

Mineral Deficiency Disorder Among Parents of Preschool Children

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Abstract

A study was conducted to assess the effectiveness of STP on terms of knowledge regarding parents of preschool children mineral deficiencies in selected anganwadi at latur district in Maharashtra. *Objectives of the study:* To assess the knowledge among parents of preschool children regarding selected mineral deficiencies to evaluate the effectiveness of STP in terms of gain knowledge of parents of preschool children and to determine the association between the pretest knowledge score and selected demographic variables. *Method and Materials:* A quantitative approach with one group pretest and post test design was selected 60 parents of preschool children were selected by convenient sampling technique. A STP was developed and data was collected from selected anganwadi at latur district by using structured knowledge questionnaire. *Result:* The data was analyzed using (chi-square and paired t test) descriptive and inferential statistics and the finding showed that the means post test knowledge scores (17.91 ± 4.04) was higher than the mean pretest knowledge scores (10.46 ± 4.89) with a mean difference of 7.45. The obtained mean difference was found to be statistically significant as evident from calculated t test value greater than table value at 0.05 level of significance. A significance association was found between pretest knowledge scores and education stream of parents of preschool children. *Conclusion:* It was concluded from the study that the STP on selected mineral deficiencies was effective in enhancing the knowledge of parents of preschool children.

Keywords: Minerals deficiency; Preschool children; Parents.

Introduction

Children represent the future and ensuring their healthy growth and development ought to be a prime concern of all societies.² Good nutrition provides the energy and nutrients essential to sustain life and promotes physical, emotional and cognitive development. Meeting nutritional requirements throughout childhood is essential to full intellectual development.³

Minerals are amongst the most important elements needed by body. They are directly and indirectly involved in every bodily process. Most of the physiological processes of the human body

cannot occur without the presence of minerals. RNA/DNA, which are the blueprints to each cell, do not function properly without certain minerals.⁴

Iodine deficiency is the world's most prevalent, yet easily preventable, cause of brain damage. Iodine deficiency is recognized as the most important preventable cause of mental defect in the world today. It also decreases child survival, causes goiters, and impairs growth and development. Children with IDD can grow up stunted, apathetic, mentally retarded, and incapable of normal movements, speech, or hearing. Globally, 2.2 billion people (38% of the world's population) live in areas with iodine deficiency and risks its complications.⁵

Zinc is an essential mineral of "exceptional biologic and public health importance". Zinc deficiency affects about two billion people in the developing world and is associated with many diseases. In children it causes growth retardation, delayed sexual maturation, infection susceptibility and diarrhea, contributing to the death of about 800,000 children worldwide per year. Enzymes with a zinc atom in the reactive center are widespread in biochemistry, such as alcohol dehydrogenase

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in humans.⁶ Zinc deficiency can contribute to acne, fatigue, growth impairment, slow wound healing, delayed sexual maturation, hair loss, high cholesterol, and many other health problems. Zinc deficiency can also impair the body's ability to fight infection.⁷

Fluoride or fluorine deficiency is a disorder which may cause increased dental caries and possibly osteoporosis due to a lack of fluoride in the diet. The extent to which the condition truly exists, and its relationship to fluoride poisoning has given rise to some controversy.²² Fluorine is not considered to be an essential nutrient, but the importance of fluorides for preventing tooth decay is well-recognized, although the effect is predominantly topical. Prior to 1981, the effect of fluorides was thought to be largely systemic and presumptive, requiring ingestion.⁸

Materials and Methods

The objective of the study was to assess the knowledge, effectiveness of Structure Teaching Programme and determine the association between level of knowledge with selected socio-demographic variables regarding mineral deficiency among parents of preschool children. Ethical approval was obtained from the appropriate bodies and the study employed a quasi-experimental approach design. Setting for the study parents of preschool children attending selected anganwadi at ratnagiri district the conceptual framework for the study is based on General System Model by Ludwig Von Bertalanffy. The conceptual framework for the study is based on General System Model by Ludwig Von Bertalanffy, A sample size of 60 Parents of preschool children in Ratnagiri and the participants voluntarily consented to participate in the study. Data was collected using a Convenient sampling technique.

Inclusive criteria: Parents of preschool children, who are Able to understand Marathi, available and

willing to participate in the study at the time of data collection.

Exclusion criteria: Parents of preschool children, who are Not able to understand Marathi, not available during the study and not willing to participate in study. Structured knowledge questionnaire were on which included the variables like age, sex, education, type of family, sources of information, family history of mineral deficiency, place of residence, selected mineral deficiency such as general information, importance, deficiency, complication and preventive and curative management.

Problem statement

"A study to assess the effectiveness of structured teaching programme on knowledge regarding selected mineral deficiency among parents of preschool children attending selected anganwadi at Ratnagiri district."

Objectives of the study

1. To assess the knowledge regarding selected mineral deficiency among parents of preschool children.
2. To evaluate the effectiveness of Structure Teaching Programme by comparing pre-test and post-test knowledge scores.
3. To determine the association between level of knowledge with selected socio-demographic variables regarding mineral deficiency.

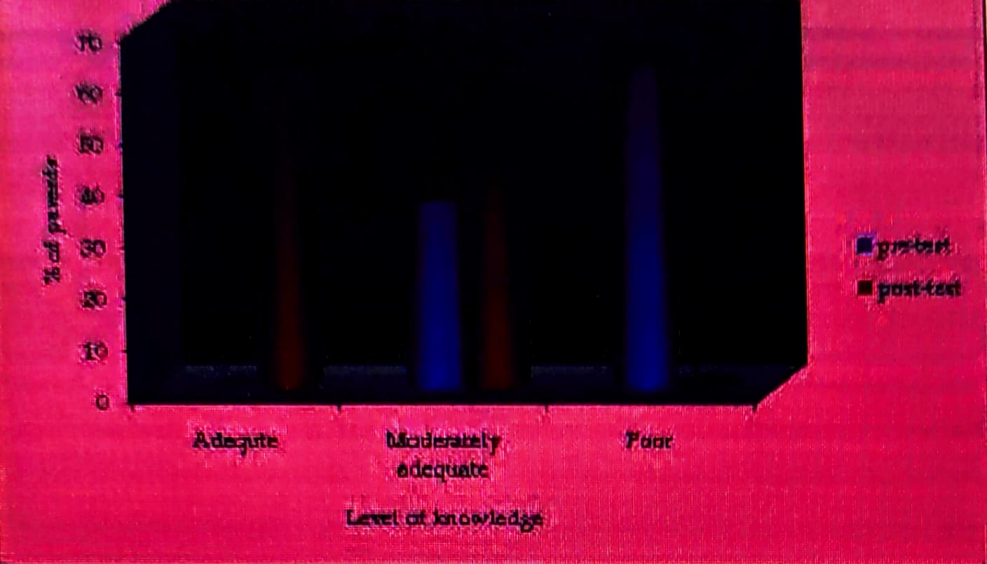
Results

Majority 26 (43.33%) of the subjects belong age group of 26-30 and 31-35 years. 14 (23.4%) of the parents of preschool children were male and 46 (76.33%) of them were females. Majority 20 (33.33%) up to primary education, 28 (46.67%) had secondary education, and remaining 10 (10.67%) had degree and above qualification. After structure teaching

