from experimental group were in the age group of 21-30 years.
- Majority of mothers 12(40%) and 10(33.3%) found illiterate from control and experimental group respectively.
- The majority of mothers 22(73.3%) were housewives among control and experimental group.
- Maximum numbers of mothers 16(53.3%) from control group and 12(40%) from experimental group were having two children.
- Majority of mothers 14(46.7%) from experimental group and 9(30%) mothers from control group using gas for cooking.
- Maximum number of mothers 27(90%) from control group and 24(80%) from experimental group receive health related information from television.
- Majority of mothers of under five children 23(76.7%) from control group and 21(70%) from experimental group belong to Hindu religion.
- The majority of mothers 18(60%) from control group and 16(53.3%) from experimental group had family income below Rs.2000 per month.
- Majority of mothers 21(70%) from control group and 14(46.7%) from experimental group stay in Kaccha type of house.
- The majority of mothers 17(56.7%) from control group and 15(50%) from experimental group belong to nuclear family.
- Majority of mothers 12(40%) from control group and 12(40%) from experimental group had more than 5 people living in one house.

Assess Effectiveness of structured teaching programme on domiciliary management and prevention of upper respiratory tract infections.

The findings of the study showed that none of the subjects from both the group had adequate knowledge score in the pretest. Overall pretests mean knowledge scores of Control and Experimental group was 42.2% and 48.8%. The obtained ‘t’ value was 0.29 is statistically non significant at p > 0.05 level.

However, pretest knowledge score in various aspects among Control and Experimental group found statistically non significant at 5% level.

The findings of the study also shows over all pre test and post test mean knowledge on domiciliary management and prevention of upper respiratory tract infection in control group was 48.2% and 49.1% with standard deviation of 7.3% and 6.6%. Enhancement in over all knowledge score was 0.9% with a standard deviation of 2.7%

The difference in pre test and post test mean knowledge score in control group was 0.9%, with paired ‘t’ test value of 1.83. Which is found statistically non significant at 5% level.

The finding of the study reveals over all pre tests and post test mean knowledge on
domiciliary management and prevention of upper respiratory tract infections in experimental group was 48.8% and 79.7% with standard deviation of 8.8% and 7.5%. Enhancement in over all knowledge score was 30.9% with a standard deviation of 4.2%. The enhancement was 30.9% with paired ‘t’ test value of 40.30 which is found statistically significant at 5% level. Hence $H_1$ is accepted. So the STP is effective way to improve the knowledge of mothers of under five children regarding domiciliary management and prevention of upper respiratory tract infection.

Overall post test mean knowledge scores of control and experimental was 49.1% and 79.7%. The obtained ‘t’ value is 16.78* is statistically significant at $p < 0.05$ level. Hence, there is significant difference in the post test knowledge score of mothers among Control Group and Experimental group. Therefore research hypothesis ($H_2$) was accepted. So the Structured Teaching Programme is effective in the improvement of knowledge of mothers of under five children regarding domiciliary management and prevention of upper respiratory tract infection.

<table>
<thead>
<tr>
<th>The association between variables</th>
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<tr>
<td>likes age, religion, occupation, monthly income, facilities used for cooking and type of family with knowledge scores of mothers were found to be non significant except level of education and type of house in pre test of experimental group and education level of mothers and source of information in post test of experimental group found to be statistically significant.</td>
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**Conclusion:**

Findings of the study show that there was significant increase in knowledge score of mothers in experimental group after administration STP. From this it can be concluded that structure teaching programme was effective mean in improving knowledge of the mothers regarding domiciliary management and prevention of upper respiratory infections in children.

**References:**

‘NURSING: ARE THERE ANY RETURNS FOR THEIR SERVICES’

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**Introduction**

One of the first questions we ask a stranger/a new acquaintance is ‘What are you doing?’ or ‘What is your job?’ Occupation is thus a basis of social differentiation. Some occupations are having recognitions and status in society (e.g. doctors, judges, nursing etc.) Occupation also reflects the income of individual & his standard of living.

Standard of living refers the usual scale of our expenditure, the goods we consume & the services we enjoy. It includes food, dress, house, amusements & in short mode of living.

