EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING UNIVERSAL PRECAUTIONS ON HIV/AIDS AMONG STAFF NURSES

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ABSTRACT
Universal precautions is an emerging applicable issue and is based on the principle that blood or any type of fluid coming out from healthy or unhealthy person is assumed to be infective. It is not practically possible nor allowed by law to test everybody for infection like HIV/hepatitis B. Therefore it is better to take precautions which prevent transmission of disease by avoiding the contact with body fluid by universal precautions. This study attempts to assess effectiveness of structured teaching programme for staff nurses regarding universal precautions on HIV/AIDS in Selected Hospital at Indore. The study involved single group pre test and post test using pre experimental design. Simple random sampling method was used to select 40 staff nurses working in Bombay Hospital, Indore. They were given Structured knowledge questionnaire followed by introduction of Structured teaching programme and post test conducted after 8 days using same Structured knowledge questionnaire to find out the effectiveness. Findings revealed that the mean post-test knowledge level (51.2 %) was higher as compared with the pre-test score (14.10). Thus, the study revealed that the Structured Teaching Programme was effective in improving the level of knowledge of staff nurses regarding universal precautions on HIV/AIDS.

Key words: Structured Teaching Programme, Universal Precautions, HIV, AIDS.

INTRODUCTION

“An Ounce of Prevention is worth a Pound of Cure”.
- Benjamin Franklin

Nurses are the most vulnerable section who get exposed to the professional biological hazards such as hospital acquired infection due to direct contact with the patients or by-product of human body such as blood and body fluids. It becomes the prime responsibility of the hospital to protect its employees from these hazards by providing appropriate working environment. On the same hand, the employees are equally responsible to protect themselves from the hazard by adopting various measures of prevention.1

A WHO publication in 2013 indicated the injury rate from sharps, for Nurses - 44%, waste handlers 5%, for physician & dentist 4% and emergency medical personnel 7.5%. Needle stick injury is the commonest sharp injury in the hospitals. A study conducted at Lucknow, March-April 2010, has
shown that approximately 43% staff nurses have suffered with NSI during their work. In another study of WHO, it has been estimated that approximately 12 billion injections are used per annum. Out of these 95% are for therapeutic use. The main reason of these are lack of risk awareness, reusing needles, lack of safe disposal of infrastructure and over use of therapeutic injection.3

In view of prevalence of HIV infection, the concept of universal precaution is an emerging applicable method and is based on the principle that blood or any type of fluid coming out from healthy or unhealthy person is assumed to be infective. Universal precautions are the general measures developed by CDC Atlanta (Center for the Disease Control – USA) and recommended by WHO to minimize the risk of infection from blood borne pathogens including HIV infection in Health Care Providers. If these measures are adopted by the Nurse, the chances of transmission of HIV are very remote. These measures are to be adopted by all Nurses while dealing with any type of patients.5

Although all nurses are exposed to these diseases, workers engaged in the following areas are potentially at high risk: blood transfusion unit, intensive care unit, dialysis, operation theatre, and ward for infected patients.

NEED FOR THE STUDY

The easiest way to prevent the spread of infection is to destroy the germs when they are on hands, equipment and furniture, such as patient beds. Effective ways to destroy germs include: Antisepsis – destroys or stops the growth of germs; Decontamination – makes objects safer to handle before cleaning; Cleaning – removes dirt and germs from skin and objects, using soap and water; High-level disinfection – destroys most germs on objects; Sterilization – destroys all germs on objects, such as surgical instruments. Additional methods to prevent infection include: protective clothing, safe disposal of bodily wastes and infected articles, such as dressings, to prevent the spread of infection in hospitals, nurses and other health care providers follow the practices of medical and surgical asepsis.7

Thorough hand washing is the most effective way to prevent the spread of infection in hospitals. Cleaning is also necessary for objects used in patient care. Before washing used surgical instruments, re-usable needles and syringes, and gloves, they should be decontaminated. 0.5% chlorine bleach solution is best to use for decontamination because it quickly kills the HIV virus.8

In 2001 in response to concerns regarding the transmission of HIV infection during health care procedures, the centers for disease control recommended universal precautions policy for all health care settings. Nurses must always perform hand hygiene and wear gloves, masks, protective clothing, and other indicated personal protective barriers, needles and sharp instruments must be used and disposed properly.

REVIEW OF LITERATURE

Susmita Chaudhuri, Omkar Prasad Baidya (2014) conducted a cross-sectional study among the nursing staffs in a tertiary health care centre of Manipur. Respondents were purposively selected and data were collected using structured questionnaire. out of the total 360 nurses, majority (86.3%) were aware of universal precaution, 68% mentioned about advantages of wearing gloves, 65% knew that recapping should be avoided, 81.5% answered correctly that the aim of universal precaution is to prevent mutual transfer of infection between patients and health care workers. The study concluded that training of the health care workers, proper equipment supply, posters displaying guidelines and proper hospital policy of patient load management would significantly help both quantitatively and qualitatively for effective implementation of universal precaution.

Priti Solanky, Hinal Baria (2013) conducted a cross sectional study carried out among staff nurses in South Gujarat, India. Self-administered semi structured proforma was used for data collection. Information regarding knowledge and practice of universal precautions was collected. Out of 88 participants interviewed, almost all of them reported of having awareness about universal precautions.
and personal protective equipments. Only 44.3% nurses mentioned all the correct measures for universal precautions. 89.77% nurses were aware about health hazards of needle stick injury but only 67.05% correctly reported about how needle stick injury can be prevented. The study concluded that correct knowledge regarding universal precautions among nursing staff is still not of satisfactory level and training at repeated interval needs to be given to ensure correct knowledge as well as implementation of universal precautions.

However, the staff nurses are mainly responsible for prevention of any hospital acquired infection, and this has been observed by the investigator during his medical surgical nursing practice in hospitals. Hence, the investigator took keen interest to conduct this study titled as a study to assess the effectiveness of Structured Teaching Programme for Staff Nurses regarding Universal Precautions on HIV/AIDS in Selected Hospital, Indore.

STATEMENT OF THE PROBLEM
“A pre experimental study to assess the effectiveness of Structured Teaching Programme for Staff Nurses regarding Universal Precautions on HIV/AIDS in Selected Hospital, Indore.”

OBJECTIVES OF THE STUDY
1. To assess the knowledge of staff nurses regarding universal precautions on HIV/AIDS.
2. To evaluate the effectiveness of Structured Teaching Programme regarding universal precautions on HIV/AIDS among staff nurses.
3. To find out the association of knowledge score regarding universal precautions on HIV/AIDS with selected demographic variables of staff nurses.

HYPOTHESES
H1 - There will be a significant difference in the pre test and post-test knowledge scores of staff nurses regarding universal precautions on HIV/AIDS.
H2 - There will be a significant association between the knowledge scores and selected sociodemographic variables.

OPERATIONAL DEFINITIONS
1. Structured Teaching Programme (STP): refers to a systematically developed instructional programme using instructional aids, designed to provide information on HIV/AIDS for staff nurses.
2. Universal precautions: refers to the practice of avoiding contact with patients' bodily fluids, by means of the wearing of nonporous articles such as medical gloves, goggles, and face shields.
3. HIV (Human Immunodeficiency Virus): A retrovirus responsible for AIDS.
4. AIDS (Acquired Immune Deficiency Syndrome): refers to a disease of the human immune system caused by infection with HIV Variables and is characterized cytologically by reduction in the numbers of CD4-bearing helper T cells to 20 percent or less of normal thereby rendering the subject highly vulnerable to life-threatening conditions.

VARIABLES
• Independent variables: Structured Teaching Programme on universal precautions on HIV/AIDS among staff nurses.
• Dependent variables: Knowledge gained regarding universal precautions on HIV/AIDS among staff nurses.
RESEARCH APPROACH

In view of the nature of the problem selected for the study and the objectives to be accomplished, Evaluative approach was considered as appropriate for the present study.

RESEARCH DESIGN

The research design selected for the present study was pre experimental with one group pre test and post-test design, in which pre test is conducted followed by Structured Teaching Programme and then conducting post-test for the same group after 8 days.

SETTING OF THE STUDY

The study subjects were selected from the Bombay Hospital, Indore.

TARGET POPULATION

The target population for the present study was staff nurses who are working in Bombay Hospital, Indore.

SAMPLE SIZE

50 Staff nurses working at Bombay Hospital, Indore.

SAMPLING TECHNIQUE

Simple random sampling method

CRITERIA FOR SELECTION OF SAMPLE

Inclusion Criteria
Staff nurses
1. Working in Bombay Hospital, Indore
2. Willing to participate in the study.

Exclusion Criteria
Staff nurses who are not
1. Willing to participate in the study.
2. Present at the time of data collection.

PROCEDURE FOR DATA COLLECTION

A formal written permission was obtained from concerned authorities of selected Bombay Hospital, Indore, to conduct the study. The data was collected by structured knowledge questionnaire. Self introduction was given by the investigator to the samples and purpose of conducting study was explained. The structured knowledge questionnaire was distributed for pre test and instructions were given on answering the questionnaire and doubts were clarified. They were assured of anonymity and confidentiality. The structured teaching programme as an intervention was administered to the samples. Post test was conducted with the same questionnaire to the same samples on 8th day.

RESULTS

Data collected from 40 selected respondents were tabulated, analyzed and interpreted by using descriptive and inferential statistics. The findings were presented under the following sections:
Section 1: Socio demographic variables of respondents
Section 2: Pre-test and post test knowledge scores of respondents
Section 3: Association between knowledge level and selected demographic variables.
Section 1: Socio demographic variables of respondents

Table 1: Classification of Respondents by Age, Sex, Marital Status and Designation

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Category</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Age group</td>
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</tr>
<tr>
<td>24-34</td>
<td>14</td>
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</tr>
<tr>
<td>35-45</td>
<td>23</td>
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</tr>
<tr>
<td></td>
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<tr>
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</tr>
<tr>
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<td>Staff nurse</td>
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<tr>
<td>Professional education</td>
<td>GNM course</td>
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</tr>
<tr>
<td></td>
<td>P.C. B.Sc. Nursing</td>
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</tr>
<tr>
<td>Experience (years)</td>
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<td>20</td>
</tr>
<tr>
<td></td>
<td>11-20</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>21-30</td>
<td>14</td>
</tr>
<tr>
<td>Attended in-service training</td>
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Table 2: Pre Test and Post Test Mean Knowledge scores on Universal Precautions on HIV/AIDS

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<tr>
<th>Aspects</th>
<th>Respondents Knowledge</th>
<th>Paired t Test</th>
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<tr>
<td></td>
<td>Mean</td>
<td>Mean (%)</td>
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<tr>
<td>Pre test</td>
<td>20.46</td>
<td>51.2</td>
</tr>
<tr>
<td>Post test</td>
<td>32.62</td>
<td>81.6</td>
</tr>
</tbody>
</table>

* Significant at 5% level

Section 3: Association between Knowledge Level and Selected Demographic Variables

Table 3: Association between Age and Knowledge Level of Pre Test and Post Test on Universal Precautions on HIV/AIDS

<table>
<thead>
<tr>
<th>Designation</th>
<th>Sample (n)</th>
<th>Knowledge Level of Respondents</th>
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<tr>
<td></td>
<td></td>
<td>Pre Test</td>
</tr>
<tr>
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<td></td>
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</tr>
<tr>
<td>Senior nurse</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>Staff nurse</td>
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<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
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</tr>
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<table>
<thead>
<tr>
<th>Experience (years)</th>
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<th>Knowledge Level of Respondents</th>
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<th>X² value</th>
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<td>Moderate</td>
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<tr>
<td>Below 10</td>
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<td>3</td>
<td>8.82*</td>
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<td>16</td>
<td>9</td>
<td>7</td>
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<tr>
<td>21-30</td>
<td>14</td>
<td>5</td>
<td>9</td>
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<tr>
<td></td>
<td></td>
<td>31</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>In-service Education Programme</td>
<td>Sample (n)</td>
<td>Pre Test</td>
<td>X² value</td>
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</tr>
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<td></td>
<td></td>
<td>Inadequate</td>
<td>Inadequate</td>
<td></td>
</tr>
<tr>
<td>Attended</td>
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<td>16</td>
<td>8.64*</td>
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<tr>
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<td>3</td>
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<td>Total</td>
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<td>31</td>
<td>19</td>
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<td>Age Group (years)</td>
<td>Sample (n)</td>
<td>Pre Test</td>
<td>X² value</td>
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<td>Moderate</td>
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<td>14</td>
<td>4</td>
<td>10</td>
<td>4.14 NS</td>
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<td>23</td>
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<td>16</td>
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<tr>
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<td>5</td>
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<tr>
<td>Total</td>
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<tr>
<td>Professional Education</td>
<td>Sample (n)</td>
<td>Pre Test</td>
<td>X² value</td>
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</tr>
<tr>
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<td></td>
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<tr>
<td>GNM course</td>
<td>28</td>
<td>14</td>
<td>14</td>
<td>3.89*</td>
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<tr>
<td>P.C. B.Sc</td>
<td>22</td>
<td>5</td>
<td>17</td>
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<td>Total</td>
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<tr>
<td>In-service Education Programme</td>
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<td>Pre Test</td>
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<td>19</td>
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<td>Pre Test</td>
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<td>Hindu</td>
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<td>12</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>19</td>
<td>31</td>
<td></td>
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</table>

DISCUSSION
The findings of the study were discussed in the light of previous studies.

Section 1: Demographic variables of respondents
• 28 per cent of the respondents belongs to the age group of 24–34 years, 46 per cent of the respondents with age group of 35–45 years.
• Majority (88%) of the respondents were females, 92 per cent of the respondents found married.
• Regarding designation 70 per cent of the respondents working as staff nurses and the remaining 30 per cent were senior staff nurses.
• Majority of the respondents had PUC (88%) and remaining 12 per cent attained up to graduation as general education. 56 per cent of the respondents had GNM and 44 per cent had P.C. B.Sc. nursing noticed under professional education.
• 40 per cent of the respondents found below 10 years of experience, 32 per cent noticed with 11–20 years and remaining 28 per cent were more than 20 years of experience.
• Result depicts that 58 per cent of the respondents are attended in-service education.

Section 2: Overall knowledge scores of respondents
The result indicate that the pre test mean knowledge score was found to be 51.2 per cent. Further, the post test mean knowledge score obtained was 81.6 per cent. The paired t – test result indicate the significant difference between pre test and post test (t=30.71*) revealing the effectiveness of intervention programme on universal precautions on HIV/AIDS.

Section 3: Association between knowledge scores with demographic variables
The statistical result indicated that majority of the socio demographic variables no significant association between and knowledge level of respondents

IMPLICATIONS
The findings of the study can be used in the following areas of nursing profession:

Nursing Practice
• Present study would help the nurses to understand, gain and apply the knowledge of universal precautions on HIV/AIDS, while giving care to the clients in the hospital setting.
• Structured Teaching Programme regarding universal precautions on HIV/AIDS for the health service providers and professionals should be made as ongoing training programme in the hospitals.

Nursing Education
• Nursing education should emphasize on preparing SIM for nurses to gain knowledge and apply while in practice on universal precautions on HIV/AIDS.
• Nursing faculty should be given in-service education to update their knowledge regarding universal precautions and further improve their skills and abilities in identifying the learning need of nursing students on universal precautions on HIV/AIDS.

Nursing Administration
• The administrator should take active initiative and develop practical information SIM regarding universal precautions on HIV/AIDS and other infections in the hospital as well as in the community setting.
• The nurse administrator should arrange training programmes with materials for nursing personnel regarding universal precautions on HIV/AIDS. It should be effective and helpful for nursing personnel.

Nursing Research
• Research should be conducted on preparation of better practices of nursing care and development of good and effective policies to provide quality care to the clients in relation to universal precautions on HIV/AIDS.
• There is need to have research based evidence to prove the cost effectiveness of educating nurses regarding universal precautions on HIV/AIDS.
RECOMMENDATIONS

Based on the findings of the study, it is recommended that

- A similar study can be replicated on a larger sample to validate the findings of the present study.
- Hospital personnel should be provided with periodic training services regarding universal precautions on HIV/AIDS.
- A larger study can be carried out to assess the knowledge, attitude and practice regarding universal precautions on HIV/AIDS.
- Larger study can be carried to assess the knowledge and perception of the nurses universal precautions on HIV/AIDS.
- A study can be carried to assess the knowledge and practice of ANM’s regarding universal precautions on HIV/AIDS.
- A similar study may be replicated with purposive sampling in selected participants.

REFERENCES

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING WATER BORNE DISEASES AND ITS PREVENTION AMONG MOTHERS OF UNDER FIVE CHILDREN

1PROF. AMITA PAUL, PH.D. SCHOLAR
1Guided by: Prof. Dr. M.S. Vinsi
JJT University, Rajasthan

ABSTRACT

Background: Safe drinking water and basic sanitation is crucial importance to the prevention of human health. Water can become a vehicle for transmission of faeco-oral group of infections, because the fecal contaminated of water is common and its avoidance and subsequent purification is vigilant. One of the goal of MDG states- Halve, by 2015, the proportion of people without sustainable access to improved water source and sanitation. Aim: To evaluate the effectiveness of Structured Teaching Programme on Knowledge regarding water borne diseases and its prevention among mothers of under five children. Objectives: To find out the effectiveness of structured teaching programme on waterborne diseases and its prevention in terms of gain knowledge among subject. and to know the association between pre-test knowledge with their selected socio demographic variables. Methodology: An evaluative study design was used to achieve the objectives of the study. The study was conducted with 30 under five children mothers. Convenient sampling technique was adopted to select the sample. Structured interviews schedule was used to evaluate the knowledge on water borne disease among mothers of under five children. The collected data was analyzed by using descriptive and inferential statistics. Result: The result shows that mean post-test knowledge score (14.9) is apparently higher than the mean pre-test knowledge score (7.4) .there is statistical significance between pre and post-test knowledge score as ‘t’ 16.6*, P<0.05. .chi square values indicates that there is no significant association of pretest knowledge score with age, religion, family income, drinking water purified but it is significant in type of family, education, source of water and hand washing done by ash of under five children mothers

Conclusion: Based on the findings of the study there was a significant increase in the knowledge of subjects after the introduction of Structured Teaching Programme.

INTRODUCTION

Water is the most indispensable nature resource in the world for every living being. The entire life-support system is dependent upon this vital resource. It is most important to all as it is directly consumed by all living entities. From that point of view, water is particularly related with health. Ninety percent of cases are reportedly attribute to the supply of unsafe drinking water coupled with improper sanitation and poor hygiene.
The global picture of water and health has a strong local dimension with some 1.1 billion people lack basic access to drinking water resource, 2.4 billion people have inadequate sanitation facilities, which clearly accounts for many related acute and chronic diseases. Some 3.4 million people, many of them are young children die each from waterborne diseases such as intestinal diarrhea, cholera, typhoid and dysentery. Today we have strong evidence that water-sanitation and hygiene-related diseases account for some 2,213,000 deaths annually.

NEED FOR THE STUDY

“Teach a mother about health and she will teach rest of the mankind”

Every year water borne diseases like Diarrhea Cholera and Typhoid claims the lives of millions of children in developing world. Water and sanitation related diseases are one of the major causes of under five children mortality in the world. About 900 million people lack reliable access of safe water that is free from disease and industrial waste. Every day around 5,000 children die from water borne disease alone. Predicting a plethora of health problems as result of climate change, the WHO stated that the countries like India would see an increase in water borne diseases as a result of global warming. Out of three million under five deaths globally, India alone contributes one third.

Water borne diseases are one of the leading causes for under five children morbidity and mortality. one of the objectives of child survival and safe motherhood (CSMM) was to reduce 30% of diarrheal related deaths in children under the age of five years by 1995 and 70% by 2000 A.D. The awareness of mothers about waterborne diseases and preventive services is a barometer by which we can measure the progress of family, community and country. Lack of awareness can lead to health hazards in country.

PROBLEM STATEMENT

A study to evaluate the effectiveness of Structured Teaching Prgramme on knowledge regarding waterborne diseases and its prevention among mothers of under five children in selected rural community of Indore.

OBJECTIVES

1. To determine the pretest knowledge of the mothers of under five children regarding waterborne diseases and its prevention.
2. To evaluate the effect of structured teaching programme on waterborne diseases and its prevention in terms of gain knowledge among subject.
3. To find out the association between pretest knowledge with their selected socio demographic variables.

HYPOTHESIS

H1: There is significant difference among mothers knowledge regarding waterborne diseases and its prevention after posttest.
H2: There is significant association between pre-test knowledge with their selected socio demographic variables.

ASSUMPTION:

- A structured teaching programme will help to enhance the knowledge regarding waterborne diseases and its prevention among mothers of Under-five children, which in turn to prevent complication associated with it.

DELIMITATIONS:

1. The study will be delimited to selected rural community at Indore.
2. Mothers of under five children who are willing to participate in the study.
REVIEW OF LITERATURE:

A Study was conducted on knowledge and practice of mothers on diarrhea and its prevention in rural communities. The sample composed of 750 mothers. Out of the total respondents, 79.3% were literate. The result obtained was 2.6% of mothers had adequate knowledge and 5.7% regarding practice on prevention of diarrhea and its treatment.

A study was conducted to assess the change knowledge, and self-reported hand washing practices to 136 mothers after providing 3 months health education using posters and interactive sessions with flip chart. There was a significant proportion of study participants who named water borne diseases including diarrhea consisting 79.4%, cholera with 16.2%, 9.6% of typhoid and 39% of worm infestation. Significant increase in knowledge about hand hygiene measures namely, washing hands before handling food were 23.5%, keeping nails cut and clean were found to be 8.1%. It was found that washing hands after micturition were 82.4%, and consistence use of soap in kitchen was 23.3% and after micturation 14% Finding highlighted the importance of health education in personal hygiene.

RESEARCH METHODOLOGY:

Evaluative study approach was used to achieve the objectives of the study.

Population: mothers of under five children who residing in rural community.

Variables:
1. Independent variable:-Structured teaching programme.
2. Dependent variable: Knowledge among mothers of under five children.

Sample Size: 30 samples will be selected for the study.

Sampling Technique: Convenient sampling technique

Inclusion criteria:-
1. Mothers of under five children between 0-5 years.
2. Mothers who are willing to participate.
3. Mothers who are available during data collection.

Exclusive criteria:-
1. Mothers of under five children who have waterborne diseases.
2. Mothers who are not available during data collection.

Data Collection:
Permission will be obtained from the higher authorities and respondents. Samples are drawn using convenient sampling technique. Pretest will be done using structured interview schedule. Structured teaching programme will be given on same day. On the seventh day post-test will be conducted using same structured interview schedule. The data was analyzed by using descriptive and inferential statistics.

RESULT:

Section-I: Description of demographic variables
In this study, most of the under five children mothers (50%) belongs to the age group of 19-23 yrs. and are Hindu (56.6%). Most of them are belonging to joint family (73.3%). Among them (23.3%) are Illiterate. In this the family income (33.3%) are earning 5000-10000 per month. In this (50%) of under five children mothers are using tap water & (56.6%) of mothers using boiling methods to purified water, (46.6%) having method of disposal of water in open ground and majority (73.3%) are doing hand washing through Ash.
Section- II: Findings related to the effectiveness of self-instructional module on Ebola virus disease among staff nurses.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Mean</th>
<th>Standard Deviation (S.D.)</th>
<th>Difference mean ± SD</th>
<th>Paired ‘t’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>7.4</td>
<td>1.65</td>
<td>7.5</td>
<td>16.6*</td>
</tr>
<tr>
<td>Post-test</td>
<td>14.9</td>
<td>1.51</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The data in the table depicts that the mean post-test knowledge score (14.9) is apparently higher than the mean pre-test knowledge score (7.4) as evidenced by the statistical significance between pre and post-test knowledge score ‘t’ 16.6*, P<0.05 showed that there was increase in the knowledge level of mothers of under five children after Structured Teaching Programme on water borne disease and its prevention.

**Association of Pre –Test Knowledge Score with Selected Socio - Demographic Variable**

<table>
<thead>
<tr>
<th>SOCIO DEMOGRAPHIC VARIABLES</th>
<th>POOR 0 -5</th>
<th>AVERAGE 6 -10</th>
<th>DF</th>
<th>CHI-SQUARE VALUE</th>
<th>LEVEL OF SIGNIFICANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (In Years)</td>
<td>19 – 23</td>
<td>14</td>
<td>2</td>
<td>2.69</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td>24 – 28</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>29 -33</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Hindu</td>
<td>2</td>
<td>3</td>
<td>0.882</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td>Christian</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Family</td>
<td>Joint Family</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>5.51*</td>
</tr>
<tr>
<td></td>
<td>Nuclear Family</td>
<td>1</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Income</td>
<td>5000 – 10000</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>1.32</td>
</tr>
<tr>
<td></td>
<td>11000 – 15000</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16000 – 20000</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21000 &amp; Above</td>
<td>0</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>Illiterate</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>7.95*</td>
</tr>
<tr>
<td></td>
<td>Primary</td>
<td>1</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High School</td>
<td>0</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Higher Secondary &amp; Above</td>
<td>0</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of Water</td>
<td>Tap Water</td>
<td>0</td>
<td>15</td>
<td>2</td>
<td>6.36*</td>
</tr>
<tr>
<td></td>
<td>Well Water</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pond Water</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking water is Purified by</td>
<td>R.O.</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>2.37</td>
</tr>
<tr>
<td></td>
<td>Boiling</td>
<td>2</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chlorine Tablets</td>
<td>2</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Method of Disposal of Waste:

<table>
<thead>
<tr>
<th>Method</th>
<th>Open Ground</th>
<th>Land Fill</th>
<th>Biological Reprocessing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hand wash done by</th>
<th>Soap</th>
<th>Ash</th>
<th>Hand sanitizer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

|                  | 2           | 2         | 2                       |
|                  | 6           | 20        | 0                       |

|                  | 4.90*       | Significant |
|                  | 6.85*       | Significant |

### IMPLICATION OF THE STUDY:

1. Health education is considered as an important and best weapon and is a powerful tool community health nurse would possess to give comprehensive, preventive and promotive care to the under five children at their door steps. Community health nurse need to apply the public health philosophy and skill to the relationship of mothers to their knowledge of child care the purpose of analyzing mothers knowledge on prevention and management of waterborne diseases and the promotion of optimum, productive and socially well-adjusted care givers.

2. Nursing curriculum should lay more emphasis on prevention and management of waterborne diseases Nurse educators should have responsibility in upgrading the knowledge of students regarding waterborne diseases by orienting them to the rural area during community posting.

3. More and more research can be carried out to protect the life of under five children, to keep their health in an optimal way to prevent illnesses and death.

4. In collaboration with rural health the nurse should make sure that they formulate and organize in service education programmes to co-staff and parents regarding prevention and management of waterborne diseases.

### RECOMMENDATIONS:

1. The study can be replicated on longer sample in different setting so that the findings can be generalized to the larger population.

2. A comparative study may be done on both rural and urban community.

### CONCLUSION:

Based on the finding of the study, it was concluded that there was a significant increase in the knowledge of mothers of under five children after providing the Structured Teaching Programme.

### REFERENCES

- Rahul Malhotra, Asia Pacific Journal of public health .2008:110(1);277-286
EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING TELENURSING AMONG STAFF NURSES

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1Govt. College of Nursing, Ujjain (M.P.)

Abstract
Telenursing is latest innovation used to deliver nursing services to the clients at a distance. It will be a boon for people as it will lessen their frequency to travel to different cities for consultation thus, saving time and money. The aim of the study was to assess the effectiveness of Structured Teaching Programme and knowledge regarding telenursing among the staff nurses working in selected hospital. The objectives of the study were i)To assess the pre-test knowledge level of staff nurses on telenursing. ii)To assess the post-test knowledge level of staff nurses on telenursing. iii)To determine the effectiveness of STP in enhancing knowledge of staff nurses about telenursing. Quantitative research approach and one group pre-test post test research design was used. The reliability coefficient was found to be 0.94%. The findings of the study suggested that mean post test score is 17.4 which indicates very good knowledge score than the mean pre-test score 6.5 which indicates average knowledge score. The dispersion of pre-test score 1.8 is more than the post-test score 0.76. The calculated “t” value for degree of freedom (39) is 20.62 and the calculated value is greater than tabulated value at 0.05 level of significance which is statistically acceptable level of significance. Thus, H1 was accepted i.e. there is significant increase in mean post-test knowledge score than mean pre-test knowledge score.

INTRODUCTION
BACKGROUND OF THE STUDY
“Telenursing is defined as the use of telecommunication technology to deliver nursing services to the clients at a distance.” It combines ICT to provide nursing services to patients who are located at a distant locations. The American nurse association has defined telenursing as a subset of telehealth in which the focus is on the specific profession. Now a days nurses use technologies such as the internet, computers, telephones, digital assessment tools and telemonitoring equipment in their practice to assess, plan, intervene and evaluate the outcomes of nursing care. This technique has expanded the scope of nursing practice and it is also changing the face of standard nursing practice. In developing countries like India practice of telenursing will be a boon for people as well as for nurses as there remains shortage of nursing especially in the rural areas as they will be able to access nursing care at home without travelling a longer distance for the care. For nurses it will expand the scope of nursing practice.

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NEED FOR THE STUDY

Due to globalization the entire scenario of medical and nursing practice will change. However before understanding the new philosophy and paradigm shift, one has to first understand the fundamentals of how the computers of this information age are already shaping up the future of health care industry. With future demands for healthcare increasing, it is estimated that the nursing shortage will range anywhere from 4,00,000 to over one million nurses in the US by 2020 thus telenursing will come into practice. Nurses today work in hospitals that can be extremely complex, chaotic and generally operate with partial electronic and paper systems. The facts are that most hospitals are not able to provide for the rapid retrieval of data at the point-of-care. Technology is absolutely essential to retain nurses and to generally help the workforce. From the clinical point of view telenursing still utilises the same skills and competencies as traditional bedside nursing. Nurses still need strong assessment skills to evaluate clinical situations. Telenursing is a new branch of treatment and the nurses need to know it for better patient care and prognosis. Once nurses are trained in the emerging field of care, this would lead to a swing of illness towards wellness. Hence investigator got interested in selecting this study to assess the effectiveness of Structured Teaching Programme on knowledge regarding telenursing among the staff nurses.

PROBLEM STATEMENT

“A study to assess the effectiveness of Structured teaching programme on knowledge regarding telenursing among the staff nurses at selected hospital, Indore”.

OBJECTIVES

- To assess the pre-test knowledge level of staff nurses on telenursing.
- To assess the post-test knowledge level of staff nurses on telenursing.
- To determine the effectiveness of STP in enhancing knowledge of staff nurses about telenursing.

HYPOTHESIS

H1: There will be significant increase in mean post test knowledge score than mean pre test knowledge score.

ASSUMPTIONS

- Staff Nurses may have some knowledge regarding telenursing.

DELIMITATION

- The study is delimited to staff nurses working in selected hospital of Indore.

REVIEW OF LITERATURE

The review of literature for the study is divided into 3 headings
- Review of Literature regarding general information about Telenursing
- Review of nursing related to knowledge regarding Telenursing.
- Review of Literature regarding effectiveness of structured teaching programme.

RESEARCH APPROACH

Quantitative research approach was used in the study.

RESEARCH DESIGN

One group pre-test post-test pre experimental research design was used in the study.