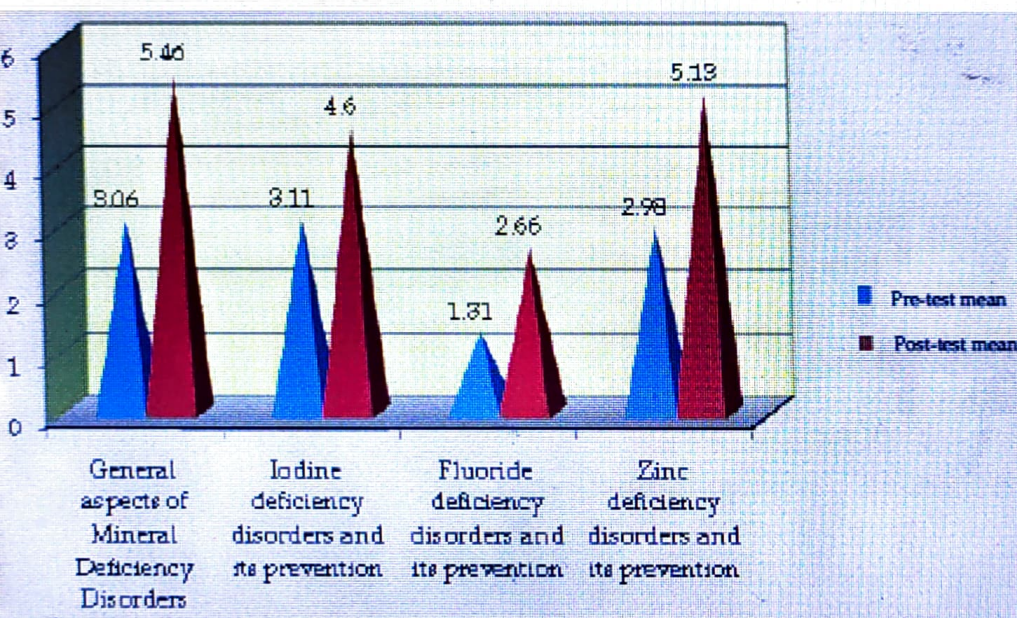
Table 1: Area wise mean, S.D and mean percentage of the knowledge scores in pre-test and post-test.

N = 60

| Knowledge area | Max. score | Pre-test (O ₁) | | Post-test (O ₂) | | Effectiveness (O ₂ -O ₁) | |
|--|------------|----------------------------|--------|-----------------------------|--------|---|--------|
| | | Mean ± SD | Mean % | Mean ± SD | Mean % | Mean ± SD | Mean % |
| General aspects of Mineral Deficiency Disorders | 7 | 3.00 ± 1.01 | 43.71 | 5.40 ± 0.93 | 78 | 2.4 ± 0.68 | 3.29 |
| Iodine deficiency disorders and its prevention | 6 | 3.11 ± 0.81 | 51.83 | 4.0 ± 0.72 | 76.0 | 1.49 ± 0.09 | 24.77 |
| Fluoride deficiency disorders and its prevention | 4 | 1.31 ± 1.19 | 32.75 | 2.60 ± 1.31 | 66.5 | 1.35 ± 0.12 | 33.75 |
| Zinc deficiency disorders and its prevention | 7 | 2.98 ± 1.28 | 42.57 | 5.13 ± 1.08 | 73.28 | 2.15 ± 0.2 | 30.71 |
| Total | 24 | 10.40 ± 4.09 | 43.58 | 17.91 ± 4.04 | 74.62 | 7.45 ± 0.85 | 31.04 |



Graph 1: Bar diagram depicting percentage wise comparison of knowledge level of parents of preschool children in pre-test and post-test.



Graph 2: Pyramid diagram depicting percentage wise comparison of mean of Pre-test and post-test knowledge scores of parents of preschool children.

Comparison between pre-test knowledge scores and selected socio demographic variables

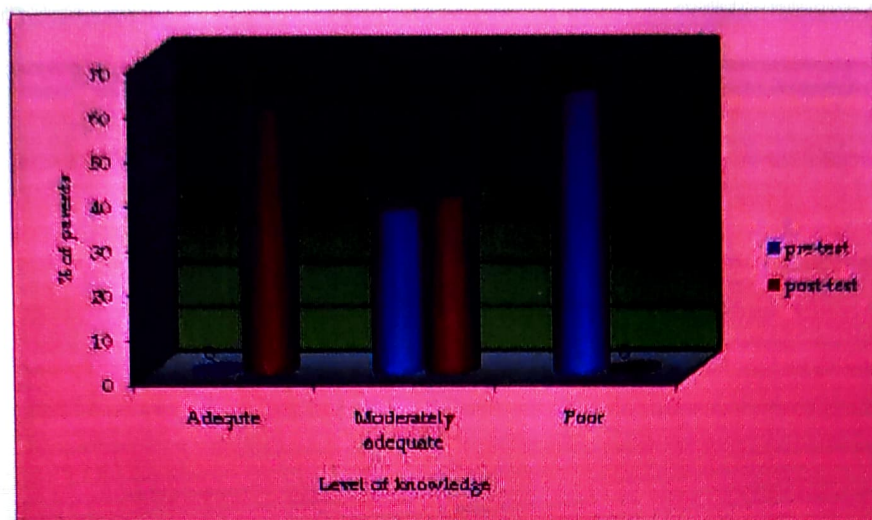
| Socio demographic variables | Df | Chi-square value | Table value | Level of significance |
|--|----|------------------|-------------|-----------------------|
| Gender | 1 | 1.94 | 3.84 | 0.05 |
| Age | 1 | 0.05 | 3.84 | 0.05 |
| Education | 1 | 4.18* | 3.84 | 0.05 |
| Family income | 1 | 5.48* | 3.84 | 0.05 |
| Source of information | 1 | 0.006 | 3.84 | 0.05 |
| Place of residence | 1 | 0.014 | 3.84 | 0.05 |
| Level of knowledge of mineral deficiency disorders | 1 | 2.71 | 3.84 | 0.05 |

