

Original Research Article

Effectiveness of Video Assisted Teaching Programme on Knowledge Regarding Needle Stick Injury Among Staff Nurses in Selected Hospital at Kumbaonam.

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ABSTRACT

A pre experimental research design was adopted to evaluate the effectiveness of video assisted teaching programme on knowledge regarding needle stick injury among nursing staffs. Thirty nursing staffs were selected through convenient sampling technique. The Mean knowledge score percentage of pretest was 13-6 (45.3%). The mean knowledge score percentage of post test was 25-73 (85-7%) ($p < 0.5$) was found except age and gender. The VATP on knowledge regarding needle stick injury among staff nurses in selected Hospital at kumbakonam.

Keywords: effectiveness, video assisted teaching program, Needle stick injury

INTRODUCTION

PREVENTION IS BETTER THAN CURE.

Occupational accidents are common in any area of work, including hospitals. Practices that control or prevent transmission of infection help to protect clients and health care workers from diseases. Clients in all health care setting are at risk for acquiring infection because of exposure to number and types of diseases. Health care workers can protect themselves from contact with infectious material or exposure to communicable diseases by having knowledge of the infectious process and appropriate barrier protection.

One of the most potentially hazardous procedure that health care personnel face is using and disposing of needles and sharps. Needle stick injuries present a major risk for infection with hepatitis B virus, hepatitis C virus and HIV.

Sharps include syringe, needle, scalpels, broken glasses and other objects contaminated with blood form a source of infection. The first reported case of needle stick transmitted HIV infection lead to increasing awareness and concern about the risk to health care workers passed by sharp injuries. Today it is clear that percutaneous injuries to health care workers from needle stick and other sharps carry significant risks of transmitting blood borne pathogen such as HBV, HCV and HIV.

Needle stick injuries may be defined as the parenteral introduction of blood or other potentially infectious material by a hollow bore needle or sharp instrument, including but not limited to needles, lancets, scalpels and contaminated broken glass.

NEED FOR THE STUDY:

“A safe injection is one that does not harm the recipient, does not expose the provider to any avoidable risk, and does not result in any waste that is dangerous to the community.”

Rio de Janeiro (2005) Needle stick injuries are most common form of occupational exposures in health care settings and most likely to result infection. Health care workers includes 2 million needle stick injuries per year that result in infections. While 90% of the occupational exposures occur in the developing world, 90% of the reported infection occur in the united states and Europe. As of June 2001, 57 confirmed and 137 suspected cases of occupational HIV transmission in united states had been reported. It estimates of up to 35 new cases of HIV and at least 1000 cases of serious infections are transmitted annually to health care workers. Data from injection safety survey conducted by WHO, shows 4 needle stick injuries per worker per year in Africa, Eastern Mediterranean and Asia populations. In Vietnam 66% of nurses reported sustaining a needle stick injury in previous nine months.

OBJECTIVES OF THE STUDY:

- To assess the pre and post test level of knowledge regarding needle stick injury among nursing staffs are working in sacred heart hospital kumbakonam.
- To evaluate the effectiveness of structured teaching program on knowledge regarding needle stick injury among nursing staffs are working in sacred heart hospital kumbakonam
- To associate the pretest level of knowledge regarding needle stick injury with their demographic variables

METHODOLOGY

- ❖ **Pre experimental (one group pretest post-test)** research design was adopted for this study. This study was conducted among selected staffs nurses in sacred heart hospital at Kumbakonam , Thanjavur District, Tamilnadu, South India. Thirty nursing staff were recruited for this study through convenience sampling technique. The data were collected after obtaining the institutional ethical clearance, and formal administrative permission. Informed consent from the subject was obtained and the confidentiality has been assured.
- ❖ A structured questionnaire was used to evaluate the knowledge of nursing staffs. The questionnaire was translated into the vernacular language (Tamil) the appropriateness of the translation had been checked by English expert and the validity of the translation was verified by back translation. The reliability of the knowledge questionnaire was established using test – retest method ($r = 0.7$). There were 30 multiple choice questions related to needle stick injury. Each correct response had given the score of one and wrong option had been given the score of zero. The total knowledge score of each subject was calculated, converted into percentage and interpreted as inadequate (<50% score); moderate (50-70%); and adequate (>70% score).