VARIABLES

Independent Variable: Structured teaching programme on knowledge regarding Telenursing.
Dependent Variable: Knowledge of staff nurses regarding telenursing.

SETTING OF THE STUDY
The study was conducted in selected hospital of Ujjain.

POPULATION
The study population consists of staff nurses working in hospital.

SAMPLING PROCEDURE
Non-probability purposive sampling.

SAMPLE SELECTION CRITERIA
Inclusive Criteria
- Staff nurses willing to participate in the study.
- Staff nurses who are working in selected hospital of Ujjain.
- Staff nurses who are present at the time of data collection.

Exclusive criteria
- Staff nurses who had previous exposure in telenursing.

TOOLS USED FOR DATA COLLECTION
The tools used for data collection were divided into 2 parts
1. Sociodemographic variables comprising of 4 items.
2. Structured knowledge questionnaire consisting of 20 knowledge items.

DEVELOPMENT OF STRUCTURED TEACHING PROGRAMME
Structured teaching programme was developed for providing knowledge to staff nurses regarding Telenursing.

VALIDITY OF THE TOOLS AND TEACHING PROGRAMME
The tools were sent to 3 experts for the validity of tools and teaching programme. Modifications were made according to the experts’ suggestions and final tools and teaching programme was prepared.

RELIABILITY OF THE TOOLS
Reliability of the tools was established using split half method. The reliability coefficient for the knowledge test was calculated by using Karl Pearson’s formula. The reliability coefficient was found to be 0.94% which proved that the tool was highly reliable.

PILOT STUDY
A pilot study was conducted on 10 participants and it was found to be feasible.

PROCEDURE FOR DATA COLLECTION
To conduct the main study formal written permission was obtained from the concerned authority before data collection. Data collection was held in the selected hospital of Ujjain. A sample of 40 samples were selected using non-probability purposive sampling. The investigator introduced herself and the purposes of the study were explained to the subjects and informed consents were obtained. The pre-test was administered using structured knowledge questionnaire. Following the pre-test structured teaching programme was administered to participants. The post test was conducted on 7th day after administration of structured teaching programme. The investigator thanked and appreciated all the participants for their cooperation.
PLAN FOR DATA ANALYSIS

Data analysis was planned using descriptive and inferential statistics.

ETHICAL AND HUMAN RIGHTS

During research confidentiality and anonymity of the participants were maintained. The participants were ensured that they will not have psychological stress or harm during the study. Written consents were obtained from the participants and confidentiality of the data was maintained.

DATA ANALYSIS AND INTERPRETATION

Raw data was collected and entered in a master sheet for statistical analysis. It was interpreted using descriptive and inferential statistics. The data have been organised under the following sections

SECTION I: Sample Characteristics

SECTION II: The pre-test knowledge score of staff nurses regarding telenursing.

SECTION III: The post-test knowledge score of staff nurses regarding telenursing

SECTION IV: Effectiveness of Structured teaching Programme in terms of knowledge gain in scores.

SECTION I: SAMPLE CHARACTERISTICS

Frequency and percentage distribution of sample characteristics

Age: 40% lies in the category of 25-35 years, 20% in the category of 36-45 years, 18 % in the category of 46-55 years and 22% above 55 years.

Professional Qualification: 47% had done B.Sc. Nursing, 17% had done GNM 36% had done post basic B.Sc. Nursing and none of the participants were M.Sc. Nursing.

Years of experience: 35% were having less than 10 years of experience, 21% had experience between 10-20 years experience, 37 % had 20-30 years of experience and only 7% had more than 30 years of experience.

Religion: 67% were Hindu, 28% were Christian and only 5% were Muslim.

SECTION II: THE PRE-TEST KNOWLEDGE SCORE OF STAFF NURSES REGARDING TELENURSING.

Pre-test knowledge score of the sample

<table>
<thead>
<tr>
<th>Pre-test knowledge score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20 (V.Good)</td>
<td>0%</td>
</tr>
<tr>
<td>11-15 (Good)</td>
<td>12%</td>
</tr>
<tr>
<td>6-10 (Average)</td>
<td>41%</td>
</tr>
<tr>
<td>0-5 (Poor)</td>
<td>47%</td>
</tr>
</tbody>
</table>

The table shows that 47% of the staff nurses were in the category of poor, 41% were in the category of Average, 12% were in the category of good and none of the participants were in the category of very good knowledge score regarding telenursing.
SECTION III: THE POST-TEST KNOWLEDGE SCORE OF STAFF NURSES REGARDING TELENURSING

<table>
<thead>
<tr>
<th>Post-test knowledge score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-20 (V.Good)</td>
<td>34%</td>
</tr>
<tr>
<td>11-15 (Good)</td>
<td>57%</td>
</tr>
<tr>
<td>6-10 (Average)</td>
<td>9%</td>
</tr>
<tr>
<td>0-5 (Poor)</td>
<td>0%</td>
</tr>
</tbody>
</table>

The table shows that maximum 57% of Staff Nurses were in the category of good knowledge score, followed by 34% in very good category. 9% were in the category of average knowledge score and none of the participant were in the category of poor knowledge score.

SECTION IV: EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME IN TERMS OF KNOWLEDGE GAIN IN KNOWLEDGE SCORES.

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>t' value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>6.5</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Post-test</td>
<td>17.4</td>
<td>0.76</td>
<td>20.62</td>
</tr>
</tbody>
</table>

The data presented in the above table shows that the mean post test score (17.4) is higher than the mean pre-test score (6.5). The dispersion of pre-test score (1.8) is more than the post-test score (0.76). The calculated “t” value for degree of freedom (39) is 20.62 and the calculated value greater than tabulated value at 0.05 level of significance which is statistically acceptable level of significance. Thus, H1 is accepted. i.e. there is significant increase in mean post-test knowledge score than mean pre-test knowledge score.

DISCUSSION

The main aim of the study was to assess the effectiveness of Structured Teaching Programme and knowledge regarding telenursing among the staff nurses working in selected hospital. The mean pre-test knowledge score (6.5) of staff nurses implies that they have an average knowledge score on a scale of 1-20. Thus, Structured teaching programme was administered to them to improve their knowledge and mean post-test score was calculated. The mean post-test knowledge score of staff nurses is 17.4 which indicates Very Good knowledge score. The study is also supported by other studies.

To determine the effectiveness of STP in enhancing knowledge of staff nurses about telenursing ‘t’ test was calculated. The calculated “t” value for degree of freedom (39) is 20.62 at 0.05 level of significance which shows that there is significant increase in mean post-test knowledge score than mean pre-test knowledge score regarding telenursing, thus Structured teaching programme was highly effective in enhancing knowledge of staff nurses.
CONCLUSION

After the detailed analysis, this study leads to the conclusion that staff nurses did not have adequate knowledge regarding telenursing. They require further education and information because all of them need to enhance their knowledge regarding telenursing. There was highly significant increase in knowledge of the subjects after administering STP, the paired ‘t’ test computed 20.62 and mean pre-test knowledge score of 6.5 vs mean post-test knowledge score of 17.4 indicates a high significance.

RECOMMENDATIONS

On the basis of the findings of the study it is recommended that

- A similar study can be replicated on a larger sample so that the findings can be generalized.
- A comparative study may be conducted to find out the effectiveness between Structured teaching programme and Information Booklet.
- An exploratory study may be conducted to identify the attitude of staff nurses and general public regarding telenursing.

IMPLICATIONS

The findings of the study have its implications for nursing practice, nursing education, administration and nursing research.

Nursing Practice

Structured Teaching Programme is an effective way of delivering knowledge to staff nurses. Nursing personnel can use this STP to spread awareness among nurses of their hospitals. Nurses can also educate their clients about the usage of telenursing in improving various aspects of health.

Nursing Education

Nurse educators can develop newer effective teaching strategies and enhance the psychometric domain of learning among nursing students. Nursing students should be trained to acquire the knowledge in telenursing and plan out teaching programme based on the same in hospital and community areas.

Nurse Educators

Nurse administrator should take an initiative in creating policies or plans in providing education to the patients regarding telenursing. This study will help the nurse administrators to assess the organisational structure, communicate the findings and evaluate the practice.

Nursing Research

The study shows that there is lot of scope for exploration in this area. There is need for extended and extensive research to assess the knowledge and practice regarding Telenursing. RCTs and mixed method study can also be conducted.

Limitations

The few limitations of the study are

- The study did not used a control group.
- The study is limited to staff nurses working in a selected hospital.
REFERENCES

- Dr. Sunil Shroff, Telemedicine the possibilities and realities. E-Health/Medical Informatics/Telemedicine article Chennai 2010.
- Distance Nursing by using the latest advances in computer technology to increase medically underserved minority communities access to health care, telenursing is truly a career for the 21st century.
ASSESS THE EFFECTIVENESS OF MUSIC THERAPY ON REDUCTION OF PAIN AMONG PRIMI PARA WOMEN’S DURING ACTIVE PHASE OF LABOR.

1ASHA SREENIVASAN
1(HOD OBG DEPARTMENT)
1Associate Professor
Bombay Hospital College of Nursing

“Music is the medicine of the breaking heart and it’s the cup which holds the wine of silence.” - Leigh Hunt and Robert Frip

ABSTRACT

Background: For several decades, childbirth educators have focused on the alleviation or reduction of pain and suffering during the child birth. The management of labor pain is a major goal of intra-partum care. Aim: Assess the effectiveness of music therapy on reduction of pain among primi para women’s during active phase of labor. Objectives: To evaluate the effectiveness of music therapy on level of pain perception among primipara women’s during active phase of experimental group. Methodology: A evaluative study design was used to achieve the objectives of the study. The study was conducted with 20 primy para women’s in active phase of labor purposive sampling technique was adopted to select the sample. The level of pain perception was assessed with a self-reported visual analogue scale. The data obtained was analyzed by both descriptive and inferential statistics. Results: During music therapy the all the samples 20(100%) of experimental group had moderate pain perception were in control group samples 20(100%) had severe level of pain perception. The calculated mean value in Experimental group is 68.2 with the SD of 0.82. Among control group the mean value is 96.5 with the SD of 0.35. There was a significant difference in the pain perception mean score in during and after and musical therapy. The calculated ‘t’ value was 25.61 which was significant at 0.05 level of significance. So it was statically proved that the musical therapy was highly effective to reduce pain perception among primipara women’s during active phase of labor.

INTRODUCTION

Labor is a unique experience associated with a wonderful and meaningful life event, at the same time it is an unpleasant experience because of the pain associated with it. The experience of labor pain is a complex, subjective and multidimensional response to the sensory stimuli generated during childbirth. It is an individualized phenomenon involved with both sensory and emotional elements. Pain during labor is caused by contractions of the uterine muscles and by pressure on the cervix. This pain can be felt as strong cramping in the abdomen,
groin, and back and some women experience pain in their sides or thighs as well. It is a distinct sensation, therefore, it can be differentiated from other sensations. For women, labor pain is severe, unpleasant and traumatizing feeling. It is also an individualized phenomenon which include both sensory and emotional elements

NEED FOR THE STUDY

Labour pain is considered as one of the most intense forms of pain. Psychological challenge such as anxiety can contribute towards women’s perception of pain and may also affect their labour and birth experience. Both non-pharmacological and pharmacological approach may hold good for pain management during labour. Among the non-pharmacologic methods of pain relief, massage, acupuncture and hot application are proved to be effective techniques for management of labour pain.

Music is an age-old part of Ayurved. Music therapy is a concept that has been existent since ages. It explains how different types and pitches of sounds work on major energy systems in our body. Music can touch the mother deeply and may reduce her anxiety, stress and perception of pain. Music therapy assisted labor and delivery may also be included in this category since pregnancy is regarded as a normal part of women's life cycles. It is also a well-established fact worldwide that the therapeutic music used during pregnancy carry no side effects and is beneficial for both fetus and mother as well. It relieves stress of the expectant mother and improves her physical, psychological, intellectual & spiritual health to the optimum level, thereby making pregnancy a wonderful and blissful experience. Therefore, research in this area may further shed light on effective management of pain and anxiety of mothers in labor and may hasten healthy maternal and fetal outcome. The present study intends to assess the effect of music therapy on labour pain among women in active phase of labour.

PROBLEM STATEMENT

A Quasi experimental study to assess the effectiveness of music therapy on reduction of pain perception among primi para women’s during active phase of labor. in Gov. Medical College Hospital Aurangabad

OBJECTIVES

1. To evaluate the effectiveness of music therapy on level of pain perception among primipara women’s during active phase of experimental group.
2. To assess the level of pain perception among primipara women’s during active phase of labor in experimental group.
3. To assess the level of pain perception among primipara women’s during active phase of labor in control group.

HYPOTHESIS

H1: There is a significant difference between in the mean post-test level of pain perception among primipara women’s in experimental and control group during music therapy.

ASSUMPTION

1. The music therapy will be an effective intervention among primi para women’s to reduce their pain perception during active phase of labor.

Delimitations

1. The study will be delimited to selected hospital at Aurangabad.
2. Patient who are willing to participate in this study
3. Patient who are in active phase of labor

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REVIEW OF LITERATURE

Leodoro J. Labrague, Rheajane A. Rosales, Gilbey L. Rosales, Gerald B. Fiel [5] conducted a study on the effects of soothing music on labor pain among Filipino mothers. It was a quasi-experimental design with random assignment was utilized in this study. Fifty subjects were taken by dividing them into either music (n=25) or non-music group (n=25). Ten point visual analogue scale (VAS) was used to assess the participants’ levels of pain and the behavioral rating scale (BRS) for pain at two time period. Both group were given the usual standard routine of care, however, music group was exposed to music therapy for 30 minute. It is seen that those in the music group had statistically significant reduction in reported pain levels compared to those in the non-music group [VAS (t=7.317, p<0.050)].

A randomized controlled trial was conducted by Phumdong and Good(2003) [4] to examine the effect of music therapy on sensation and distress of labor pain in 110 primiparous women during the active phase of labor in Thailand. In the experiment, soft music had been played for 3 hours to women since the active phase of labor. Dual visual analogue scale was used to measure sensation and distress of pain before starting the study and at 3hourly post-tests. One-way repeated measures analysis of covariance indicated that those in music group had significantly less sensation and distress of pain than those in control group. In this study it is revealed that music have reduced substantially severe pain across 3 hours of labor and delayed the increase of affective pain for 1 hour.

RESEARCH METHODOLOGY

Evaluative study approach was used to achieve the objectives of the study. And the research design used was Non randomized control group design (quasi experimental)

Target population: The term primipara women’s in labor admitted in Gov. Medical College Hospital during study period was the target population for this study and the primipara women’s who are in active stage of labor considered as Accessible population for the study.

VARIABLES

Three types of various were identified in this study.
1. Independent Variable: Musical Therapy
2. Dependent Variable: pain perception of primipara women’s during active phase of labor that will be tested before and during musical therapy
3. Demographic Variable: Age, Educational status, Physical activity during antenatal period, Awareness regarding labor process and labor pain, Type of pregnancy.

Convenient sampling technique was used to select 20 primipara women’s as sample

Inclusion criteria
Primipara women’s
1. Who are willing to participate in the study
2. Who undergoing normal vaginal delivery
3. Who are between 37-42 weeks of gestation
4. Who are having the cervical dilation of 3-7 cm
5. Who is Co-operative.

Exclusion criteria
1. Those who have complications associated with labor and delivery
2. Mothers who are received other pain reliving interventions in last 2 hours

Reliability
Test re test method was used to check the reliability of the tool. The reliability was found to as 0.95 and the self-report visual analogue scale was found as reliable to collect the data regarding pain perception among primipara women’s
DATA COLLECTION

The women who met the criteria were included for the study. Data collection was started after obtaining permission from the Hospital Authority. Written informed consent was obtained from all the primipara women’s participated in the study. The socio demographic data was obtained using structured interview schedule. Self- report visual analogue scale was used to measure the level of pain perception during contractions. Pain during each uterine contractions were assessed for 10 minutes by placing the hand over the fundal area above the umbilicus. The level of pain felt during each contraction is measured. The average score of pain during 3 continuous uterine contractions are taken as one measurement in pretest and posttests. Pre interventional pain assessment is done for both experimental and control group. Then the music therapy is given for the experimental group for 30 minutes using headset. The pain perception during musical therapy was assessed after 20 th minutes of starting the music therapy. The data was analyzed using descriptive and inferential statistics.

RESULT

Distribution of Socio- Demographic Variable:-
In experimental group majority 12(60%) of participants was from the age group of 22-25 years .7(35%)of them were graduates. All the women had moderate level of physical activity during antenatal period. Only 48% of them had basic awareness regarding labor process and labor pain. Majority 14(70%) of the primipara women had unplanned pregnancy.

Assessment level of pain among primipara women’s during active phase of labor before music therapy among experimental group

<table>
<thead>
<tr>
<th>Level of pain perception Before music therapy</th>
<th>Experimental Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>No pain (0–4 mm)</td>
<td>-</td>
</tr>
<tr>
<td>Mild pain(5-44 mm)</td>
<td>-</td>
</tr>
<tr>
<td>Moderate pain (45–74 mm)</td>
<td>1</td>
</tr>
<tr>
<td>Severe pain (75–100 mm)</td>
<td>19</td>
</tr>
</tbody>
</table>

In pretest95% of the experimental samples had severe pain 5% of them had moderate pain perception. The calculated mean value is 93.95 with the SD of 0.46

Assessment level of pain among primipara women’s during active phase of labor before music therapy among control group

<table>
<thead>
<tr>
<th>Level of pain perception Before music therapy</th>
<th>control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>%</td>
</tr>
<tr>
<td>No pain (0–4 mm)</td>
<td>-</td>
</tr>
<tr>
<td>Mild pain(5-44 mm)</td>
<td>-</td>
</tr>
<tr>
<td>Moderate pain (45–74 mm)</td>
<td>02</td>
</tr>
<tr>
<td>Severe pain (75–100 mm)</td>
<td>18</td>
</tr>
</tbody>
</table>
In pretest 90% of the control group samples had severe pain 10% of them had moderate pain perception. The calculated mean value is 94.3 with the SD of 0.43

Assessment level of pain among primipara women’s during active phase of labor during music therapy among experimental and control group

<table>
<thead>
<tr>
<th>Level of pain perception</th>
<th>Experimental group</th>
<th>control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>%</td>
<td>Frequency</td>
</tr>
<tr>
<td>No pain (0–4 mm)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mild pain (5–44 mm)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Moderate pain (45–74 mm)</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>Severe pain (75–100 mm)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MEAN</td>
<td>68.2</td>
<td>96.5</td>
</tr>
<tr>
<td>SD</td>
<td>0.82</td>
<td>0.35</td>
</tr>
</tbody>
</table>

During music therapy the all the samples 20(100%) of experimental group had moderate pain perception were in control group samples 20(100%) had severe level of pain perception. The calculated mean value in Experimental group is 68.2 with the SD of 0.82. Among control group the mean value is 96.5 with the SD of 0.35.

Evaluating the effectiveness of musical therapy

<table>
<thead>
<tr>
<th>Group</th>
<th>Before Musical therapy</th>
<th>During Musical therapy</th>
<th>Enhancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>93.95</td>
<td>68.2</td>
<td>25.75</td>
</tr>
<tr>
<td>SD</td>
<td>0.46</td>
<td>0.89</td>
<td></td>
</tr>
<tr>
<td>t-value</td>
<td>25.61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at 0.05 level

There was a significant difference in the pain perception mean score in during and after medical therapy. The calculated 't' value was 25.61 which was significant at 0.05 level of significance. So it was statically proved that the musical therapy was highly effective to reduce pain perception among primipara women’s during active phase of labor.

Implications of the Study

1. An in service education programme can be organized to train the nurses about the use of music therapy during labor and to create awareness among nurses so that Nurses can understand the importance of different non-pharmacological, measures to reduce pain of the mothers during labor.
2. The alternative and complimentary therapies (the music therapy is one of them) can be included in the syllabus of the curriculum of basic nursing programme.
3. Opportunities to be given for doing research in field of music therapy as well as other relaxation techniques to reduce pain of the mothers during labor to improve the labor outcome.
4. Emphasis should also be given on publication of findings of these types of researches in various journals. Research findings could also be presented at various nursing forums for developing awareness among nurses.

Recommendations
1. The study can be replicated on larger sample in different setting so that the findings can be generalized to larger population.
2. A similar study may be done on both primipara and multipara mothers.
3. A comparative study can be conducted to assess the effectiveness of other nursing measures along with music therapy such as breathing exercises, warm water bath (Hydrotherapy), TENS, acupuncture, aromatherapy, reflexology, position and labour support for effective pain management during labour.

CONCLUSION
Music therapy is a non-pharmacological intervention, which has been used widely to promote comfort as well as relaxation. The present study investigates the effectiveness of music therapy in reducing pain perception during active phase of labor among primipara women’s. Music therapy included songs based on selected ragas was given to the women for 30 minutes. The result of the study suggests that the music was effective in reducing pain perception during labor. During the musical therapy the women’s feel so released and comfortable and many of them feel sleepy during therapy.

This study provides evidence for the use of music as an empirically based intervention of women for labour pain during the active phase of labour. It does not need much training and can be used with ease. Music therapy is a cost-effective intervention to reduce pain during labour.

REFERENCES
- Lowdermilk, Perry, Maternity nursing 7th edition, Missouri: mosby publishers, 2004; page no.338
ABSTRACT

Background: Electronic waste (e-waste) is hazardous substances which contaminate the environment and threaten human health, if disposal protocols are not meticulously managed. Aim: Assess the Effectiveness of Self Instructional Module on Knowledge regarding E-Waste Management and Its Impact on Health among System Operator. Objectives: 1. To assess the pre and post interventional level of knowledge regarding E-Waste Management and its Impact on Health among System Operator. 2. To find out significant difference between pre and post interventional level of knowledge regarding E-Waste Management and its Impact on Health among System Operator. 3. To associate the pre interventional level of knowledge regarding E-Waste Management and its Impact on Health among System Operator with their selected demographic variables. Methodology: An evaluative approach with Pre-experimental one group pre-test post-test design was used for the study. The sample consists of 20 System Operators were selected by using Non-Probability convenient sampling technique. Structured questionnaires were administered to evaluate the knowledge on E-Waste Management and its Impact on health before and after introduction of Self-instructional Module. The collected data was analyzed by using descriptive and inferential statistics. Results: The result showed that there was a significant difference between pre-test and post-test knowledge scores as assessed by the paired t-test value is 5.96 at 0.05 level of significant. Hence it is statistically interpreted that Self-instructional Module could be an effective strategy to improve the knowledge of System Operators on E-waste management and its impact on health.

INTRODUCTION

Electronic waste (e-waste) is one of the fastest-growing pollution problems worldwide given the presence if a variety of toxic substances which can contaminate the environment and threaten human health, if disposal protocols are not meticulously managed. In 2006, the United Nations estimated the amount of worldwide electronic waste discarded each year to be 50 million metric tons. There are tones E-wastes junked and dismantled; dismantling is not only involve in unscrewing but also shredding, tearing and burning. The smoke and dust particle consists of carcinogens and other hazardous chemicals which causes severe inflammations and lesions including many respiratory and skin diseases.
Most people involved in informal recycling are the urban poor with low literacy levels, and hence have very little awareness regarding the hazards of E-waste and the recycling processes (Sinha et al., 2011). A large number of workers are involved in crude dismantling of these electronic items for their livelihood and their health is at risk; therefore, there is an urgent need to plan a preventive strategy in relation to health hazards of E-waste handling among these workers in India (Monika & Kishore, 2010).

NEED FOR THE STUDY

India is the fifth biggest producer of e-waste in the world; discarding 1.7 million tonnes (Mt) of electronic and electrical equipment in 2014 (Economic Times, 2015). Due to low awareness and sensitization e-waste is thrown along with garbage which is collected and segregated by rag pickers. E-waste-connected health risks may result from direct contact with harmful materials such as lead, cadmium, chromium, brominated flame retardants or polychlorinated biphenyls (PCBs), from inhalation of toxic fumes, as well as from accumulation of chemicals in soil, water and food. E-waste also has adverse effects on human health, such as inflammation and oxidative stress – precursors to cardiovascular disease, DNA damage and possibly cancer. Therefore creating awareness among people those handling these E-waste, about the importance of E-waste Management is very much essential in the community area among general public, stake holders, rag pickers, computer operators etc.

PROBLEM STATEMENT

A Study to Assess the Effectiveness of Self Instructional Module on Knowledge Regarding E-Waste Management and Its Impact on Health among System Operator working in a selected Private Hospital, Indore.

OBJECTIVES

- To assess the pre and post interventional level of knowledge regarding E-Waste Management and its Impact on Health among System Operator working in selected Private Hospital, Indore.
- To find out significant difference between pre and post interventional level of knowledge regarding E-Waste Management and its Impact on Health among System Operator.
- To associate the pre interventional level of knowledge regarding E-Waste Management and its Impact on Health among System Operator with their selected demographic variables.

HYPOTHESIS

- H1: There is a significant difference between pre and post-interventional level of knowledge scores regarding E-waste management and its impact on health among System operators at ≤0.05 level.
- H2: There is a significant association of pre-interventional level of knowledge score regarding E-waste management and its impact on health among System operators with their selected socio demographic variables at ≤0.05 level.

REVIEW OF LITERATURE

1. Rajesh Kumar (2016) conducted a study on ‘Current Scenario of E-Waste Management in India: Issues and Strategies.’ He explained about Electronic waste or e-waste which refers to unwanted, obsolete or unusable electronic and electrical products. Ever increasing usage of electronics and electrical equipments has resulted in piling up of e-waste. The current practices of e-waste management in India encounters many challenges like the difficulty in inventorization, ineffective regulations, pathetic and unsafe conditions of informal recycling, poor awareness of consumers and reluctance on part of the stakeholders to address the issues. As a result toxic materials enter the waste stream.
with no special precautions to avoid the known adverse impacts on the environment and human health as well resources are wasted when economically valuable materials are dumped. The purpose of this paper is to find out various issues related to e-waste and suggest strategies for effective e-waste management in India.

2. Anwesha Borthakur (2012). A study on ‘Electronic waste in India: Problems and policies.’ Electronic waste or E-waste is relatively a novel addition to the ever-growing hazardous waste stream. It includes discarded electronic and electrical equipment. Developing countries are facing enormous challenges related to the generation and management of E-waste which are either internally generated or imported illegally; India is no exception to it. However, the existing management practices related to E-waste in India are reasonably poor and have the potential to risk both human health and the environment. Moreover, the policy level initiatives are not being implemented in an appropriate way. During the course of the study it has been found that there is an urgent need to address the issues related to E-waste in India in order to avoid its detrimental future consequences.

RESEARCH METHODOLOGY

In this study, an evaluative approach with Pre-experimental one group pre-test post-test design was used. The study is conducted in selected Bombay Hospital, Indore. The sample consisted of 20 System Operators through non-probability convenient sampling method.

The researcher designed a tool consisting of sample demographic variables and structured questionnaire data was collected by administering structured knowledge questionnaire and Self-instructional Module was provided regarding E-waste Management and its impact on Health among System Operators. Then after 7 days post-intervention was conducted by same structured knowledge questionnaire. The data collected was analyzed by using descriptive and inferential statistics.

RESULT

Description of demographic variables

- With regards to the age group of System Operators, 10(50%) was belonged to the age group of 30–<40 years, 07(35%) was belonged to the age group of 20–<30 years and 03(15%) was belonged to the age group of 40 and above years.
- Majority of the selected System Operators i.e. 11(55%) were female while 09(45%) were male.
- Regarding educational qualification 14(70%) had done Graduation, 04(20%) had done Post graduation and only 02(10%) had done Diploma course.
- The data further reveals that most of them 11(55%) have 1-5 years of experience, 07(35%) had 6-10 years of experience and 02(10%) had 11 & above years of experience.
- In relation to experience of E-waste management, most of the System Operators 17(85%) have any previous knowledge whereas only 03(15%) did not had previous knowledge.
- The study depicts that Most of the System Operators got information regarding e-waste management through internet i.e. 07(35%), 06(30%) from Newspaper, 04(20%) from books and 03(15%) didn’t have information regarding e-waste management.


<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Mean</th>
<th>Mean difference</th>
<th>Mean Percentage (%)</th>
<th>Standard Deviation (S.D)</th>
<th>'t' value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-intervention</td>
<td>6</td>
<td>3.1</td>
<td>39.7%</td>
<td>1.43</td>
<td></td>
</tr>
<tr>
<td>Post-intervention</td>
<td>9.1</td>
<td></td>
<td>60.26%</td>
<td>1.35</td>
<td>5.96*</td>
</tr>
</tbody>
</table>

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The data in the table depicts that the mean post-test knowledge score (9.1) is apparently higher than the mean pre-test knowledge score (6) as evidence by the statistical significance between pre and post-test knowledge score ‘t’ 5-96’, P<0.05 showed that selected Self-instructional Module is effective to increase the knowledge level of System Operator.

Table 1: Association between Pre-interventional knowledge scores with their selected demographic variable.

<table>
<thead>
<tr>
<th>Selected demographic variables</th>
<th>Pre-interventional knowledge score</th>
<th>Df</th>
<th>x²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inadequate (0-10)</td>
<td>Moderate (11-20)</td>
<td>Adequate (21-30)</td>
</tr>
<tr>
<td>Age (in years):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-&lt;30</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>30-&lt;40</td>
<td>3</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>40 &amp; above</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Educational Qualification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Graduate</td>
<td>4</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Post graduate</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Years of Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5</td>
<td>2</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>6-10</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>11 &amp; above</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Previous knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Source of information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

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Table 2 depicted that computed chi square values are not significant in age, gender, educational qualification, years of experience and previous knowledge but it is significant in source of information. Hence research hypothesis H2 was rejected. It shows null hypothesis.

**IMPLICATIONS OF THE STUDY**

- The infection control team should take initiatives to collaborate with the governing bodies as well as the hospital administration to formulate standards protocols and policies to emphasize Electronic Waste Management from the point of generation to its final disposal and establishes managerial responsibilities.
- Self-learning materials, pamphlets, and booklets can be distributed about Electronic Waste Management and its impact on Health done in community area which will help to create awareness and knowledge among general public, stake holders, rag pickers, computer operators etc.

**RECOMMENDATIONS**

- A similar study can be conducted on a large scale.
- More researches need to be conduct in the area of Electronic Waste Management in different settings such as electronic shops, community and other organizations.
- There is a potent need for extended and intensive nursing research to elaborate and stretch out Electronic Waste Management.

**CONCLUSION**

On the basis of findings it was concluded that Self-instructional Module was effective to improve the knowledge of System Operator regarding E-waste Management and its impact on health. The interest of System Operators to learn about E-waste Management and its impact on health result in enhancement of knowledge with good percentage.