($p < 0.05$) $df = 1$

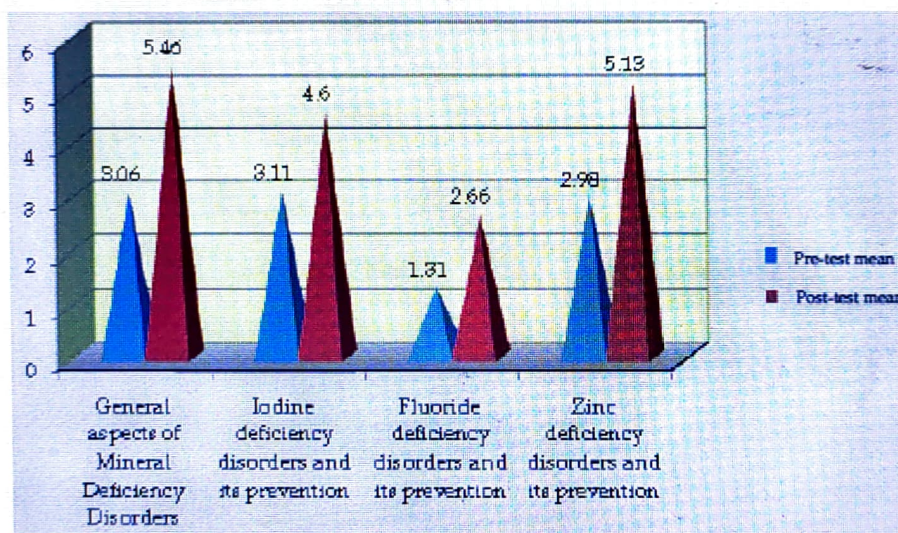
post-test) 36 (60%) subject with adequate knowledge, 24 (40%) subjects with inadequate knowledge, findings reveal that post-test knowledge score (17.91 ± 4.04) was significantly higher compared to the pre-test knowledge score (14.89 ± 4.89) (Tables 1,2 and Graphs 1,2).

Discussion

As the calculated 't' value (-17.35) was much higher than table 't' value (2.00) the hypothesis: H_1 - there will be significant difference between the pre-test knowledge and post-test knowledge



Graph 1: Bar diagram depicting percentage wise comparison of knowledge level of parents of preschool children in pre-test and post-test



Graph 2: Pyramid diagram depicting percentage wise comparison of mean of Pre-test and post-test knowledge scores of parents of preschool children.

Table 2: Association between pre-test knowledge scores and selected socio demographic variables

| Sl. No | Socio demographic variables | Df | Chi-square value | Table value | Level of significance |
|--------|---|----|------------------|-------------|-----------------------|
| 1. | Age | 1 | 1.94 | 3.84 | 0.05 |
| 2. | Gender | 1 | 0.05 | 3.84 | 0.05 |
| 3. | Education | 1 | 4.18* | 3.84 | 0.05 |
| 4. | Type of family | 1 | 5.48* | 3.84 | 0.05 |
| 5. | Sources of information | 1 | 0.006 | 3.84 | 0.05 |
| 8. | Place of residence | 1 | 0.014 | 3.84 | 0.05 |
| 9. | History of mineral deficiency disorders | 1 | 2.71 | 3.84 | 0.05 |

* Significant (p < 0.05) df = 1

programme (post-test) 36 (60%) subject with adequate knowledge, 24 (40%) subjects with moderately adequate knowledge, findings reveal that the post-test knowledge score (17.91 ± 4.04) was more when compared to the pre-test knowledge score (10.46 ± 4.89) (Tables 1,2 and Graphs 1,2).

Discussion

As the calculated 't' value (-17.35) was much higher than table 't' value (2.00) the hypothesis: H_1 - there will be significant difference between the pre-test knowledge and post-test knowledge

scores of parents of preschool. The overall findings reveal that the post-test knowledge score (17.91 ± 4.04) was more when compared to the pre-test knowledge score (10.46 ± 4.89). Hence it indicates that the STP was effective in enhancing the knowledge of parents of preschool children, and the study recommends similar study can be replicated on large scale, experimental study can be done with control group, comparative study may be conducted between urban and rural settings.

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Research Article

A SCITECHNOL JOURNAL

A Study to Assess the Knowledge, Attitude and Perception of Kidney Transplantation and Donation among Family Members of Renal Patients in Selected Hospitals at Bijapur with a View to Develop an Information Booklet

Biradar BM*

Abstract

A descriptive and correlative study was conducted in 2012 on assessing the knowledge, attitude and perception on kidney transplantation and donation at Bijapur district in Karnataka India. 60 family members of renal patient's age group of 18-59 who knows the Kannada language and willing to participate in the study. 25 structured knowledge questionnaires were used to assess the knowledge, attitude, and perception by a purposive and convenient sampling method, assuming family members of renal patient who visit to district hospital, Bijapur kidney foundation, Vatsalya hospital having adequate knowledge, attitude, and perception on kidney transplantation and donation. The Major Findings of the Study are the majority of the respondents 26(43.3%) were in the age group of 30-39 years, 36 (60%) were males, 32(53.33%) were unmarried, 20(33.33%) had completed up to high school education, 28(46.67%) have business, 17(28.33%) have earning Rupees 5001-8000 per month and also same percent 17(28.33%) have earning the Rupees 8001-12000 per month, majority of 38(60%) belongs to joint family, 22(36.67%) having previous knowledge about kidney transplantation and from TV and radio source, 25(41.67%) are live in the rural area, 21(35%) are the new cases. The majority of the respondents 48(80%) had the moderately adequate knowledge about the kidney transplantation & donation and 33(55%) of the respondents had the inadequate attitude about the kidney transplantation & donation.

Keywords

Kidney transplantation; Renal patients; Renal replacement therapy

Objectives

1. To assess the level of knowledge, attitude and perception about kidney transplantation and donation among family members of renal patients.

2. To develop an information booklet regarding kidney transplantation and donation for family members of renal patients.

3. To determine the association between the levels of knowledge with selected socio-demographic variables regarding kidney transplantation and donation.

Introduction

Adequate functioning of kidneys is essential to the maintenance of a healthy body, if there is complete kidney failure and treatment is not given, death is inevitable [1]. It is estimated that 25-40% of patients are likely to develop chronic kidney disease, with a significant percentage requiring renal replacement therapy. Renal transplantation is now widely considered the treatment of choice for patients with end-stage renal disease (ESRD) due to improved short- and long-term survival benefits over dialysis treatment [2]. The incidence of ESRD or stage 5 chronic kidney disease (CKD) varies widely by state and country. In the US the incidence is 338 new cases per million population. The successful kidney transplantations were undertaken in 1954 in Boston and Paris thereafter at the end of 2003 a total of 441,051 people were being treated for ESRD approximately 28% have a functioning transplant, 66 received haemodialysis and 5.7% are undergoing form peritoneal dialysis.

