"A Descriptive study on knowledge and practice of staff nurses innursinginitialassessmentat a tertiary care Hospital."

Dr. Bincy Pothen1, Mr.Shiv Shankar Tiwari2
1 Associate Professor&HOD , Dept of Hospital Administration, Shri Guru Ram Rai University, Dehradun, Uttarakhand
2 Asst Professor &HOD , Dept of Hospital Administration, Sai Institute of Paramedical & Applied Sciences , Dehradun, Uttarakhand

Abstract:

Complex health care needs focus on accountability and necessity of inclusion of nurses in documenting and monitoring clinical care plans have brought in the concept of initial nurse assessment. This Study presents major findings of the study discussed with referenceandinrelationtosimilarstudiesconductedbyotherresearchers.Theaimof the study was on knowledge and practice of staff nurses towardsnursing initial assessment at a tertiary care Hospital at Dehradun. It was found that 118(69.47%) staff nurses had good knowledgeon initial assessment whereas few had 3(1.78%) poor knowledge on initialassessment.

Knowledge score grading frequency percentage: 0-9 poor, 10-14average,15-20good [69.41%]belongsto goodcategory. Datainthe tablerevealsthat 130 (76.5%)of staffnursesare having good practiceand 40(23.5%) arehavingavera gepractice.

There sults of the present study showe dasignificant correlation between the four assessed domains that seem perfectly logical because an increaseina person'sknowledge of evidenced basedpractice will beac companied by increased levels of hi

Sskilland practice.Quality assessment tool was conducted to collect data and the obtaineddata wasanalyzedusing descriptive and inferential statistics.A focus group design was utilized to explore and conceptualize an initial nurse assessment form that may be utilized by service hospitals.

Keywords: Initial nurse assessment, knowledge and practice

INTRODUCTION

Assessment is the first step to determine health status. It is the gathering of in formation to have all the"necessarypuzzlepieces"tomakeaclearpictureof the person"s health status.

Documentation and communication of the data collected, critical thinkingskills are applied during the nursing process. This provides decision making and frame work to developa plan of care for the patientin corporatingeviden cebased practice.Then ursing assessmentin cludesgathering information of the patientsindividual physiological,psychological,socialands piritual needs. Subjective and objective data collection are an integral partof this process. The part of the assessment includes data collection byobtaining vital signs such as temperature, respiratory rate, heart rate, bloodpressure and pain level using anageor conditionap propriatetopainscale.initial nursing assessment, the first step in the five steps of the nursingprocess, involves the systematic and continuous collection of data; sorting,analyzing,and organizing that data;andthed ocumentationand communication of the data collected. Critical thinking skills applied during thenursing process provide a decision making framework to develop and guideaplanofcareforthepatientincorporatingevidence-basedpracticeconcepts.

Objectives

ObjectivesoftheStudy

1) Toassessthe knowledgeofthestaffnursesfornursing initialassessment

2) To assess the practice of staff nurses towards nursing initial assessment.

3) To find the correlation between knowledge and practice of staff nursestowards nursing initial assessment.

4) To find the association between the knowledge with selected demographic ariables.

5) To find the association between the practice with selected demographicvariable.

RESEARCHMETHODOLOGY

The research approachused by theinvestigatorsforthis study was quantitativeap proachasthe main objectives of the study was to determinethe knowledge eandpractice of staffnursesre gardingthe nursing initial assessment and it usually involves collecting and converting dataintonu merical formsothat statistical calculations can bedrawn.

Researchdesign

The study designs comprised of identifying the level of knowledgeand practice of staffnurses onnursinginitial assessment by administering a structured knowledge questionnaire andself- rated practice rating scale and finding out the relationship betweenthe knowledgeandpracticeonnursing initialassessment.

Variables under thestudy

Variables are qualities, properties or characteristics of a person,things,orsituationthat changeorvary.Indepen dentvariables In this study the key variables are the knowledge and practice of staffnursesre gardingnursinginitial assessment.

Extraneousvariables-. The extraneousvariables in the current study are age, religion, type of family, maritalstatus,educationa lqualification,placeofwork,yearofclinicalexperience.