**REFERENCE**

EFFECTIVENESS OF TRAINING PROGRAMME ON KNOWLEDGE REGARDING HIV/AIDS AMONG BSC NURSING 4TH YEAR STUDENTS

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1Lecturer, Department of Medical surgical Nursing, Bombay Hospital College of Nursing, Indore, M.P, India

ABSTRACT

Background: The human immunodeficiency virus (HIV) is a lentivirus (a subgroup of retrovirus) that causes HIV infection and over time acquired immunodeficiency syndrome (AIDS). AIDS is a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Without treatment, average survival time after infection with HIV is estimated to be 9 to 11 years, depending on the HIV subtype. Infection with HIV occurs by the transfer of blood, pre-ejaculate, semen, vaginal fluids, or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells. HIV infects vital cells in the human immune system such as helper T cells (specifically CD4+ T cells), macrophages, and dendritic cells. HIV infection leads to low levels of CD4+ T cells through a number of mechanisms, including pyroptosis of abortively infected T cells, apoptosis of uninfected bystander cells, direct viral killing of infected cells, and killing of infected CD4+ T cells by CD8 cytotoxic lymphocytes that recognize infected cells. When CD4+ T cell numbers decline below a critical level, cell-mediated immunity is lost, and the body becomes progressively more susceptible to opportunistic infections.

Aim: Assess the effectiveness of the training program of HIV/AIDS on increasing knowledge of Bsc nursing fourth year students.

Objectives: 1. To assess the pre and post test knowledge regarding HIV/AIDS of BSc nursing 4th year students. 2. To find out the effectiveness of the training programme regarding HIV/AIDS on knowledge of BSc Nursing 4th year students. 3. To find out the association of pre-test knowledge score with selected socio demographic variables of BSc(N) 4th year students.

Methodology: A evaluative study design was used to achieve the objectives of the study. The study was conducted with 30 students of Bsc nursing fourth year. Pre-experimental, one-group pre-test, post test design was adopted for this study. The data obtained was analyzed by both descriptive and inferential statistics.

Results: The result revealed that training program was an effective intervention to increase the knowledge of the students.

INTRODUCTION

HIV/AIDS epidemic has decimated populations widely all over the globe. According to the recent global scenario 33 million (30-36 of people living with HIV worldwide in 2007) and in that 2.7 million people infected with the virus, 2 million people died of HIV related causes. In resource limited settings, where there is lack of skilled man power like Doctors and Pharmacists to take care of infected people, the Nurses have been increasingly involved in providing care and
treatment to HIV/AIDS infected people. HIV/AIDS has to be fought not at the national level but also in the micro level and in economically backward projects where the message of awareness, prevention, and lifestyle changes has to be reached. The Nurses have a key role to play in following aspects of HIV/AIDS care: Basic care, psycho-social, Education and counseling, palliative care, Referrals and linkages, ART adherence, Infection control, diet and nutrition, issues related to women and pregnancy.

**NEED FOR STUDY**

Everyone has a purpose in life—a unique or special talent to give to others, and when we blend this unique talent with services to others, we experience the ecstasy and exultation of our spirit, which is the ultimate goal of all goals. Today’s society is complex and ever changing. As children grow they must learn not only to cope with current demands but also to prepare for the many unexpected event facing tomorrow. When researcher did the clinical she felt there should a training on HIV/AIDS. As the students during the researchers clinical duty were not confident enough and had fear too perform care to HIV/AIDS patients. Therefore the researchers set to see the effectiveness of training programme among nursing students because they are the ones who has to manage these type of cases later in hospitals.

**STATEMENT OF THE PROBLEM**

A pre-experimental study to assess the effectiveness of training programme on knowledge regarding HIV/AIDS among BSc Nursing 4th year students in Bombay Hospital College of nursing Indore (M.P).

**OBJECTIVES**

- To assess the pre and post test knowledge regarding HIV/AIDS of BSc nursing 4th year students.
- To find out the effectiveness of the training programme regarding HIV/AIDS on knowledge of BSc Nursing 4th year students.
- To find out the association of pre-test knowledge score with selected demographic variables.

**OPERATIONAL DEFINITIONS**

- **Nursing students**: Here the nursing students mean the students of BSc nursing fourth year students.
- **Knowledge**: Fund of information that students has in memory about HIV/AIDS.
- **Planned teaching programme**: it is systematically developed verbal and video instructions to provide information for BSc nursing students of fourth year.
- **HIV**: Human Immunodeficiency Virus, or HIV for short, is a retrovirus that targets the human immune system. The human body is unable to eliminate the virus, meaning that once a person is infected there is no cure.
- **AIDS**: AIDS (acquired immunodeficiency syndrome) is defined as the stage of infection with HIV-1, or HIV (human immunodeficiency virus), in which an infected person's immune system has become so weak that he or she is at risk of developing other infections or cancers (or has already developed them) that can potentially lead to death.
- **Effectiveness**: significant gain in knowledge on HIV/AIDS after planned teaching programme as assessed by their response to structured questionnaire.
- **Assess**: to make a judgement about the nature or quality of planned teaching programme.
- **Evaluate**: It refers to the assessment of effectiveness of planned teaching programme regarding HIV/AIDS.
ASSUMPTION

1. The training programme will be an effective intervention among Bsc nursing fourth year students to improve their knowledge which they can use to take care of HIV/AIDS in future.

Delimitations

The study is delimited to:-

1. Bsc nursing students of fourth year in Bombay Hospital College of nursing.
2. Bsc nursing students who are willing to participate.
3. Bsc nursing students present at the time of data collection.

HYPOTHESIS

To achieve the objectives the following hypothesis were formulated.

- H₁ → There will be a significant difference in the pre test and post test knowledge level of BSc Nursing 4th year students after undergoing training programme on HIV/AIDS at 0.05 level of significance.
- H₂ → There will be a significant association of pre-test knowledge score regarding HIV/AIDS with selected socio demographic variables of BSc Nursing 4th year students at 0.05 level of significance.

REVIEW OF RELATED LITERATURE

Tuncay Ergene at all (2017) The goal of this study was to assess the impact of peer education and single-session educational lectures on HIV/AIDS knowledge and attitude change among university students (n = 157 male, n = 230 female; mean age = 20) on the campuses of two metropolitan state universities in Ankara, Turkey. The students were randomly selected to participate in peer education (n = 204), single-session lecture (n = 74) or wait-list control (n = 109) groups. Statistical analyses reveal significant differences in knowledge and attitudes, personal behavior, and awareness of HIV/AIDS. Both the peer education and HIV/AIDS lecture strategies were more effective in eliciting change in student's knowledge and attitudes than the control condition (p > .05). Male and female students in both experimental groups showed higher attitude scores compared with all students in the control group.

Kamiru HN at all (2016) Effectiveness of a training program to increase the capacity of health care providers to provide HIV/AIDS care and treatment in Swaziland. Implementation of HIV care and treatment programs in sub-Saharan Africa is a complex undertaking that requires training of health care providers (HCPs). The purpose of this study was to evaluate Baylor International Pediatric AIDS Initiative’s (BIPAI) HCP training program in Swaziland. The specific aims were: (1) to assess coverage and delivery of the training program; and (2) to determine the impact of the training program on HCPs’ knowledge about HIV and pediatric practices, attitudes toward HIV/AIDS patients, and self-efficacy to provide antiretroviral therapy (ART). The evaluation was a multimethod design with two types of data collection and analysis: (1) one-group pretest-posttest survey with 101 HCPs; and (2) semi-structured in-depth interviews with seven trainers from Baylor College of Medicine and 16 local HCPs in Swaziland. Process evaluation showed that the training had good coverage, was delivered as intended, and improved as the work progressed. The training program led to a significant increase (p=0.0000) in HCPs’ knowledge about HIV/AIDS, ART, and relevant clinical pediatrics practices between pretest (mean 68.7% SD 13.7) and post training (mean 84.0% SD 12.0). The training program also increased trainees' self-efficacy to provide ART and their attitudes toward AIDS patients (p=0.0000 and 0.02, respectively). In conclusion, BIPAI training program in Swaziland had
good coverage of all health care facilities and HCPs in Swaziland. The training was effective in imparting knowledge and skills to HCPs and in their attitudes toward HIV/AIDS patients

Ms.Smriti Arora (2016) .A study to evaluate the effectiveness of a training programme on knowledge, attitude and practices of adolescents related to HIV/AIDS in selected schools of Delhi. The main aim of the study was to assess the effectiveness of a training programme in improving the knowledge, attitude and practices of adolescents related to HIV/AIDS. The objectives of the study were to: assess and compare the knowledge, attitude and practices (KAP) of adolescents before and after administration of a training programme on HIV/AIDS; determine the relationship between knowledge, attitude and practice of adolescents before and after administration of a training programme on HIV/AIDS; determine the association of selected variables with KAP of adolescents related to HIV/AIDS and determine the acceptability of adolescents on the training programme related to HIV/ AIDS. This quasi experimental study following pretest posttest design was conducted among 175 adolescents (93 in experimental group and 82 in control group) in two conveniently selected govt. schools in East Delhi. there was a significant increase in the KAP scores of adolescents from pretest to posttest (day 15 and 30). There was also a significant increase in the mean pretest to posttest knowledge scores in the control group but no statistical significant change was observed in mean pretest to posttest attitude and practice scores.

RESEARCH METHODOLOGY

For any research work the methodology of investigation is of vital importance. Research methodology is a way to solve problems. It is systematic procedure in which the research starts from initial identification of the problems to final conclusion. Research methodology includes research approach, research design, setting, the population, sample, criteria for sample, method of sample selection, description of tool, testing of the tools, pilot study, procedure for data collection, plan for data analysis. Evaluative approach helps to explain the effect of independent variable on the depended variable. Pre-experimental, one-group pre-test, post test design (        ) was adopted for this study.

Variables under study are

Dependent variable (DV) knowledge

Independent variable (IV) training programme

Extraneous variable (EV) age, member of voluntary agency, educational background, hiv/aids programme attended, source of information.

Setting- The study was conducted in Bombay Hospital College of nursing (Indore M.P).

Population- The target population in this study was students of Bsc nursing fourth year.

Sample and sample size 30,Sample technique-convenient sampling is done in this study.

Sampling criteria

Inclusive criteria:-
Students of both sex who are,

- Bsc nursing fourth year of Bombay Hospital College of nursing Gwalior MP.
- Willing to participate in this study.
- Present at the time of study.

Exclusion criteria
Students of both sex who are,

- Not willing to participate.
- Bsc nursing fourth year students of other college.

Description of the tool

The following instruments tools were developed in order to generate data.

1. Demographic data.
2. Structured knowledge questionnaire to assess the knowledge of students in relation to HIV/AIDS.

DATA COLLECTION

The nursing students who met the criteria were included for the study. Data collection was started after obtaining permission from the Hospital Authority. Written informed consent was obtained from all the nursing students participated in the study. The socio demographic data and knowledge was obtained using structured questionnare. The data was analyzed using descriptive and inferential statistics.

RESULTS

Distribution of Socio- Demographic Variable:-
The analysis of demographic data of the sample is described in terms of age, member of the voluntary agency, source of information, educational background using frequency and percentage. Pre-test score with selected demographic variable association was analysed using chi-square. Comparison between the pre-test, post-test knowledge score has shown by comparing the mean, median, mode, standard deviation.

Frequency and percentage of socio demographic variables.

<table>
<thead>
<tr>
<th>S.</th>
<th>Demographic</th>
<th>Level of the knowledge</th>
<th>Chi²</th>
<th>Tables</th>
<th>Infe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>POOR</td>
<td>AVER</td>
<td>GO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A21-22yrs</td>
<td>1</td>
<td>3.3</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>b) 23-24 yrs</td>
<td>4</td>
<td>13.4</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td></td>
<td>c) 25-26</td>
<td>4</td>
<td>13.4</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>2</td>
<td>Any training attended or not</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) yes</td>
<td>2</td>
<td>6.7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b) No</td>
<td>7</td>
<td>23.3</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>3</td>
<td>Membership on clubs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) NSS</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>b) NCC</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>13.4</td>
</tr>
<tr>
<td></td>
<td>c)READCROSS</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>d) None</td>
<td>9</td>
<td>30</td>
<td>11</td>
<td>36.6</td>
</tr>
<tr>
<td>4</td>
<td>Source of Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Parents / Family</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>b) Mass media</td>
<td>5</td>
<td>16.6</td>
<td>16</td>
<td>53.3</td>
</tr>
<tr>
<td></td>
<td>c) Printed aids</td>
<td>2</td>
<td>6.7</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>d) Friends</td>
<td>2</td>
<td>6.7</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>6</td>
<td>Course</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) BA</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>b) B Sc</td>
<td>3</td>
<td>10</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>c) B Com</td>
<td>2</td>
<td>6.7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>d) 12th</td>
<td>4</td>
<td>13.4</td>
<td>20</td>
<td>66.6</td>
</tr>
</tbody>
</table>

The demographic profile of students participated for the study. The finding of the study showed that in majority of the students,

- 77 % of students belongs to 23-24 age group, 17 % of the students are between 25-
26 years age group in experimental group, and 6% of the students are between 21-22.

- 10% of students are member of NSS, 13% of students are member of NCC, 10% of students are member of Red Cross and 67% of students not member of any voluntary agency.
- 72% of students are getting information from TV, 14% of students are getting information from printed aids, 7% of students are getting information from parents 7% of students get information from friends.
- 80% of students background education is intermediate, 7% of students background information is Bsc and Bcom is 13.
- 10% of students in joined NSS, 13% of students were in NCC, 10% in red cross and 67% were not had any club membership.
- There is no association between the demographic variables with the pre-test knowledge score as the calculated chi square value is less than the table chi square value.

<table>
<thead>
<tr>
<th>Knowledge test</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>22.53</td>
<td>22.5</td>
<td>20,21,28,26 each 4 times</td>
<td>4.5</td>
</tr>
<tr>
<td>Post-test</td>
<td>28.86</td>
<td>29</td>
<td>27,31 each 5times</td>
<td>3.5</td>
</tr>
<tr>
<td>‘t’</td>
<td></td>
<td></td>
<td>8.878755 which is &gt; than table ‘t’ value 0.00001</td>
<td></td>
</tr>
</tbody>
</table>

- The mean post test knowledge score of the students (28.86), was higher than their mean pre-test knowledge score (22.53).
- The ‘t’ value is statistically significant at 0.05 level as the calculated value of ‘t’ (8.878755 of knowledge) is greater than the table value of ‘t’ (0.00001).

So, the training programme is effective as the calculated ‘t’ value is greater than the table value and mean, median, mode of post test is greater than the pre test values of the same.

**Implications of the Study**

1. An in service education programme can be organized to train the nurses for better access, assessment and continuity of care.
2. Opportunities to be given for doing research in field of HIV/AIDS Care of Patients (COP), Management of Medication (MOM), Patient Rights and Education (PRE).
3. Emphasis should also be given on publication of findings of these types of researches in various journals. Research findings could also be presented at various nursing forums for developing awareness among nurses for continual quality care.

**Recommendations**

1. The study can be replicated on larger sample in different setting so that the findings can be generalized to larger population.
2. A similar study may be done on staff nurses.
3. A comparative study can be conducted to assess the effectiveness of other college nursing students.
4. A similar study may be done with both experimental and control group.

**Conclusion**

By this study we came to know that there is no association between the demographic variables and there is a significant effectiveness of the training programme on the knowledge of the students of Bsc nursing fourth year regarding HIV/AIDS.
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EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF NEEDLE STICK INJURY AMONG B.Sc NURSING 1st YEAR STUDENTS

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1HOD of Medical and Surgical Nursing Department, Bombay Hospital College Of Nursing, Indore

ABSTRACT

Background:
Needle stick injuries may lead to dangerous hazards such as infections with hepatitis B & C and HIV. Nursing students are particularly exposed to occupational hazards such as needle stick and sharp injuries due to limited knowledge and experience.

Aim: This study was conducted to assess the effect of structured teaching programme on knowledge of undergraduate B.Sc. Nursing 1st year nursing students towards prevention of needle stick injuries during clinical training.

Method: One group pre-test and post-test, pre-experimental design was used, with non-probability convenient sampling technique. Information was collected from 50 B.Sc. Nursing 1st year students using structured knowledge questionnaire. Structured teaching programme was conducted of same group. After 7 days posttest was done by using same structured knowledge questionnaire.

Results:
The overall pre test knowledge scores of B.Sc. Nursing 1st year students were found 10.2 and the overall posttest knowledge scores was found 17.14. The computed “t” value is 6.19 that is significant at 0.05 which indicates that structured teaching programme was effective in increasing the knowledge of B.Sc nursing 1st students regarding needle stick injury.

Conclusion:
The knowledge and awareness of B.Sc nursing 1st year students regarding Needle stick injuries was increased thus study revealed that structured teaching programme was highly effective to increase their knowledge level.

INTRODUCTION

A needle stick injury is a percutaneous piercing wound caused by a sharp instrument commonly encountered by people handling needles in the medical setting such injuries are an occupational hazard for health care professionals. Needle stick injuries are particularly dangerous because they may transmit blood borne disease including hepatitis B hepatitis C and HIV/AIDS. Needle stick injuries are common event in the healthcare environment when drawing blood, administering an intramuscularly or intravenous drug or performing any procedure involving sharps, accidents can occur and facilitate the transmission of blood borne diseases. Injuries also...
commonly occur during needle recapping or via improper disposal of devices into an over field or poorly located sharps container. Lack of access to appropriate personal protective equipment or alternatively, employee failure to use provided equipment, increases the risk of occupational needlestick injuries.

In 2007, the world health organization estimated annual global needle stick injuries at 2 million per year, and another investigation estimated 3.5 million injuries yearly. The European Bio-safety Network estimated 1 million needle stick injuries annually in Europe. The US occupational safety and Health Administration (OSHA) estimated 5.6 million workers in the health care industry are at risk of occupational exposure to blood borne diseases via percutaneous injury. The US centers for diseases control and prevention (CDC) estimates more than 600,000 needle stick injuries occur among health care workers in the US annually.

Among healthcare workers nurses and physicians appear especially at risk; those who work in an operating room environment are at the highest risk. An investigation among American surgeons indicates that almost every surgeon experienced at least one such injury during their training within the medical field, specialties differ in regard to the risk of needle stick injury: surgery, anesthesia, otorhinolaryngology (ENT) Internal medicine and dermatology have high risk, while as radiology and pediatrics have relatively low rates of injury. In the United States, approximately half of all needle stick injuries affecting healthcare workers are not reported, citing the long reporting process and its interference with work as their reason for not reporting an incident. The American nurses Association estimates that the numerous needle stick injury only about 1,000 health care workers actually contract an infection besides exposure to blood borne pathogens; the nurse is also at risk for about 20 other infections that can be transmitted through a needle stick, including tuberculosis, syphilis and malaria. When a nurse get exposed to a needle stick, the risk of transmitting various types of blood borne pathogens that is human immunodeficiency virus, hepatitis B or hepatitis C from an infected patient to a health care worker is greatly increased.

The estimated no. of needle stick injuries in the UK is 100,000 and Scotland is 4,000. In Australia, the number of claims for needle stick injuries increased 12.6% between 1997 and 1998. WHO estimates that, globally there are three million accidental needle stick injuries each year. While some studies have been conducted in developed countries investigating factors related to NSIs among HCWs in general, there are a few researches in literature addressing the predictors of NSIs in developing countries, specially focusing on nurse. Nursing is a crucial occupation in Iran and nurses constitute the majority of the HCWs' force. However, the lack of safe sharps devices (devices with built-in safety features) and the high ratio of patients to nurses in the country's hospitals have imposed work environments characterized by a high potential in predisposing the nurses to risk of NSIs.

**PROBLEM STATEMENT**

“A study to assess the effectiveness of structured teaching programme on knowledge regarding prevention of needle stick injury among B.Sc. Nursing 1st year students of Bombay Hospital College of Nursing, Indore”

**OBJECTIVES**

- To assess the pre-existing knowledge level regarding prevention of needle stick injury in B.Sc Nursing 1st year students
- To evaluate the effectiveness of structured teaching programme on prevention of needle stick injury in B.Sc Nursing 1st year students.
- To find out the association of pretest knowledge level with selected Socio demographic variables.
HYPOTHESES

• **H1:** There will be a significant difference in the knowledge levels of B.Sc nursing 1st year students before and after the structured teaching programme regarding prevention of needle stick injury.

• **H2:** There will be an association of the pretest knowledge score of structured teaching programme on prevention of needle stick injury with selected socio demographic variable

Hypothesis is tested at 0.05 significance level

ASSUMPTIONS
The study assumes that,

• Structured teaching programme may be an effective method to improve the knowledge level of the B.Sc Nursing 1st year students regarding prevention of needle stick injury.

REVIEW OF LITERATURE

Ilhan M.N., et.al. (2006) The present study revealed that the majority of the nursing students were 20-21 years/old and highly percentage of them 30.3% were carried out their clinical training in the intensive care units, these factors may increase risk rate of needle stick and sharp injuries between nursing students due to limited clinical experience and special care which was needed for patients in ICUs. The common factors that increase risk for needle stick and sharp injuries are age when were less than twenty four years, having less than four years of nursing experience & training and when nurses are working in the critical units as operation room or intensive care units.

Louis Pretorius, et.al, (2011), had done an experimental study on the incidence of needle stick injury among students and registered nurses the sample size was 198 students with the questionnaire method and it was found that alone 17% of student nurses sustain needle stick injury but only 55% of these are reported.

DESIGN AND SETTING:

Research approach: A Quantitative research approach was used for this study.

Research design: In this study a pre experimental one-group pre test, posttest design was used.

Dependent variables: In this study the knowledge of the B.Sc.Nursing 1st year students was the dependent variable.

Independent variables: Structured teaching programme was the independent variable.

Setting: This study was conducted at Bombay Hospital College of Nursing Indore.

Population: In this present study the population is B.Sc. Nursing 1st year students.

Sample size: The sample size comprised of 50 student nurses studying in Bombay Hospital College of Nursing Indore.

Sampling technique: Non-probability purposive sampling was used in this study to select the sample

MATERIAL AND METHOD OF DATA COLLECTION:

The tool used in this study are: - Section A Socio demographic data. Section B Structured knowledge questionnaire to assess knowledge of student nurses regarding needle stick injury.

Reliability of tool: The tool was tested for reliability on 15 B.Sc nursing students of Bombay hospital college of nursing, Indore. Using Karl Pearson's correlation formula. The reliability coefficient obtained was 0.85, which showed that tool was reliable.

PROCEDURE FOR DATA COLLECTION:

Written permission was obtained from ethical committee of Bombay hospital college of nursing Indore prior to the data collection. The study was carried out in the same way as that of the pilot study. A total of 50 samples were selected for the main study from the B.Sc nursing 1st year student. The respondents were approached individually prior to the administration of
structured knowledge questionnaires. The investigator obtained the informed consent from the respondents and confidentiality was assured. Pretest was taken.

Time taken for the administration of structured knowledge questionnaires was 15–20 minutes. Structured teaching programme was conducted on prevention of needle stick injury for research study participants. After 7 day’s posttest was conducted with the same tools. When the posttest was completed the investigator terminated the data collection procedure by thanking the respondents for their co-operation and participation.

RESULTS: Data reveals that most of the subject 60% were in the age group of 18-19 year, 30% were in the age group of 20-21 years and 10% in the age group of 22-23 years. 70% of the population were the Christian and remaining 30% of the population was Hindu. Concerning vaccination 100% of the populations are vaccinated for hepatitis B. Regarding the previous knowledge 100% of the population has not attended the conference or seminar on needle stick injury.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Mean</th>
<th>Mean Difference</th>
<th>Standard deviation (S.D.)</th>
<th>'t' Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>10.2</td>
<td>6.94</td>
<td>5.27</td>
<td>6.19*</td>
</tr>
<tr>
<td>Post-Test</td>
<td>17.14</td>
<td>6.01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at 0.05

The mean post test knowledge score 17.14 apparently higher than the mean pretest knowledge score 10.2 the dispersion of pretest score (standard deviation 5.27) is more than that of the post test score (S.D 6.017) and the competed t value shows that there is a significant difference between pretest and post test mean knowledge score (t-6.19) this indicate that information structured teaching programme was effective in increasing the knowledge of B.Sc nursing 1st year students regarding needle stick injury. Thus the hypothesis that there will be significant increase in posttest knowledge score than mean pretest test knowledge score is accepted. Majority of socio-demographic variables have non-significant association with pre-test knowledge scores. Hence, H2 hypothesis is rejected.

IMPLICATIONS:

**Nursing service:** Student nurses should avail to the maximum benefits of the educative faculties from the hospital. Health education can be used as an effective means for explanation of the prevention and management of needle stick injury; among staff nurses to maintain quality and to reduce the incidence rate.

**Nursing administration:** Nurse administrator can conduct in service education to the student and the staff to create the awareness about the different level of prevention and safety precaution during needle stick injury. Health education programme can be conducted for the attendance of nursing student who are doing practices in clinical areas. Nurse administrators could prepare appropriate teaching material / protocols.

**Nursing research:** The result of the study should be discussed with other nursing students; nurses and community leader; so as to put forward joint effort in making decision and educating other in a large scale.

Researcher can conduct studies on assessment of need of the staff nurses and student nurses in their terms of their knowledge, attitude, belief and practices in caring for patients and can determine the effectiveness of education in terms of improved and healthy rearing practicing.

RECOMMENDATIONS

• The findings of this study suggest that nurse educators must reconsider current curriculum design, course content, and teaching methods concerning nursing student knowledge and practice regarding needle stick and sharp injuries.
Nursing students degree programs must be included in nursing training curriculum about NSIs.

It is essential that nursing and midwifery students should be protected from professional risks like other health care professionals through trained about how to avoid blood-borne pathogens by using infection control measures.

It also indicated that the hepatitis B vaccination for nursing students should be encouraged and recommended since it was shown that a low percentage of nursing students had received their complete series of hepatitis B vaccine.

Replication of the study on a larger probability sample from different geographical areas should be done to achieve more generalizable results.

Sharp waste Management must be included in training program about NSIs as collecting contaminated sharp wastes immediately after use (without recapping the needle), and using puncture proof sharp containers that will not leak liquids.

CONCLUSION: This study revealed that B.Sc.Nursing 1st year students had poor knowledge regarding needle stick and sharp injuries during clinical training. Educational intervention had a positive impact on knowledge and practice of undergraduate nursing students' toward needle stick and sharp injuries. This educational intervention significantly reduced the incidence of NSIs.

REFERENCES

PATIENT’S RIGHT AWARENESS AMONG STAFF NURSES AND OPD PATIENTS.

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†Asst. Prof., Bombay Hospital
College of Nursing, Indore(M.P.)

ABSTRACT
Respecting patient’s right is a fundamental aspect of providing health care. To supply quality services and health care, it is evident that patient’s rights are known to patients and staff nurses. The objectives of the study were:i) To examine the awareness level of patient’s rights among out-patients admitted in NABH accredited Hospital. ii) To analyse awareness level of patient’s rights among staff nurses working in NABH accredited Hospital. iii) To find out the association of awareness level of staff nurses regarding patients’ rights with selected socio-demographic variables. iv) To find out the association of awareness level of patient’s rights with selected socio-demographic variables of out-patients. An explorative study was done on 20 patients and 20 staff nurses of selected NABH Hospital. Separate Sociodemographic variables for patients and staff nurses were prepared along with Multiple choice questions, which were administered for data collection. Descriptive and inferential statistics was used and data was represented in graphs and tables. Results: Out-Patients: The mean score of awareness of patient’s rights among out-patients was 7.55 (S.D. 2.51) which indicates that out-patients were having good awareness regarding patients right. Significant association was found between awareness level of out-patients and educational status at 0.05 level of significance. For other sociodemographic variables no significant association was found. Staff Nurse’s: The mean awareness score of patient’s right among staff nurses was 11(S.D. 2.19) and this value indicates that staff nurses were having very good awareness regarding patient’s rights. No significant association was found between awareness level of staff nurses with their socio-demographic variables at 0.05 level of significance.

Keywords
Out-Patient, Awareness, Patient’s Rights, Assess, Staff Nurse

INTRODUCTION
BACKGROUND OF THE STUDY
Since the introduction of the Human Rights Act by the United Nations in 1948, legislations on patient’s rights have been passed all over the world. Examples of them are the 1968 Sydney Declaration on organ transplantations, the 1964 Helsinki Declaration on research subjects, and the 1978 Alma-Ata, Basic Health Services Declaration. The main reason of increasing in legislation is that observance of patients’ rights is an essential part of quality improvement efforts in health services.
In many declarations, the purpose of patient’s rights is to ensure the ethical treatment of all patients. Patient’s rights are defined on the basis of patients’ satisfaction with treatment process,
confidentiality, informed consent and privacy. Patients have more necessary physical, mental, and social needs than other individuals. This is because of their specific situations and vulnerability that may make them unable to meet all requirements. As such, considering patient’s rights is essential.

NEED FOR THE STUDY

Awareness of the rights of patients is important for both patient and staff nurse. The awareness level of nurse and patient will varies from patient to person. The awareness of rights of patient for patient and staff nurse will helps in proper patient care. Un awareness of the patient of their rights may limit their expectation from the physician and if they become aware of the content of the patient’s rights their satisfaction from current situation may alter.

A. M Kanerva, T.Suominen and H.Leino-Kilpi studied patient rights in the context of short stay surgery which was based on a definition according to which informed consent consist of 5 elements: consent, voluntariness, disclosure of information, understanding and competence.

K.Merakou , P.Dall- Vorgia , T.Garanis- Papadatos and J.Kourea- Kremastinou studied the way in which patient’s rights were being exercised in every day hospital practice and found that patient ignore the fact that special regulations exist regarding their rights.

I choose this topic because the Out-patients are not aware of their rights so that they can miss the excellent care. The health care personal because of overload or negligence they do not perform complete patient care which includes the consent and proper medical care.

PROBLEM STATEMENT

“An explorative study to assess the awareness level of the staff nurses and out-patients regarding patient’s rights at selected NABH hospital of Indore”.

OBJECTIVES

- To examine the awareness level of patient’s rights among out-patients admitted in NABH accredited Hospital.
- To analyse awareness level of patient’s rights among staff nurses working in NABH accredited Hospital.
- To find out the association of awareness level of staff nurses regarding patients’ rights with selected socio-demographic variables.
- To find out the association of awareness level of patient’s rights with selected socio-demographic variables of out-patients.

HYPOTHESIS

H1: There is a significant association of patients’ rights awareness score of staff nurses with their selected socio-demographic variables.

H2: There is a significant association of patients’ rights awareness score of out-patients with their selected socio-demographic variables.

ASSUMPTIONS

- Staff Nurses working in NABH hospitals will be aware of patient’s rights.
- Out-Patients of NABH hospitals will be aware of patient’s rights.

DELIMITATION

- Out-Patients who are not willing to participate in study.
- Staff Nurses not willing to participate in the study.
REVIEW OF LITERATURE

Health care embraces a full range of services covering health promotion and protection, disease prevention, diagnosis, treatment, care and rehabilitation.
The reviews are divided into 4 sessions
1. Literature related to patient’s awareness of their rights.
2. Literature related to level of awareness of nurses regarding patient’s rights.
3. Literature related to awareness of health professionals regarding patient’s rights.
4. Literature related to public awareness of patient’s rights.

RESEARCH DESIGN
The research design selected for the study is exploratory descriptive research design.

DEPENDENT VARIABLE
- Awareness level of patients and nurses
- Hospital environmental factors.

INDEPENDENT VARIABLE
In the present study the independent variable the Educational level of out-patients and staff nurses.

SETTING OF THE STUDY
This study is conducted in selected NABH accredited hospitals of Indore i.e. Bombay Hospital.

POPULATION
Staff Nurses working in NABH accredited hospital and out-patients who came for treatment in NABH hospital.