Since medication to prevent rejection is so effective, donors need not be genetically similar to their recipient. Most donated kidneys come from deceased donors; however the utilization of living donors in the United States is on the rise. In 2006, 47% of donated kidneys were from living donors. The study recommended that public motivation will increase the live donors. The kidney is the easiest organ to transplant: tissue typing is simple, the organ is relatively easy to remove and implant, and live donors could be used without difficulty. The health care system in our country is not designed to provide the required level of chronic kidney disease care at the primary or secondary level [3].

The people have misconceptions about the organ donation process which makes them less likely to be donors. There is a tremendous lack of knowledge about organ donation, negative attitude and perception due to lack of information while the majority of people are interested in organ donation, they lack a means to express this interest. This in turn increases the mortality rate of patients with end stage renal failures & renal replacement is a treatment of choice when there is an ESRD [4].

Methodology

The Research approach adopted for study was descriptive research and found to be consistent with the purpose of the study. The research design selected for the study was a Non experimental, descriptive design. The area of study is Bijapur Kidney Foundation Hospital, Vaatsalya Hospital and District Hospital in Bijapur, Karnataka. The family members of renal failure patients who are visiting Bijapur Kidney Foundation Hospital were analysed. The population of the present study comprises 60 family members.

In this study, the sample consists of 60 family members of renal failure patients were selected by using purposive and convenient sampling method. The Inclusive criteria's are age group of 18-59 years, able to understand Kannada. Structure knowledge questionnaires were developed to assess the knowledge, attitude & perception

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regarding kidney transplantation and donation. The tool and Information Booklet were found to be reliable ($r=0.87$), feasible and practicable. Data analysis was done using descriptive and inferential statistics. Informational booklets on renal failure based on review of literature were distributed to family members of renal failure patients.

Assumption

Family members of the patients suffering with renal diseases who visit Bijapur Kidney Foundation, District Hospital and Vaatsalya Hospital may have inadequate knowledge regarding benefits of kidney transplantation, donation and disadvantages of dialysis. And they may have psycho-social barriers about kidney donation.

Results

The Major findings of the Study are the majority of the respondents 26(43.3%) were in the age group of 30-39 years, 36 (60%) were males, 32(53.33%) were unmarried, 20(33.33%) had completed high school education, 28(46.67%) have business, 17(28.33%) have earning Rupees 5001-8000 per month and also same percent have earnings of Rupees 8001-12000 per month, majority of 36(60%) belongs to joint family, 22(36.67%) having previous knowledge about kidney transplantation known from TV, radio sources 25(41.67%) are live in the rural area, 21(35%) are the new cases.

Majority of the respondents 48(80%) had moderately adequate knowledge about the kidney transplantation and donation. Majority of the respondents 33(55%) had adequate attitude about the kidney transplantation and donation. Majority of the respondents 33(55%) had inadequate perception about the kidney transplantation and donation.

The association between knowledge score and demographic variables were computed by using Chi square test. It was found that there is a significant association between knowledge, attitude and perception level with the selected demographic data.

Discussion

In the present study the age wise distribution of family members of renal patients out of 60 families are 12(20%) of them are 18-29 years age group, 26 (43.3%) of them are between 30 - 39 years of age, 14 (23.3%) of them are between 40-49 years and 8 (13.4%) of them are between 50-59 years. Family members of renal patients that is 36 (60%) of the family members of renal patient were male and 24 (40%) of them were females. In this study 12 (20%) of family members of renal patients were illiterate, 18(30%) of family members of renal patients were primary educated, 20(33.3%) had high school education and 10 (16.67%) were with PUC education.

The family members of renal patients 12(20%) were coolie, 28(46.67%) were business, 12(20%) were Govt. employee, 8(13.33%) were unemployed / housewife. Family members of renal patient 16(26.67%) were earning rupees up to 5000 per month, 17(28.33%) family members of renal patients were earning between rupees 5001-8000, 17(28.33%) family members of renal patients were earning between rupees 8001-12000 and 10(16.67%) were earning above 12000 rupees. The family members of renal patient that is 22(36.67%) have received the source of information from TV or radio, 8(13.33%) have received from friends/relatives, 10(16.67%) have received from newspaper/magazines whereas 20(33.33%) have received the information from health personnel. Renal disease patient shows the family history that is 16(26.67%) are in mother's family, 16(26.67%) are from fathers family, 21(35%) are new cases and 7(11.67%) are both A and B.

Among the 60 family members 8.3% had adequate knowledge of kidney transplantation and donation. Among the family members of renal patients, 80% family members had moderately adequate knowledge of kidney transplantation and donation. Among the family members of renal patients, 11.7% had inadequate knowledge. The maximum statements, maximum score and range of knowledge score among family members of renal patients are 25, 25 and 9-19 respectively. The mean score, standard deviation and mean percentage of knowledge are 14.9, 2.40 and 59.6 respectively.

Among the 60 family members 30% had inadequate level of attitude, 15% had moderately adequate and 55% had adequate level of attitude of kidney transplantation and donation among family members of renal patients. The maximum statements, maximum score and range of attitude score among family members of renal patients are 7, 7, and 1-6 respectively. The mean score, standard deviation and mean percentage of knowledge are 4.16, 1.25 and 59.5 respectively.

Among the 60 family members 55% had inadequate level of perception, 28.3% had moderately adequate attitude and 16.7% had adequate level of knowledge of kidney transplantation and donation among family members of renal patients. The maximum statements, maximum score and range of attitude score among family members of renal patients are 8, 8, and 2-7 respectively. The mean score, standard deviation and mean percentage of knowledge are 4.05, 1.88 and 50.62 respectively. The correlation between the knowledge and attitude strategies was $p<0.07$ which indicates statistically significant, correlation between attitude and perception strategies was $p<0.25$ which indicates statistically significant, correlation between knowledge and perception strategies was $p<0.14$ which indicates statistically significant.

Conclusion

Among the 60 family members 55% had inadequate level of perception, 28.3% had moderately adequate attitude and 16.7% had adequate level of knowledge of kidney transplantation and donation among family members of renal patients. The maximum statements, maximum score and range of attitude score among family members of renal patients are 8, 8, and 2-7 respectively. The mean score, standard deviation and mean percentage of knowledge are 4.05, 1.88 and 50.62 respectively. The correlation between the knowledge and attitude strategies was $p<0.07$ which indicates statistically significant, correlation between attitude and perception strategies was $p<0.25$ which indicates statistically significant, correlation between knowledge and perception strategies was $p<0.14$ which indicates statistically significant. Recommends to conduct research over similar topics in regional, state, India and Asia.