As nurse lived in the society the societal change with reference to economic condition also has impact on nurse & her services which she provides to the community.

Health problem is the companion of every human being during the time of sickness the patient needs the nursing care. This care is provided by the nurses alone in all nursing homes and hospitals. Therefore, nurse is an indispensable partner of the Health Care team and the liaison officer between doctors and patients. India is country of diversified cultures, traditions and habits where the nurse serves various kinds of patients without prejudice of caste, colour, creed, religion and language. The nurse has to act as a stabilizing element to mitigate the suffering which has been accentuated and accelerated. Nurses play an important role in reducing patients’ risk of death and illness and improving their health and well being. In addition to the immediate physical needs, patients in emergency situations often have psychological, social and emotional needs as a result of family separation, death, violence and abuse or disabilities caused by injuries. In emergencies nurses often have to deal with distressing and stressful situations. Thus, dedicated to the service of mankind nursing is rightly regarded as the noblest of all Callings & the valuable element of Health Care System. Discussion has been made as to the professional hazards and physical difficulties at their working place which is very uncommon in any other job. It has been critically analyzed to uplift their socio-economic
status along with the working and living conditions for availing prompt and attentive service from the nursing community. Proper attention of the Government and public towards the nurses is suggested to improve the service of mankind.

Need of the study:

- Many things said about the nurse, the Nursing as a profession, how much nurses are paid, how much they need to be paid.
- But the real facts (researches) on (subjective) financial status of nurses (In India) is lacking.
- With the view to explore the financial status of nurses, the investigators carried out research on ‘A study to assess the financial status of Nurses in Maharashtra state.’

(Nurses working in Maharashtra State.)

Problem statement

‘To assess the financial status of nurses in Maharashtra state.’

The objectives of the study:-

1. To assess the financial status of Nurses working in state of Maharashtra.
2. To find the association between selected demographic variables and financial status of nurses working in Maharashtra state.

Research methodology-

- Descriptive Survey design
- Sampling Technique Non probability: Convenient sampling technique.
- Sample Size: - 300.

Development and Description of tool

- Appendix A – Consent Form.
- Appendix B – Questionnaires to assess Demographic Data.
  - Age.
  - Gender.
  - Qualification.
  - Employment Sector.
  - Years of Experience.
  - Type of Family.
  - Number of Dependent Family members.
  - Individual Income per annum
- Appendix C – Multiple choice questions to assess financial Status of Nurses.
  - 6th Pay Commission.
  - Monthly income fulfills their needs.
  - Saving money at the end of each month.
  - Subjective feeling of getting paid as per qualification.
  - Compensation for overtime.
  - Satisfaction with compensation what they are getting.
  - Own fixed property purchased income born through nursing service.
  - Feeling of self sufficiency.
  - Expenditure on various needs.
- Appendix D – Open ended question to assess financial status of Nurses.

Pilot study: - Pilot study was conducted on 30 nurses in various parts of Maharashtra.

Validity of the tool was done by experts in the field.
Reliability of the tool was done by split half method on 30 subjects, with the help of Pearson’s correlation coefficient formula. The ‘r value’ was 0.862. This showed that the tool was highly reliable.

### Analysis and interpretation of data

Data was analyzed following headings:

#### Section A: - Descriptive statistics to assess Demographic Data.

1. Majority of 82.66% respondents were female.
2. Majority of 53.66% respondents were from age group 25-35.
3. Majority of 51% respondents were GNM
4. Majority of 53% respondents were from Government sectors.
5. Majority of 32.66% respondents were having experience ranging between 0 to 5 years.
6. Majority of 70.33% respondents were belonging to Nuclear family.
7. Majority of 43.02% respondents were having 1-2 dependent members in their family.
8. Majority of 45% respondents were having annual income 2,00,000 to 4,00,000 INR.