SAMPLE SIZE
The study sample consists of 20 staff nurses and 20 out-patients in selected NABH accredited hospital of Indore.

SAMPLING TECHNIQUE
The sampling technique used for the study is non-probability purposive sampling.

SAMPLE SELECTION CRITERIA
Inclusion Criteria
- Out-Patient who were willing to participate in the study
- Out-Patient who were educated and were able to read English.

Exclusive criteria
- Out-Patient who were not educated and were unable to read English.

DATA COLLECTION TOOLS AND TECHNIQUES
A structured questionnaire consisting of 15 items was prepared to assess the awareness level of the nurses and patients regarding patient rights. Separate sociodemographic variables were prepared for staff nurses and Out-patients.

CONTENT VALIDITY OF TOOL
The tool was submitted to 3 experts. Modification were done according to the expert’s opinion and final tool was developed.

RELIABILITY OF THE TOOLS
The reliability co-efficient was calculated by Karl Pearson’s formula. The reliability co-efficient of Out-patient’s was found to be 0.76% and for staff Nurse it was 0.84%. Thus tool was found to be valid, reliable and feasible for the purpose of study.
PILOT STUDY
Pilot study was conducted on 5 staff nurses and 5 patients and it was found to be feasible.

PROCEDURE FOR DATA COLLECTION

- Written permission was obtained from the concerned authority before data collection.
- A sample of 20 patients and 20 nurses were selected using purposive sampling technique.
- The investigator introduced herself and the purpose of the study was explained to the subjects and informed consents was obtained.
- The awareness test was given using a structured awareness questionnaire. The time taken to complete the questionnaire was 20 – 30 minutes.
- The investigator thanked and appreciated all the participants for their co-operation.

PLAN FOR DATA ANALYSIS
Data was analysed using descriptive and inferential statistics.

ETHICAL AND HUMAN RIGHTS
Permission was obtained from the ethical committee, during research confidentiality and anonymity of the participants were maintained. Written consents were obtained from the participants and confidentiality of the data was maintained.

ORGANIZATION AND PRESENTATION OF DATA
The findings were organized and presented under the following sections:
Section 1: Sample characteristics of Out-Patients
Section 2: Sample characteristics of Staff Nurses
Section 3: The awareness test score of Out-Patients regarding awareness of patient’s rights. 
Section 4: The awareness test score of staff nurses regarding awareness of patient’s rights. 
Section 5: Association between awareness test score of Out-patients and selected socio-demographic variables.
Section 6: Association between awareness test score of staff nurses and selected socio demographic variables.

SECTION 1: SAMPLE CHARACTERISTICS OF OUT-PATIENTS
Selected Sociodemographic variables of out-patients with frequency and percentage
For age 15% were in the age group of 20-30 years, 55% were in the age group 31-40 years, 25% were in the age group of 41-50 years and only 5% were in the age group 51-60 years. With regard to gender 55% were male and 45% were female. With regard to religion 100% of patients were Hindu. Regarding the education of the out-patients 70% were educated up to higher secondary, 30% were educated up to graduation and above.

SECTION 2: SAMPLE CHARACTERISTICS OF STAFF NURSES
Selected socio demographic variables of staff nurses with frequency and percentage.
Regarding the professional qualification of staff nurses, 10% had done GNM and 90% had done B.Sc. Nursing. With regard to attained any in service education 100% of nurses attained the in service education regarding patient’s rights. With regard to working place of staff nurses 70% of nurses were working in ICU, 25% were in general ward and 5% of nurses were posted in O.T. With regard to years of experience was that about 10% nurses with less than 1 year, 85% were with 1-5 years of experience and only 5% were with more than 10 years of experience.

SECTION 3: AWARENESS SCORE OF OUT-PATIENTS REGARDING AWARENESS OF PATIENT’S RIGHTS
Mean, Median and standard deviation of awareness of patient’s rights among patients.

<table>
<thead>
<tr>
<th>Sample</th>
<th>N</th>
<th>Mean</th>
<th>Median</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>20</td>
<td>7.55</td>
<td>7</td>
<td>2.519</td>
</tr>
</tbody>
</table>

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The data presented in table indicates that mean score of awareness of patient’s rights among Out-patients was (7.55) and this value indicates that Out-patients were having good awareness regarding patient’s rights.

**SECTION 4: AWARENESS SCORE OF STAFF NURSES REGARDING AWARENESS OF PATIENT’S RIGHTS.**

Mean, Median and standard deviation of nurses among awareness of patient’s rights

<table>
<thead>
<tr>
<th>Sample</th>
<th>N</th>
<th>Mean</th>
<th>Median</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Nurses</td>
<td>20</td>
<td>11</td>
<td>11</td>
<td>2.19</td>
</tr>
</tbody>
</table>

The data presented in the above table indicates that mean score of awareness of patient’s rights among staff nurses was (11) and this value indicates that the staff nurses were having very good awareness regarding patient’s rights.

**Frequency and percentage distribution of awareness of out-patients regarding patient’s rights.**

<table>
<thead>
<tr>
<th>Awareness Score</th>
<th>Frequency</th>
<th>Percentage(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Very Good</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>Good</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>Average</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The table indicates that majority (45%) of Out-patients are having good awareness and the data shows that 30% are average and 25% are in good, None of them are included in excellent and poor category(0%).

**Frequency and Percentage distribution of awareness level of staff nurses regarding patient’s rights.**

<table>
<thead>
<tr>
<th>Awareness Score</th>
<th>Frequency</th>
<th>Percentage(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>Very Good</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Average</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**SECTION 5: ASSOCIATION BETWEEN AWARENESS TEST SCORE OF OUT-PATIENTS AND SELECTED SOCIO DEMOGRAPHIC VARIABLES**

Chi – square value shows association between awareness test score of outpatients and selected socio demographic variables.

<table>
<thead>
<tr>
<th>Marks</th>
<th>0-3 (poor)</th>
<th>3-6 (average)</th>
<th>6-9 (Good)</th>
<th>9-12 (v. good)</th>
<th>12-15 (excellent)</th>
<th>Df</th>
<th>Chi-square value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>8.4741 (NS)</td>
</tr>
<tr>
<td>31-40</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41-50</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51-60</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1.054 (NS)</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>0</td>
<td>6</td>
<td>9</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Christian</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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The computed chi-square values between awareness test score of Out-patients and the socio demographic variables shows that there was significant association between educational status and awareness test score at 0.05 level of significance. But for age, gender and religion there was no significant association, so hypothesis H2 is rejected.

SECTION 6: ASSOCIATION BETWEEN AWARENESS TEST SCORE OF NURSES AND SELECTED SOCIO DEMOGRAPHIC VARIABLES.

Chi-square value showing association between knowledge test score of nurses and selected socio demographic variables. N=20

<table>
<thead>
<tr>
<th>Marks</th>
<th>0-3 (poor)</th>
<th>3-6 (average)</th>
<th>6-9 (good)</th>
<th>9-12 (v.good)</th>
<th>12-15 (excellent)</th>
<th>Df</th>
<th>Chi-square value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GNM</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>2.716 (NS)</td>
</tr>
<tr>
<td>Post BSc</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSc</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSc</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attained any in service education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>11</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>4</td>
<td>6</td>
<td>1.489 (NS)</td>
</tr>
<tr>
<td>Casualty</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General ward</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1 Year</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>5.6692 (NS)</td>
</tr>
<tr>
<td>1-5 Year</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-10 Year</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;10 Year</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The computed chi-square values between awareness test score of staff nurses and the socio demographic variables shows that there is no significant association between awareness test score of staff nurses and selected socio demographic variables at 0.05 level of significance. So the hypothesis H1 for this study is rejected.

DISCUSSION

The finding showed that Out-patients had good awareness regarding patient’s rights. The total mean score secured by the patients is 7.55 on a scale of 1-15 as well as for staff nurses it showed that staff nurses had very good awareness regarding patient’s rights. The total mean score secured by the staff nurse is 11 on a scale 1-15.

CONCLUSION

After the detail analysis, this study leads to the following conclusions that the nurses and patients are having very good and good awareness respectively regarding patient’s rights.
RECOMMENDATION
1. A similar study can be replicated on a large sample so that the finding can be generalized.
2. A similar study can be conducted in other hospitals which are not accredited by NABH.
3. A study can be conducted by including additional demographic variables.
4. A study can be carried out to assess the awareness level of the nurses and patients regarding patient rights at selected NABH hospital with the help of administering of questionnaire.
5. A study can be done between patient and nurses among patient rights in selected NABH hospital.

IMPLICATION
The findings of this study have implication for nursing education, nursing administration and nursing research.

Nursing Education
Nurse educators can use and develop newer effective strategies and enhance the psychometric domain of learning among nursing students in clinical practice.
Nursing education is another important area of nursing research where nurse researcher try to generate or refine ideas or refine the awareness which is useful to improve the teaching learning methods and environment in nursing discipline.
Every student should be encouraged to teach the patients regarding awareness of patient’s rights.

Nurse Administration
Nurse administration should take an initiative in creating policies or plans in providing education to the patients during their hospital stay and at the time of discharge. And also to take initiation to provide education to the nurses regarding rights of patients. This study will help nurse administrators to assess the organizational structure, communicates the findings and evaluate the practice.

Nursing Research
The study throws light on the awareness of Out-patients and staff nurses regarding patient’s rights. There is a lot of scope for exploration in this area.

Nursing Practice
Health care professionals can provide care based on patient’s rights and their awareness of patient’s rights need to be evaluated. Educational programmes, leaflet, booklet and posters can be helpful in this regard.

Limitations
- The study is limited to staff nurses who are working in NABH hospitals.
- The study is limited to Out-patients of NABH hospitals.

BIBLIOGRAPHY
- AbedianA,BagheriNesami M “ The Effect of an Education – based Intervention on Self-Reported Awareness and Practice of Iranian Nueses in Observing Patient’s Rights, Mazandaran University of Medical Sciences Iran 2014.
- Ibrahim SA Effect of Patient’s Rights Training Sessions for Nurses on a Perceptions of Nurses and Patient’s Nurs Ethics 2016 Jan 27 .

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INTRODUCTION
Cardiovascular disease is the leading global cause of death, accounting for 17.3 million deaths per year, a number that is expected to grow to more than 23.6 million by 2030. In India 9 crore Indian suffer from heart disease and 30% more are at high risk.
“Cardiopulmonary resuscitation (CPR) is a technique of basic life support for the purpose of oxygenation to the heart, lungs and brain until and unless the appropriate medical treatment can come and restore normal cardiac pulmonary function.”

Cardiopulmonary resuscitation is one of the major achievements in modern medicine. Among all organs brain with stands hypoxia the least. So within 15-30 seconds of cardiac arrest the person becomes unconscious and within 4 mints the brain gets irreversibly damaged.

Basic Life Support (BLS) includes recognition of signs of sudden cardiac arrest (SCA), heart attack, stroke and foreign-body airway obstruction (FBAO); cardiopulmonary resuscitation (CPR); and defibrillation with an automated external defibrillator (AED). It is very important that every person in the community know about Basic Life Support to save lives and improve the quality of community health.

BLS training programme is a variety of learning assets such as demonstration, self-directed learning and interactive activities. this course teach students BLS knowledge and skills. The BLS instructor led course teaches both single rescuer and team basic life support skills for application in both pre-hospital and in-facility environments, with a focus on High Quality CPR and team dynamics.

Need of the study - According to Dr. Ashwani Mehra (2016), India is currently witnessing nearly 2million heart attacks in a year & majority of the victims are youngsters. One person dies in every 33 second owing to a heart attack in India. Sudden cardiac arrest claiming about 4,280 lives from every 1lakh of population annually (WHO, 2009)

The statistical study of India related to cardiac arrest shows:

<table>
<thead>
<tr>
<th></th>
<th>Out-of-Hospital Cardiac Arrest</th>
<th>In-Hospital-Cardiac Arrest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence</td>
<td>350,000</td>
<td>209,000</td>
</tr>
<tr>
<td>Bystander CPR</td>
<td>46.1%</td>
<td>Survival rate adult – 24.8%</td>
</tr>
<tr>
<td>Survivor rate</td>
<td>12%</td>
<td>Survival rate children – N/A</td>
</tr>
</tbody>
</table>

STATEMENT OF THE PROBLEM

“A pre experimental study to assess the effectiveness of BLS training programme on practice of CPR among B.Sc Nursing 4th year students of Bombay Hospital College of Nursing, Indore in year 2016”

OBJECTIVES OF THE STUDY

1. To assess the existing level of practice of CPR among B.Sc. Nursing 4th year students of Bombay Hospital, college of nursing, Indore.
2. To evaluate the effectiveness of BLS training programme on practice of CPR among B.Sc. Nursing 4th year students.

HYPOTHESIS

H1- The mean post test practices score of B.Sc nursing 4th year students regarding CPR after administering BLS training programme is significantly higher than mean pre test knowledge score.

ASSUMPTIONS

1. The 4th year B.Sc Nursing students will not have adequate existing level of practices of CPR.
2. The BLS Training Programme will help the students to improve their practices of CPR.

DELIMITATIONS

• The study will be limited to the 4th year B.Sc Nursing, Student studying in Bombay Hospital, College of nursing.
• The sample size is limited to 26 students.
• The period of data collection is limited to 3 days only.
• Girls who are willing to participate in this study

RESEARCH METHODOLOGY

Research methodology is the systemic way to solve the research problem. This chapter provides a brief description of the method adopted by the investigator to conduct this study. This chapter includes research approach, research design, setting of the study and sampling technique, development and description of tool, pilot study, data collection procedure and plan of analysis.

RESEARCH DESIGN

Research design provides a backbone structure of the study. It determines how the study will be organized when the data will be collected and when interventions, if any, are to be implemented. Research Design is the overall plan for addressing research question including specification for enhancing the integrity of the study. (Kothari 1998) pre-experimental research design was used without control group to assess the practices of CPR among students.

Target population - The target population consists of the total membership of a defined set of subjects from whom the study subjects are selected and to whom the data will be generalized. The target population of the study was B.Sc Nursing students studying in Bombay Hospital College of Nursing.

Accessible population - The accessible population for the study comprises of term 4th year B.Sc nursing students.

VARIABLES

Variables are concepts at different level of abstraction that are concisely defined to promote their measurement or manipulation within study. Chinn and Kramer (2007)

Dependent variable - One variable depends upon or is a consequence of other variable; it is termed as dependent variable. In the present study it refers to knowledge in CPR among B.Sc Nursing 4th year students.

Independent variable - The variable that is believed to cause or influence the dependent variable is termed as independent variable. In this study independent variable is BLS Training program.

Demographic variables- In this study demographic variable are age, gender, educational status, previous knowledge regarding BLS Training.

SAMPLE SELECTION CRITERIA

In this study, the investigator identified the existing practices of CPR of 4th year B.Sc Nursing Students of Bombay Hospital College of Nursing, Indore city. The criteria set for the sampling are:

Inclusion criteria
The study will include
• 4th Year B.Sc Nursing Students who are enrolled in selected college in Indore
• 4th Year B.Sc Nursing Students available during the period of data collection.
• Students who are willing to participate in the study

Exclusion criteria
The study will exclude:
• 4th Year B.Sc Nursing Students who do not give consent to participate in the study.
• 4th year B.Sc Nursing students who are physically ill at the time of data collection

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DATA COLLECTION

The investigator obtained written permissions from the concerned authority of the selected college prior to data collection. Main study was conducted on a total of 26 students of 4th year B.Sc Nursing who were selected from the Bombay Hospital College of Nursing Indore. The data was collected and explain the purpose of the study, return consent were obtained from the students, and assured about confidentiality of their response. A practices questioner was given to all the samples to assess the existing practices of CPR. On the same day BLS training programme was given to all the sample by dividing them in to 3 groups, on the next day the investigator personally assessed the practices on CPR with the same practices.

DATA ANALYSIS AND INTERPRETATION

SECTION A: DISTRIBUTION OF SOCIO- DEMOGRAPHIC VARIABLE OF 4TH YEAR B.SC NURSING STUDENTS

Frequency and Percentage distribution of socio-demographic variables of 4th year B.Sc Nursing students on existing practices of CPR

Table -1 Frequency and Percentage Distribution of sample according to Age.

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Frequency (N)</th>
<th>Percentage(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>20-21</td>
<td>24</td>
<td>92%</td>
</tr>
<tr>
<td>22-23</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>24-25</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Table 1 shows that majority 24 (92%) students were in the age group 20-21 years, followed by 2(8%) were in age group 22-23 years, none of them were in the age group 18-19 years and 24-25 years.

Fig. 3 Percentage Distribution of sample according to Age.
Table 2 Frequency and Percentage Distribution of sample according to previous practices

<table>
<thead>
<tr>
<th>DEMOGRAPHIC VARIABLES</th>
<th>FREQUENCY (N)</th>
<th>PERCENTAGE (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have previous practices</td>
<td>18</td>
<td>69%</td>
</tr>
<tr>
<td>Not having any practices</td>
<td>4</td>
<td>15%</td>
</tr>
<tr>
<td>Participated in workshop</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Both A &amp; C</td>
<td>2</td>
<td>8%</td>
</tr>
</tbody>
</table>

Table 2 shows the distribution of B.Sc Nursing students on the basis of previous existing level of practices of CPR. The majority 18 (69%) students were having previous practices, followed by 4 (15%) were not having any practices, 2 (8%) were participated in workshops and 2 (8%) were participated in workshops and have previous practices.

SECTION B: ASSESSMENT OF PRACTICES OF CPR AMONG 4TH YEAR B.SC NURSING STUDENTS

I Assessment of pre-test existing Practices of CPR among 4th year B.Sc Nursing students

Table 3. Frequency and percentage distribution of Pre-existing practices of CPR among 4th year B.Sc Nursing students before BLS Training Programme

<table>
<thead>
<tr>
<th>Inadequate (%)</th>
<th>Frequency</th>
<th>Moderate (%)</th>
<th>Frequency</th>
<th>Adequate (%)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.46%</td>
<td>23</td>
<td>11.53%</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 3 shows that the frequency and percentage distribution of students according to the pre-test existing practices of CPR techniques. In this, 23 (88.46%) students are having inadequate practices of CPR techniques, and 3 (11.53%) were having moderate Practices of CPR techniques, and there is no one who is having good practices.

**Figure 5: Percentage distribution of pre-test existing practices on CPR**

**Table 4. Mean % and SD of pre-test practices on CPR among 4th year B.Sc Nursing students**

<table>
<thead>
<tr>
<th>Practices score</th>
<th>Number of statements</th>
<th>Total score</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRETEST</td>
<td>18</td>
<td>18</td>
<td>9.11</td>
<td>1.24</td>
</tr>
</tbody>
</table>

Table 4 shows that the calculated mean score of pre-test existing practices on CPR is 9.11 and with the SD of 1.24.

**II Assessment of post-test Practices of CPR among 4th year B.Sc Nursing students**

Table 5. Frequency and percentage distribution of practices level on CPR among 4th year B.Sc Nursing students after BLS Training programme

<table>
<thead>
<tr>
<th>Inadequate</th>
<th>Moderate</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Frequency</td>
<td>% Frequency</td>
<td>% Frequency</td>
</tr>
<tr>
<td>-</td>
<td>31%</td>
<td>8</td>
</tr>
</tbody>
</table>
Table 5 shows that the frequency and percentage of the students after training program. In the above data, 8(31%) were gained moderate practices of CPR techniques, and 18(69%) students were gained adequate practices of CPR techniques after BLS training programme.

![Bar chart showing percentage of post-test practices score]

Fig 6: Percentage distribution of practices on CPR among 4th year B.Sc Nursing students after BLS Training programme.

Table 6. Mean % and SD of post-test practices regarding CPR among 4th year B.Sc Nursing students

<table>
<thead>
<tr>
<th>Knowledge Score</th>
<th>Number of statements</th>
<th>Total score</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post test</td>
<td>18</td>
<td>18</td>
<td>16.15</td>
<td>1.29</td>
</tr>
</tbody>
</table>

Table 6 shows that the calculated mean score of post-test practices of CPR is 16.15 and with the SD of 1.26.

SECTION C: EVALUATION OF EFFECTIVENESS OF BLS TRAINING PROGRAMME

Table 7. Evaluation of effectiveness of BLS training program

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>Number of statements</th>
<th>Total score</th>
<th>Mean</th>
<th>Mean difference</th>
<th>Standard deviation</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>18</td>
<td>18</td>
<td>9.11</td>
<td>7.04</td>
<td>1.24</td>
<td>18.02</td>
</tr>
<tr>
<td>Post-test</td>
<td>18</td>
<td>18</td>
<td>16.15</td>
<td></td>
<td>1.29</td>
<td></td>
</tr>
</tbody>
</table>

Significant at 0.05 level

Table 7 shows that mean value of pre-test is 9.11 and post-test is 16.15 and the mean difference between pre and post-test is 7.04%. The standard deviation of pre-test is 1.24.
whereas post-test is 1.29 and calculated t’ value 18.02 is higher than the ‘p’ value at 0.05 level of significance. This indicates that after BLS training program the practices level has been increased.

**SUMMARY**

This chapter dealt with the analysis and interpretation of data collected to generate the possible solutions of the research study. It mainly included the descriptive statistical analysis of demographic characteristics, assessment of effectiveness of BLS training (CPR, Autonomous External defibrillator).

**RECOMMENDATIONS**

1) On the basis of this study similar study may be replicated on large samples, thereby findings can be generalized for a large population.

2) A true experimental study can be conducted with control group for evaluating the effectiveness.

3) A comparative study can be done with mild vs. moderate IQ level of 4th year B.Sc nursing students to evaluate the effectiveness of BLS training.

**IMPLICATIONS**

The findings of the study have implication in various areas of:

**Implications to nursing practice**

Nurses should enhance their professional knowledge. The finding of the study can be used to bring about awareness among nursing students regarding practices of CPR. Health information can be imparted through various methods like lecture cum demonstration, mass media, pamphlets, PTP and displays etc. Nurses have to position themselves in all areas of community. Several implications can be drawn from the present study for nursing practice. Nurses are the key providers of preventive, promotive, curative and rehabilitative services to individuals and communities. The present study would help the nurses to develop an understanding about the knowledge of BLS training among 4th year B.Sc nursing students. A major role of the nurses is to follow the techniques of CPR and encourage fellow members.

**Implications to nursing education**

The current trend in education is to be up to the date with all the new knowledge. The student nurses can engage in providing health education and conduct awareness programs among the special college students. Finding of the study have implication for nursing education too. Nurse educators should use different teaching strategies to educate student nurses in enhancing knowledge and skills in community health care services. The acquisition of practices in CPR at the student level will better equipped novice nurses to provide more effective health counsel and support in clinical and community setting.

**Implications to nursing administration**

The nurse administrator must take up the challenges to organize continuous nursing education programmes for the nursing personnel and motivate them to prepare instructional materials like information booklet and to conduct in-service education programmes which are beneficial for the students and teachers in special colleges. The nursing administrator should ensure the use of various alternative and complementary techniques for the students. The CPR techniques are cost-effective method of improving practice skills of the students, providing qualitative nursing care.

**Implications to nursing research**

Re-thinking and reevaluation of the previous nursing art procedures and knowledge should be done; to keep the knowledge up-to-date Research is a systemic attempt to obtain answer to meaning full questions about phenomena or events through the Application of scientific procedure. The study finding would help to expand the scientific body of knowledge up on which further researchers can be conducted.
CONCLUSION
After the successful completion of the statistical analysis the investigator revealed that in pre-test practice score it is reflected that more than three fourth of the students were only had average practices regarding CPR. And in post test the practices score was increased dramatically so it proved that BLS training programme was highly effective to increase the practices score.

The hypothesis $H_1$ made by the investigator that there will be significant increase in practices of B.Sc nursing 4th year students regarding CPR after administering BLS training programme is statically proved and accepted.

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CREATING AWARENESS IN MENTAL HEALTH WITH A NEW CONCEPT TARGETING ESPECIALLY HIGH SECONDARY STUDENTS THROUGH CUCKOO’S NEST PROGRAMME AND MENTAL WELLNESS GUIDE BOOK UNDER FLOURISH MENTAL WELLNESS ASSOCIATION (FMWA)

1MR. RAHUL NIGAM
1Asst. Prof., Bombay Hospital College of Nursing, Indore. [M.P.]

Abstract
Mental health is how individuals think, act and cope with life and the stressors and challenges that are part of the human experience. The state of one's mental health can influence the ways in which they look at themselves, their life and others around them. It also strongly influences an individual's potential for achieving their goals and is an important tool in obtaining and maintaining a feeling of well being.

INTRODUCTION:
Mental health is how individuals think, act and cope with life and the stressors and challenges that are part of the human experience. The state of one's mental health can influence the ways in which they look at themselves, their life and others around them. It also strongly influences an individual's potential for achieving their goals and is an important tool in obtaining and maintaining a feeling of well being.

Individuals with good mental health wellness are better able to function during stressful situations. Good mental health wellness is reflected in several ways:-

1. Bouncing back from adversity.
2. Communicating about your feelings.
3. Forming good interpersonal relationships.
4. Setting and achieving realistic goals.
5. Seeking help in difficult times.
6. Enjoying life to the fullest.
7. Self-appreciation.

ABOUT US:
Flourish partners with mental health professionals, organizations and communities to develop positive mental health culture. It not only want to focus on helping those struggling with mental illness, but to help them and others looking to excel in life and fulfill personal goals. Our providers believe in the power of holistic care of the mind from a wellness perspective. FMWA’S work is to spread knowledge about mental health & encourage its practice in all sections of society. This increase in awareness is essential to improve well-being & also to dispel the stigma faced by these associated with mental health problems.

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This Association is set up in Mental Health Nursing Department of Bombay Hospital College of Nursing, Indore [M.P.] and is voluntarily supported by Psychiatrist, Wellness Therapist, Clinical Psychologist, Social Workers, Psychiatric Nurse, and Yoga Therapist.

**Moto:**
“Working Together To Overcome the Barriers of Mental Wellness”

**AIM:**
To conjoin mental health professionals & local community partners for promoting mental health, positive change towards mental illness & reducing its stigma as it is essential to improve mental well-being.

**OBJECTIVES:**
1. Increase awareness about mental health and mental illness.
2. Identify early warning signs.
3. Open conversations around confronting stigma.
4. Strategies for maintaining mental wellness and overcoming barriers to our wellness.
5. Identify actions that students can take to make a difference in their communities towards mental health and illness.
6. Provide a forum to initiate and sustain conversation about mental health and addiction issues.

**ACTIVITIES:**
1. **Raise awareness** about mental health and mental illness through our events (e.g. Role play, special lectures, symposium etc) to create an environment where individuals can freely communicate about their questions about mental health and mental well-being.
2. **Eliminate stigma** towards mental illness by disseminating information through our events and communications, and helping individuals understand mental illness is non-discriminatory in who it effects.
3. **Provide information** about mental illness to school students through an awareness programme Cuckoo’s Nest: Let’s talk about mental illness.
4. **Provide counseling** related to overcome behavioral issues.
5. Help individuals to **find support groups and wellness events** in their local communities.
6. **Address coping skills** such as stress management techniques, mindfulness and resiliency.
7. Encourage those with mental illness and their caregivers to seek professional help by making the process easy and accessible.

**CUCKOO’S NEST: LET’S TALK ABOUT MENTAL ILLNESS PROGRAMME**

**Overview of the programme**

Many people are frightened of mental illness, although about one in four people will require professional help for a mental health problem at some time in their lives. Mental illness remains shrouded in ignorance and misconception. In rural and urban communities sufferers face stigma and discrimination at every turn: from employers, neighbours, friends and even their own family. Taking the form of anything from name calling to exclusion, stigma prevents those with mental illness from addressing their issues personally or seeking help professionally.

Even those that have recovered from mental illness face hardships, they report difficulties in their community, marriage and family as a result of their being branded, 'mentally ill'. These attitudes are born of lack of knowledge, not experience, and are substantiated by media coverage that portrays the mentally ill in a far from positive light; using imagery that fills in the gaps in people's imagination as to the potential behaviours of someone whom they do not understand or feel that they cannot relate.

Providing accurate information can help correct fears, myths and misconceptions many people have about mental illness. Studies have shown that a combination of education and face-
to-face interaction has a greater impact on changing attitudes than using either strategy in isolation. Secondary schools provide an ideal environment and natural opportunities to address mental health and illness issues. Secondary school students, particularly at the senior level, are eager to learn about mental illness. The movie Cuckoos Nest teaches that people with mental illness are not violent or incompetent, and that, in one student’s words, “they are just like everybody else.” The students learn that with advances in treatment and community support, people with mental illness, just like people with other chronic health problems such as diabetes, can live fulfilling lives and contribute to the community. Secondary school students are at an age where they are forming opinions and values that will be with them for life. This program helps students develop critical thinking skills by encouraging them to examine media messages and their own preconceptions about mental illness. It helps ensure students develop a strong sense of understanding, empathy, compassion and tolerance — essential elements in healthy individuals and caring communities. Teenagers need to know more about mental illness because the first symptoms of severe, chronic forms of mental illness (such as schizophrenia, bipolar disorder, panic disorder and obsessive-compulsive disorder) generally appear between the ages of 16 and 24. Young people with disorders such as schizophrenia and mood disorders have a very high risk of attempted suicide. The program provides an opportunity to openly discuss mental illness. However, this discussion does not replace professional help. It provides the kind of information, such as local mental health-related resources, that makes it easier for young people to find help and support for themselves and others to deal with mental illness. In the program evaluation, students’ knowledge and attitudes about mental illness will be measured. The results will show that the program increases knowledge and awareness of mental illness and fosters more positive attitudes about people with mental illness.

Mental wellbeing is of particular importance in younger age groups as childhood experiences in infancy and the first five years of life have been found to have a lasting impact upon a child’s mental wellbeing.3 Understanding and improving the mental wellbeing of this age group may deliver tangible improvement across their whole life course.

**Key facts on mental health in childhood:**

![Chart showing mental health facts]

While the statistics on mental illness are stark there are modifiable risk and protective factors such as parenting and education which provide opportunities to improve mental health and wellbeing at an early age and have a lasting impact throughout the life course. Positively influencing the mental wellbeing of children and young people can enhance their ability to

1. Develop psychologically, emotionally, creatively, intellectually and spiritually
2. Initiate, develop and sustain mutually satisfying inter-personal relationships
3. Use and enjoy solitude
4. Become aware of others and empathise with them
5. Play and learn

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6. Develop a sense of right and wrong
7. Resolve (face) problems and setbacks and learn from them

GOAL AND OBJECTIVES OF THE PROGRAM

Goal
- To eliminate or reduce the stigma associated with mental illness through an educational programme

Objectives
- To develop a positive attitude towards mental illness among students.
- To provide teachers/educators with appropriate support and materials to implement the awareness program.
- To organize awareness presentations to take place in local secondary schools or other community venues.
- To provide secondary school students with information about mental illness and local resources for supports.

REFERENCE:
- http://www.wpro.who.int/mediacentre/releases/2017/20170407/en/
EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON NURSES’ RESPONSIBILITY REGARDING ORGAN TRANSPLANTATION AMONG THE STAFF NURSES.

1MRS. JERIL MARIAM THOMAS
1Lecturer, Bombay Hospital College of Nursing, Indore.