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A Study to Assess the Knowledge and Perception Regarding COVID-19 Vaccine among the Peoples of Selected Societies in Solapur City with View to Develop an Informational Booklet.

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Abstract

Background of the study: The COVID-19 pandemic is ruined the world in all the aspects such as economical, health and education. The peoples were worried about the diseases, had the anxiety and fear about the disease condition and the peoples were having curious about the COVID-19 vaccine, when it will be available, where it will be available and what will be the cost and what are the side effects of COVID-19 vaccination and what efficacy of COVID-19. So this study was undertaken to assess the knowledge and perception of peoples regarding COVID-19 vaccination. **Objectives:** To assess the level of knowledge and perception about COVID-19 vaccine among peoples of selected society and to find the association between the levels of knowledge with selected demographic variables and to prepare the information booklet. **Methodology:** The quantitative research approach with descriptive research design was used. The total 100 samples were selected by purposive sampling technique. The self-administered structured knowledge questionnaires were used to assess the knowledge and perception scale was used. The data was analyzed by descriptive and inferential statistics. **Results:** The results shown that out of 100 samples 05(05%) were had inadequate knowledge, 74(74%) had a moderate adequate knowledge and 21(21%) had adequate knowledge regarding the COVID-19 vaccination. The overall mean percentage of knowledge was 61.90% with mean and SD of 18.57±3.36. The mean percentage score of perception was 81.15% with mean and SD of 16.23±2.35. The majority 63 (63%) of the samples had positive perception for acceptance of the COVID-19 vaccination, 29(29%) were had negative perception and 08 (08%) were had neutral perception regarding COVID-19 vaccination. **Conclusion:** The study concludes that the majority of the samples had moderately adequate knowledge and positive perception. There in need for further study to assess the attitudes of the peoples.

Keywords: Knowledge; Perception; COVID-19 Vaccine; Peoples.

Introduction

The health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Disease is a disorder of structure or function in human body especially one that produces specific signs or symptoms or that affects a specific location and is not simply a direct result of physical injury.¹

COVID-19 (Coronavirus disease 2019) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first case was identified in Wuhan, China in December 2019. It has since spread worldwide, leading to an ongoing pandemic.² Retrospective investigations by Chinese authorities have identified human cases with onset of symptoms in early December 2019.³

SARS-CoV-2 was identified in early January and its genetic sequence shared publicly on 11-12 January 2020. The full genetic sequence of SARS-CoV-2 from the early human cases and the

sequences of many other viruses isolated from human cases from China and all over the world since then show that SARS-CoV-2 has an ecological origin in bat populations.⁴

Symptoms of COVID-19 are variable, but often include fever, cough, fatigue, breathing difficulties, and loss of smell and taste. Symptoms begin one to fourteen days after exposure to the virus. Most people (81%) develop mild to moderate symptoms (up to mild pneumonia), while 14% develop severe symptoms (dyspnea, hypoxia, or more than 50% lung involvement on imaging) and 5% of patients suffer critical symptoms (respiratory failure, shock, or multiorgan dysfunction).

A Covid-19 vaccine is a vaccine intended to provide acquired immunity against Covid-19. Prior to the Covid-19 pandemic, work to develop a vaccine against the coronavirus diseases had established knowledge about the structure and function of coronaviruses, which accelerated development during early

2020 of varied technology platforms for a Covid-19 vaccine

By January 2021, 69 vaccine candidates were in clinical research, including 43 in Phase I-II trials and 26 in Phase II-III trials. Several Covid-19 vaccines demonstrated efficacy as high as 95% in preventing symptomatic Covid-19 infections. As of January 2021, nine vaccines have been authorized by at least one national regulatory authority for public use: two RNA vaccines (the Pfizer-BioTech vaccine and the Moderna vaccine), three conventional inactivated vaccines (BBIBP-CoV from Sinopharm, BBV152 from Bharat Biotech and CoronaVac from Sinovac), two viral vector vaccines (Sputnik V from the Gamaleya Research Institute and the Oxford-AstraZeneca vaccine), and one peptide vaccine.⁵

The Drug Controller General of India (DCGI), the country's national drug regulator, announced on Sunday (January 3) that the Central Drugs Standard Control Organisation (CDSCO) has decided to accept the recommendations of its Subject Expert Committee (SEC), and approved the Covid-19 vaccines of both Serum Institute of India and Bharat Biotech for restricted use in the country. Serum Institute of India (SII), has manufactured Covishield, the Indian variant of the AZD1222 vaccine developed by Oxford University and AstraZeneca, and already stockpiled some 80 million doses. As such, the rollout can begin fairly quickly. The other vaccine that has got emergency use authorisation, Covaxin, manufactured by Hyderabad-based Bharat Biotech in collaboration with the Indian Council of Medical Research (ICMR), could take a few days or weeks to be available.

A proper awareness generation campaign is needed, explaining why vaccine is being given. It is an emergency and a do or die situation. People should know "the vaccination is voluntary," said Lalit Kant, scientist and former head of epidemiology and communicable diseases at the Indian Council of Medical Research (ICMR).

Objectives:

- To assess the level of knowledge about Covid-19 vaccine among peoples of selected society.
- To assess the perception about Covid-19 vaccine among peoples of selected society.
- To determine the association between the knowledge about Covid-19 vaccine with selected demographic variables regarding kidney transplantation and donation.
- To develop an information booklet regarding Covid-19 vaccine for peoples of selected society.

Assumptions:

- There may be inadequate knowledge regarding the covid-19 vaccination among general population.
- There may be negative perception regarding the covid-19 vaccination among general population.
- There may be an association between the knowledge with selected demographic variables of general population.
- There may be an association between the levels of perception with selected demographic variables.
- The informational booklet may enhance the knowledge and positive perception of general population.

Hypothesis:

H₀: There will be a no significant association between the levels of knowledge with demographic variables.

H₁: There will be a significant association between the levels of knowledge with demographic variables.

Methodology:

Research approach

The present study selected quantitative study to assess the knowledge and perception regarding covid-19 vaccination.

Research design

The descriptive study was used to describe the knowledge and perception of the general people regarding Covid-19 vaccination.

Variables under the study

Research variables: These are the variables, which are being studied and described the phenomena under study. In this study research variables are knowledge and perception.

Demographic variables: Age, gender, occupation, educational qualifications, source of information, have you taken vaccination. Have you suffered from covid-19 etc.

Setting of the study

The study was conducted in selected societies of Solapur, Maharashtra.

Sample and sample size

The sample of the study was 100 peoples in selected areas, who fulfilling inclusion criteria.

