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# A Study To Assess the Effectiveness of Structure teaching programme on Knowledge regarding the Selected Care of Pre-Eclampsia Patient Among Nurses in Selected Hospitals of Pune Region

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#### Introduction

Pre-eclampsia is a condition that occurs during pregnancy that is characterized by high blood pressure and the presence of proteins in your urine. Pre-eclampsia usually occurs, if at all, after the 20th week of pregnancy. Also known as "toxemia" or inaccurately called "pregnancyrelated hypertensionIn the pre-eclamptic patient there is a risk of repeated miscarriages and hormone and infertility In first time pregnant women. It is specific multi system disorder of unknown aetiology. The disorder affects 5-7 of pregnancies with an incidence of 236 cases per 1000 deliveries Pre-eclampsia is the single identifiable risk factor in still birth and strongly associated with fetal growth retardation, low birth weight, preterm delivery, respiratory distress, it has been shown that 65% of fetal deaths occur due to non managed pre-eclamptic mothers. The nursing care differs from patient to patient. The health need of patients change according to their health condition. Pre-eclampsia mothers are more dependent on nurses to meet their basic needs than other Antenatal mothers who can independently perform their activities.

## Objectives of The Study.

- To assess the existing knowledge regarding selected care of pre-eclampsia among the Nurses.
- To assess the effectiveness of self-instructional module on selected care of Pre-eclampsia patients.
- To associate the post-test knowledge score with selected demographic variables.

## Methodology

**Research Design:** Is a Quasi experimental" one group pre-test, post-test" research design.

**Setting:** The research setting selected for the study were A.V.B.R. Hospital, Sawangi, Wardha & B.J.W Government Hospital, Gondia.

**Population:** Population for the present study comprised of staff nurses working in obstetric department.

**Sample Size:** The total number of 60 nurses was selected

**Sampling Technique:** In the present study non probability convenient sampling was used for selecting the subject.

#### **Description of Tools:**

A structured questioner schedule to assess the knowledge of nurses regarding the selected care of preeclampsia.

## **Description of questioner:**

**Section I**- Consists of demographic variables of the subject to be participated in the study e.g. Age, Gender, Professional qualification, Working experience etc.



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**Section II** - Consists of 30 questions on knowledge regarding selected care of pre-eclampsia and the following area were covered in the structured questioner.

- Knowledge regarding pre-eclampsia.
- Knowledge regarding medical and surgical management of pre-eclampsia.
- Knowledge regarding dietary management of pre-eclampsia.
- Knowledge regarding possible complications of pre-eclampsia.
- Knowledge regarding nursing care of pre-eclampsia.

#### **Data Collection**

The data gathering process began from 21/02/2011 to 12/03/2011, An informed consent from the entire participant was taken. First of all, the structured questionnaire administered for assessing the knowledge. After collecting the pre-test data, The Self-instructional module administered to the nurses and after seven days the post test conducted.

## Finding of the Study

The table no.1 depicts that the distribution of samples according to their age depicts that 16.7% of the samples were in the age group of 25-30 years and 50.00% belonged to 31-35 years of age. 33.3% of the samples were in the age group of above 35 years. Hence, it is interpreted that most of the samples under study were between the age group of 31-35 years. Distribution of samples according to their gender shows that the hundred percentages (100%) of samples were Female. Distribution of samples according to their Educational qualification in nursing shows the majority (83.33%) of the nurses were diploma holders in nursing and only 16.66% of the samples were ANM. Distribution of samples according to their years of experience shows that the highest percentage (80%) of samples had 8.1-17-years of experience and 20% of them had 1.1-8 years of experience.

**Table No-1:** Percentage Wise Distribution Of Nursee In Selected Hospitals Of Vidarbha Region According ToTheir Demographic Variables **N=60** 

Demographic	No.	of Percentage(%					
Variables	nurses	)					
Age(yrs)							
19-24	0	0.00					
25-30	10	16.7					
31-35	30	50.0					
Above 35	20	33.3					
Gender	<u>'</u>	,					
Male	0	0.00					
Female	60	100.00					
Professional Qualification							
ANM	10	16.66					
GNM	50	83.33					

B.SC. N.	0	0.00
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P.B. B. SC. N	0	0.00				
Working Experience						
6 mth-1 yr	0	0.00				
1.1 - 8 yrs	12	20.00				
8.1-17 yrs	48	80.00				
17.1 – 25 yrs	0	0.00				

The Table no.2 This table deals with the assessment of knowledge regarding selected care of preeclampsia among nurses. The level of knowledge is divided under following headings poor, average, good, and excellent. The result shows in regards to the pretest, 20% of nurses had average knowledge, 80% of nurses had good knowledge regarding selected care of pre-eclampsia. Whereas in post-test, nurses attained 100% of excellent knowledge, after giving the self-instructional module.