ABSTRACT

Organ transplantation is a bonus to the health sector as it has helped in saving the lives of those who would have died otherwise. There is a great need for human organs for transplantation. In fact, the need exceeds the supply of transplantable organs. The shortage of organs has several reasons. Perhaps the most common is that people are diffident to donate organs as they lacks adequate knowledge regarding it. In other cases people are reluctant to donate organs due to the forged beliefs surrounding organ transplantation. Purpose of this study was to evaluate the level of knowledge regarding organ transplantation among staff nurses. 40 staff nurses were selected through the convenient sampling technique. Findings revealed that mean value of knowledge score was 7.6 and as per the score grade, it indicates that it is in average score. Also, there was a significant association of level of knowledge with educational qualification.

Keywords: structured teaching programme, organ transplantation, staff nurses.

INTRODUCTION

Organ transplantation is a boon to the medical industry as it has helped in saving the lives of those who would have died otherwise. There is a great need for human organs for transplantation. In fact, the need exceeds the supply of transplantable organs. The shortage of organs have several reasons. Perhaps the most common is that people are hesitant to donate organs because they don’t have adequate knowledge regarding it. In other cases people are reluctant to donate organs due to the false beliefs surrounding organ transplantation.1 There is also a distinct lack of awareness among the general public in India about how immensely beneficial donating organs can prove to be for the recipients and their families. Most of the people needing transplantation belong to the young and middle age groups. Hence donating vital organs to a person belonging to these age groups can save a whole family from being ruined. There is also a superstition among people that by donating organs, they will be born deformed and disfigured in their next birth.2

New notified rules of transplant act of 2014 may help give boost to deceased transplantation in India and ease organ shortage. Thousands of lives are lost in India annually from heart and liver failure since transplantation of unpaired organs like heart, liver and pancreas is either difficult or impossible from living donors. It is only possible on a large scale if these organs are available from cadaver donors. There are millions of needy patients all over the world who suffer from various end stage organ failures and whose lives can be saved only by the timely replacement of the failed organ.3

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NEED FOR THE STUDY

Organ transplantation is one of the most spectacular endeavours till date. Medical advances have contributed tremendously to its success ratio and have led to a significant increase in the number of transplants being performed. But there is a shortage for organs and low response to cadaver organ transplantation. The shortage of organs has been due to the reluctance of many family members to donate due to the fear of surgery causing loss to their health, smaller nuclear families with unmatchable donors and a deceased donor programme that is still to evolve fully.4

According to a study conducted in 2016 by Savita Thakur, in India every year nearly 5,00,000 lives are lost due to unavailability of organs. Despite a population of 1.2 billion, people of India stands at a mere 0.08% of organ donors per million population.

About 1,50,000 people in India are waiting for a kidney transplant, however only 3000 of them receive they are able to receive a transplant. Only 1 out of 30 people in the waiting list die without getting a organ.5

India, however slips to the 40th rank in the study of 69 countries in term of number of transplants per million population, with only three in a million getting a kidney in case of renal failure, as per a study conducted in 2016 by Amresh Tiwari.6

Because of the shortage of donated organs, an average of 20 people dies each day waiting for transplants that can’t take place. An average of 75- people receives organ transplants each day.

A count of 1,40,000 population met with road accidents and die, which occur annually in India, of which most of the death (67%) occurs due to severe head injuries.

In a study conducted in 2014 by Indo-Asian News Services, India 2,00,000 people need a new kidney every year and 1,00,000 need a new liver, but only 2-3 percent of the demand for new organs are met.7

STATEMENT OF THE PROBLEM

“A pre experimental study to assess the effectiveness of structured teaching programme on knowledge regarding organ transplantation among the staff nurses in selected hospital, Indore”.

OBJECTIVES

1) To assess the level of knowledge regarding organ transplantation among staff nurses.
2) To evaluate the effectiveness of structured teaching programme on knowledge regarding organ transplantation among staff nurses.
3) To find the association of knowledge scores with selected socio demographic variables of staff nurses.

HYPOTHESES

At 0.05 level of significance

- H1 : There is a significant difference in the level of knowledge regarding organ transplantation among staff nurses before and after the administration of structured teaching programme.
- H2 : There is a significant association of level of knowledge of staff nurses on organ transplantation with selected socio demographic variables.

ASSUMPTION

This study assumes that staff nurses may have knowledge regarding organ transplantation.

OPERATIONAL DEFINITIONS

In this study,

Structured Teaching Programme: refers to the learning package in the form of power-point presentation in order to impart knowledge about organ transplantation to make staff nurses aware.

Organ transplantation:- refers to the process of surgically removing an organ or tissue from one person (the organ donor) and placing it into another person (the recipient).
**Staff nurses**: refers to the nurses working in various departments in Bombay Hospital, Indore who fulfills the inclusion criteria.

**DELIMITATION**
- This study is limited to:
  - Staff nurses working in a selected hospital.

**LIMITATIONS**
- This study is delimited to:
  - Staff nurses who are:
    - Not present at the time of study.
    - Not co-operative at the time of study.

**RESEARCH APPROACH**
- The research approach adopted for the study was quantitative research approach.

**RESEARCH DESIGN**
- The research design adopted for the study was non-experimental descriptive research design.

**RESEARCH SETTING**
- The present study was conducted in outpatients department in Bombay Hospital, Indore.

**RESEARCH VARIABLE**
- Research variable was knowledge.

**EXTRANEOUS VARIABLES**
- Socio demographic variables were the extraneous variables.

**POPULATION**
- Population was Bombay Hospital, Indore.

**TARGET POPULATION**
- Target population was staff nurses.

**ACCESSIBLE POPULATION**
- Accessible population was staff nurses from Bombay Hospital, Indore.

**SAMPLE AND SAMPLE SIZE**
- Sample consists of selected 40 staff nurses from Bombay Hospital, Indore.

**SAMPLING TECHNIQUE**
- Convenient sampling technique was used to select the sample.

**CRITERIA FOR SAMPLE SELECTION**

**Inclusion criteria**
- Staff nurses who are:
  - working in ICU, and OT.
  - available at the time of study.

**Exclusion criteria**
- Staff nurses who are:
  - not willing to participate.

**PROCEDURE FOR DATA COLLECTION**
- A formal written permission obtained from the Nursing Superintendent, Bombay Hospital, Indore to conduct the Research Study. Non-probability convenient sampling technique was used.
to select 40 staff nurses from Bombay Hospital, Indore. After taking written consent from samples, pre-test was done by administering structured knowledge questionnaire and structured teaching programme was conducted. Post test was done to evaluate the effectiveness of the structured teaching programme.

DATA ANALYSIS

The findings of the study were organized according to sequence of the objectives of the study. The data were edited, analyzed, interpreted and presented in the form of tables and figures. The data are presented under the following heading-

- **Section-A:** Frequency and percentage distribution of socio-demographic variables.
- **Section-B:** Effectiveness of structured teaching programme on knowledge regarding organ transplantation
- **Section-C:** Association of knowledge scores with selected socio demographic variables.

**Section - A**
Frequency and percentage distribution of socio-demographic variables

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>SOCIO DEMOGRAPHIC VARIABLES</th>
<th>FREQ</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Age (in years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>21-25</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>b.</td>
<td>26 - 30</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>c.</td>
<td>31- 35</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>d.</td>
<td>&gt; 35</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Male</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>b.</td>
<td>Female</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>3</td>
<td><strong>Educational qualification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>GNM</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>b.</td>
<td>B. Sc Nursing</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>c.</td>
<td>Post B. Sc</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>d.</td>
<td>Others</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td><strong>Years of experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>&lt; 1yr</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>b.</td>
<td>1- 5 yrs</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>c.</td>
<td>6 – 10 yrs</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>d.</td>
<td>&gt; 10yrs</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Section - B**
Level of knowledge among staff nurses regarding organ transplantation

<table>
<thead>
<tr>
<th>KNOWLEDGE SCORE</th>
<th>GRADE</th>
<th>ASSESSMENT OF KNOWLEDGE SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Freq.</td>
</tr>
<tr>
<td>1-5</td>
<td>Poor</td>
<td>0</td>
</tr>
<tr>
<td>6-10</td>
<td>Average</td>
<td>9</td>
</tr>
<tr>
<td>11-15</td>
<td>Good</td>
<td>1</td>
</tr>
<tr>
<td>16-20</td>
<td>Excellent</td>
<td>0</td>
</tr>
</tbody>
</table>

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Section - C: Effectiveness of structured teaching programme on knowledge regarding organ transplantation

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Mean difference</th>
<th>‘t’ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>10.92</td>
<td>3.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post test</td>
<td>20.6</td>
<td>5.53</td>
<td>9.68</td>
<td>12.48</td>
</tr>
</tbody>
</table>

Section - D
Association of knowledge scores with selected socio demographic variables of staff nurses

<table>
<thead>
<tr>
<th>SOCIO DEMOGRAPHIC VARIABLES</th>
<th>&lt; median</th>
<th>&gt; median</th>
<th>( \chi^2 ) value</th>
<th>df</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE (in yrs)</td>
<td>21 - 25</td>
<td>4</td>
<td>3</td>
<td></td>
<td>0.774</td>
</tr>
<tr>
<td></td>
<td>26 - 30</td>
<td>1</td>
<td>1</td>
<td></td>
<td>0.079</td>
</tr>
<tr>
<td></td>
<td>31 - 35</td>
<td>1</td>
<td>0</td>
<td></td>
<td>1.127</td>
</tr>
<tr>
<td>GENDER</td>
<td>Male</td>
<td>2</td>
<td>1</td>
<td></td>
<td>0.079</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>5</td>
<td>3</td>
<td></td>
<td>0.749</td>
</tr>
<tr>
<td>EDUCATIONAL QUALIFICATION</td>
<td>GNM</td>
<td>1</td>
<td>1</td>
<td></td>
<td>0.047*</td>
</tr>
<tr>
<td></td>
<td>B.Sc. (N)</td>
<td>4</td>
<td>3</td>
<td></td>
<td>0.047</td>
</tr>
<tr>
<td></td>
<td>Post B.Sc. (N)</td>
<td>1</td>
<td>0</td>
<td></td>
<td>0.047*</td>
</tr>
<tr>
<td>YEARS OF</td>
<td>&lt; 1yr</td>
<td>1</td>
<td>0</td>
<td></td>
<td>1.127</td>
</tr>
</tbody>
</table>

Fig: II - Bar diagram showing frequency distribution of level of Knowledge of staff nurses regarding organ transplantation.
**MAJOR FINDINGS AND CONCLUSION**

The following conclusions were drawn on the basis of the findings of the study:

- 7 staff Nurses were in the age group of 21- 25 years, 2 were in the age group of 26- 30 years and only 1 was in 31- 35 years of age group.
- Majority (7) of the staff Nurses were Females and 3 were Males.
- 7 Staff Nurses had B. Sc Nursing and 2 had GNM and 1 was having Post B. Sc.
- Most (7) of the staff Nurses had experience of 1-5 years, 2 were having 6-10 years and 1 was having >1 year.
- Mean score of knowledge related to Narcotic drugs among staff Nurses was 8.3. This value indicated that Nurses were having average knowledge regarding Narcotic drugs on the basis of knowledge scores.
- As calculated values are less than table value, there was no significant association of knowledge score and socio demographic variables. Hence the research hypothesis is rejected.

**NURSING IMPLICATIONS**

The findings of the study have implication in various field of nursing, these are:

1. Nursing education
2. Nursing service
3. Nursing administration
4. Nursing research

**NURSING EDUCATION**

- Nurse educator can teach students about the organ transplantation.
- More knowledge should be provided to students regarding organ transplantation.
- Students should be taught how to mutually involve with other discipline, as it leads to high potential of enriching the professional competence of the students regarding organ transplantation.

**NURSING SERVICE**

- Knowledge about organ transplantation from both living and cadaver.
- Enable for quality care
- The student’s education need to prepare self-learning material such of learning packaging and programme.

**NURSING ADMINISTRATION**

- Nurse administrator can conduct workshop for nursing staffs to increase awareness about the benefits of organ transplantation.

**NURSING RESEARCH**

- Nursing research should be directed to further explore and update level of knowledge of rural people regarding organ transplantation.

**LIMITATIONS**

This study was limited to:

- People of 20 – 40 years of age group
- Selected hospital.
RECOMMENDATIONS

- A similar study can be repeated on a larger sample for better generalization of the findings.
- A parallel study can be conducted in different settings other than community area.
- A comparative study can be carried out to compare the awareness levels of organ transplantation among people from rural and urban area.

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EFFECTIVENESS OF TRAINING PROGRAMME ON KNOWLEDGE REGARDING MENTAL HEALTH AWARENESS AMONG 1ST YEAR B.SC NURSING STUDENTS

1MRS. KAVITHA A.S
1Lecturer, Bombay Hospital College Of Nursing, Indore

ABSTRACT

Background: Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Aim: Assess the effectiveness of training programme on mental health awareness among B.Sc Nursing 1st year.

Objective: 1) To assess the knowledge of B.Sc Nursing First Year students on mental health awareness before and after administration of training programme. 2) To evaluate the effectiveness of training programme on knowledge regarding mental health awareness of B.Sc Nursing 1st year students.

Research Methodology: Pre experimental study design was used to achieve the objectives of the study, the study was conducted with 47 B.Sc Nursing 1st year students. The level of knowledge was assessed by structured questionnaire.

Results: The calculated pre test score mean (19.95) as per the scale is average (36-48) and standard deviation (5.365). The post test score mean (40.30) as per the scale is Good (36-48) and standard deviation is 4.876. The computed ‘t’ test value of pre test and post-test is 37.744 is higher than the p value at 0.05 level of significance.

Conclusion: Thus for this study one can conclude that mental cuckoo’s nest training programme could be an effective to improve the knowledge of mental health awareness among B.Sc Nursing 1st year students.

Keywords: pre experimental, effectiveness, training programme, mental health awareness.

INTRODUCTION:

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including: Biological factors, such as genes or brain chemistry, Life experiences, such as trauma or abuse, Family history of mental health problems.

Mental illness affect 19% of the adult population, 46% of teenagers and 13% of children each year. People struggling with their mental health may be in your family, living next door, teach your children, work in the next cubicle or sit in the same church pew.
However, only half of those affected receive treatment, often because of the stigma attached to mental health. Untreated mental illness can contribute medical expenses, poorer performance at school and work, fewer employment opportunities and increased risk of suicide. The National Institute on Mental Health estimates that mental health disorders affect approximately one out of every four adult, but just over half of US adult with a serious mental health illness seek treatment. In addition, the same that just over 20 percent of children between the age of 13-18 are either currently ill or will experience a serious mental health illness. Untreated mental health disorders increase the likelihood for suicide, and more US citizens currently die from suicide than from traffic accidents or homicides. In short, you learn about these problems and seek professional help as soon as possible to help yourself or a loved one.

NEED OF THE STUDY:
Mental Health awareness is essential in our complex world. It aims to increase understanding of mental health issues and the wide swath they cut through our society encouraging individuals, family members, educators, and health professionals to reach out and explore what can help. Recent reports of rising rates of suicide and substance use, especially in adult male and female, reiterate the urgency to promote positive mental health throughout the life course, but especially in a Child’s formative years. According to the national institute of health, nearly 44 million adult (18%) experience mental illness in a given year, and approximately 1 in 5 youth aged 16-22 (21.4%) experiences a severe mental disorder in a given year. The American Psychological association estimates 10% of all youth and adolescents have a serious mental health issue. And a recent study from the centers for disease control and prevention show the number of suicides in united state has risen 24% since 1999.

School mental health programs can address mental, emotional, and behavioral disorders so that students are physically and emotionally ready to learn and their families are able to cope with the stress of daily living. This brief discusses how to support school mental health programs through system of care principles and initiatives. System of care provide schools and communities the opportunity programming in schools to address the various mental health needs experienced by students. This is accomplished by offering students to ensure that they are ready to learn, both physical and emotionally. Resources are also provided to help students and their families cope with the stress of daily living, as well as learn new strategies to successful address current problems.

PROBLEM STATEMENT;
A pre-experimental study to evaluate the effectiveness of training programme on knowledge regarding mental health awareness among 1st year B.Sc nursing students in a selected college of nursing in Indore, (MP)

OBJECTIVES;
1. To assess the knowledge of B.Sc Nursing First Year students on mental health awareness before and after administration of training programme.
2. To evaluate the effectiveness of training programme on knowledge regarding mental health awareness among B.Sc Nursing 1st year students.

HYPOTHESIS;
H1: There is a significant difference between the mean pre test knowledge score and post test knowledge score of students regarding mental health awareness.

ASSUMPTION:
1. The training program will be an effective intervention among B.Sc Nursing 1st year students regarding mental health awareness.
Delimitations
1. The study will be delimited to selected college of Nursing in Indore.
2. Students who are willing to participate in this study.
3. Students who are in training programme of mental health awareness.

REVIEW OF LITERATURE
Vanessa Pinfold, Heather Stuart, Graham Thornicroft, Julio Arsolida were conducted a study on the impact of mental health awareness programme in school in UK and Canada. In the UK, 635 students attended the first mental health awareness lesson and completed the baseline questionnaire. A total of 512 completed the workshop programme and returned the one-week follow-up survey, providing an 81% response rate at follow-up. In Canada, 1501 students completed a pre-intervention survey. Post-test surveys were collected for the first 634 students who received the workshop. Neither the teachers nor the workshop leaders kept track of the number of students who did not complete a survey (because they were away on the day of the survey or because they refused), so response rates cannot be calculated. However, all students who were in class were given a questionnaire, and class time was set aside for these to be completed. Therefore, it is likely that the response rate is comparable to that of the UK. The two samples had different baseline demographic profiles. In the UK, at baseline, 76% (483) were females compared to 48% (697) in Canada (chi square =149.3, p < 0.0001).

Jane Wells, Jane Barlow, Sarah Stewart were conducted a study on the universal approach to mental health promotion and disarms or interventions in schools. Over 8000 publications were identified initially and 425 studies of the universal approach to mental promotion, and disease prevention programme or interventions in schools, positive evidence of effectiveness was obtained for programmes that adopted a whole school approach were implemented continuously for more than one year and were aimed of mental health as opposed to the prevention of mental illness.

RESEARCH METHODOLOGY:
Research approach: Quantitative research approach was used for this study.
Research Design: Pre-experimental i.e one pre test-post test research design was adopted for the study. this design was used to assess the knowledge of B.Sc nursing 1st year students on mental health awareness.
Variables used for the study;
The two variables identified in this study are-
Independent variables; in this study training programme on mental health awareness was the independent variable.
Extraneous variables; in this study the socio-demographic variables are the extraneous variables.
Setting of the study:
This study was conducted at Bombay Hospital College of Nursing in Indore.
Population;
The target population in this study was 47 B.Sc Nursing students in Bombay Hospital College Of Nursing in Indore.
Sample and sampling Technique
In this study sample was selected from Bombay Hospital College of Nursing, 47 B.Sc Nursing First Year students who fulfilled the inclusion criteria were as the Selected as the stratified random sampling technique was used to selected the sample for this study.
- Inclusion criteria
  B.Sc Nursing students
  1. Who are willing to participate in the study
  2. Who are under going B.Sc Nursing first year
3. Who are available at the time of the study
   - Exclusion criteria
     B.Sc Nursing first year students who are:
     1. Studying college of nursing.
     2. Studying outside of Bombay hospital college of Nursing.

DATA COLLECTION PROCESS
47 B.Sc Nursing first year students were selected randomly, using stratified random sampling technique. Participants were requested to fill the socio demographic proforma in the beginning, and the knowledge was assessed using structured knowledge questionnaire.

RESULTS

Section I: Description of socio demographic variables
The data shows that out of 47 B.Sc 1st year students Majority (87.5%) of the subject were within the age group of 17-19 years, only 12.5% were within the age group of 20-22 years. maximum sample (91.66%) belonged to Christian family 8.44% were Hindu religion.

Section II: Assessment of pre test knowledge level regarding mental health awareness among B.Sc nursing 1st year students

Table 2: Frequency, percentage, mean & S.D of Pre-test

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>Grade</th>
<th>Assessment of knowledge score</th>
<th>Freq.</th>
<th>percentage</th>
<th>mean</th>
<th>median</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-22</td>
<td>Poor</td>
<td></td>
<td>8</td>
<td>17.02%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23-33</td>
<td>Average</td>
<td></td>
<td>32</td>
<td>68.08%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34-48</td>
<td>Good</td>
<td></td>
<td>7</td>
<td>14.89%</td>
<td>19.95</td>
<td>20.5</td>
<td>5.365</td>
</tr>
<tr>
<td>49-60</td>
<td>Excellent</td>
<td></td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In pretest 17.02% students have poor knowledge, 68.08% of them had average knowledge and only 14.89% of them had good knowledge. The calculated mean value is 19.95 with SD of 5.365.

Section III: Assessment of post test knowledge level regarding mental health awareness among B.Sc nursing 1st year students

Table 3: Frequency, percentage, mean & S.D of Post test

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>Grade</th>
<th>Assessment of knowledge score</th>
<th>Freq.</th>
<th>percentage</th>
<th>mean</th>
<th>median</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-22</td>
<td>Poor</td>
<td></td>
<td>3</td>
<td>6.38%</td>
<td>40.30</td>
<td>41.0</td>
<td>4.876</td>
</tr>
<tr>
<td>23-33</td>
<td>Average</td>
<td></td>
<td>35</td>
<td>74.46%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34-48</td>
<td>Good</td>
<td></td>
<td>9</td>
<td>19.14%</td>
<td>4.876</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49-60</td>
<td>Excellent</td>
<td></td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In post test 6.38% students have poor knowledge, 74.46% of them had average knowledge and only 14.14% of them had good knowledge. The calculated mean value is 40.30 with SD of 4.876.

Section IV: Evaluating the effectiveness of training programme

Table 4: Table shows ‘t’ test value

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.Sc Nursing 1st year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before training programme</td>
<td>19.94</td>
<td>5.365</td>
<td></td>
</tr>
<tr>
<td>After training programme</td>
<td>40.3</td>
<td>4.876</td>
<td>37.744*</td>
</tr>
<tr>
<td>Enhancement</td>
<td>25.75</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at 0.05 level
Data presented in the table shows that mean post test knowledge (40.876) is apparently higher than the mean pre test knowledge (19.94). The computed ‘t’ value 37.744 is higher than the ‘p’ value of significance. Shows that there is a significant different of pre test knowledge and post test knowledge. This indicate that the training programme is effective to increase the knowledge of B.Sc nursing 1st year students.

H₁: There will be significant difference in the pre-test and post-test knowledge regarding mental health awareness after administration of training programme at 0.05 level of significance

**Nursing Implications**

1. The findings of the present study have implications in the field of nursing may use the information obtained to integrate mental health educational programme as well as training programme.
2. In service and continuing education programmes can be organized for the purposes of prevention and control of mental illness and also need to be planned and implemented for the nurses working in hospitals, communities and schools.
3. More and more research can be carried out on the students knowledge on mental health awareness to save the life of students.

**RECOMMENDATIONS:**

1. A similar study can be done on a large sample so that the findings can be generalized.

**CONCLUSION:**

Mental health can affect daily life relationships and even physical health. Mental health also includes a person's ability to enjoy life to attain a balance between life activities and efforts to achieve psychological resilience. Awareness can also create new improvements for the mentally ill as there is more demand for the adult and teenage it can produce a flow of attention. There is a great misconception for the mentally ill. Awareness does not just end here, it is a form of education this education can cause a positive effect in our community.

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A STUDY TO FIND OUT THE AWARENESS REGARDING S.D. HEALTH TARGETS AMONG SELECTED HEALTH CARE PROFESSIONALS.

1MS. LEENA SHARMA
1Asst.Professor, Bombay Hospital College of Nursing

Abstract
Ensuring healthy lives and promoting the well-being for all at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. Major progress has been made on increasing access to clean water and sanitation, reducing malaria, tuberculosis, polio and the spread of HIV/AIDS. However, many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues. Objective: To assess the level of awareness level regarding health targets of sustainable developmental goals among health care professionals. Methodology: A descriptive study design was used to achieve the objectives of the study. The study was conducted with 20 Health Care Professionals convenient sampling techniques was to select the sample. The level of awareness was assessed with a self-reported visual analogue scale. The data obtained was analyzed by both descriptive and inferential statistics (mean, median, SD and Chi Square). Result: The calculated mean score of exploratory group was Mean Score = 5.9, mean of awareness level of health care professionals is having average awareness regarding sustainable development goals. Median = 6, SD = 1.445 and the calculated Chi Square value show that there was significant association between gender, course with awareness test score at 0.05 level of significant but no significant association with age, year of experience and area of experience at 0.05 level of so hypothesis H1is rejected.

INTRODUCTION:
Sustainable Development Goals (SDGs) are the global goals for sustainable development set by 193 United Nations member states on September 25th 2015 to make this world a better place to live in. Ensuring healthy lives and promoting the well-being for all at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. Major progress has been made on increasing access to clean water and sanitation, reducing malaria, tuberculosis, polio and the spread of HIV/AIDS. However, many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues. Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Good living conditions (e.g., housing, employment) are fundamental to well-being. Tracking these conditions is important for public policy. However, many indicators that measure living conditions fail to measure what people think and feel about their lives, such as the quality of their
relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life. Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy.

**NEED OF THE STUDY:**
Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs. The Present study investigates the awareness of health care professional Preventable diseases like malaria, TB, and HIV AIDS still claim millions of lives every year, and the recent Ebola outbreak in West Africa shows how weak many countries’ health systems are. The good news is that investment in health makes a huge difference, and life-changing progress is already happening. We’ve cut child deaths in half, HIV infections are down by more than 40%, and more than 6 million malaria deaths have been prevented. We need to speed this progress up by training more health workers and making sure they have the medicines and supplies they need. Then we really could see a world where diseases are stopped in their tracks and everyone can get treatment when they need it.

**STATEMENT OF THE PROBLEM**
An exploratory study to find out the awareness regarding S.D.health targets among selected health care professionals of Indore.

**OBJECTIVES**
1) To assess the level of awareness regarding health targets of sustainable developmental goals among health care professional.
2) To find out the association of awareness of SDG health targets among health care professionals with their selected socio demographic variables.

**HYPOTHESIS**
1) H1-There is significant association of awareness level of health targets of sustainable developmental goals with selected socio demographic variables of health care professional.

**ASSUMPTION**
Health care professionals may aware of sustainable development goals.

**DELIMITATION**
1. The study will be delimited to selected health care professionals of Indore.
2. Patient who are willing to participate in this study
3. Patient who are in active phase of SD goals.

**RESEARCH METHODOLOGY**
Descriptive study approach was used to achieve the objectives of the study and the research design used was exploratory descriptive design.

**Population:** Health care professionals working in selected hospital

**VARIABLES :**
1. **Dependent Variable :** Sustainable development goals knowledge
2. **Demographic Variable:** Age, Gender, course, Year of experience, Area of experience, awareness regarding sustainable development goals

**Convenient sampling technique** was used to select 20 health care professionals as sample.

**Inclusion criteria**
1. Who are willing to participate in the study
2. Who are working in health sector
3. Who is Co-operative
4. Who can understand English and Hindi
Exclusion criteria
1. Who are not willing to participate in the study
2. Those who are not health professional

Reliability
Test re test method was used to check the reliability of the tool. The reliability was found to as 0.95 and found as reliable to collect the data regarding S.D.health targets among selected health care professionals.

DATA COLLECTION
1) The health professional who met the criteria was included for the study. Data collection was started after obtaining permission from the Hospital Authority. Written informed consent was obtained from all the health care professionals participate in the study .The Socio demographic data were collected from 20 health care professionals and the subject’s awareness regarding S.D goals health targets was assessed by structured knowledge questionnaire.

RESULT

Table 1:- Frequency and percentage distribution of socio-demographic variables

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Variables</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age in year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>20-25</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>1.2</td>
<td>26-30</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>1.3</td>
<td>31-35</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>1.4</td>
<td>36-40</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>2.</td>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Male</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>2.2</td>
<td>Female</td>
<td>14</td>
<td>70%</td>
</tr>
<tr>
<td>3.</td>
<td>Course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>G.N.M.</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>3.2</td>
<td>B.Sc.</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>3.3</td>
<td>Post B.Sc.</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>3.4</td>
<td>M.Sc.</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>4.</td>
<td>Year of experience</td>
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<td></td>
</tr>
<tr>
<td>4.1</td>
<td>&lt;1year</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>4.2</td>
<td>1-5 year</td>
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<td>25%</td>
</tr>
<tr>
<td>4.3</td>
<td>6-10 year</td>
<td>8</td>
<td>40%</td>
</tr>
<tr>
<td>4.4</td>
<td>&gt;10year</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>5.</td>
<td>Area of experience</td>
<td></td>
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</tr>
<tr>
<td>5.1</td>
<td>O.T.</td>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>5.2</td>
<td>I.C.U.</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>5.3</td>
<td>A.K.U.</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>5.4</td>
<td>Ward</td>
<td>4</td>
<td>20%</td>
</tr>
</tbody>
</table>

Table 2:- Frequency and percentage distribution of awareness level of health care professionals

<table>
<thead>
<tr>
<th>Knowledge Score</th>
<th>Grade</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Assessment of knowledge score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>1-3</td>
<td>Poor</td>
<td>1</td>
<td>5%</td>
<td></td>
</tr>
</tbody>
</table>
**Table 3**: Association between Awareness and Selected demographic variables of health care professionals

<table>
<thead>
<tr>
<th>Sl.no.</th>
<th>Variables</th>
<th>Level of awareness</th>
<th>Df</th>
<th>$x^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Age in year</td>
<td>20-25</td>
<td>5</td>
<td>0.436</td>
</tr>
<tr>
<td>1.2</td>
<td></td>
<td>26-30</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>1.3</td>
<td></td>
<td>31-35</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>1.4</td>
<td></td>
<td>36-40</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Gender</td>
<td>Male</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td></td>
<td>Female</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Course</td>
<td>G.N.M.</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td></td>
<td>B.Sc.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>3.3</td>
<td></td>
<td>Post B.Sc.</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>3.4</td>
<td></td>
<td>M.Sc.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Year of experience</td>
<td>&lt;1year</td>
<td>3</td>
<td>2.85</td>
</tr>
<tr>
<td>4.2</td>
<td></td>
<td>1-5 year</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td></td>
<td>6-10 year</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>4.4</td>
<td></td>
<td>&gt;10year</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Area of experience</td>
<td>O.T.</td>
<td>4</td>
<td>1.313</td>
</tr>
<tr>
<td>5.2</td>
<td></td>
<td>I.C.U.</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td></td>
<td>A.K.U.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td></td>
<td>Ward</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Result** The calculated mean score of exploratory group was Mean Score = 5.9, mean of awareness level of health care professionals is having average awareness regarding sustainable development goals. Median = 6, SD = 1.445 and the calculated Chi Square value show that there was significant association between gender, course with awareness test score at 0.05 level of significance but no significant association with age, year of experience and area of experience at 0.05 level of so hypothesis $H_1$ is rejected.