Sampling technique

The purposive sampling technique was used to select 100 Peoples from the selected areas of Solapur.

Sampling criteria

Inclusion criteria

- Who present at the time of data collection.
- Who is willing to participate in the study.
- Those who can read and write Marathi and English.

Exclusion criteria

- People who cannot understand local/English language.
- People who are not willing to participate.

Data collection technique:

Selection and development of the tool: In this study three types of tools were used by the researcher.

- Self-administered questionnaires have following headings.
- Baseline variable.
- Structured knowledge questionnaire on Covid-19 vaccination.
- Structured perception scale on Covid-19 vaccination.

Data analysis: The descriptive and inferential statistics.

Results

The majority of 31 (31.00%) samples were in the age group 30-40 years complete followed by 27 (27.00%) age group of 31-35 years complete, 26 (26.00%) for the age group of above 40 years complete and 16 (16.00%) for the age group of 25-30 years complete.

The data reveals that 59 (59.00%) were male and the remaining 41 (41.00%) were female.

Out of 100 samples that's 79 (79.00%) have not vaccinated and remaining 21 (21%) have vaccinated.

Out of 100 samples, 70 (70.00%) belongs to the no history of suffering from Covid-19 and 24 (24.00%) were infected and got cured from the Covid-19.

Out of 100 samples, reveals that's 45 (45.00%) through mass media, 39 (39%) through health personnel, 8 (8%) through peer group, friends and remaining 8 (8%) through in any other.

Table 1: Frequency and percentage-wise distribution of peoples in selected area by Age in years, Gender, Occupation, Source of information, have you vaccinated and have you suffered from Covid 19.

| Socio Demographic Variables | N=100 | | |
|-----------------------------|------------------------|--------------|----|
| | Frequency | Percentage % | |
| Age (in years) | 25-30 | 16 | 16 |
| | 31-35 | 27 | 27 |
| | 36-40 | 31 | 31 |
| | Above 40 | 26 | 26 |
| Gender | Male | 41 | 59 |
| | Female | 59 | 41 |
| Occupation | Sedentary worker | 13 | 13 |
| | Moderate worker | 48 | 48 |
| | Heavy worker | 39 | 39 |
| Have you vaccinated | Yes, If yes (duration) | 21 | 21 |
| | No | 79 | 79 |
| Have suffered from Covid-19 | Yes, If yes (duration) | 24 | 24 |
| | No | 76 | 76 |
| Source of information | Mass Media | 53 | 53 |
| | Health personnel | 39 | 39 |
| | Peer group/ friends | 8 | 8 |

Table 2: Classification according to level of knowledge of peoples on Covid-19 vaccination.

| Interpretation | Number | Percentage |
|---|--------|------------|
| Inadequate knowledge (Score 0-10) | 5 | 5% |
| Moderately adequate knowledge (score 11-20) | 74 | 74% |
| Adequate knowledge (Score 21-30) | 21 | 21% |

The above table depicts that among 100 samples, 05(05%) were had inadequate knowledge, 74(74%) had a moderate adequate knowledge and 21(21%) had adequate knowledge regarding the Covid-19 vaccination.

Table 3: Mean, Median, SD, Range and Mean% of level of knowledge regarding Covid-19 vaccination among peoples.

| Aspect | Max. Score | N=100 | | | |
|-----------|------------|-------|--------|-------|--------|
| | | Mean | Median | SD | Mean % |
| Knowledge | 30 | 18.57 | 18 | 3.362 | 61.90 |

(SD: Standard Deviation)

The above table describes the mean and SD with mean%. The overall mean percentage of knowledge was 61.90% with mean and SD of 18.57±3.36. The median was 18.

Table no 04. Description of mean, SD, Median and Mean percentage perception of the peoples regarding Covid-19 vaccination.

| Aspects | Max Score | Mean | SD | Mean % |
|------------|-----------|-------|------|--------|
| Perception | 20 | 16.23 | 2.35 | 81.15 |

The above table describes the mean mean% and SD of perception of peoples regarding covid-19. The mean percentage score of perception was 81.15% with mean and SD of 16.23±2.35.

Table No 05. Classification of respondents based on the level of perception of the regarding Covid-19 vaccination.

| Aspects of perception | Frequency | Percentage |
|-----------------------|-----------|------------|
|-----------------------|-----------|------------|

| | | |
|--|----|----|
| Positive perception to accept the vaccination | 63 | 63 |
| Negative perception to accept vaccination | 29 | 29 |
| Neutral perception for acceptance of vaccination | 08 | 08 |

The above table describes the perception of peoples regarding Covid-19 vaccination. The majority 63(63%) of the samples had positive perception for acceptance of the Covid-19 vaccination, 29(29%) were had negative perception and 08(08%) were had neutral perception regarding COVID-19 vaccination.

The association was found between the level of knowledge, with age in year complete 9.1484($p>0.05$), Have you vaccinated 5.294 ($p>0.05$), history of suffered from Covid-19, 5.307($p>0.05$) and source of information 7.803 ($p>0.05$).

Discussion

The first objective was to assess the level of knowledge about Covid-19 vaccine among peoples of selected society. The findings shown that out of 100 samples 05(05%) were had inadequate knowledge, 74(74%) had a moderate adequate knowledge and 21(21%) had adequate knowledge regarding the Covid-19 vaccination. The overall mean percentage of knowledge was 61.90% with mean and SD of 18.57±3.36.

The second objective was to assess the perception about Covid-19 vaccine among peoples of selected society. The mean percentage score of perception was 81.15% with mean and SD of 16.23±2.35. The majority 63(63%) of the samples had positive perception for acceptance of the COvid-19 vaccination, 29(29%) were had negative perception and 08(08%) were had neutral perception regarding COvid-19 vaccination.

Recommendation

- The survey study can be conducted to assess the perception of staff nurses, peoples and front line warriors regarding post vaccine perceptions.
- The study can be conducted to assess the attitudes of general population regarding post vaccines.
- A survey can be assessed regarding the common side effects experienced by the post vaccinated persons.

Limitations of the study:

The study was limited to

- The selected peoples in the Solapur city only.
- Wider samples characteristics
- The areas of perceptions were narrow and
- The sample size was 100.