Settingofthestudy

The study setting can be seen as the physical, social, and cultural site in which there search ercon ductsthestudy.These ttingis where the population or the portion of it that is being studied is located and wherethe study is carried out. The present study was conducted in the tertiary care Hospital at Dehradun city . It is a multispecialty hospital with 1500 beds.It is ateachinginstitute with are search Centerthat off ersbothunder graduatean dpostgraduate coursesinvarious specialties.

The hospitalhaswell-equipped wards,ICU sand specialties where there are agood amount of nurses available with good knowledgeand skills.

Population

Population refers to the entire set of individuals or objects that possessspecificcharacteristicsthatthe researcherisinterested inthe study.

.Sampleandsamplesize

A smaller part of the population is selected in such a way that the individualinthesamplerepresents(asnearlyaspossible)thecharacteristicsofthepopulation . In this study 150 staff nurses who fulfilled the sampling criteriawereselectedforthestudy.

Samplingtechnique

Sampling is the process of selecting a portion of the population to obtaindata regarding a problem.A purposive sampling was used to select thesamplesforthestudy.Inpurposivesamplingtheresearcherbasedontheknowledgeandexpertiseofthesubjects,selectsandhandpickstheelements of the study that are thought to best represent the phenomenonbeingstudied.Theresearcherintendedtoselectthesubjectswhofulfilledthesamplingcriteria.

Criteriaforsampleselection

Inclusioncriteria

 Staff nurses who are present during the data collectionStaff Nurses will ingtoparticipateinthe study.

Exclusioncriteria

Staff nurses who are not present during the data collectionStaff Nurseswho are working in critical care units and operation theatre.Staff nurseswhoareonnightduty.

Datacollectioninstruments

 Data collection tools or instruments are devices used by the researcherto collect data to understand the variables or phenomena in the study.Inthis study, the investigator has prepared and used the baseline proforma,structured knowledge questionnaire, self-rated practice rating scale tocollecttheinformationpertainingtothestaffnurses.

Selectionanddevelopmentofthetool

Tools are procedure or the instruments used by the researcher to measurethe key variables in the research problem. The tool was prepared on thebasisoftheobjectivesofthestudy.

Thefollowingsteps wereadoptedprior tothedevelopmentof thetool:

- Reviewofliteraturefrombooks,journals,magazines,researchstudies
- Thisprovidedanadequatecontentareafor thetooldevelopment.
- Internet search such as pubmed, CINAHL, COCHRANE,MEDLINE.

- Consultationanddiscussionwithresearchguide, nursingexperts.
- Personalexperienceanddiscussionwithacquaintances.
- Developmentoftheblueprint.
- Preparationofthefirstdraft.
- Constructionof the baselineproforma, structuredknowledgequestionnaire,self-ratedratingscale.
- ContentvalidationCheckingforthereliability.
- Pretestingofthetool.
- Preparationofthefinaldraft.

Preparation of the first draft of the tool Preparation of the blueprint:A blueprint was prepared which showed the distribution of itemsaccordingtothecontentareas.

1) Generalidentificationofpatientproblems-23.3%

2) Initialassessmentoncardiacsystem–10%

3) Initialassessmentonrespiratory system-26.6%

4) Knowledgeonclinicalparameters–23.3%

5) Knowledgeonprocedures–16.8%

Developmentofthetool:

Inorder toconductthis study, threetools wereprepared.

Baselineproforma:

Thebaselineproformaconsistedofthedatasuchasage,gender,educational qualification, year of experience. Place of work and year ofworking in the particular ward. The respondents had to tick against thegivenoptionbelow.

Development of the structured knowledge questionnaire on nursinginitial assessment:

The knowledge questionnaire consisted of 30 questions with the 4optionsgiven to each question. The respondents are instructed to place a tick marka gain sttheap propriate answer.Therightanswerwillbeallottedwith1markandthe wronganswerwillbeallottedwith 0mark.

Developmentofself-ratedpracticechecklist:

The practice checklist consisted of 30 questions listed with the yes or no.There spondents were instructedtoplaceatickmarkintheappropriateinthecolumn.Theyesanswerisallottedwith2markandthenoanswerwillbeallottedwith1mark.

Testingofthetool

Developingthecriteriaforthechecklist:

A criteria for the checklist was prepared by the investigator for establishingthe content validity for each item regarding its accuracy, relevance andappropriateness. The checklist was developed with agree, disagree andremarks.

