

RELATIONSHIP BETWEEN KNOWLEDGE AND PRACTICE IN CARE OF ECLAMPSIA AMONGST STAFF NURSES WITH SELECTED DEMOGRAPHIC VARIABLES

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ABSTRACT

Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to the future. The midwife is in a unique position to educate and empower woman throughout the phases of childbirth in order for them to achieve a healthy pregnancy with the optimum outcome of a healthy baby. The findings of the study further help the researcher to act as catalyst to generalize the findings. The new research findings help for extensive and in depth research in different aspects of nursing management.

Key Words: Eclampsia, pregnancy, staff nurse, child birth

INTRODUCTION

Pregnancy and childbirth is one of life's major events. A pregnant woman has wondrous time; she anticipates motherhood with hopes, fear, waiting, planning and culmination of family dreams with the birth of a new life. During pregnancy, a woman's body undergoes complex physiological changes of such magnitude and many of the changes are still not well understood. Every system in a woman's body adapts to the demand of growing foetus. Every pregnant woman hopes for a healthy baby and an uncomplicated pregnancy. Every pregnancy has risks and any woman can suddenly develop lifelong threatening complications and disability. Mother's love is the most powerful emotion mankind has ever known.

A mother's death greatly influences the health and likelihood of her surviving children and other family members. When a mother dies, her children are three to ten times more likely to die within two years than those with both living parents. A great deal of attention during pregnancy is focused on ensuring minimum risk and maximum health of both. Provision of quality nursing care during pregnancy, delivery and puerperium is the single most important way of saving lives and preserving the health of the mother and the baby.

Every minute a woman dies from complications related to pregnancy and childbirth. Every day 13,600 deaths and every year worldwide more than half million deaths occur due to pregnancy complications. In addition to every woman who dies in childbirth, around 20 more suffer from injury, infection or disease. In developed countries, these risks have been largely overcome, because woman has access to special care during pregnancy and childbirth. Such is not the case in many developing countries like India, where each pregnancy represents a journey into the unknown from which too many never return. Adequate care of the risk factors requires the united efforts of all members of the health care team. Nurses are the frontline health care providers working with 'at risk' women. Nurses should carefully monitor women who are considered to be at greater risk for developing eclampsia.

Early identification of risk factors of eclampsia may help to prevent complications of the disease.

In India, the Maternal Mortality Rate as per WHO (2010) was 230 per 100,000 live births. The maternal mortality in India due to direct obstetric cause comprises is 70% of which pregnancy induced hypertension is one of the main causes. Every woman should be considered at risk in her first pregnancy. Eclampsia cannot be entirely prevented, but can be prevented at middle age by quality antenatal care.

Pre-eclampsia is a condition that typically occurs after the 20 week of pregnancy and is related to increased blood pressure and protein in the mother's urine. Pre-eclampsia affects the placenta and can affect the mother's kidney, liver and brain. When pre-eclampsia causes seizures, the condition is known as eclampsia, the second leading cause of maternal death in the US. Eclampsia is also a leading cause of fetal complications which include low birth weight, premature birth and stillbirth. There is no proven way to prevent preeclampsia. Most women who develop signs of pre-eclampsia, however, are closely monitored to lessen or avoid eclampsia. The midwife is in a unique position to educate and empower woman throughout the phases of childbirth in order for them to achieve a healthy pregnancy with the optimum outcome of a healthy baby.

MATERIALS AND METHODS

The study was conducted at selected government hospitals of Punjab.

The selection of setting was done on the basis of feasibility of conducting the study and on the availability of samples.

The population for the study was staff nurses working at government hospitals. The sample consists of staff nurses working at government hospitals, Punjab. The sample size consists of 500 staff nurses. The random sampling technique was used to select the staff nurses working in selected government hospitals, Punjab.