**IMPLICATION OF THE STUDY**

The findings of the present study have several implications in the fields of the nursing practice, nursing education, nursing administration and nursing research. The focus of health professionals is directed towards primary care giving. The health professionals in this study was to understand the care & well being to maintain SD. They also can help the people to maintain their health by resolving their specific problems. The health care professional should focus on the care which they are providing by having good practice & knowledge. The senior & trained health care professionals can train the nursing students and new joining. The administration of health care professionals should take initiative to involve the care givers in the SD. The health care professionals should encourage the staff & students to carry out similar research to find the maximum attainment of SD goals. The health care professionals to improve the quality of care by
practicing the evidence based practice to achieve the continuous development in SD goal to enhance the quality of care.

RECOMMENDATION:
The study can be replicated on larger sample in different setting so that the finding can be generalized to larger population.
The similar study may be done on health care professionals

CONCLUSION:
Sustainable developmental goals are very important in all over world. Which has been widely to promote good health and wellbeing the present study investigates the awareness of sustainable development goals in health care professionals to promote good health and well being.

REFERENCE
- https://www.one.org/us/globalgoals/good-health-and-well-being
AWARENESS OF GOOD CLINICAL PRACTICE (GCP) TRAINING PROGRAMME AMONG RESEARCH NURSES OF A SELECTED NURSING COLLEGE OF INDORE. M.P.

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Abstract
Good Clinical Practice (GCP) is an international standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials. The aim of the study was to identify awareness of Good clinical practice (GCP) training programme among research nurses. To find out association between awareness of Good clinical practice (GCP) training programme with their selected socio demographic variables. 20 faculties of Bombay hospital college of Nursing were selected by using purposive sampling technique who were willing to participate in the study. Data analysis was done by descriptive and inferential statistics. Mean score of awareness of Good clinical practice training programme was 5.1 which as per score scale is good. The study also revealed that there is no significant association of proficiency level with years of experience, education qualification, have you attended any research conference/workshop, have you done any research study socio demographic variables, at 0.05 levels hence the H1 is rejected and null hypothesis is accepted.

KEY WORDS- Good clinical practice, training programme, research nurses

INTRODUCTION
Good Clinical Practice (GCP) is an international standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials. The goal of GCP is to ensure the protection of the rights, integrity, and confidentiality of clinical trial participants and to ensure the credibility and accuracy of data and reported results. Good Clinical Practice (GCP) is the ethical and scientific standard for the conduct and reporting of clinical trials involving human participants. GCP is focused on the protection of the rights, integrity, and confidentiality of clinical trial participants and the accuracy and scientific integrity of the data collected during clinical trials and reported in the results. To ensure that results from clinical trials can support authorization of investigational products internationally, the principles of GCP have been adopted by regulatory authorities in Japan, the United States, and the European Union.

BACKGROUND OF THE STUDY
High-quality research is essential to achieving global health goals; to this end, the past few years have witnessed an expansion of health research activities in low- and middle-income countries (LMICs). There is greater demand for research institutions and scientists to efficiently organize and manage research projects, as well to meet internationally recognized standards of
good practice. However, there is little training and options available to increase research capacities in the developing world. In addition, scientific integrity, including quality of the design of the project and its ethical conduct, should play a key role from the initial development of the project, through to planning, conduct and, finally, to reporting and dissemination of the results. Thus, quality and ethics need to be embedded into all areas of research with human participants.

NEED OF THE STUDY
Throughout the 21st century, the role of nurse has evolved significantly. Nurses work in a variety of settings, including the hospital, the classroom, the community health department, the business sector, home health care, and the laboratory. Although each role carries different responsibilities, the primary goal of a professional nurse remains the same: to be the client's advocate and provide optimal care on the basis of evidence obtained through research. Nursing practice must be based on reliable evidence and nurse education must equip practitioners with the skills to challenge existing practices, read published research critically and evaluate its role in clinical practice. Health professionals are likely to come into contact with patients taking part in clinical trials, and have a role to play in maintaining a culture of improving care using a strong evidence base. Clinical research nurses have become an essential part of the research team due to an increasing focus on recruiting participants into clinical trials. There are advantages to keeping a part time clinical role in addition to being a research nurse but, in practice, this can be difficult to coordinate. A clinical role helps nurses to keep their practice up to date.

REVIEW OF LITERATURE
1. A Vijaynathan 2008 A study to conduct on ‘The importance of Good Clinical Practice guidelines and its role in clinical trials’. He explained Good Clinical Practice (GCP) is an international ethical and scientific quality standard for the design, conduct, performance, and monitoring, auditing, recording, analyses and reporting of clinical trials. It also serves to protect the rights, integrity and confidentiality of trial subjects. It is very important to understand the background of the formation of the ICH-GCP guidelines as this, in itself, explains the reasons and the need for doing so. In this paper, we address the historical background and the events that led up to the formation of these guidelines. Today, the ICH-GCP guidelines are used in clinical trials throughout the globe with the main aim of protecting and preserving human rights.

2. Hanna Kuusito 2011 A study to conduct on ‘A hospital training programme increases awareness of Good Clinical Practice (GCP)’. The main objective of study was to develop an in-house training program of Good Clinical Practice (GCP) for the whole clinical team and to evaluate the effect of the program on the personnel's knowledge on GCP. Study conduct on department of Neurology and rehabilitation, Tampere University Hospital, Finland, they developed an in-house GCP training program for the whole department, including nurses. Before the training department staff was sent a questionnaire about their knowledge of and attitudes towards GCP as well as their perception of GCP compliance of studies being carried out at the Department. The subjects completed the questionnaire again after the training. The result revealed that Almost all, 95%, of the nurses and 50% of the physicians participated in the entire program. The program was found to increase positive attitudes towards GCP. A study concluded that a simple in-house training program is easy to implement and may help to improve GCP compliance.

PROBLEM STATEMENT
A descriptive study to assess the awareness of Good clinical practice (GCP) training programme among research nurses of a selected nursing college of Indore. M.P.
OBJECTIVES OF THE STUDY
1. To identify awareness of Good clinical practice (GCP) training programme among research nurses.
2. To find out association between awareness of Good clinical practice (GCP) training programme with their selected socio demographic variables.

HYPOTHESES
H₁. There is significant association between awareness of Good clinical practice (GCP) training programme among research nurses with their selected socio demographic variable at \( p \leq 0.05 \) level of significance.

METHODOLOGY
A quantitative descriptive research approach was used in the study, 20 faculties of Bombay hospital college of Nursing, Indore were selected by using purposive sampling technique who were willing to participate in the study. The reliability of the structured knowledge questionnaire was calculated by split half method and found to be \( r = 0.08 \) which is indicated that tool is highly reliable. Data was collected by using socio demographic and structured knowledge questionnaire and analyzed through descriptive and inferential statistics.

RESULTS
It was found that 75% faculties had good awareness regarding good clinical practice (GCP) training programme. Chi square test revealed that there is no significant association of proficiency level with their selected socio demographic variables, at 0.05 level hence the research hypothesis is rejected and null hypothesis is accepted.

Table 1. Distribution of subjects according to their socio-demographic variables

<table>
<thead>
<tr>
<th>S.NO</th>
<th>DEMOGRAPHIC VARIABLE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>26-30</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>30-35</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>36-40</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>3</td>
<td>Educational qualification</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>M.Sc Nursing</td>
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<td>95</td>
</tr>
<tr>
<td></td>
<td>PhD</td>
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<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Years of experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0-5 years</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>5-10 years</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>10-15 years</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>15 years above</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Have you attended any research conference/workshop</td>
<td>Yes</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>Have done any research study</td>
<td>Yes</td>
<td>20</td>
</tr>
</tbody>
</table>
### Table-2 Association between awareness of GCP training programme with their selected socio demographic variables.

<table>
<thead>
<tr>
<th>Selected demographic variable</th>
<th>Level of awareness</th>
<th>df</th>
<th>X²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age in years</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-25</td>
<td>2</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>26-30</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>30-35</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td><strong>Educational qualification</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>M.Sc. Nursing</td>
<td>5</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>PhD</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Years of experience</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>5</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>5-10 years</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>10-15 years</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>15 years and above</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Have you attended any conference/ workshop</strong></td>
<td>5</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td><strong>Have you done any research study</strong></td>
<td>5</td>
<td>15</td>
<td>1</td>
</tr>
</tbody>
</table>

### CONCLUSION
After detailed analysis and experience of the investigators, finding revealed that faculties of Bombay Hospital College of Nursing, Indore have good awareness regarding Good clinical practice (GCP) training programme.

### RECOMMENDATIONS
1. A similar study can be replicated on a large sample which might yield more reliable result.
2. A quasi experimental study can also be conducted to assess the knowledge regarding good clinical practice.

### IMPLICATIONS
As a member of health care team, the nurse has the responsibility to promote health. Prevent illness and to improve quality of life. All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidenced-based practice, quality improvement, and informatics. There is a need to control and regulate clinical trials dealing with drugs and human subjects. The violation of human rights played a large role in country. So it’s necessary that research nurses should have good clinical practice training.

### ETCHICAL CONSIDERATION-
1. Written permission was taken from Principal’s of the selected nursing college of Indore.
2. Informed consent was taken from each participants of the study subject.
3. Confidentiality and privacy of the study subjects will also be taken care of.
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A NEW EVALUATION TECHNIQUE FOR B.SC. (NURSING) STUDENT CLINICAL PRACTICE: EDUCATIONAL AUDIT OF PRACTICE PLACEMENT.

1MS. BABY SWANNGAIHLUN
1Lecturer, Bombay Hospital College of Nursing, Indore

Abstract
Learning is a lifelong process and is strongly influenced and shaped by experience in practice Hospitals and other health care centers that provide such experiences to nursing students need to be assured that practice based learning meets the required standard.

INTRODUCTION
Learning is a lifelong process and is strongly influenced and shaped by experience in practice Hospitals and other health care centers that provide such experiences to nursing students need to be assured that practice based learning meets the required standard.

Practice learning is fundamental to the education of all students in nursing. The need for a rigorous and effective educational audit process is vital to ensure the Continuous improvement of the quality of the clinical learning experience for nursing students during their clinical posting with number of students nurses increasing nationally, placement capacity being stretched and further placements being sought it is time to make sure quality of placements in clinical areas does not deteriorate due to the pressures.

EDUCATIONAL AUDIT OF PRACTICE PLACEMENT (EAPP)
To evidence the quality and enhancement of practice based learning is a process of educational audit. Educational audit has proved to be an effective way of reviewing current activities and learning opportunities available to nursing students. It highlights good practice, identities where there is a need for change as well as providing information for future planning. (Burke & Smith 2000 p475)

A practice placement is where learning opportunities are available for student nurses to undertake practice under supervision. A practice placement has a direct bearing on ability to work effectively and integrate theory to practice.

NEED OF EAPP
- Maintaining/improving the students practice placement experience.
- Identifying those areas in which the Students need help and support to maintain, improve and develop the quality of the learning environment.
- To meet the statutory and regulatory requirements.
- Identify the specific learning needs and work towards the achievement of knowledge and the required outcomes and competencies.
AIM
To influence the quality of the practice placements at Clinical areas, with the use of checklists, feedback sheets and involvement in the audit process and identify appropriate learning opportunities of the students to meet the learning needs, linking general learning objectives to specific experiences within the practice context.

EAPP: TEAM MEMBERS AND HOW IT WORKS
I. Audit team coordinator
II. Link Tutors
III. Auditors
IV. Clinical Placement Facilitator

EDUCATIONAL AUDIT PROCESS PRACTICED IN BHCON
- An Audit Team Coordinator who lead and maintain the whole EAPP process.
- Select a smaller team of nursing teaching staff to act as auditors, provide specific training and the link tutors are the clinical instructors / lecturers who are posted in practice placement areas to supervise assigned numbers of students.
- Audit team consists of 6 academic staff from 6 department of nursing i.e. Mental Health Nursing, Medical Surgical Nursing, Foundation of Nursing, Community Health Nursing, Obstetrical and Gynecological Nursing and Pediatric Nursing.
- HOD of each department has to submit allocation areas of their concerned practice placement to auditors.
- A small team, i.e. 6 auditors, would conduct each audit. The auditors have to work in pairs looking at the evidence relevant to the clinical allocation areas they would visit. This would consist of at least 4 academic staff and 2 coordinators verifier, along with a minimum of 2 clinical staff from practice placement.
- The CPF would be responsible for requesting and collating the required hard evidence from all their allocation areas. The audit coordinator would act as verifier ensuring each auditor applied the audit tool consistently and conducted the audit in the same manner with the same degree of rigor.
- Auditor have to examine and scrutinize all documentary evidence that was provided along with the audits from last year and the all the appropriate student placement evaluations.
- The audit coordinators plan a schedule of audit weeks and auditors teams. Academic staffs were informed of the new process via staff development days, team meetings & training sessions.
- A new student placement evaluation form was devised to mirror the audit requirements.
- Each visit required verification and triangulation of the evidence already seen to ensure that what was documented was actually carried out in practice included talking to students, clinical instructors, staff nurse and clients.
- The audit coordinator would be responsible for the feedback of all audit recommendations to each placements and monitoring action progress through monthly review meetings and annual quality monitoring mechanisms.
- At the end of the clinical posting educational audit coordinators plan date for evaluating whether the objectives as per the curriculum is met, records completed, dues of students cleared, this report involving clinical presentation by clinical incharges and is verified by the supporting evidence verification done by EAPP committee.

RESULTS AFTER IMPLEMENTATIONS EAPP
- The whole process was continuing to prove highly successful for several reasons. It provided a concentrated focus on placement quality.
• Each report clearly identified good practice and made recommendations. All link tutors responded with appropriate action plans for improvements.
• All allocations areas provided the same forms of evidence to meet the standards. This gave the auditors a clear organizational and allocation overview for each audit standard before they made any visits.
• All minimum standards were being consistently achieved each year.
• Student support and supervision was generally very good across all placements and individual areas requiring improvements can be easily identified and supported appropriately.
• Issues raised by nursing students and teaching staffs of nursing college related to clinical posting were dealt with promptly and/or passed onto the relevant person for further action.

CONCLUSION
The successful implementation of this initiative has provided a clear focus for improvements to the students learning experience, clinical instructor and student’s support. It has also made the whole process more effective and efficient. It allowed the audit team to focus on the education, supervision and assessment of students in practice in each placement.

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A STUDY TO ASSESS THE KNOWLEDGE REGARDING NEEDLE STICK INJURY & ITS MANAGEMENT AMONG STAFF NURSES.

1NEERAJ KUMAR BANSA
1Ph.D. Nursing Scholar Shri J.J.T. University

2GUIDE: DR. M.S. VINSI
2Principal, Bombay Hospital College, Indore

A healthy work environment is...
...a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes, organizational performance and societal outcomes.

ABSTRACT

Health-care professionals are the most negligent as far as their own health is concerned. They are exposed to high risk of various infections and also become victims of lifestyle diseases due to their stressful schedules and a high degree of professional responsibility. Increase in the incidence of deadly infections due to greater exposure to micro-organisms and viruses that cause blood borne diseases, such as the human immunodeficiency virus (HIV) and the hepatitis B (HBs) and hepatitis C viruses, has led the medical community to initiate efforts to prevent and limit exposure among health-care workers (HCWs). HCWs are persons working in health-care setting and they are potentially exposed to infectious materials such as blood, tissue, specific body fluids, medical supplies, equipment, or environmental surfaces contaminated with these substances. They are frequently exposed to occupational hazards through percutaneous injury such as needle stick or cut with sharps, contact with the mucus membrane of eyes or mouth of an infected person, contact with non-intact skin exposed with blood, or other potentially infectious body fluids.

INTRODUCTION

The HCWs are usually extremely busy and overburdened in a busy and tertiary care hospital. Thus, personal protection may not always remain a priority for them and they may also have constraints of resources for prevention of occupational exposures, such as hand gloves. Thus, HCWs are very vulnerable to infections mediated by blood and blood products.

In developing countries like India, the risk of occupational transmission of blood-borne pathogens is increased by excessive handling of contaminated needles that result from unsafe
practices like administration of unnecessary injections on demand, the reuse of non-sterile needles, capping needles, and the unregulated disposal of hazardous waste. These are largely preventable through strict infection control, universal precautions, use of safe devices, proper waste disposal and prompt management of exposures including the use of post-exposure prophylaxis (PEP) for HIV (estimated to reduce HIV sero-conversion by 81%).

Determinants of NSIs
Determinants of NSIs include:

- Overuse of injections and unnecessary sharps
- Lack of supplies: disposable syringes, safer needle devices, and sharps-disposal containers
- Lack of access to and failure to use sharps containers immediately after injection
- Inadequate or short staffing
- Recapping of needles after use
- Lack of engineering controls such as safer needle devices
- Passing instruments from hand to hand in the operating suite
- Lack of awareness of hazard and lack of training

But in many countries, it has not been possible to implement these strategies because of lack The WHO estimate of the global burden of disease from occupational exposures to contaminated sharps to HCWs is based on the number of HCWs at risk of exposure, the annual number of sharps injuries, and the prevalence of blood-borne disease in the worldwide population. The prevalence of HBV and HCV worldwide varies by region, ranging from 0.5 to 10% for hepatitis B and from 1 to 4% for hepatitis C. Prevalences of HIV infection range from 0 (Europe and North America) to 0.3% in Latin America and the Caribbean, to 4% in Sub-Saharan Africa. According to the 2003 report of UNAIDS, 40 million people in the world are now living with AIDS. In general, hospitalized patients show higher prevalence of all three viral diseases than the general population, with median ratios of hospital samples to the general population of 1.9 for HBV, 3.4 for HCV, and 5.9 for HIV infection.

NEED OF THE STUDY

Needle stick Injuries (NSIs) are defined as an accidental skin penetrating stab wound caused by hollow-bore needles such as hypodermic needles, blood-collection needles, IV catheter stylets, and needles used to connect parts of IV delivery system. According to WHO Bulletin 2003, 30% to 50% of all needle injuries occur during clinical procedures. The incidence of NSI is considerably higher than current estimates, due to gross under-reporting. The Centers for Disease Control (CDC), 2007 estimates that about 6,00,000 to 10,00,000 needle stick injuries occur each year. Unfortunately, about half of these needle stick injuries go unreported. In USA 6,00,000 to 10,00,000 receive NSI from conventional needles and sharps every year, while in UK it is 1,00,000 HCWs/year. In India, authentic data on NSI are scarce.

Occupational percutaneous exposures to blood borne pathogens can be prevented by strategies like immunization against HBV, scrupulous and consistent application of universal precautions and post exposure prophylaxis (PEP) to prevent the development of disease.1
Post exposure prophylaxis (PEP) refers to comprehensive medical management to minimise the risk of infection among Health Care Personnel (HCP) following potential exposure to blood-borne pathogens (HIV, HBV, and HCV). This includes counselling, risk assessment, relevant laboratory investigations based on informed consent of the source and exposed person, first aid and depending on the risk assessment, the provision of short term (four weeks) of antiretroviral drugs, with follow up and support. Centre for Disease Control (CDC) and National AIDS Control Organization (NACO) recommend PEP for workers with needle stick injuries. PEP for HIV exposure is best when started within golden period of <2 hours and there is little benefit after 72 hours. If started soon after exposure, PEP can reduce the risk of HIV infection by over 80%. The prophylaxis needs to be continued for 28 days. PEP is available as either basic regimen (2 Nucleoside Reverse Transcriptase Inhibitor (NRTI)) or expanded regimen (2NRTI and 1 PI drugs). NACO recommend Zidovudine/Stavudine + Lamivudine (basic regimen) and Zidovudine + Lamivudine + Lopinavir/Ritonavir (expanded regimen), and its available free of cost at all Anti-Retroviral Therapy Centres (ARTCs) and Integrated Counselling & Testing Centres (ICTCs). Adherence to a full 28-day course of ARVs is critical to the effectiveness of the intervention. Recent evidence shows PEP uptake has been insufficient: only 57% of the people who initiated PEP have completed the full course.

OBJECTIVES OF THE STUDY

- To assess the knowledge of staff nurses regarding needle stick injury & its management.
- To observe the association between the knowledge of staff nurses regarding needle stick injury & its management & demographic variables.

REVIEW OF LITERATURE:
Occupational exposure to blood or other body fluids in health care settings constitutes significant risk of transmission of human immunodeficiency virus (HIV) and other blood-borne pathogens. The World Health Organization estimates that 3 million percutaneous exposures occur annually among 35 million health care workers (HCW) globally, with over 90% occurring in resource-constrained countries. As a consequence of these exposures, an estimated 66,000 hepatitis B, 16,000 hepatitis-C and up to 1000 HIV infections occur each year.

L D Gurubacharya, et. al. (2003); Observed That 4% of health care workers were unaware that Hepatitis B and 61% were unaware that Hepatitis C can be transmitted, 52 out of 70 had needle stick injury, 27% had 1-2 pricks per year and only 21% reported to the authority as per their study conducted on 70 nurses and paramedical staff which shows the urgent measures to impart knowledge regarding needle stick injury.

Patrician P A, et. al. (2011); Observed that <.1% had at least one needle stick injury occurrence with 78% involving a contaminated needle as per their study conducted on 108000 nursing staff from 2003-2006 which shows needle stick injury continue to occur during periods of high workloads.

Nagandla K, et. al. (2015) observed that 9.8% respondents sustained needle stick injury as per their study conducted on 194 health care workers & students which shows there is only a fair understanding of universal work precaution among health care workers.

Bekele T, et. al. (2015); Observed that the prevalence of lifetime needle stick and sharp injury was 37.1% and within the past one year was 19.1% as per their study conducted on 362 health care workers which shows the remarkable need of the hospital administrators to formulate strategies to improve the working condition for health care workers and increase their adherence to universal precautions.

Debbarma M, et. al. (2016); Observed that incidence rate of needle stick injury among health care workers is 41.5% but only 11.8% were reported as per their study conducted on 400 health care workers which shows that the reporting of needle stick injury is poor, so regular
training programs are needed to raise the awareness level and reporting regarding needle stick injury.

**METHODOLOGY:**
Descriptive survey design was used to collect the data from the samples. The study was conducted in Cancer Hospital & Research Institute, Gwalior. This is the regional cancer institute with a high quality patient care, so the staff nurses working in the institute was selected as the population of the study.

Purposive sampling technique was felt to be suitable for appropriateness of sampling. Total sample size was 80. The investigator collected data from the samples by using closed ended questionnaire containing 25 knowledge items, a score of one (1) assigned to every correct response and zero (0) assigned to each wrong answer. The total score of knowledge is 25. The tool contained questions related to needle stick exposure & post exposure prophylaxis. The level of knowledge was measured on a 4 point scale namely poor, average, good and excellent. (Poor 0-10, Average 11-15, Good 16-20, Excellent 21-25). Collected data were coded, grouped and analyzed by using descriptive statistics such as percentage, mean, median and standard deviation and Inferential statistics. Chi-square was used to compare the relationship between demographic variables and knowledge score of staff nurses.

**Results:**
Demographic data analysis included age, gender, education qualification, total clinical experience, CNE attended & area of work of the staff nurses.

<table>
<thead>
<tr>
<th>Category Scoring Scale</th>
<th>Frequency</th>
<th>Percentage</th>
<th>SD</th>
<th>Mean knowledge score</th>
<th>% of MKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>57</td>
<td>71.25%</td>
<td>7.68</td>
<td></td>
<td>30.72%</td>
</tr>
<tr>
<td>Average</td>
<td>23</td>
<td>28.75%</td>
<td>12</td>
<td></td>
<td>48%</td>
</tr>
<tr>
<td>Good</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Excellent</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
### Association of knowledge score with selected socio-demographic variables.

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
<th>SD</th>
<th>Mean Knowledge score</th>
<th>% of MKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>21-30</td>
<td>63</td>
<td>78.75%</td>
<td>9.22</td>
<td>36.88%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>31-40</td>
<td>14</td>
<td>17.50%</td>
<td>7.28</td>
<td>29.12%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>41 &amp; above</td>
<td>3</td>
<td>3.75%</td>
<td>8</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>36</td>
<td>45%</td>
<td>9.25</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>44</td>
<td>55%</td>
<td>8.65</td>
<td>34.60%</td>
<td></td>
</tr>
<tr>
<td>Professional Qualification</td>
<td>GNM</td>
<td>10</td>
<td>12.50%</td>
<td>8.2</td>
<td>32.80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>B.Sc. N</td>
<td>61</td>
<td>76.25%</td>
<td>9.09</td>
<td>36.36%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P.B.B.Sc. N</td>
<td>9</td>
<td>11.25%</td>
<td>8.55</td>
<td>34.20%</td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td>&lt; 1</td>
<td>26</td>
<td>32.50%</td>
<td>9.42</td>
<td>37.68%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-5</td>
<td>39</td>
<td>48.75%</td>
<td>8.71</td>
<td>34.84%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6-10</td>
<td>14</td>
<td>17.50%</td>
<td>8.35</td>
<td>33.40%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10&lt;</td>
<td>1</td>
<td>1.25%</td>
<td>12</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>CNE attended</td>
<td>Yes</td>
<td>38</td>
<td>47.50%</td>
<td>8.1</td>
<td>32.40%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>42</td>
<td>52.50%</td>
<td>9.66</td>
<td>38.64%</td>
<td></td>
</tr>
<tr>
<td>Area of work</td>
<td>General Ward</td>
<td>33</td>
<td>41.25%</td>
<td>8.51</td>
<td>34.04%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency</td>
<td>18</td>
<td>22.50%</td>
<td>8.16</td>
<td>32.64%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OT</td>
<td>15</td>
<td>18.75%</td>
<td>9.53</td>
<td>38.12%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ICU</td>
<td>14</td>
<td>17.50%</td>
<td>10.21</td>
<td>40.84%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S.</th>
<th>Demographic variable</th>
<th>Chi-square value</th>
<th>Df</th>
<th>Table value</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td>0.319</td>
<td>2</td>
<td>5.99</td>
<td>Not significant</td>
</tr>
<tr>
<td>2.</td>
<td>Gender</td>
<td>0.075</td>
<td>1</td>
<td>3.84</td>
<td>Not significant</td>
</tr>
<tr>
<td>3.</td>
<td>Professional qualification</td>
<td>0.097</td>
<td>2</td>
<td>5.99</td>
<td>Not significant</td>
</tr>
<tr>
<td>4.</td>
<td>Experience</td>
<td>0.216</td>
<td>3</td>
<td>7.81</td>
<td>Not significant</td>
</tr>
<tr>
<td>5.</td>
<td>CNE attended</td>
<td>0.553</td>
<td>1</td>
<td>3.84</td>
<td>Not significant</td>
</tr>
<tr>
<td>6.</td>
<td>Area of work</td>
<td>0.476</td>
<td>3</td>
<td>7.81</td>
<td>Not significant</td>
</tr>
</tbody>
</table>

**Table** - Statistical inference based on CHI-SQUARE test between knowledge score of subjects & demographic variables. (*Table value > calculated value = Not significant*)
H01: No significant association was found between knowledge score and age, gender, professional qualification, work experience, CNE attended & area of work (P>0.05). Hence, the differences observed in the mean scores values were by chance and not true difference.

CONCLUSION:
This study concludes that-
- Limited knowledge to the staff nurses regarding Needle stick injury & its management.
- Inadequate supportive supervision of front-line service providers.
- Lack of quality training and skill building.
- Insufficient information, education and communication on key practices.
- In service education for health providers is needed to be updated with new implementations.

LIMITATIONS:
This study was confined to 80 staff nurses from selected setting of Gwalior (M.P.).
- Limited time was available for data collection.
- Random sampling could not be applied due to limited period of study.
- Standardized tool could not be located by the investigator, so developed the tool for the study.
- Non probability purposive sampling limits the generalization of findings.

RECOMMENDATIONS:
- The study can be replicated on a large sample for making wider generalizations.
- The study may be replicated with experimental research approach method.
- Knowledge can be carried out by using teaching strategies like teaching program, video, pamphlets, computer assisted learning,

BIBLIOGRAPHY:
- Wilburn S Q (2004); needle stick and sharp injury prevention, Online Journal of Issues in Nursing, Vol. 9(3), Manuscript 4
A NEW CONCEPT TO BRIDGE THE GAP BETWEEN EXPOSURES OF B.SC. NURSING INTERNS TO NABH ACCREDITED HOSPITAL THROUGH ‘HOSPITAL STANDARDS TRAINING PROGRAMME’ (HSTP).

MR. NILESH MISHRA
Lecturer, Bombay Hospital College of Nursing, Indore

Abstract
In today’s era, quality in nursing care is considered to be indispensable part of every hospital, to provide highest quality of patient care. Now a days Hospitals of India are undergoing NABH accreditation process.

INTRODUCTION:
In today’s era, quality in nursing care is considered to be indispensable part of every hospital, to provide highest quality of patient care. Now a days Hospitals of India are undergoing NABH accreditation process. NABH accreditation itself is a journey towards quality. As we believe that hospital services is based on team work, nurses are the integral part of this team so they should be undergo HSTP in their professional course itself so that when they get exposed to hospital sector there services should be excellent to mark the standards of NABH.

NEED OF THE HSTP
As the numbers of NABH accredited hospital are increasing, the demand of safe and comprehensive quality care is improving. B.Sc. Nursing syllabus is not provided the opportunity to learn the basics that enable the nursing students to deliver standard nursing care at NABH Hospital in safe manner. To minimize this gap, there is an institutional need to teach & train their students according to the current scenario of quality standards and care protocol as per the NABH. For this we developed a new concept to fill the gap between exposures of B.Sc. Nursing Interns to NABH hospital through ‘Hospital Standards Training Programme’ (HSTP)”.

AIM
- To prepare student nurses to provide comprehensive nursing care in order to match the standards of NABH accredited Hospitals.

OBJECTIVE
- To deliver safe, competent and comprehensive nursing care with compassion, comfort and collaboration with the patients, the family, and the clinical care team when posted in NABH accredited Hospitals.
TARGET POPULATION
B.Sc. Nursing interns of Bombay Hospital College of Nursing, Indore. Before internship posting, we provide training to interns to bridge the gap in exposure to NABH Accredited hospital. This is done to evaluate their knowledge, which they have gained during their training programme.

Duration of Training Programme
- 9 Days (One hour for each topic.)

TRAINERS
- From NABH accredited hospital, Indore.

AGENDA OF THE TRAINING PROGRAMME

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction about NABH</td>
</tr>
<tr>
<td>2</td>
<td>Ethics in nursing &amp; Responsibility towards patient profession</td>
</tr>
<tr>
<td>3</td>
<td>Hospital infection control policy( Needle stick injury, PPE)</td>
</tr>
<tr>
<td>4</td>
<td>Biomedical Waste Management</td>
</tr>
<tr>
<td>5</td>
<td>Spillage</td>
</tr>
<tr>
<td>6</td>
<td>Sentinel events</td>
</tr>
<tr>
<td>7</td>
<td>Emergency Codes</td>
</tr>
<tr>
<td>8</td>
<td>Fire safety</td>
</tr>
<tr>
<td>9</td>
<td>MLC</td>
</tr>
</tbody>
</table>

REFERENCES:
EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON AWARENESS REGARDING NABH POLICIES CONCERNING NURSING AMONG B.Sc. (N) FINAL YEAR STUDENTS SELECTED NURSING COLLEGE, INDORE.

1MS. PRIYADARSHANI G.MOON
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Bombay Hospital College of Nursing, Indore.