Contentvalidit

To ensure the content validity, the preparedinstrument along with the problem statement, objectives, hypotheses,operationaldefinition,blueprintandcriteriaweresubmittedto7expertsinthe different fields of nursing. Based on their suggestions the tool wasmodified. The first draft of the baseline proforma consisted of 7 questionsafter the suggestion the questions were reduced to 5 questions.The firstdraft of the structured knowledge questionnaire had 30 questions. Theexpertssuggestedchangingsystemwisequestionsandframethem

According to knowledge and practice of initial assessment only. It wassuggested to change some grammatical errors. It was also suggested tokeep the questions either in the question form or in the statement form.The extra questions were asked to delete because equestions were

repeated.The suggestions were accepted,andsomeitemsweredeleted.Thus, the final questionnaire consisted of 20 questions. The first draft ofthe self-rated practice checklist consisted of 30 questions. The expertssuggested to keep the questions either as positive statements or asnegative statements. It was also suggested to include only the items which were appropriate to ou rproblem statement and objectives.Itwassuggested to change the grammatical error. It was also suggested tochange the checklist into the rating scale. The suggestion was accepted,andchangesweremade.Thechecklistwaschangedintotheratingscale.Some of the questions were removed. Thus, the final tool consisted of 15questions.

Reliabilityofthetool

The reliability of an instrument is the degree of consistency with which itmeasurestheattributeitissupposedtobemeasuring.Inordertoestablishthereliabilityofthetool,theinvestigator administered the structured knowledge equestion naire and self-ratedpracticeratingscaleto17 of the staff nurses working in a particular ward at tertiary care hospital at Dehradun. To find the internal consistency of the structuredknowledge questionnaire, a split half method was used, and it was foundto be 0.70. Hence the structured Knowledge questionnaire was found tobereliable.Theinternalconsistencyof theself-rated practi cerating scale was obtained by testretest method.KarlPearson‟scorrelation coefficient formula was used to check there liability of the tool and ther value was

found to be 0.7. Hence the self-rated practice rating scale was foundreliable.

Pretestingofthetool

 Pretesting is the trial administration of a newly developed instrument toidentifytheflawsortoassesstimerequirements.Theinvestigatoradministered the structured knowledge questionnaire, self-rated practicerating scale to 17 staff nurses working at Shri Mahant Indresh Hospital atDehradun.Theytook30minutestoreadandcompletethesetofquestions given to them. It was found that staff nurses were able to answerallthequestionsgiventothem.

Descriptionofthefinaltool

Thefinalconsistedof:

Baselineproforma

The base line proforma consisted of data suchasage,gender,educational qualification,place of work and years of experience.

Tool1:Structured knowledge question naire to assessthe Thistool consisted of 20 question scovering the following areas:

1) Baselineproforma–20%

2) Clinicalparameters–30%

3) Obstetricsandgynecology-25%

4) Minimentalstatusexamination–15%-

The items had options where the respondents were instructed to place atick mark below the options which was appropriate to them. Each correct answers cored 1and a wrong answers cored 0mark.The maximum score was18.

Tool2:Self-ratedratingscale:

Practicewascategorizedintoadmissionandinitialassessmentpractices.The items had responses as always, sometimes and never. Always wasallotted with the marks 3, sometimes was allotted as 2 and never wasallottedas1.Themaximumscorewas45andtheminimumscorewas15.

DatacollectionprocessDatacollection

Ethicalclearancewasobtainedfromtheethicalcommitteeofthe hospital before conducting the study. The investigator obtainedwritten permission from the hospital administrator. The main study wasconducted SMIH hospital, Dehradun. The data collection was carried inthegeneral,semiprivateandprivatewards.Thepurposeofthestudywastoknowtheknowledgeandprac ticeofthenursesinthehospital.Awrittenconsent was obtained, and confidentiality was assured. The

staff nurseswere available in the hospitals. The staff nurses were given the baselineproforma,knowledgequestionnaireandtheself-ratedpracticeratingscale. The average time taken to complete the tool was 30 minutes. Theobtaineddatawascompiled andanalyzed in the SPSSversion 16.

Planforanalysis

Analysis is a process of organizing and synthesizing the data in such awaythe research questionscan be answeredandhypothesistested.

Thedatawillbepresentedinfiguresandtables:

- Section1:Baselinecharacteristics.