**Table 2:**Distribution of Nurses according to their level of knowledge regarding selected care of pre-eclampsiaN=60

Level	Pre Test	Post Test
knowledge score		
Poor (0-25%)	0(0.00%)	0(0.00%)
Average (26-50%)	12(20.00%)	0(0.00%)
Good (51-75%)	48(80.00%)	0(0.00%)
Excellent(>75%)	0(0.00%)	60(100.00%)
p-value	P<0.0001	

**Table no3**, it is evident that the obtained pre-test and pot test score the t-value was 39.18 and p-value was 0.000 which is less than 0.05, So, H1 is accepted. Hence we conclude that SIM was effective. This table shows the pre-test and post-test knowledge scores of the selected care of preeclampsia. Mean and standard deviations values are compared and paired "t" test is applied at 5% level of significance. The tabulated "t" value for n-1, i.e. 59 degrees of freedom is 2.00. The calculated value was 39.18 respectively for knowledge regarding selected care of preeclampsia. The calculated "t" values were much higher than the tabulated values at 5% level of significance which was statistically acceptable level of significance. In addition the calculated "p" values for all the areas of knowledge regarding selected care of pre-eclampsia were 0.000 which is ideal for any population.

**Table 3:** Significance of difference between pre testand post test knowledge score in relation to Pre-eclampsia in Nurses in selected hospital of vidharbha region N=60

Overall	Maximu	Mean	Standar	Mean	t-value	p-value
	m		d	percentage		
	score		deviatio			
			n			
Pre Test	22	17.73	2.32	59.11	39.18	0.000
Post	30	29.75	0.47	99.16		S,p<0.0
Test						5



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**Table no.4** it is evident that in the obtained pre test and pot test score the t-value is 29.37 and p-value was 0.000which was less than 0.05, so H1 is accepted. Hence we conclude that SIM was effective.

**Table 4**: Significance of difference between pre test and post test knowledge score in relation to knowledge regarding Pre-eclampsia in Nurses in selected hospitals of Vidharbha region.N=60

Area	Maximum	Mean	Standar	Mean	t-value	p-value
	score		d	percentage		
			deviatio			
			n			
Pre Test	9	4.91	1.29	49.16	29.37	0.000
Post	10	9.95	0.21	99.50		S,p<0.0
Test						5

**Table no.5** it is evident that in the obtained pre test and post test score the t-value was 16.01 and p-value was

0.000 which was less than 0.05, so H1 is accepted. Hence we conclude that SIM was effective.

**Table 5:** Significance of difference between pre test and post test knowledge score in relation to knowledge regarding medical and surgical management of Pre-eclampsia in Nurses in selected hospital of Vidharbharegion. N=60

Area	Maximu	Mean	Standard	Mean	t-value	p-value
	m		deviatio	percentage		
	score		n			
Pre Test	6	3.55	1.18	59.16	16.01	0.000
						S,p<0.05

**Table no.6** it is evident that the obtained pre test and post test score the t-value was 13.67 and p-value is 0.000which was less than 0.05, so H1 is accepted. Hence we conclude that SIM was effective.

**Table 16:** Significance of difference on knowledge of Pre-eclampsia care in relation to working experience(yrs) N=60

Working	No. of	Mean knowledge	t-value	p-value
experience	nurses	score		
6 mth-1 yr	0	$0.00\pm0.00$	1.37	0.17
1.1 - 8 yrs	12	29.58±0.66		NS,p>0.0
8.1-17 yrs	48	29.79±0.41		5
17.1 – 25	0	0.00±0.00		
yrs				

The findings show that in pre test scores,48(80%) of subjects were having good knowledge



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,12(20%)of subjects having average knowledge, but in post-test marks obtained by all the 60(100%)% of were excellent in knowledge. There was no significant association between age, gender, professional qualification & working experience in relation with nurses.

#### Conclusion

In my study, the maximum number of subjects according to age 30 (50%) belonged to age group 31- 35 years, minimum number 10 (16.17) belonged to age 25- 30 years and 20(33.3%) belonged to above >35 years of age, In relation to gender ,100% subject were female, related to educational qualification, out of 60 subjects maximum 50(83.33) were GNMs and remaining 10(16.66) to ANMs, and related to working experience it revealed that maximum number 48 (80.00%) had 8.1-17 years of experience. and minimum number 12 (20.00%) were having 1.1-8 years of experience.

#### **Discussion**

The findings of the present study shows that nurses are having less knowledge regarding.care of pre-eclampsia& its management. Thus the findings are supported by Melzer K, Schutz Y, DrakshayanideviMelzer K, Schutz Y reports that, Eclampsia treatment according to scientific evidence ,nurses view-Hypertensive disorders in pregnancy deserve special attention in the setting of global public health. Currently, they represent the third cause of maternal mortality in the world and first in Brazil. From a practical standpoint, pre-eclampsia remains a syndrome that leads to serious repercussions on maternal and fetal mortality and its etiology is notwell known.

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