#### Section B: - Descriptive statistics financial Status of Nurses.

1. Majority 63% respondents were getting 6th pay equivalent.
2. Majority 57% respondents were getting income to fulfill their needs.
3. Majority 53% respondents were getting subjective feeling of getting paid as per qualification.
4. Majority 59% respondents were getting compensation for over time.
5. Majority 74% respondents were satisfied with compensation.
6. Majority 54% respondents were having Own Fixed Property brought out of income generated through nursing profession.
7. Majority 81% respondents were feeling of Self Sufficient by Profession.
8. Majority 33% respondents were spending money on Other issues like LICs, Fixed Deposits, etc. 15% respondents spent on Religious activities, 15% respondents spent on Personality Development activities.
Section C: Inferential statistics to find association between selected demographic variables and financial status of nurses.

Significant association between Selected demographic variables i.e.

- Age.
- Gender.
- Qualification.
- Employment Sector.
- Year of Experience.
- Type of Family.
- Number of Dependent Family members.
- Individual Income per annum

And financial status of nurses was calculated with the help of non-parametric tests i.e. Chi Square Test.

There was a significant association between

- Gender
- Educational qualification
- Years of experience
- Employment Sectors.

In relation to financial status of nurses.

Females working in government sector had higher levels of satisfaction regarding their financial status.

Conclusion: From the above study we can see that Nurses working in government sector are having higher grade of salaries. In general nurses are able to fulfill their basic needs they are financially self-sufficient and self-satisfied.

Nursing implications of study

- Study findings highlighted financial status of nurses working in Maharashtra.
- This study will provide insight to nursing administrators to plan and revise salary scale for nurses especially in private sector.
- Further studies are needed to explore depth and magnitude of financial vulnerability among nurses.
- Specifically with large number of samples and Stratified Random Sampling.

References:


Appendix D – Open ended question to assess Financial status of Nurses.

Some of the responses from Nurses Related their financial status

- Nursing is our bread butter, with whom I am providing support to my family.
- Private sector no proper payment is given.

- Long working hours.
- Compulsory overtime, Double duties.
EFFECT OF PLANNED TEACHING PROGRAM REGARDING BREAST SELF EXAMINATION AMONG THE FEMALE EMPLOYEES

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Statement of the problem
‘A study to assess the knowledge and effect of planned teaching program regarding Breast self examination among the Female Employees of Dr. D.Y.Patil Medical College Pimpri Pune-18’

Background of the study
The aim of self-education was to create awareness among employees and motivate them to monitor their health status. Imparting health information can create awareness. Health information can be imparted in various ways such as by posters, pamphlets and mass education.

Need for the study
Prevention is better than cure. A woman herself than by any physician can identify most of the times any lump formation, during the routine examination of breast.

Nurses have a major role in teaching these potentially lifesaving guidelines to all women.

Objectives of study
1. To assess knowledge of female employees regarding Breast self-examination.
2. To develop planned teaching programme on breast self-examination.
3. To find out relationship between the demographic data i.e. age, education, occupation, marital status and knowledge regarding breast self-examination.
4. To determine the effectiveness of planned teaching on breast self-examination as evidence from knowledge gained.

Hypothesis
$H_0$-There will be no significant difference in the knowledge score between pre and posttest.

Research approach
The research method adopted for the study was an evaluatory approach.

Sample and sampling technique
Sample size was 100.

Data collection technique and instruments
The study aimed at evaluating effectiveness of planned teaching on breast self-examination in terms of the knowledge gained. Hence, a self-administered structured knowledge questionnaire was used for collection of data.
**Analysis and interpretation of data according to Objectives.**

- assess knowledge of female employees regarding Breast Self Examination.
- develop planned teaching program on breast self-examination.
- find out the relationship between demographic data i.e. age, education, occupation, marital status and Knowledge regarding breast cancer and Breast Self-Examination.
- determine the effectiveness of planned teaching on Breast Self-Examination as evidence from knowledge gained.

**FIG: bar graph show section wise analysis of maximum score obtained in post test**

**Conclusion**

It can be concluded that, the planned teaching on breast self examination is proved to be effective in imparting the knowledge and creating awareness.

**References**

- Breast screening in educated Appalachian women” Oncol nurs forum 2006 jul-Aug; 30(4) 659-67. PMID.