- Section2:Theknowledgeregardingnursinginitialassessmentamongstaffnurses.

- Section 3: The practice regarding nursing initial assessment amongstaffnurses.

- Section4:Correlationbetweenknowledgeandpracticeregardingnursinginitialassessmentam ongstaffnurses.

- Section5:Associationofknowledgeonnursinginitialassessmentwithselecteddemographicva riables.

- Section6:Associationof practiceonnursinginitialassessmentwithselecteddemographicvariables

DISCUSSION

This Study presents major findings of the study discussed with referenceandinrelationtosimilarstudiesconductedbyotherresearchers.Theaimof the study was on knowledge and practice of staff nurses towardsnursing initial assessment in tertiary care hospital Hospital at Dehradun.Quality assessment tool was conducted to collect data and the obtaineddata wasanalyzedusing descriptive and inferential statistics.

Section 1: The study shows that age in years [33.33%] were with age group 20-25,Gender (0.64%) were females, educational qualification [13.33%] wereP.B.BSc, place of work [16.66%]

were from general ward and year ofclinical experience [11.33%] were 2-5 years. Study on knowledge andpractice of staff nurses towards nursing initial assessment among 150subjects,thestudyresultrevealsthat[33.33%]ofsubjectsbelongs20-25.

Section2:Knowledgeregardingnursinginitialassessmentamongstaffnurses.

Knowledge score grading frequency percentage: 0-9 poor, 10-14average,15-20good [69.41%]belongsto goodcategory.Areaswere

a) Baselineproforma

b) Clinicalparameters

c) Obstetricgynecology

d) Minimentalstatus

Section3:Practiceregardingnursinginitialassessmentamongstaffnurses

In the present study shows mean percentage was high in the practicescore [76.5] was good that is grading 36-45 and the least [0] practice scorewaspoorthatisgrading15-25and[23.5]practicescorewasaveragethatgrading26-35.minimumscorewas15andmaximumscore45.Documentation of practice is an essential component of nursing process.It is the tangible evidence of the cognition and skill of the professionalnursepracticingnursing.Itisastatementofaccountabilityandresponsibility by the nurse. The legalistic environment in which today'snur sepractices nursing empha sizes the importance of good documentation in the patients'medicalrecords.

Section 4: Correlation between knowledge and practice towardsnursinginitial assessmentamongstaffnurses

In the present study shows There were variables that is knowledge andpractice r value is 0.173 and p value is 0.024 which is significant at 0.05level of significant there is a weak correlation between knowledge andpracticeofstaffnursesregardingnursinginitialassessment.

Section 5: Association of knowledge on nursing initial assessmentwithselecteddemographicvariables.

Inthepresentstudyshowsthatthereisnoassociationbetweenknowledgeonnursinginitialassessmentwithselecteddemographicvariables of thestaff nurses. Thus,nullhypothesisis accepted,andresearch

hypothesis is rejected. The aim of the study was to determinenurse"sknowledg eandpracticeon the initial management of acutepoisoning among adultcasualties seen atautomated external defibrillators,knowledge eand practiceon theinitial Management of Poisoning. The mean general knowledge score for nurses according to the irprofessional qualifications,trainingon courses related to emergencycareandautomatedexternaldefibrillatorexperiencewasmeasured.Those nurses with higher qualifications had higher mean scores than theones with lower professional qualifications. Further, those who had donecourses or training related to emergency care like basic life support,advanced cardiac life support, advanced trauma life support, nursing andcertified clinical nurse scored higher than those who had not done thesecourses.

FINDINGS

The analysisand interpretation of dataareorganized andpresented underthefollowingheadings