The study includes staff nurses who were able to read, write

and understand English and were willing to participate in the study. The study excludes staff nurses who, don't want to participate in the study, were not available at the time of data collection

Structured interview schedule was prepared after the extensive review of literature as a tool to collect the data regarding Eclampsia management. The structured self administered schedule was used to collect the data on management of Eclampsia among staff nurses.

The knowledge of nurses on management of eclampsia was categorized as follows:

CATEGORY	SCORE	PERCENTAGE (%)
Below	0—7	0-35
Average	8—13	36-65
Good	14—18	66-90
Very good	Above 18	91-100

The tool was implemented among 50 Nurses working in government hospitals, Punjab and Split half method with spearman's brown prophecy formula was used to test the reliability of the tool.

The reliability co-efficient of knowledge was found to be 0.93. Hence, the tool was considered reliable for proceeding

with the pilot study. The reliability co-efficient of practice was found to be 0.94. Hence, the tool was considered reliable for proceeding with the pilot study.

Data collection is gathering of information from the sampling units.

RESULTS AND DISCUSSION

The purpose of analysis is to reduce the data to an interpretable form so that research problem can be studied and tested. The researcher has broken the data into constitute parts for the purpose of answering research questions and hypothesis.

Table -5.5 shows the association between the mean knowledge scores of the subjects with selected demographic variables. The mean knowledge score of 25-30 years aged were 9.69 with the standard deviation of 3.13 followed by the subjects aged between 31-35 years mean score was 9.47 with SD of 4.29, the mean score of subjects aged between 36-40 years were 8.89 mean score with SD of 4.01, the mean score of subjects above 40 years was 7.96 with SD of 3.78. This difference is confirmed by F-test

(2.589) which was not significant .It was found that there is no relation between the age and knowledge score of staff nurses in care of eclampsia.

It is inferred from the table that the mean knowledge score of staff nurses with different duration of experience had no much difference when compared with their counter parts. This difference is confirmed by F- test (0.399) which was not significant.

It was found that there is no relation between the age and practice score of staff nurses in care of eclampsia.

Regarding the qualification the staff nurses qualified with ANM scored mean value of 11.93 with SD of 3.37, the subjects with GNM qualification obtained mean practice score of 12.43 with SD of 3.35 and staff nurses qualified with B.Sc. (N) gained mean practice score of 13.01 with SD of 3.05. The staff nurses with other qualification mean practice score was 11.64 with SD of 3.38 when compared with their counterparts.

This difference is confirmed by F- test (2.183) which was not significant. It clearly indicated that there is no relation between practice and qualification of staff nurses in care of eclampsia.

It is inferred from the table that the mean practice score of staff nurses with different duration of experience had no much difference When compared with their counter parts. This difference is confirmed by F test (3.336) which was not significant.

Regarding the SDP attended the subjects who have not attended any SDP had mean practice score of 12.88 with SD of 3.16, the subjects who attended one SDP obtained mean score of 12.36 with SD of 2.94, the subjects who attended 2 SDP gained mean knowledge score 11.36 with SD of 2.94, the subjects who attended more than 2 SDP scored mean value of 12.84 with standard deviation of 3.11. This difference is confirmed by F- test (3.317) which was not significant. It shows that there is no significant relation between practice and structured teaching programme attended by staff nurses.

It is inferred from the table that the mean practice score of staff nurses with source of information found to be less different when compared with their counterparts. This difference is confirmed by F- test (2.673) which was found to be non significant.