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A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding Fluid Replacement in Burns Patients among Staff Nurses Working In YCR Hospital Latur

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Abstract

Introduction: Accidents have become the usual occurrence in today's world. Road traffic accidents, domestic accidents, industrial accidents and railway accidents contribute to large proportion of mortality, morbidity and disability. Burns of all kinds and degrees are also considered as a type of accidents. Burns cause aesthetic problems as well as acute physical problems and if not taken proper care, they can cause serious complication in the form of secondary bacterial infection, various degrees of contractures which restrict the daily activities, septicemia, etc. People affected are mostly of poor socioeconomic status. The cost of managing these injuries is high. In developing countries, the problem of burn injuries is more severe due to the reason that the care of burn patients requires specialized staff and medical technologies that are expensive and not always readily available. **Methods:** A Descriptive research approach was used for the present study. The study comprised of 30 staff nurses who fulfilled inclusive criteria and working in selected hospital. Knowledge questionnaire was used for data collection. The reliability of questionnaire was done by Guttman's Split Half Coefficient method. In order to obtain content validity, the tool given to 10 experts who included from the field of Medical-Surgical Nursing Department. Non Probability convenience sampling technique was used. Formal Permission was obtained from concerned authority from hospital for data collection. **Result:** The result showed that most of the samples under the study were between the age group of 21-30 years. 50% of samples were from general wards. Result interpreted that in pre test knowledge level regarding fluid replacement in burn was 40.28 % & in post test it was 85.6%. It is evident that calculated value of 't' at 0.05 level. This indicate that structured teaching programme was effective in improving the knowledge of staff nurses. **Conclusion:** The present study assess the knowledge level of staff nurses working in Y.C.R. Hospital, Latur regarding the "fluid replacement in burn patients" and found that he staff nurses having 29 (96.67%) had adequate knowledge, 1 (3.33%) of them had moderately adequate knowledge and only 0 (0%) of staff nurses had inadequate knowledge regarding "fluid replacement in burn patients."

Keywords: Fluid Replacement in Burns Patients among Staff Nurses.

Introduction

Accidents have become the usual occurrence in today's world. Road traffic accidents, domestic accidents, industrial accidents and railway accidents contribute to large proportion of mortality, morbidity and disability. Burns of all kinds and degrees are also considered as a type of accidents. Burns cause aesthetic problems as well as acute physical problems and if not taken proper care, they can cause serious complication in the form of secondary bacterial infection, various degrees of contractures which restrict the daily activities, septicemia, etc. People affected are mostly of poor socioeconomic status. The cost of managing these injuries is high. In developing countries, the problem of burn injuries is more severe due to the reason that

the care of burn patients requires specialized staff and medical technologies that are expensive and not always readily available. Despite many medical advances, burns continue to remain a challenging problem due to the lack of infrastructure and trained professionals as well as the increased cost of treatment, all of which have an impact on the outcome. There is very little information on the pattern of outcomes among burn patients in relation to clinical aspects in India. However, if the principles of first aid are properly applied a great degree of suffering due to burns can be avoided.

Throughout the world, burns remain a huge health issue, at least in terms of morbidity, especially in the developing

countries. It is the nature of man "to want to do something" whenever there is an injury, and this leads to the application of various agents to burns. While some of these agents used in treating such injuries may be beneficial, many of them are harmful and have no scientific basis for their use. The use of such harmful agents therefore calls for education of the people in order to prevent their damaging effects.

Burn injury is a significant cause of mortality and morbidity. A burn occurs when there is injury to the tissues of the body caused by heat, chemicals, electrical current or radiation. Burn injury occurs when energy from a heat source is transferred to the tissues of the body. The resulting effects are influenced by the temperature of the burning agent, duration of contact time and type of tissue that is injured. Burn injury mainly affects the integument or the skin.

One of the largest organs of the body, the skin or integument is made up of two layers of tissues, the outer epidermis and the inner dermis, and lies on a layer of subcutaneous fat. It makes up 15% to 20% of the body's weight.

The epidermis contains a fatty substance that makes the skin waterproof. The dermis contains blood vessels, nerves, muscles, sebaceous glands, sweat glands and hair follicles.

The sensory nerves within the dermis ensure that the body's surface area is sensitive to heat, cold, pain, and the slightest touch. As well as protecting the body from injury, bacterial and viral infections, and minor burns, the skin's key function is to maintain a constant body temperature. It does this by varying the blood flow into capillary vessels beneath the skin surface and by producing perspiration, which evaporates cooling the body.

The blood capillaries dilate and perspiration increases when the body is too warm. If the body needs to conserve heat, the blood vessels constrict, pulling the skin into "goose-pimples". The body also creates heat by shivering. So the overall functions of the skin include protection, maintenance of homeostasis, thermoregulation, sensory reception, vitamin synthesis and processing of antigenic substances.

When the skin is burned, the small blood vessels within the skin leak fluid which either gathers in tissue spaces to form blisters or it leaks through the skin surface. This loss of fluid can lead to a marked drop in the blood volume and loss of blood proteins, a condition which may result in shock.

So the care of the burn-injured client is both complex and challenging. The psychological and physical trauma sustained following a burn injury can be devastating for both the victim and family members or significant others. Having a thorough understanding of the pathophysiologic changes that occur after a burn, knowing about the first aid management of burns and becoming familiar with the standards of care will promote positive outcomes.

Burns constitute a major health problem in India. However, exact mortality figures for India are not available owing to the lack of proper burn registry. The projected figures suggest an annual mortality rate of 100,000 to 140,000. This staggering incidence is largely due to illiteracy, poor living conditions, and neglect of children.

High population density, illiteracy and poverty are the main demographic factors associated with a high risk of burn injury. It is vital to assess the extent of burn area affected by a burn, as the greater the surface area, the greater the fluid loss and risk of shock.

Problem Statement

A study to assess the effectiveness of structured teaching program on Knowledge regarding fluid replacement in Burns patients among Staff Nurses working in YCR Hospital Latur.

Objective

- To assess the knowledge of staff nurses regarding fluid replacement in burns patients.
- To evaluate the effectiveness of structured teaching program in fluid replacement.
- To find out the relationship between knowledge of the Staff Nurses regarding fluid replacement in burns patients with selected socio-demographic variables.

Material and Methods

A Descriptive research study approach was used for present study. The study comprises of 30 staff nurses who fulfilled inclusive criteria and working in selected hospital by non-probability convenience sampling. One group pre test post test quasi experimental design was used for this study. The content validity of the tool was established in the consultation with guide and 12 experts from the field of medical-surgical nursing. The reliability of questionnaire was done by Guttman's split Half Coefficient method. The purpose and important of research study explain before collection of data.

Hypothesis

H₁: There will be a significant relationship between the knowledge of the Staff Nurses regarding fluid replacement in burns patients with the selected Socio demographic variables.

H₂: There will be a significant relationship between pre - test and post test knowledge scores.

Result:

Analysis and interpretation is based on the objective of the study. The analysis was done with the help of inferential and descriptive statistics. Frequency and percentage wise distribution of demographic variable of staff nurses.