SectionI:Baselinecharacteristics

Thesectiondealswiththedescriptionofbaselinecharacteristicsofsubjectsandisexplained infrequencyand percentageusingtable 1.
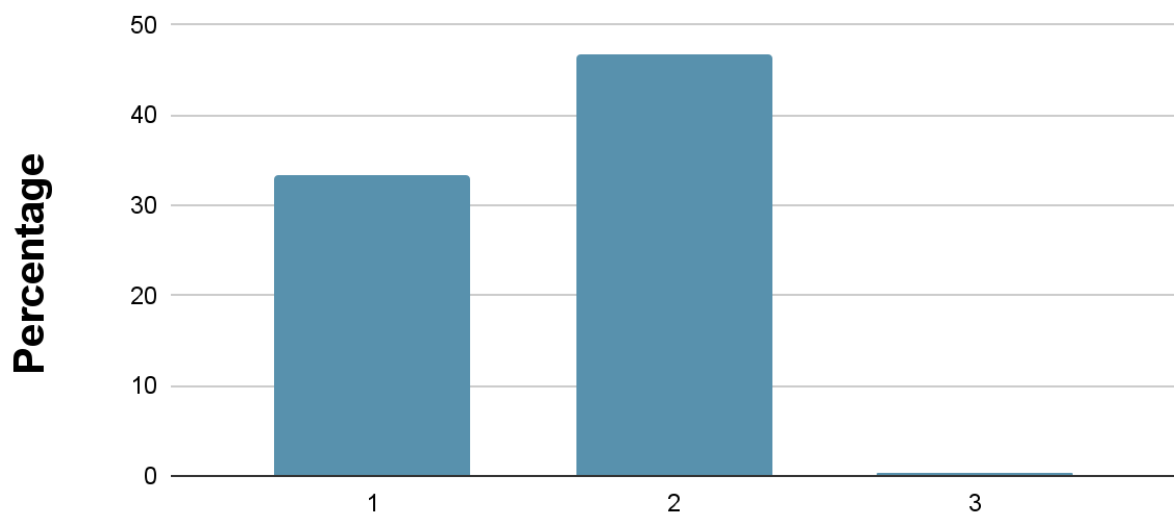
 n= 150

Table1:Frequencyandpercentagedistributionofsubjectsaccordingtotheirbaselinecharacteristics,n= 150

s.no	variable	frequency	percentage
1.	1.Ageinyearsa.20-25 b.26-30c.30-35	122 70 60	33.33% 46.66% 0.4%
2.	2.Gendera.Maleb.Female	20 53	0.18 0.64

s.no	variable	frequency	percentage
3.	3.Educationalqualificationa.GNM		
	b. BSCnursing	50	33.33
	c. PBBSCnursing	60	0.4
	d. MSC nursing	20	13.33
		1	66.66
.4.	4.place		
	ofworka.general	25	16.66
	wardb.Highdensityunit	4	26.66
	c..private ward	10	66.66
5.	5.Yearofclinicalexperiencea..lesstha		
	noneyear	15	0.1
	b.2-5year	17	11.33
	c. 6-10year	10	66.66