TABLE -
RELATIONSHIP BETWEEN THE MEAN KNOWLEDGE SCORES OF THE STAFF NURSES WITH SELECTED
DEMOGRAPHIC VARIABLES
N-500 **NS-Non significant, S-Significant***

DEMOGRAPHIC DATA	CATEGORY	KNOWLEDGE				F-VALUE	
		N	MEAN	SD	Df		
AGE	25-30 yrs	342	9.69	3.13	3,496	2.589	
	31-35yrs	84	9.47	4.29			NS
	36-40yrs	47	8.89	4.01			
	Above 40yrs	27	7.96	3.78			
MARITAL STATUS	Single	304	9.76	3.23	2,497	3.193*	
	Married	194	9.02	3.83			S
	Divorcee/Widow	2	12	1.41			
QUALIFICATION	ANM	30	8.3	3.61	3,496	2.849	
	GNM	223	9.19	3.49			NS
	B.Sc (N)	236	9.89	3.33			
	Others	11	10	5.47			
EXPERIENCE	1—2yrs	216	9.61	3.18	3,496	0.399	
	3—4yrs	150	9.29	2.46			NS
	5 yrs	45	9.27	4.08			
	Above 5yrs	89	9.61	3.95			
STAFF DEVELOPMENT PROGRAMME ATTENDED	Nil	317	9.84	3.34	3,496	4.239	
	1	104	9.21	3.84			NS
	2	36	7.94	3.25			
	Above 2	43	8.863	3.49			
SOURCE OF INFORMATION	Books	351	9.74	3.49	3,496	5.191	
	Journals	38	8.42	3.69			NS
	Mass Media	23	7.21	3.34			
	Health Professional	88	9.51	3.18			

It was concluded from the table-5.6 that only one demographic variable that is marital status of staff nurses is having association with the practice of staff nurses in care of

eclampsia. From the above table it is inferred that none of ANM qualified staff nurses scored very good in knowledge and only one ANM staff nurse scored very good in practice test.

TABLE-5.9

FREQUENCY DISTRIBUTION OF SUBJECTS BASED ON CLINICAL EXPERIENCE IN THE ASPECTS OF KNOWLEDGE AND PRACTICE

ON THE BASIS OF EXPERIENCE	KNOWLEDGE				PRACTICE			
	0—7	8—8-13	14—18	Above 18	0—7	8—13	14--18	Above 18
<1—2yrs	49	147	20	0	7	104	100	5
3—4yrs	47	86	17	0	10	84	52	4
5yrs	16	23	5	1	5	25	14	1
Above 5yrs	27	47	15	0	8	48	29	4
TOTAL	139	303	57	1	30	261	195	14

Table 5.9 shows Frequency distribution of subjects based on clinical experience in the aspects of knowledge and practice.

It is inferred from the table that 49 Staff nurses with <1-2 yrs experience and other 7 Staff nurses with same experience scored below average in both aspects of care. And 147 staff nurses with same experience scored average in knowledge and 104 staff nurses with same experience scored average in practice test and 20 subjects from same category scored good in knowledge aspects and 100 from same category scored good in practice aspects. Nobody from this category scored very good in knowledge and only 5 from this category scored very good in practice aspects.

From the other hand 47 staff nurses with 3-4 yrs experience and 10 from the same group scored below average in both aspects. And 86 staff nurses with same experience score average in knowledge and 84 staff nurses with same experience scored average in practice test. And 17 subjects from same category scored good in knowledge aspects and 52 from same category scored good in practice aspects. And nobody from this category scored very good in knowledge and only 4 from this category scored very good in practice aspects.

It is inferred from the table that 16 Staff nurses with 5 yrs experience and other 5

Staff nurses with 5 yrs experience scored below average in both aspects of care. And 23 staff nurses with same experience scored average in knowledge and 25 staff nurses with same experience scored average in practice test, 5 subjects from same category scored good in knowledge aspects and 14 from same category scored good in practice aspects. Only one from this category were

scored very good in knowledge and only 1 from this category scored very good in practice aspects.

It is inferred from the table that 27 Staff nurses with >5 yrs experience and other 8

Staff nurses with >5 yrs experience scored below average in both aspects of care,

47 staff nurses with same experience scored average in knowledge and 48 staff nurses with same experience scored average in practice test. And 15 subject from same category scored good in knowledge aspects and 29 from same category scored good in practice aspects. Nobody from this category scored very good in knowledge and only 4 from this category scored very good in practice aspects.

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