Abstract
Background: - Indian Hospitals would have to apply for Health care accreditation standards that will make them comply with Quality standards. Aim: evaluate the effectiveness of structured teaching programme on awareness regarding NABH policies concerning nursing among b.sc. (n) Final year students selected nursing college, Indore. Objectives: - To evaluate the effectiveness of STP on awareness of NABH Policies concerning nursing among B.Sc (N) Final year students of selected Nursing College in Indore. Material and Method: A structured close ended questionnaire. Quasi experimental design within pre- experimental one group pre and post test. A convenient sample of 40 subjects’ B.Sc (N) Final year students selected Bombay Hospital College of nursing, Indore. Statistical method- Students paired t test, Chi-square Test, One way ANOVA. Result: - The mean score for the pretest was 3.175 which indicate poor score. The mean score for the post test was 12.55which indicates Good knowledge score. The levels of knowledge during the pretest score and post test score was compared to prove the effectiveness of STP. The tabulated value for n=40-1 i.e. 39 degrees of freedom was 2.00. The calculated ‘t’ value was - 27.47 for overall knowledge score. The calculated ‘t’ value are much higher than the tabulated value at 5% level of significance which is statistically acceptable level of significance. There was no significant association between knowledge score with selected demographic variables. Hence it is statistically interpreted that STP on knowledge awareness of NABH Policies concerning nursing among B.Sc (N) Final year students was effective. Thus the H1 is accepted.

Key words: - B.Sc (N) Final year students, NABH policies concerning nursing

INTRODUCTION
Indian Hospitals would have to apply for Health care accreditation standards that will make them comply with Quality standards. An accreditation system will help to monitor the quality of hospitals and treatment given to patients A need for a uniform country-specific accreditation standards and accrediting body, to implement these is realized by healthcare providers across the country.

International standards too expensive and may ultimately not suit the majority of healthcare organizations in India. Therefore the need for developing our own standards is now being urgently felt.
Quality health care is defined as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”. Quality has become an essential part of the management and evaluation of health care. The continual improvement of service quality in healthcare units has become a prime consideration to ensure patient satisfaction across the world in the modern economic scenario. Quality management techniques, often borrowed directly and unchanged, from manufacturing and service sector settings, have often not lived up to their promise in terms of improved health care provider performance and hospital competitiveness.

Quality health care means “The optimal achievable result for each patient the avoidance of physician include(iatrogenic) complications, and attention to patient and family needs in a manner that is both cost effective and reasonably documented” Accreditation is an incentive to improve capacity of nation hospitals to provide the quality of care.

Why accreditation is necessary in India. The increasing role of health insurance, Rise in number of medico-legal cases, awakening of patients about their rights, Medical tourism.

NEED FOR THE STUDY

National Accreditation Board for Hospital and Healthcare Service Providers (NABH) under the aegis of Quality Council of India (QCI) with the cooperation of ministry of Health & family Welfare, Govt of India, is constituted. The draft was prepared after studying various international standards like JCAHO, JCI, Australian, European, Thai Standards, besides various Indian models available.

The patient gets services by credential medical staff. It also helps the becoming as staff of the hospital as it provides continuous learning and good working environment Knowledge of students regarding NABH policies concerning is one of the important think which has to be access to improved quality nursing care. Assessment of knowledge regarding NABH policies concerning is the basic Part of improving health care system by knowing knowledge level and plan to improve it so the researcher felt need to conduct the study

PROBLEMS STATEMENT

“A PRE EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON AWARENESS REGARDING NABH POLICIES CONCERNING NURSING AMONG B.Sc. (N) FINAL YEAR STUDENTS SELECTED NURSING COLLEGE INDORE.”

OBJECTIVES:-
1. To assess the pre test score regarding awareness of NABH Policies concerning nursing among B.Sc (N) Final year students of selected Nursing College in Indore.
2. To evaluate the effectiveness of structured teaching programme on awareness of NABH Policies concerning nursing among B.Sc (N) Final year students of selected Nursing College in Indore.
3. To find out the association post test score knowledge and selected socio demographic variables.

HYPOTHESIS:-
4. H1: - There is a significant difference between the mean pre test knowledge and the mean post test knowledge score regarding awareness of NABH Policies concerning nursing among B.Sc (N) Final year students of selected Nursing College in Indore.
   ❖ H2: -There is a significant association with selected socio demographic variable regarding awareness of NABH Policies concerning nursing among B.Sc (N) Final year students of selected Nursing College in Indore.

ASSUMPTIONS
1. The structured teaching programme is an effective strategy for improving the knowledge of students.
2. The students are interested to participate and will give reliable information needed for the study.
3. The knowledge of student regarding the awareness of NABH varies according to socio demographic variables

DELIMITATIONS
The study is delimited to the:
1. The study is limited to those students at age of above 18 years.
2. Students who are above 18 years and below age of 26 years.
3. These study is limited only for students those who are studying in nursing college.

REVIEW OF LITERATURE:
1. Mandeep, Naveen Chitkara, Sandeep Goel Department of Neurosurgery, NASA Brain and Spine Centre, Jalandhar, Punjab, India:- Study to evaluate change of attitude toward acceptance of NABH guidelines: An intra-institutional experience: The study was conducted on 10 doctors and 40 nurses of the hospital before and 6 months after the start of accreditation process in the hospital. Samples were selected by simple random method. A questionnaire was used to collect the information about the attitude and knowledge of medical staff about NABH accreditation. The study revealed that medical staff had a positive attitude and improved knowledge about accreditation after 6 months working in a hospital on the way to NABH. The attitude reflected in their positive approach in managing patients under better work atmosphere thus, indirectly reflecting on the benefit to the society as whole.

2. MR. ANIKET M1; MS. NAGIN Y2; MRS. KARPAGAVALLI N3;DR. SURESH RAY4 Bharati Vidyapeeth College of Nursing, Pune, Knowledge among staff nurses regarding NABH protocol in selected hospitals. Background: Health care system of India is currently operating within an environment of rapid social, economical, technological, and hospitals are an integral part of health care system. Methods: This was a hospital-based, cross-sectional survey of 100 staff nurses. A set of questionnaires assessing knowledge regarding NABH protocol were used. Results: 72% of the staff nurses were having average knowledge, 23% of staff nurses had poor knowledge & only 5% of staff nurses were having good knowledge regarding NABH protocol.

RESEARCH METHODOLOGY
Source of data: - B.Sc (N) Final year students, Bombay Hospital college of nursing, Indore.
Methods of data collection:- Data will be collected by using structured close ended questionnaire.
Research design and approach:- Quasi experimental design within one group pre and post test.
Research setting:- Study setting in Bombay Hospital College of nursing, Indore
Population:- In this present study the population consist of B.Sc(N) Final Year students of selected college in Indore
Target population: - B.Sc (N) Final Year 40 students of selected college in Indore. A population is a group whose members possess specific attributes that a researcher is interested in studying.
Sample size: - B.Sc (N) Final Year 40 students of selected college in Indore
Sampling technique: - Non probability Convenient Sampling Technique

VARIABLES: -
1. Dependent variables: - The effectiveness of structured teaching programme on knowledge of NABH Policies concerning nursing among B.Sc (N) Final year students of selected Nursing College in Indore.
2. Independent variables: - B.Sc (N) Final year students of selected Nursing College in Indore.

SAMPLING CRITERIA: -
(I) INCLUSIVE CRITERIA: -
1. B.Sc (N) Final Year students who are willing to participate.
2. B.Sc (N) Final Year students who are available during the period of data collection.
(II) EXCLUSIVE CRITERIA:
- 1. Students of both sex who are
- 2. Students who are not willing to participate
- 3. Who have attended previous class regarding NABH Policies concerning nursing

RELIABILITY: - Tested by implementation of knowledge based on structured teaching and reliability will be calculated by using formula by (Guttman split-half).

RESULTS: - ORGANIZATION AND PRESENTATION OF THE DATA
The collected data were edited, tabulated, analyzed, interpreted and findings obtained were presented in the form of tables and diagrams which were represented under the following sections:

Section A: - This part deals with description of demographic characteristic of sample.
Section B: - Assessment of pretest and post test knowledge score of students regarding NABH policies concerning nursing
Section C: - Findings related to effectiveness of Structured Teaching Programme the mean pretest and mean post-test knowledge scores.
Section D: - Association of post test knowledge scores of students with the selected demographic variables.

SECTION: A - STATISTICAL DESCRIPTION OF DEMOGRAPHIC VARIABLES
This section deals with distribution of sample regarding awareness of NABH Policies concerning nursing among B.Sc (N) Final year students of selected Nursing College in Indore. With regards to their demographic variables. A convenient sample of 40 subjects was drawn from the study population, who were taken from selected Bombay Hospital College of nursing Indore. The data obtained to describe the sample characteristics including Age of students, gender, religion, previous knowledge regarding NABH policies, sources of information, attended any conference/seminar respectively.

Table-1: Distribution of samples according to selected demographic variable

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age of the students</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. 18-20 years</td>
<td>13</td>
<td>33%</td>
</tr>
<tr>
<td>2. 21-23 years</td>
<td>27</td>
<td>68%</td>
</tr>
<tr>
<td>3. 24-26 years</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2. Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Male</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>b. Female</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>3. Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Hindu</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>b. Muslim</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>c. Christian</td>
<td>37</td>
<td>93%</td>
</tr>
<tr>
<td>d. Others</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>4. Previous knowledge regarding NABH Policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Yes</td>
<td>36</td>
<td>90%</td>
</tr>
<tr>
<td>b. No</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>5. Sources of information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. audiovisual aids</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>b. Newspaper/Magazine</td>
<td>6</td>
<td>15%</td>
</tr>
<tr>
<td>c. Teacher</td>
<td>28</td>
<td>70%</td>
</tr>
<tr>
<td>d. Parents and friends</td>
<td>2</td>
<td>5%</td>
</tr>
</tbody>
</table>
6. attended any conference or seminar
   a. Yes 4 10%
   b. No 37 92.5%

Section B: - Assessment of pretest and post test knowledge score of students regarding NABH policies concerning nursing
This section deals with the assessment of knowledge of students regarding NABH policies. The level of knowledge is divided under following heading Poor, average, Good.

Table 2: Comparison of knowledge score in pretest and post test knowledge score

<table>
<thead>
<tr>
<th>Level of knowledge score</th>
<th>Score range</th>
<th>Percentage score</th>
<th>Knowledge score</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>1-5</td>
<td>0-19%</td>
<td>39 (97.5%)</td>
<td>0(0%)</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>6-10</td>
<td>20-39%</td>
<td>1(2.5%)</td>
<td>4 (10%)</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>11-15</td>
<td>40-59%</td>
<td>0(0%)</td>
<td>36 (90%)</td>
<td></td>
</tr>
</tbody>
</table>

Minimum score 1 10
Maximum score 7 15
Mean score 3.17 12.55
Mean % 7.92 31.37

χ²-value 17.52
p-value p<0.0001, Significant

Section C: - Findings related to effectiveness of structured teaching Programme the mean pre-test and mean post-test knowledge scores.

Table 3: Significance of difference between knowledge score in Pre and post test

<table>
<thead>
<tr>
<th>Overall</th>
<th>Mean score</th>
<th>SD</th>
<th>Mean Percentage</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre Test</td>
<td>3.17</td>
<td>1.46</td>
<td>7.92</td>
<td>-27.47</td>
<td>0.0001</td>
</tr>
<tr>
<td>Post Test</td>
<td>12.55</td>
<td>1.58</td>
<td>31.37</td>
<td>S, p&lt;0.05</td>
<td></td>
</tr>
</tbody>
</table>

Graph – No-10 .Significance of difference between knowledge score in Pre and post test

Section D: - Association of post test knowledge scores of students with the selected demographic variables.

n=40

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<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>No. of students</th>
<th>Means square value</th>
<th>F value</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age of the students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 18-20 years</td>
<td>13</td>
<td>0.262</td>
<td>1.142</td>
<td>0.358 NS, p&gt;0.05</td>
</tr>
<tr>
<td>b. 21-23 years</td>
<td>27</td>
<td>0.229</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. 24-26 years</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Male</td>
<td>0</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000 NS, p&gt;0.05</td>
</tr>
<tr>
<td>b. Female</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Hindu</td>
<td>3</td>
<td>0.353</td>
<td>1.287</td>
<td>0.292 NS, p&gt;0.05</td>
</tr>
<tr>
<td>f. Muslim</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Christian</td>
<td>37</td>
<td>0.275</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Others</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Previous knowledge regarding NABH Policies in concerning in nursing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Yes</td>
<td>36</td>
<td>0.037</td>
<td>0.365</td>
<td>0.869 NS, p&gt;0.05</td>
</tr>
<tr>
<td>b. No</td>
<td>4</td>
<td>0.100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sources of information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Audiovisual aids</td>
<td>4</td>
<td>0.655</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Newspaper/Magazine</td>
<td>6</td>
<td>0.504</td>
<td>1.300</td>
<td>0.287 NS, p&gt;0.05</td>
</tr>
<tr>
<td>c. Teacher</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Parents and friends</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you attended any conference or seminar on NABH Policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Yes</td>
<td>37</td>
<td>0.278</td>
<td>1.103</td>
<td>0.377 NS, p&gt;0.05</td>
</tr>
<tr>
<td>b. No</td>
<td>4</td>
<td>0.252</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The minimum score in pretest was 2 and the maximum score was 7, the mean score for the pretest was 3.175 whereas. The minimum score in post test was 10 and the maximum score was 15, the mean score for the post test was 12.55. The levels of knowledge during the pretest and post test are compared to prove the effectiveness of STP. The tabulated value for n=40-1 i.e. 39 degrees of freedom was 2.00. The calculated value was -27.47 for overall knowledge score. The calculated ‘t’ value is much higher than the tabulated value at 5% level of significance which is statistically acceptable level of significance. There was no significant association between knowledge score with selected demographic variables. Hence it is statistically interpreted that structured teaching programme on knowledge awareness of NABH Policies concerning nursing among B.Sc (N) Final year students was effective. Thus the H₁ is accepted.

**IMPLICATIONS OF THE STUDY**

1. The study had implications not only in the field of nursing, but also in other disciplines.
2. The study was limited to small samples and only for students nurses so can be organize a conference for awareness of NABH policies regarding nursing quality improvement.
3. The findings of the study support the need for conducting educational programmes regarding NABH accreditation to improve the quality of care and adherence to the prescribed policies.
4. Organizational programme and community based sector study can be conducted in various areas. Thus in future more studies related to topic can be conducted.
RECOMMENDATIONS

1. The study can be effective to the student’s knowledge and awareness about NABH policies can be replicated on larger sample in different setting so that the findings can be generalized to larger population.
2. A similar study may be done in staff nurses attitude and knowledge.
3. A Study to evaluate change of attitude toward acceptance of NABH guidelines: An intra-institutional experience.
4. Explorative study to assess the knowledge & attitude towards NABH accreditation among the staff nurses working in Bombay Hospital, Indore.

CONCLUSION

Indian Hospitals would have to apply for Health care accreditation standards that will make them comply with Quality standards. After the completion of the study it is revealed that the STP found the students have less knowledge regarding NABH policies concerning nursing and after the STP, student’s knowledge has increases.

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Abstract

Aim – A research was conducted to assess the effectiveness of structured teaching program in terms of creating knowledge on antenatal visits and investigations, among antenatal women at selected urban community of Indore. Objectives – To assess pre-existing knowledge of antenatal visits and investigations, among antenatal women. To determine the effectiveness of structured teaching program regarding antenatal visits and investigations among antenatal women. To find out association between mean pre test knowledge & selected demographic variable regarding antenatal visits and investigations. Methodology – An evaluative research approach with pre-experimental one group pre-test and post-test research design to achieve the objectives of the study. The population comprised of 40 antenatal women in the selected urban community of Indore using purposive sampling. Result - Descriptive and inferential statistics was used to analyze the data. Data revealed that the mean posttest knowledge (15.57) was higher than mean pretest knowledge scores (4.6). And there is significant difference between pre-test and post-test at the level of (t = 42.19, P < 0.05). Majority of the variables showed no significant association between pretest knowledge score with demographic variables like age, occupation, socio-economic condition, number of abortion, obstetrical score. Conclusion: The findings revealed that the structured teaching program is highly an effective strategy for improving the knowledge of the subjects regarding antenatal visits and investigations.

Keywords: Knowledge, Antenatal Visits & Essential Investigations, Antenatal Women.

INTRODUCTION

 Thousands of women could be saved each year if they had access to skilled care during pregnancy and childbirth, and access to emergency obstetric care. Most of the interventions they need are simple, affordable and highly effective. World health organization stated that the pregnancy and childbirth are special events in women’s life. It can also be time of fear, suffering and even death. Pregnancy is associated with certain risk to health and survival for both women and her fetus. UNICEF (2015) In India every five minutes a woman dies during child birth. When compared to the world scenario this accounts to more than 20% of maternal deaths in
India. Approximately 30 million women in the country experience pregnancy annually, and 27 million have live births. India’s maternal mortality rate reduced from 212 deaths per 100,000 live births in 2007 to 178 deaths in 2012. **According to sample registration system (SRS) (2011)** worldwide, every year approximately eight million women suffer from pregnancy-related complications over half a million of them die as a result. Routine screening allows obstetricians, gynecologists, or midwives to detect, treat and prevent potential health problems throughout the course of the pregnancy while promoting healthy lifestyles that benefit both women and child. Prenatal screening tests are tests that show whether a fetus has a higher chance of having any problem.

**NEED OF THE STUDY**

According to, National Family Health Survey 2006 (NFHS-III), some facts related to MCH services are as following:

- Only 48.3% deliveries are conducted by trained health personnel (i.e. doctor, nurse, LHV, ANMs)
- Only 36.3% women are getting postnatal care by skilled professionals.
- 33% women’s body mass index is below normal
- 57.9% pregnant women between the age group of 15-49 are suffering with anemia.
- Only 57% women are familiar with the AIDS
- Out of total deliveries, only 40.7% are institutional deliveries
- Annually, it is estimated that 55,000 women die due to preventable pregnancy-related causes in India.

The aim of antenatal visit is to achieve at the end of a pregnancy a healthy mother and a healthy fetus. Ideally the care begins as soon after conception and continues throughout pregnancy. The screening tests aim to detect a disease or condition in the early stages before it causes significant problems, and where treatment can be offered. The potential benefits of a screening test should outweigh any possible risks from the test. Regular check-ups of antenatal women assist in identifying and reducing risks to both mother and fetus.

**PROBLEM STATEMENT**

A study to assess the knowledge of antenatal women regarding antenatal visits & essential investigations among antenatal women in selected community of Indore City

**OBJECTIVES**

1. To assess pre-existing knowledge on antenatal visits and essential investigations among antenatal women.
2. To assess the effectiveness of structured teaching program on antenatal visits & essential investigations among antenatal women.
3. To find out the association between pre-test knowledge score on antenatal visits and essential investigations with selected socio-demographic variables of antenatal women.

**HYPOTHESIS**

**H**$_1$ - There will be significant difference between pre-test and post-test knowledge score after structured teaching program regarding antenatal visits and investigations at the level of 0.05%

**ASSUMPTIONS**

1. The antenatal women will not have adequate knowledge regarding antenatal visits & investigations.
2. The structured teaching program will help the antenatal women to improve their knowledge regarding antenatal visits & investigations.
DELIMITATIONS
1. The study will be limited to selected nursing colleges, Indore.
2. The study is limited to nursing educators only.

RESEARCH METHODOLOGY
Research methodology is the systematic way of doing a research to solve a problem. It contains statement of the problem, objectives of the study, assumption which have been formulated, tool, methods used for data collection and the statistical method used for analyzing the data and the logic behind it.

RESEARCH DESIGN
The research design selected for this study was one group pre and post test research design because this study intended to measure the gain in knowledge score of antenatal women who were given structured teaching program

Target population
In the present study target population were antenatal women who were available in the community during data collection.

Accessible population
The accessible population for the study was antenatal women of Patnipura of Indore.

VARIABLES
Independent variable:
In this study, the independent variable is structured teaching program regarding antenatal visits and investigations.

Dependent variable:
In this study, dependent variable is knowledge of women regarding antenatal visits and investigations.

SAMPLE SELECTION CRITERIA
Inclusion criteria:
- Antenatal women who are willing to participate in the study.
- Antenatal women who are available during the study are included in the study.
- Who are able to read and write.

Exclusive criteria:
- Antenatal women who are not willing to participate in the study
- Antenatal women who are not able to read and understand.
- Antenatal women who are not available at the time of data collection.

DATA COLLECTION
The investigator obtained written permissions from the concerned authority of the selected college prior to data collection. Main study was conducted on a total of 40 of selected community of Indore. The data was collected and explain the purpose of the study, return consent were obtained from antenatal women, and assured about confidentiality of their response. A questioner was given to all the samples to assess the existing knowledge regarding antenatal visits and investigations. On the same day structured teaching programme was given to all the samples on the seventh day the investigator personally took post test with the same questioner.

DATA ANALYSIS & INTERPRETATION
SECTION I: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ANTENATAL WOMEN
This section deals with the data pertaining to the sample characteristics of the subjects. It is presented and analyzed in terms of frequency and percentage distribution of sample
characteristics with respect to antenatal women Age, Educational status, Type of family, Source of information, Obstetrical status and Family income.

**Frequency and percentage distribution of sample characteristic**

\[ N = 40 \]

Data presented that 42.5% and 25% antenatal women were from the age group between 21-25 years and 26-30 years respectively. It is also obtained that 17.5% and 15% antenatal women were less than 20 years and above 31 years of age group respectively.

With regard to education, most of the antenatal women 2.5% had primary education, 22.5% had middle education, 20% had higher secondary education, and 55% had done graduation and above.

Data shows that 16% of the antenatal women were from nuclear family whereas 24% of the antenatal women were from joint family.

Most of the antenatal women 67.5% had exposure of mass media and 32.5% had from PPTCT counseling.

Obstetrical status of antenatal women was 62.5% primi-gravida and 37.5% were multipara.

Family income per month of the antenatal women with regard to 10% had family income of less than Rs. 5000/-, 25% had between Rs 5001-10,000/-, 32.5% had between Rs10,001-20,000/- and 32.5% had more than 20,001/-. 

<table>
<thead>
<tr>
<th>S. No</th>
<th>Demographic Variables</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age in years</td>
<td>&lt;20</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td></td>
<td>21 - 25</td>
<td>17</td>
<td>42.5</td>
</tr>
<tr>
<td></td>
<td>26-30</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>&gt;31</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>2. Educational status</td>
<td>Primary</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td></td>
<td>Higher secondary</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Graduate &amp; above</td>
<td>22</td>
<td>55</td>
</tr>
<tr>
<td>3. Type of family</td>
<td>Nuclear</td>
<td>16</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>4. Source of information</td>
<td>PPTCT Counseling</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td></td>
<td>Mass Media</td>
<td>27</td>
<td>67.5</td>
</tr>
<tr>
<td>5. Obstetrical status</td>
<td>Primi-gravida</td>
<td>25</td>
<td>62.5</td>
</tr>
<tr>
<td></td>
<td>Multipara</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>6. Family income</td>
<td>Rs &lt;5000</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Rs 5001-10,000</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Rs 10,001-20,000</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td></td>
<td>Rs &gt;20,001</td>
<td>13</td>
<td>32.5</td>
</tr>
</tbody>
</table>
**AGE**

Pie diagram showing the percentage distribution of age of antenatal women

**EDUCATIONAL STATUS**

Pie diagram showing percentage of educational status of antenatal women
Pie diagram showing percentage distribution of type of family of antenatal women

Pie diagram showing percentage distribution of source of information for antenatal women
SECTION II: Assessment of pre-test knowledge score of antenatal women regarding antenatal visits and investigations.
Table 2: Frequency and percentage level of knowledge in antenatal visits and investigations

<table>
<thead>
<tr>
<th>Grading</th>
<th>Score</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Good</td>
<td>16-20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Good</td>
<td>11-15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Average</td>
<td>6-10</td>
<td>22</td>
<td>55</td>
</tr>
<tr>
<td>Poor</td>
<td>0-5</td>
<td>18</td>
<td>45</td>
</tr>
</tbody>
</table>

Data depicts that in antenatal visits and investigations maximum of the antenatal women 22(55%) had average knowledge.

Bar diagram showing level of pre-test knowledge score of Antenatal visits and investigations among antenatal women.

SECTION III: EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM REGARDING ANTENATAL VISITS AND INVESTIGATIONS

This section deals with analysis and interpretation of the data in order to evaluate the structured teaching program in terms of gain in knowledge.

Grading of sample based on pre-test knowledge score and post-test knowledge score.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Score</th>
<th>Pre-test knowledge score</th>
<th>Post-test knowledge score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage (%)</td>
<td>Frequency</td>
</tr>
<tr>
<td>1</td>
<td>16-20 (very good)</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>11-15 (good)</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td>6-10 (average)</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>1-5 (poor)</td>
<td>18</td>
<td>0</td>
</tr>
</tbody>
</table>

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Data shows that 52.5% of antenatal women had scored very good in post test compared to pretest whereas 0% of antenatal women scored very good, 42.5% gained good score in post-test and 0% gained good score in pretest, 35% and 65% had average and poor score in pre-test which was reduced to 5% and 0% in the post-test scores. It indicates a considerable gain in knowledge score and effectiveness of structured teaching program.

Bar diagram showing comparison between pretest and post-test knowledge scores of antenatal women

Comparison between mean, standard deviation and ‘t’ value of pre-test and post-test knowledge score.

\[
\begin{array}{|c|c|c|c|c|}
\hline
\text{Knowledge score} & \text{Mean} & \text{S.D.} & \text{Mean difference} & \text{d.f} & \text{‘t’ value} \\
\hline
\text{Pre-test} & 4.6 & 1.58 & 10.97 & 39 & 42.19*** \\
\text{Post-test} & 15.57 & 2.33 & & & \\
\hline
\end{array}
\]

Paired ‘t’ value = 42.19, P ≤ 0.001

The data presented that the mean post-test knowledge score (15.57) is apparently higher than the mean pre-test knowledge score (4.6). The dispersion of pre-test scores (SD±2.33) and the computed paired ‘t’ value shows that there is a significant difference between pre-test and post-test mean knowledge score, (‘t’ = 42.19, P < 0.05 level). This indicate that structured teaching program is effective in increasing knowledge score of antenatal women regarding antenatal visits and investigations.

i. Highly

ii. There is no doubt that there is a real difference between pre-test and post-test knowledge score.

iii. When sample size is large i.e. greater than 30 ‘t’ distribution follows normal distribution
SECTION IV: Association between pre-test knowledge score and selected demographic variables.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Selected demographic variables</th>
<th>Pre-test knowledge score</th>
<th>df</th>
<th>χ² Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;20</td>
<td>6</td>
<td>1</td>
<td>11.98*</td>
</tr>
<tr>
<td></td>
<td>21-25</td>
<td>14</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25-30</td>
<td>4</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;31</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Educational status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>7</td>
<td>2</td>
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</tr>
<tr>
<td></td>
<td>Higher secondary</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduate &amp; above</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Type of family</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Nuclear</td>
<td>8</td>
<td>8</td>
<td>1.09*</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>16</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Source of information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PPTCT counseling</td>
<td>7</td>
<td>6</td>
<td>6.54*</td>
</tr>
<tr>
<td></td>
<td>Mass media</td>
<td>17</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Obstetrical status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primi gravida</td>
<td>18</td>
<td>7</td>
<td>7.76*</td>
</tr>
<tr>
<td></td>
<td>Multi para</td>
<td>4</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Family income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt; Rs 5000</td>
<td>4</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rs 5001-10,000</td>
<td>6</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rs 10,001-20,000</td>
<td>9</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Rs 20,001</td>
<td>5</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

(*): Not Significant at P < 0.5 level
The data represented shows that computed chi-square values between pre-test knowledge score and the demographic variables indicated that there is no significant association between age, source of information and obstetrical status, educational status, type of family and family income.

SUMMARY

The analysis and interpretation of data collected from 40 antenatal women who are available in community during data collection. Descriptive and inferential statistics were, used for analysis. It was found that mean post-test knowledge score 15.57. The paired ‘t’ value computed showed significant difference suggesting that the structured teaching program was effective in increasing the knowledge of antenatal women regarding antenatal visits and investigations.

RECOMMENDATIONS

1. A similar study may be replaced on a large sample so that the finding can be generalized.
2. A comparative study may be conducted to find out the effectiveness between structured teaching program and information booklet regarding the same topic.
3. Study may be undertaken on antenatal women of antenatal clinic, M.Y. Hospital, Indore to evaluate the effectiveness of structured teaching program on regarding antenatal visits and investigations.

IMPLICATIONS

The findings of the study have implications for nursing practice, nursing education, nursing administration and nursing research..

NURSING PRACTICE:

Nurse plays important role in health education regarding antenatal visits and investigations among antenatal women.

- Structured teaching program imperative for nursing personnel working in antenatal unit and antenatal and antenatal OPD’s to provide supportive and educational services. Every student should be encouraged to teach the antenatal women regarding antenatal visits and investigations.
- Structured teaching program is considered an effective education strategy to improve the knowledge and knowledge of the antenatal women.
- Structured teaching program can be imparted in the ward, OPD’s through various methods like planned education, lectures and booklet.

NURSING EDUCATION:

At present the health care delivery system is giving more emphasis on preventive rather than curative aspect.

- The structured teaching program can be used as an informational and education mode by the nurses and the nursing personnel for educating the antenatal women in OPD and community.
- Nursing educator should trained the nursing student to acquire the knowledge and skill in assessing the learning need of antenatal women to plan out teaching program based on the same in the hospital and community.
- The structured teaching program may be used as an knowledge purpose. Nurse educator should arrange in-service education for female health worker to acquire knowledge and to understand the importance of antenatal visits and investigations among antenatal women.

NURSING ADMINISTRATION:

Nursing administrator does require courage to bring new changes in the profession which is acceptable for the values it presents.
Nurse administrator takes initiative plan to improve the communication with antenatal women during antenatal visit.
Nurse administrator can conduct staff meeting, discuss these finding and revise measure to improve antenatal visits and investigations.
Nurse administrator should take efforts to organize workshop and in-service education as this will update the knowledge of staff nurses and aaganwadi workers regarding antenatal visits and investigations.
Nurse administrator should motivate the nursing personnel to devote their time for development of structured teaching program.

NURSING RESEARCH:
More research should be conducted on regarding antenatal visits and investigations.

- The emphasis on evidence based practice is needed to improve the quality of nursing care.
- There is a great need for evidence based research in the areas of undetected high risk cases, early identification and management of high risk women to prevent some complication.
- Upgrading the knowledge regarding antenatal visits and investigations is very important for antenatal women who will help them to find out disorders at the earliest and to take prompt action.

CONCLUSION
The overall experience of conducting the study was satisfying one. The constant encouragement and guidance from the guide, co-guide, faculty and interest of the hospital authorities and the respondents to participate in the study contributed to the fruitful & successful completion of this study. The study was a new learning experience for the investigator. The present study identifies a great need for the structured teaching to antenatal women regarding antenatal visits and investigations.