Table no.1 Frequency and percentage distribution of demographic characteristics of staff nurses of Y. C. R. hospital, Latur.

| Demographic variables | Number | Percentage |
|---------------------------|--------|------------|
| Age | | |
| 21-30 yrs | 21 | 70 % |
| 31-40 yrs | 9 | 30% |
| 41-50 yrs | 0 | 0 |
| Above 50 | - | - |
| Gender | | |
| Male | 05 | 17% |
| Female | 25 | 83% |
| Education | | |
| GNM | 12 | 40% |
| R.GNM | 18 | 60% |
| Area of working | | |
| ICU | 08 | 2% |
| Casualty | 07 | 23% |
| Burn ward | 0 | - |
| General ward | 15 | 50% |
| Year of experience | | |
| 1-5 | 14 | 47% |
| 6-10 | 13 | 43% |
| 11-15 | 02 | 07% |
| 16-20 | 01 | 03% |

| Area of achievement | | |
|-----------------------|----|-----|
| Pass class | 16 | 53% |
| 2 nd class | 08 | 27% |
| Distinction | 01 | 3% |
| 1 st class | 05 | 17% |

The above table shows that 70% samples belongs to 21-30 years of age and 83% of sample were female. 60% of nurses had completed their RGNM. 50% of nurses was working in general ward.

Comparison of pre-test and post-test level of knowledge fluid replacement in burn patients among staff nurses working in Y.C.R. Hospital, Latur.

| Level of knowledge | Pre-test score | | Post-test score | |
|--------------------|----------------|------------|-----------------|------------|
| | Number | Percentage | Number | Percentage |
| Adequate (>76%) | 0 | 0 | 29 | 96.67 |
| Moderate (51-75%) | 2 | 6.67 | 1 | 3.33 |
| Inadequate (<50%) | 28 | 93.33 | 0 | 0 |

The above table depict that in pre test 2 % of the sample had moderate level of knowledge score. 28% had inadequate level of knowledge in post test 96.67% of the sample had adequate level of knowledge and 3.33% of sample had moderate level of knowledge. The difference between pre test & post test level of knowledge score was found to be statistically significant.

Area wise comparison of mean, SD and mean percentage of pre test and post test knowledge score about fluid replacement in burn patients among staff nurses working in Y.C.R. Hospital, Latur.

Discussion

The discussion of the study of appropriate review of literature, statistical analysis and the finding of study based on study of objectives the aim of the present study to evaluate the structure teaching program of knowledge regarding fluid replacement in burn patients among staff nurses working in Y.C.R. Hospital, Latur.

Non experimental designs were used for this study the samples of this study was 30 staff nurses working in Y.C.R. Hospital Latur selected nursing simple and random sampling techniques to assess the knowledge on fluid replacement in burn patients.

The consent of staff nurses obtained and structured self-administered questionnaire test was conducted on the entire subject.

The first step in the study was to assess demographic characteristics of the staff nurses. Table No. 1 shows that sample belonged to age, gender, education, area of working, year of experience & academic achievement. The objective of study is to evaluate the knowledge regarding, fluid replacement in burn patients.

Table no. 2 shows that frequency and percentage distribution of staff nurses regarding fluid replacement in burn patient that 29 (96.67%) had adequate knowledge, 01 (3.33%) of the had moderately adequate knowledge and 0 (0 %) of staff nurses had inadequate knowledge.

Conclusion

The present study assess the knowledge level of staff nurses working in Y.C.R. Hospital, Latur regarding the, "fluid replacement in burn patients" and found that the staff nurse shaving 29 (96.67%) had adequate knowledge, 1 (3.33%) of the had moderately adequate knowledge and only 0 (0 %) of staff nurses had inadequate knowledge regarding "fluid replacement in burn patients."

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Shri Kulswamini Shikshan Prasarak Mandal

Reg.No.321/96, F- 3308

27/510, Samata Nagar, In front off B & C. Office, Osmanabad-413501

Ref. No. SKSPM/2022-23/271
To,

Date: 17/06/2023

The Register,
(Department of Student Welfare),
Maharashtra University of Health sciences,
Mhasrul, Vani-Dindori Road,
Nashik - 422004.

Sub: Regarding Proposal/ Request for starting National Service Scheme (NSS) for B.Sc. Nursing Programme.

Respected Sir,

As per above mentioned subject, the Management Committee of Kulaswamini Shikshan Prasarak Mandal's Sahyadri College of Nursing, has received the Government Resolution (31/10/2022) from Government of Maharashtra and also First Affiliation (29/11/2022) from the Maharashtra University of Health Sciences, Nashik for starting the B. Sc Nursing Programme for the Academic Year 2022-23.

So, herewith we are sending you the request to Permit us for starting the National Service Scheme (NSS).

College Name: Sahyadri College of Nursing
Programme: B. Sc Nursing
College Code: 15154137

So kindly accept the proposal & do the needful.

Principal!
Sahyadri College of Nursing
Osmanabad-413501

Attachments:

Govt. G. R.
MUHS. First Affiliation.



Principal 0310@2023
महाराष्ट्र शासक, नशीक
महाराष्ट्र, नशीक-दिवोरी रोड, नशीक - 422 004



Shri Kulswamini Shikshan Prasarak Mandal

Reg.No.32196, F-3208

27/510, Samata Nagar, In front of B. & C. Office, Osmanabad-413501

Ref.No. SKSPM/2022-23/28

Date: 12/06/2023

To,

The Register,
(Department of Student Welfare),
Maharashtra University of Health sciences,
Mhasrul, Vani-Dindori Road,
Nashik - 422004.

**Sub: Regarding Proposal/ Request for starting Scheme for B. Sc Nursing,
Nursing Programme.**

Respected Sir,

As per above mentioned subject, the Management Committee of Kulaswamini Shikshan Prasarak Mandal's Sahyadri College of Nursing, has received the Government Resolution (31/10/2022) from Government of Maharashtra and also First Affiliation (29/11/2022) from the Maharashtra University of Health Sciences, Nashik for starting the B. Sc Nursing Programme for the Academic Year 2022-23.

So, herewith we are sending you the request to Permit us for starting the following schemes.

1. Dhanwantari Vidhadan Yojana
2. Bahishal Yojana.
3. Learn and Earn Scheme.
4. Sanjevani Suraksha Yojana.

College Name: Sahyadri College of Nursing
Programme: B. Sc Nursing
College Code: 15154137


Kindly consider the request and do the needful.

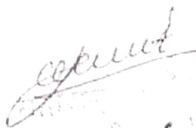
Thanking You,

Attachments:

Govt. G. R.
MUHS. First Affiliation.




Principal
Sahyadri College of Nursing
Osmanabad - 413501

 03/06/2023
Mhasrul, Vani-Dindori Road, Nashik - 422004