Pretest on assessment of knowledge were conducted by using the structured questionnaire. Time taken by the workers to complete the knowledge questionnaire was approximately 30 minutes. After the pretest , the workers were divided into three groups of having 10 members in each. Video assisted teaching programe about Bio Medical Waste Management was administered for 30 minutes for each group. The post test was conducted after seven days of intervention

Results and discussion

- Among the 30 samples 28(93.34%) Of the workers belongs to the females and 02(06.66%) of the workers belongs to the males.
- Among the 30 samples 14(46.67%) of the workers belongs to the age group of 20-30years. 10(33.3%) of the staff nurses were between 30 - 40years.and 06 (20%) of the workers age group 40-50 years.
- Among the 30-nursing staff 08(26.6%) of the staffs belongs to the ANM, 10(33.3%)of the staffs were Diploma,12 (36.02%)belongs to degree.

Among 30 nursing staffs 06(20%) of the samples were 0 -5years of experience, 10(33.3%) of the samples were 05-10 years and 14 (46.6%) of the samples were 10-15 years experience. Among 30 nursing staffs 26(86.4%) of the samples were married ,04 (13.6%) of the samples were unmarried.

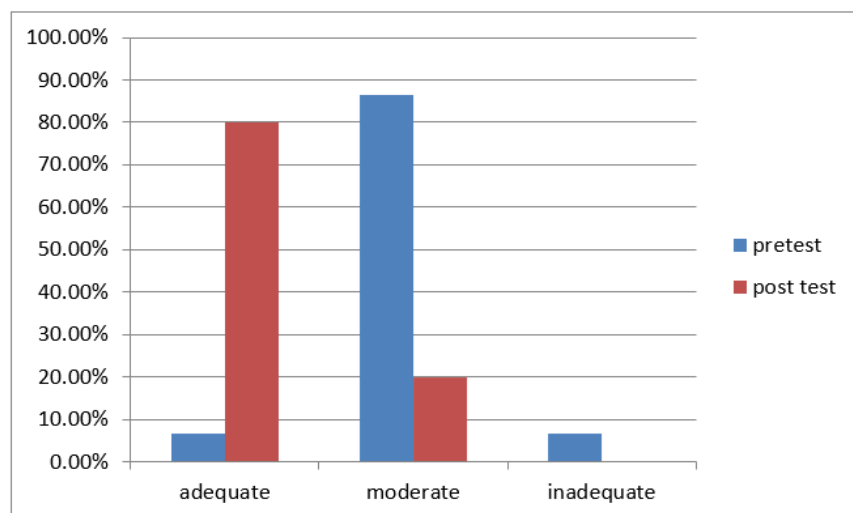
Frequency and percentage distribution of pre test and post test of satisfactory level

Testing level	Inadequate		Moderate		Adequate	
	No.	%	No.	%	No.	%
Pre test	02	06.6	26	86.66	02	06.6
Post test	00	00	06	20.00	24	80

The Table 4.2 shows that there was a percentage distribution of Adequate, Inadequate, and Moderate level of knowledge on pre and post test score. The above table represents the frequency and percentage distribution of pretest and posttest level of satisfactory level.

In Pretest majority 26(86.66) are in moderate level, 02(06.6%) are inadequate level and 02(06.66%) are in adequate level.

In post test majority 24(80%) are in adequate and 06(20%) are in moderate level.



- The Mean knowledge score percentage of pretest was 13-6 (45.3%).
- The mean knowledge score percentage of post test was 25-73 (85-7%)
- The mean knowledge score 13-6 (45.3%) with standard deviation percentage 02.66 between the structured teaching programme has increased the mean knowledge score 25-73 (85.7%) with standard deviation 2-025 after the structure teaching programme. It shows the effectiveness of structured teaching programme.

The ‘t’ value shows that structured teaching programme was effective on knowledge regarding needle stick injury among nursing staffs are working in sacred heart hospital in kumbakonam..

CONCLUSION

- The conclusion of study were drawn as follows the findings of the study revealed that there was in significant importance in knowledge on nursing staffs on needle stick injury with their demographjic variables like(The knowledge and socio demographic variables, such as age, education, sex, experience and marrital status.) there is no association between the known as practice.

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