BIBLIOGRAPHY

- Bobak, Jensen, (1993), Maternity & Gynecology Care, (5th Ed.)., Mosby; 263
COMPARISON ON AWARENESS REGARDING SELECTED MATERNAL AND CHILD HEALTH MADHYA PRADESH GOVERNMENT SCHEMES AMONG URBAN AND RURAL ANTENATAL WOMEN

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Abstract
Aim: Assess the level of awareness regarding selected maternal and child health Madhya Pradesh government schemes among selected rural and urban rural antenatal women. Objectives: 1. To assess the level of awareness of rural and urban antenatal women regarding selected maternal and child health Madhya Pradesh government schemes. 2. To compare the level of awareness regarding selected maternal and child health Madhya Pradesh government schemes among rural and urban antenatal women. Methodology: A descriptive survey research approach was used with non-experimental comparative research design. The study was conducted in selected rural and urban areas, at Indore district, Madhya Pradesh. Study samples comprised of 40 urban and rural antenatal women selected by non-probability convenient sampling technique. Data was collected by using structured knowledge interview schedule and the obtained data was analyzed by both descriptive and inferential statistics. Results: The result revealed that the mean value of rural antenatal women is 17.65 and an urban antenatal women is 22.45. The mean deviation is 4.8 and calculated t value is 3.579. Conclusion: Based on results researcher concluded that urban antenatal women are more aware than rural antenatal women.

Key Words: Awareness, Maternal Health, Child Health, Government Scheme, Antenatal women, Urban area, Rural Area.

INTRODUCTION
Pregnancy is a special event not only in the life of women but also to the entire family. Pregnancy is one of the wonderful and noble services imposed by nature. This experience of transformation from womanhood or wifehood into motherhood is a privilege reserved exclusively for women. Hence this transformation phase that is pregnancy and following childbirth has been contributed to have a great impact on both maternal and infant health.

In any community, mother and children constitute a priority group; they comprise approximately 71.14% of the population of the developing countries. In India women of the childbearing age constitute 22.2% and children under 15 years of age about 35.3% of the total population, together they constitute nearly 57.5% of the total population. Mother and children not only constitute a large group but they are also a vulnerable or special risk group.
The crucial importance of maternal health is underscored by the 5th goal of the United Nations Millennium Development Goals (MDG) which is aiming at improving maternal health. Millennium Development Goal-5 aims to reduce the Maternal Mortality Rate (MMR) 109 per 1,00,000 live births by 2015.

India has made considerable progress towards the reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR), but the current pace of decline is not sufficient. According to Millennium Development Goal – 2015 report, Maternal Mortality Rate (MMR) in India is 140 per 1, 00,000 live births and the state of M.P shows poor performance in reducing Maternal Mortality Rate (MMR). Still Maternal Mortality Rate (MMR) is highest in M.P at 221 per 1, 00,000 live births.

To achieve the Millennium Development Goals (MDG), Ministry of Health and family Welfare, Govt of India launched a nationwide initiative – National Rural Health Mission (NRHM) in 2005 and National Urban Health Mission (NUHM) in 2013 and which is popularly known as National Health Mission (NHM). Under National Health Mission (NHM) Govt. of India as well as our state government M.P introduced various schemes related to maternal and child health care.

The central government implemented Janani Shishu Suraksha Karyakram (JSSK) and Janani Suraksha Yojna (JSY) schemes and our state government M.P also implemented various schemes: JEY, VRJKBY, PHPEUY, DBDY, BSY, AVD and DTS. In order to improve maternal and child health care. The state government is focusing on increasing institutional deliveries, skilled attendance at birth, and strengthening the emergency obstetric care (EmOC) services as main strategies.

Efforts have been made to strengthen the planning and monitoring of maternal health interventions, including expanding the availability of infrastructure, human resources, drugs and equipment’s and their proper distribution so as to meet the needs of underserved areas of the state. Still the utilization rate of the government maternal and child health care schemes in rural and urban population is only 77%. Investigator found that the possible causes for not utilizing of such scheme may include assumption of better services in private or lack of awareness regarding the schemes.

Awareness regarding various maternal and child health care schemes among the antenatal women is not much studied in M.P. With this background the present study is conducted to assess the level of awareness on maternal and child health care schemes among the rural and urban antenatal women in selected rural and urban areas, Indore, M.P.

PROBLEM OF THE STATEMENT:
A comparative study on awareness regarding selected maternal and child health Madhya Pradesh government schemes among urban and rural antenatal women in selected urban and rural areas of Indore district. M.P

OBJECTIVES:
1. To assess the level of awareness of rural and urban antenatal women regarding selected maternal and child health Madhya Pradesh government schemes
2. To compare the level of awareness regarding selected maternal and child health Madhya Pradesh government schemes among rural and urban antenatal women

HYPOTHESIS:
H_1: There is significant difference in level of awareness of rural and urban antenatal women regarding selected maternal and child health government schemes

OPERATIONAL DEFINITIONS:
Assess: It is the method of estimating the level of awareness among the antenatal women regarding selected maternal and child health government schemes.
Awareness: Awareness is the state of being conscious of about selected maternal and child health schemes of M.P.

Maternal Health: Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period.

Child Health: The care and treatment of children

Government Scheme: Schemes which are sponsored by the national government for providing special service to pregnant women and child

Antenatal women: An antenatal woman refers to pregnant women who are residing in urban and rural areas of Indore, M.P.

Urban area: Urban area is a geographic area includes the city itself, as well as the surrounding areas.

Rural Area: rural area is a geographic area that is located outside the cities and towns.

ASSUMPTIONS
i. The antenatal women may aware about selected maternal and child health government schemes.
ii. They will honestly respond to the questionnaire which is prepared by the investigator.
iii. Urban antenatal women.
iv. The antenatal women will extend co-operation in providing factual information.

DELIMITATIONS:
The study is limited to antenatal women who are
➢ willing to participate in the study.
➢ residing at Hathod and Bicholi Hapsi
➢ sample size is limited to 40.

REVIEW OF RELATED LITERATURE
A.R., Johnson B. Rock et al (2015) cross sectional study were carried out among women attending antenatal clinic in a rural hospital, Karnataka using a structured interview schedule. The maximum awareness was for maternal nutrition supplements under Integrated Child Development Services (ICDS) (83.6%). The awareness of the schemes was significantly associated with education of mother, socio economic status of family, gestational age and parity index. Source of information was mainly from health personnel (health workers, health professionals), followed by friends and family. Awareness regarding the schemes among antenatal mothers range from 0% to 83.6%

N. Ramakrishna Reddy SG. Kishore et al (2015) conducted cross sectional study to assess the awareness and utilization of JSY among 120 postnatal mothers at UHTC of Bangalore Medical College and Research Institute (BMCRI), Bangalore during period of 2 months from 1st May to 30th June 2015. Pretested, predesigned and a semi structured questionnaire was used for interviewing the study group of postnatal mothers. Out of 120 postnatal mothers, 78.3% were aware of JSY scheme among which the majority (63.3%) came to know through the local ANM. 76.7% had attended ≥4 ANC visits, 82.9% had received cash assistance under JSY and only 58.3% women consumed hundred IFA tablets. The awareness and utilization of JSY in the study area was found to be satisfactory.

MATERIALS AND METHODS:
In view of accomplishing the objectives, that is assessing the awareness regarding selected maternal and child health Madhya Pradesh government schemes, a descriptive survey research approach was used with non-experimental comparative design. The study was conducted in selected rural and urban areas, at Indore district, Madhya Pradesh. Study samples comprised of 60 urban and rural antenatal women selected by non-probability convenient sampling technique and who are fulfilled the inclusion criteria such as domicile of M.P, willing to participate in the study, able to understand Hindi and English and present during data collection. To fulfill the
study objectives the investigator developed tool consists of two parts. Part-I is demographic proforma consist of 10 items. The characteristics included were age, marital status, literacy level antenatal women, occupation, family income, gestational age and number of pregnancy, caste, religion, area of living. Part-II structured knowledge interview schedule on selected maternal and child health Madhya Pradesh government schemes such as JSY, JEY, JSY, PHPEUY, DBDY, BSY, AVD and DTS.

PROCEDURE OF THE DATA COLLECTION:

The researcher self-collected data from the subjects. For maximum cooperation, the investigator self-introduced to the respondent and willingness of participants was obtained. The respondents were assured the anonymity and confidentiality of information provided by them. Ethical clearance was obtained from the Research Ethical Committee, Bombay Hospital College of nursing, Indore. The final data collection was done after obtaining formal written permissions from the Medical officer, Primary health center, Bicholi Hapsi and Hathod, Indore, Madhya Pradesh. The data were collected from 40 antenatal women in which 20 from urban area Bicholi Hapsi and 20 from rural area Hathod who were selected through non probability convenient sampling. The subject’s awareness regarding selected maternal and child health Madhya Pradesh government schemes was assessed by administering the structured interview schedule. Approximately ten samples were covered per day and 12-20 minutes were spent with each subject. The data was collected and recorded systematically from each subject and was organized on master data sheet to facilitate computer entry. Both descriptive and inferential statistics were used for data analysis.

Results:
Frequency and percentage of socio demographic variables of rural and urban antenatal women  N (20 +20) =40

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Demographic Variables</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Frequency (n)</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>1.</td>
<td>Age in year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. 19-25 years</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>b. 26-30 years</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>c. 31-35 years</td>
<td>0</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>d. 36-40 years</td>
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<td>00</td>
</tr>
<tr>
<td>2.</td>
<td>Marital status</td>
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</tr>
<tr>
<td></td>
<td>a. Married</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>b. Unmarried</td>
<td>0</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>c. Widow</td>
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<td>00</td>
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<td>3.</td>
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<tr>
<td></td>
<td>a. Illiterate</td>
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<td>85</td>
</tr>
<tr>
<td></td>
<td>b. Primary level</td>
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<td>15</td>
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<tr>
<td></td>
<td>c. Middle school</td>
<td>0</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>d. Higher secondary</td>
<td>0</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>e. Under graduate</td>
<td>0</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>f. Postgraduate</td>
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<td>00</td>
</tr>
<tr>
<td>4.</td>
<td>Occupation</td>
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<td></td>
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<tr>
<td></td>
<td>a. Unemployed</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>b. Unskilled worker</td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>c. Office worker</td>
<td>0</td>
<td>00</td>
</tr>
</tbody>
</table>
Table 1: Showed that out of 20 rural antenatal women 16 (80%) were in the age group of 19-25 years, 4 (20%) were in the age group of 26-30 years. Out of 20 urban antenatal women 11 (55%) were in the age group of 19-25 years, 9 (45%) were in the group of 26-30 years.

All rural antenatal women married and out of 20 urban antenatal women 19 (95%) were married and 1 (5%) were widows.

Out of 20 rural antenatal women 17 (85%) were illiterate, 3 (15%) had primary education.

Out of 20 rural antenatal women 12 (60%) were unemployed, 8 (40%) were unskilled workers. 17 (85%) urban antenatal women were unemployed, 3 (15%) were unskilled workers.

Out of 20 rural antenatal women 12 (60%) were earning less than Rs. 1000/- per month, 6 (30%) were earning between Rs.1001-2000/- and 2 (10%) were earning between Rs.2001-3000/-. Out of 20 urban antenatal women 13 (65%) were earning less than Rs.1000/- and 7 (35%) were earning between Rs.1001-2000/-.
Out of 20 rural antenatal women 12 (60%) were Hindus, 7 (35%) were Muslims, 1 (5%) were others. All urban antenatal women were Hindus.

Out of 20 rural antenatal women 10 (50%) were in 1st trimester, 4 (20%) were in 2nd trimester and 6 (30%) were in 3rd trimester. Out of 20 urban antenatal women 8 (40%) were in 1st trimester, 7 (35%) were in 2nd trimester and 5 (25%) were in 3rd trimester.

Out of 20 rural antenatal women 12 (60%) were having 1st pregnancy and 8 (40%) were having 2nd pregnancy. Out of 20 urban antenatal women 13 (65%) were having 1st pregnancy and 7 (35%) were having 2nd pregnancy.

Out of 40 antenatal women 20 (50%) women were belongs to rural and 20 (50%) were belongs to urban area.

Assessment of level of awareness of rural and urban antenatal women regarding selected maternal and child health Madhya Pradesh government schemes

<table>
<thead>
<tr>
<th>Level of awareness</th>
<th>Rural n=20</th>
<th>Urban n=20</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency (n)</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>Poor 0-12 (Less than 40%)</td>
<td>05</td>
<td>25</td>
</tr>
<tr>
<td>Average 13 – 18 (41%-60%)</td>
<td>06</td>
<td>30</td>
</tr>
<tr>
<td>Good 19 - 24(61%-80%)</td>
<td>09</td>
<td>45</td>
</tr>
<tr>
<td>Excellent &gt; 25 (Above 80%)</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2: showed that some of the rural antenatal women were aware regarding selected maternal and child health Madhya Pradesh government schemes out of 20 rural antenatal women 05 (25%) were having poor awareness, 06 (30%) were having average awareness, 09 (45%) were having good awareness and none of them having excellent awareness. All urban antenatal women were aware regarding selected maternal and child health Madhya Pradesh government schemes out of 20 3 (15%) were having average awareness, 11 (55%) were having good awareness, 6 (30%) were having excellent awareness.

Comparison of level of awareness regarding selected maternal and child health Madhya Pradesh government schemes among rural and urban antenatal women

<table>
<thead>
<tr>
<th>Level of awareness of antenatal women</th>
<th>Mean</th>
<th>Mean Percentage</th>
<th>Standard deviation</th>
<th>t value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>17.65</td>
<td>4.8</td>
<td>4.998</td>
<td>3.579*</td>
</tr>
<tr>
<td>Urban</td>
<td>22.45</td>
<td></td>
<td>3.316</td>
<td></td>
</tr>
</tbody>
</table>

*significant at the level of p<0.05.

Table 3: shows that the mean value of rural antenatal women is 17.65 and urban antenatal women is 22.45. The mean deviation is 4.8 and calculated t value is 3.579 (the p value is =.000963<0.05 level) result is significant at p< 0.05. Hence the research hypothesis is accepted.

CONCLUSION:

The result revealed that the mean value of rural antenatal women is 17.65 and an urban antenatal women is 22.45. The mean deviation is 4.8 and calculated t value is 3.579. Based on results researcher concluded that urban antenatal women are more aware then rural antenatal women.
IMPLICATIONS OF THE STUDY:
The nursing curriculum in India gives more emphasis on various health programmes and schemes for maternal and child health. The nurse educators have the responsibility to update the knowledge about the various schemes to promote maternal and child health. The finding of the study can serve as guidelines for the nurse educators for planning and conducting educational programme for student nurses, and all health care workers regarding the maternal and child health govt schemes. As a member of health care team, the nurse has the responsibility to promote health, provide basic and emergency obstetric care, prevent illness and to improve quality of maternal and child life.

RECOMMENDATIONS OF THE STUDY:
- A similar study on a large sample may help to draw more definite conclusions and make generalization.
- A self-instructional module on awareness regarding selected maternal and child health Madhya Pradesh government schemes can be prepared for educate the urban and rural antenatal their relatives.
- A similar study can be done in various setups with different samples.
- A community based survey can be conducted to assess the awareness and utilization of maternal and child health govt schemes.

REFERENCE:
- International institute for population sciences and macro international, National Family health survey (NFHS-3), 2005-06 India, Mumbai.
EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON THE KNOWLEDGE REGARDING PREVENTION OF VENTILATOR ASSOCIATED PNEUMONIA AMONG B.SC. NURSING INTERNSHIP STUDENTS

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Abstract

Background:- Ventilator Associated Pneumonia is one of the most common hospitals acquired infections and is associated with increased mortality rate. Prevention of Ventilator Associated Pneumonia is very important aspect while caring for mechanically ventilated patients. The nurse’s role in prevention of Ventilator Associated Pneumonia is very significant as they provide care to the critically ill patients round the clock. Aim:- The study attempted to assess the knowledge on prevention of Ventilator Associated Pneumonia among B.Sc. Nursing Internship students before and after administration of self instructional module to experimental group; evaluate the effectiveness of self instructional module on knowledge regarding prevention of Ventilator Associated Pneumonia among Internship students. Objectives:- 1. To assess the existing knowledge score regarding prevention of Ventilator Associated Pneumonia among Internship students at selected College of Indore. 2. To determine the effectiveness of self instructional module on knowledge regarding prevention of Ventilator Associated Pneumonia among B.Sc. Nursing Internship students at selected College of Indore. Research Methodology:- A quasi-experimental study was carried out with 40 samples from Bombay Hospital College of Nursing, Indore, M.P. Out of 40 students, 20 students were in control group and 20 students were in experimental group. Convenient sampling technique was used to select the subjects. Self administered tool-multiple choice statements were used to evaluate the knowledge before and after administration of self instructional module. Data was analyzed with both descriptive and inferential statistics. Results:- The result showed that the calculated mean pre test score of control group is 13.43 with the S.D is 4.91. Calculated mean post test score of control group is 13.45 with the S.D is 5.01. In experimental group, the mean pre test is 13.4 and S.D is 3.03. Post test mean of experimental group is 23.5 and S.D is 2.62. The computed ‘t’ value 8.38 is higher than the ‘p’ value at 0.05 level of significance of experimental group. Conclusion:- Thus for this study one can conclude that self instructional module could be an effective strategy to improve the knowledge of self instructional module on knowledge regarding prevention Ventilator Associated Pneumonia among B.Sc. Nursing Internship students.

Keywords:- Quasi-experimental, Effectiveness, Self instructional module, Ventilator Associated Pneumonia (VAP).
INTRODUCTION

Ventilator associated pneumonia (VAP) is one of the most common nosocomial infection in critically ill patients and in patients who receives mechanical ventilation. It refers to pneumonia that has developed in patients who receives mechanical ventilation and develops it within 48 to 72 hours after endotracheal intubation. It is a very common nosocomial complication arising in the ICU. Nosocomial infections in the intensive care unit (ICU) are common and higher rates of nosocomial infections are associated with increased severity of illness, utilization of invasive monitoring and treatment, morbidity and mortality. Invasively patients on mechanically ventilator are particularly susceptible to nosocomial infections and pneumonia. Pneumonia that occurs when the patients are on mechanical ventilation with an endotracheal tube is termed Ventilator-Associated Pneumonia (VAP).1

Currently, pneumonia is a leading cause of death of children worldwide. WHO,(2012)2 VAP is a marked health risk for hospitalized infants and children and the mortality rate for patients of all ages with VAP is approximately 33% to 50%. More ever, in the PICU, 20% of nosocomial infections are VAP, with an incidence of 4 to 44 per 1000 intubated children (Casado, et al, 2011). It is one of the top causes of hospital-acquired infection (HAI) in the PICU, accounting for 18% to 26% of all HAIs in the unit and resulting in a mortality rate of about 10% to 20%.Foglia, et al.,(2007) 3 VAP is associated with increased mortality and morbidity, increased length of hospital stay, and high health care costs.Srinivasan, et al., (2009)4

In today’s health care environment, importance is given on infection control and prevention. This concern is partly in response to the high number of nosocomial infection acquired each year, posing serious problem in terms of morbidity, mortality and overall costs for health care system. Lazzari S.et al.,(2004)5

Several methods are being implemented to prevent and manage serious problems caused by VAP. Avoiding unnecessary intubation, protecting the oropharyngeal region from exogenous pathogens, careful aspiration of subglottic secretions, protecting the breathing circuit from contamination, keeping the head above 30°.As nasal intubation also increases the risk of sinusitis, oral intubation is recommended as an efficient way of preventing VAP.

NEED FOR THE STUDY

ICU nurses are in the best position to put the above strategies into practice as they are at the patient’s bedside 24 hours a day and therefore they play an important role in the prevention of VAP. Nevertheless nurses need to have an awareness of the problem as well as knowledge on the above prevention strategies so as to adhere to such practices. Skilled and knowledgeable nurses are extremely important and needed to make appropriate decisions in patient care and minimize risks to patients. Nurses knowledge should bring confidence to make appropriate decisions and prevent poor outcomes in the recovery of mechanically ventilated patients. Biancofio G.; et al (2008)6

Educational interventions on ventilator associated pneumonia among student nurses will bring awareness and motivation in preventing and controlling ventilator associated pneumonia in intensive care units. I as a researcher choose to work among Internship students as in short time they will be entering institution as staff nurses where they will start practicing the learnt concepts. So it is necessary that these upcoming nurses should aware of Ventilator Associated Pneumonia & its Prevention. They can play an important role in the prevention of VAP. Nevertheless nurses need to have an awareness of the problem as well as knowledge on the above prevention strategies so as to adhere to such practices. Hence the researcher feels the need to assess the effectiveness of self instructional module on knowledge regarding prevention of Ventilator Associated Pneumonia among B.Sc. Nursing Internship students.

PROBLEM STATEMENT

A Quasi experimental study to assess the effectiveness of self instructional module on the knowledge regarding prevention of Ventilator Associated Pneumonia among B.Sc. Nursing Internship students at selected College of Indore, M.P.
OBJECTIVES OF THE STUDY
1. To assess the existing knowledge score regarding prevention of Ventilator Associated Pneumonia among B.Sc. Nursing Internship students at selected College of Indore.
2. To determine the effectiveness of self instructional module on knowledge regarding prevention of Ventilator Associated Pneumonia among B.Sc. Nursing Internship students at selected College of Indore.

HYPOTHESIS
- $H_0$: There will not be significant difference in the pre-test and post-test knowledge regarding prevention of Ventilator Associated Pneumonia.
- $H_1$: There will be significant difference in the pre-test and post-test knowledge regarding prevention of needle stick injury after administration of self instructional module at 0.05 level of significance.

ASSUMPTIONS
1. The study assumes that internship students may not have adequate knowledge regarding prevention of Ventilator Associated Pneumonia.
2. Self Instructional module will be an effective intervention to increase knowledge regarding prevention of Ventilator associated pneumonia among B.Sc. Nursing Internship Students.

DELIMITATIONS
The study was limited to-
1. The study was delimited to selected College of Indore.
2. B.Sc. Nursing 4th year students who are willing to participate in this study.
3. Sample size was 40.

REVIEW OF LITERATURE
Ceran N. et al., (2012) conducted a study in the ICU of a hospital at Turkey to assess the incidence and etiology of VAP and resistance pattern of gram negative organisms. VAP was diagnosed with the help of CDC criteria for a period of 2 years. Results of the study revealed that, VAP incidence rate was 22.6 per 1000 ventilator days. Most frequently isolated pathogens were, Acinetobacter, pseudomonas, and MRSA. 90% of Acinetobacter isolates were resistant to ceftazidime, 32% to imipenam and 80% to ciprofloxacin.

Labeau S.et al., (2012) conducted a study among ICU nurses of Europe to assess their knowledge regarding prevention of VAP. A validated multiple-choice questionnaire was distributed. The average score was 45.1%. 55% of respondents knew that the oral route is recommended for intubation; 35% knew that ventilator circuits should be changed for each new patient; 38% knew that HME were the recommended humidifier type, but only 21% knew that these should be changed once weekly; closed suctioning systems were recommended by 46%, and 18% knew that these must be changed for each new patient only; 51% and 57%, respectively, recognised that subglottic drainage and kinetic beds reduce VAP incidence. Most (85%) knew that semi-recumbent positioning prevents VAP.

Johnena M. (2012) conducted a pre intervention and post intervention observational study at Washington to determine whether educational initiative could decrease rates of VAP. Setting consisted of two teaching and two community hospitals. An information booklet was introduced for ICU nurses and respiratory care practitioners. Results of the study revealed that, VAP rates for all four hospitals dropped by 46% from 8.75 per 1000 to 4.74 per 1000 ventilator days after the educational intervention. They concluded that, information booklet can be associated with decreased rate of VAP.
RESEARCH METHODOLOGY

A quasi-experimental research design was used to evaluate the effectiveness of self instructional module through the difference between the pre-test and post-test score of control group and experimental group.

Study approach: - Quantitative approach.

Research design: - Quasi-experimental research design with experimental and control group.

Setting: - The study was conducted at Bombay Hospital College of Nursing, Indore, M.P.

Population: - The population for this study was Internship students at Bombay Hospital College of Nursing, Indore, M.P.

Sampling Technique: - Convenient sampling technique was used to select 40 internship students as sample.

Sample: - Internship students who met the inclusion criteria were selected as sample.

Sample size: - The sample size for the study was 40.

Variables: - Two types of variables were used in this study

- Independent variable: - Self Instructional Module on prevention of ventilator associated pneumonia
- Dependent Variable: - Knowledge of Internship students regarding Prevention of Ventilator association pneumonia

Inclusion criteria: -
1. B.Sc. Nursing 4th year students who have completed Internship duty in ICU.
2. Students who are willing to participate in the study.

Exclusion criteria: -
1. Internship students who were on leave.
2. Internship students who were not willing to participate in the study.

Reliability & validity of the tool: -
The reliability coefficient of structured knowledge questionnaire was 0.83 which showed that the tool was reliable. Validity of tool was done by experts.

DATA COLLECTION PROCEDURE

Data collection was started after obtaining permission from the College Authority. Written informed consent was obtained from all participants. Data collection was done by using multiple choice statements on B.Sc. Nursing Internship students at Bombay Hospital College of Nursing, Indore, M.P. The tool consists of two section, first section consist of 4 socio-demographic variables & second section consist of 30 multiple choice statements related to prevention of Ventilator Associated Pneumonia. Out of 40 Internship students, 20 students were in control group & 20 students were in experimental group. Pre-test was conducted among both control group & experimental group. Then self instructional module was administered to subjects of experimental group only. The subjects of control group were not given any manipulation. Then post-test was taken from control group & experimental group. The collected data was analyzed by using descriptive & inferential statistics.

RESULTS

Section 1: - Description of socio-demographic variables.
The data showed that out of 40 B.Sc. Nursing Internship students, 28 (70%) belonged to age group of 22-23 years while 12 (30%) belonged to age group of 24-25 years. All of the students 40 (100%) were female & 0 (0%) were male. On the basis of area of practice 40 (100%) in Private hospital. Majority of respondents 31 (77.5%) had knowledge, whereas 9 (22.5%) had not knowledge regarding prevention of Ventilator Associated Pneumonia.
Table 1: Frequency & Percentage distribution of B.Sc. Nursing Internship students according to socio-demographic variables:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Socio-Demographic variables</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age (in years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 22-23</td>
<td>28</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>• 24-25</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>2</td>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Male</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>• Female</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>3</td>
<td>Area of practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Government Hospital</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>• Private Hospital</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>4</td>
<td>Previous Knowledge regarding Ventilator Associated Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
<td>31</td>
<td>77.5%</td>
</tr>
<tr>
<td></td>
<td>• No</td>
<td>9</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

Section 2: Assessment of pre test knowledge level regarding prevention of Ventilator associated pneumonia among control group

Table 2: Frequency, Percentage, Mean & S.D of pre test score of Control Group

<table>
<thead>
<tr>
<th>Grading</th>
<th>Pre-test score of Control group</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor(0-10)</td>
<td>14</td>
<td>13.43</td>
<td>4.91</td>
</tr>
<tr>
<td>Good(11-20)</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Good(21-30)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In pretest 62.5% of the control samples had good knowledge 35% of them had poor knowledge and only 2.5% of them had very good knowledge. The calculated mean value is 13.4 with the SD of 4.91

Section 3: Assessment of pre test knowledge level regarding prevention of Ventilator associated pneumonia among experimental group

Table 3: Frequency, Percentage, Mean & S.D of pre test score of Experimental Group

<table>
<thead>
<tr>
<th>Grading</th>
<th>Pre-test score of Experimental group</th>
<th>Mean</th>
<th>S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor(0-10)</td>
<td>11</td>
<td>13.4</td>
<td>3.03</td>
</tr>
<tr>
<td>Good(11-20)</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Good(21-30)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In pretest 72.5% of the experimental samples had good knowledge 27.5% of them had poor knowledge and none of them had very good knowledge. The calculated mean value is 13.4 with the SD of 3.03
Section 4:- Assessment of post test knowledge level regarding prevention of Ventilator associated pneumonia among experimental group and control group

Table 4: Frequency, Percentage, Mean & S.D of post test score of Control Group & Experimental Group.

<table>
<thead>
<tr>
<th>Grading</th>
<th>Control Group</th>
<th>Experimental Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Poor(0-10)</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>Good(11-20)</td>
<td>27</td>
<td>67.5%</td>
</tr>
<tr>
<td>Very Good(21-30)</td>
<td>1</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>MEAN</strong></td>
<td>13.45</td>
<td></td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>5.01</td>
<td></td>
</tr>
</tbody>
</table>

In post test of Control Group 67.5% of samples had good knowledge, 2.5% had very good knowledge and 30% had poor knowledge regarding prevention of ventilator associated pneumonia. In post test of Experimental group majority of samples 75% had very good knowledge, 25% had good knowledge and no body had poor knowledge regarding prevention of ventilator associated pneumonia. Mean of control group is 13.45 & S.D is 5.01 whereas mean of experimental group is 23.5 & S.D is 2.62.

Section 5: Evaluating the effectiveness of Self instructional module

Table 5: Table shows t test value of Experimental group

<table>
<thead>
<tr>
<th>Knowledge score of Experimental group</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>‘t’ test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>13.4</td>
<td>3.03</td>
<td></td>
</tr>
<tr>
<td>Post-test</td>
<td>23.5</td>
<td>2.62</td>
<td>8.38*</td>
</tr>
<tr>
<td>Knowledge Enhancement</td>
<td>10.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at p<0.05 level

Data presented in the table shows that mean post-test knowledge (23.5) is apparently higher than the mean pre-test knowledge (13.4). The computed ‘t’ value 8.38 is higher than the ‘p’ value at 0.05 level of significance. shows that there is a significant different of pre-test knowledge and post-test knowledge. This indicates that the Self instructional module regarding prevention of Ventilator Associated Pneumonia is effective to increase the knowledge of the B.Sc. Nursing Internship students. Hence H1 is accepted

H1: There will be significant difference in the pre-test and post-test knowledge regarding prevention of needle stick injury after administration of self instructional module at 0.05 level of significance.

NURSING IMPLICATIONS:

1. Nursing professionals can motivate the health team members regarding early diagnosis and treatment of Ventilator Associated Pneumonia. Nurses can provide better management of Ventilator Associated Pneumonia and it will help to reduce the mortality rate.
2. As a nurse educator, there are abundant opportunities for the nursing professionals to educate the students and staffs regarding prevention of Ventilator Associated Pneumonia which helps to learn the preventive strategies of Ventilator Associated Pneumonia.

3. The nursing administrator can take part in developing protocols, diagnosis, reporting of Ventilator Associated Pneumonia cases and appropriate treatment of Ventilator Associated Pneumonia. The nursing administrator can appoint nursing professionals in ICU based on the in-service education obtained on Ventilator Associated Pneumonia.

4. This study helps nurse researchers to conduct research on all aspects related to Ventilator Associated Pneumonia, mainly focusing on Prevention of Ventilator Associated Pneumonia.

RECOMMENDATIONS:
1. A similar study can be done on large sample so that the findings can be generalized
2. A similar study can be done on ICU Nurses.
3. A comparative study can be conducted between nurses working in general and private hospital settings
4. A study can be carried out to evaluate the efficiency of various teaching Strategies like Information Booklet, pamphlets, leaflets and computer-assisted instruction on Ventilator Associated Pneumonia.

CONCLUSION
The main purpose of this study was to assess the effectiveness of self instructional module on knowledge regarding prevention of Ventilator Associated Pneumonia. After administration of self instructional module in experimental group there was increase in knowledge score. So, I concluded that self instructional module was effective to increase the knowledge of Internship students regarding prevention of Ventilator Associated Pneumonia.

REFERENCES