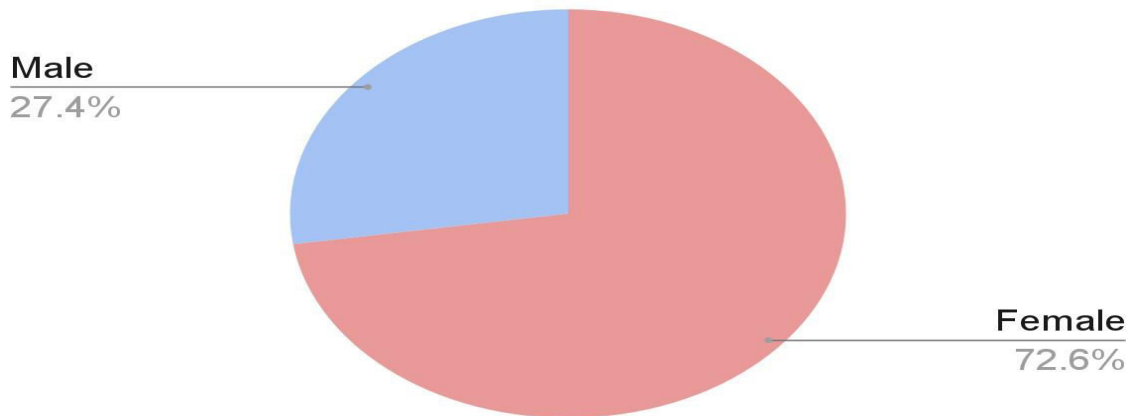## Age in years

Age in years

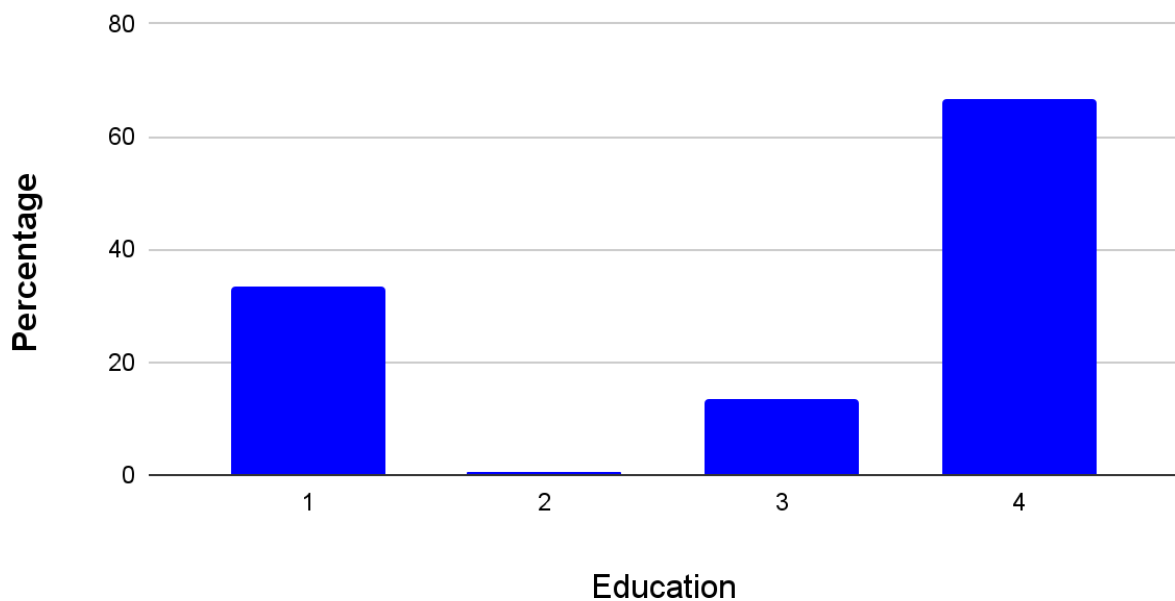**Bar DiagramRepresentingDistributionofSubjectsAccordingtoAge**

Mostofthestaffnurses 122(33.33%)areintheagegroup20-25yearsand

veryfew(46.66%)areoftheagegroup 30 years.

PieDiagram That Shows the Subjects According to Gender Majority of staff nurses 53(0.64%) are female and only 20(0.18%)aremales.

BarDiagramRepresentingSubjectsAccordingtoEducationalQualification.

Thedataoneducationalstatusshowsthat60(0.4%)subjectshadbasicBScnursingand1(66.66%)arehavingMScnursing.

Section 2: Knowledge towards nursing initial assessment among staffnurses.

Astructuredknowledgequestionnairewasconstructedtodeterminetheknowledgelevelof150staffnurses regardingnursinginitialassessment.

Table2:Gradingtheknowledgeofthestaffnurses,n=150

Knowledgescore	Grading	Frequency	Percentage
0-9	poor	3	1.78
10-14	Average	49	28.82
12-20	Good	118	69.41

Maxscore=20

Data in table 2 reveals that 118(69.47%) staff nurses had good knowledgeon initial assessment whereas few had 3(1.78%) poor knowledge on initialassessment.

Section 3: Practice towards nursing initial assessment among staffnurses.

A self-reported checklist constructed to determine the practice of 150 staffnursesregarding nursing initialassessment,n=150

Practicescore	Grading	Frequency	Percentage
Poor	15-25	0	0
Average	26-35	40	23.5
Good	36-45	130	76.5

Min

score=15maxscore=45Datainthetablerevealsthat130(76.5%)ofstaffnursesarehavinggoo dpracticeand40(23.5%)arehavingaveragepractice.

Section4: Correlation between knowledgeand practice toward snurs inginitial assessment among staff nurses.

Thissectiondealswiththecorrelationbetweenknowledgeandpracticeonnursing initialassessment amongstaffnurses.n=150

Variables	rvalue	pvalve
Knowledgepractice	0.173	0.024

Data from the above table reveals that the calculated r value is 0.173 and pvalue is 0.024 which is significant at 0.05 level of significance. There is a weak positive correlation between the knowledge eand practice of staff nursesregarding nursinginitial assessment.Thus,there search hypothesisisaccepted,andthe nullhypothesisisrejected.

CONCLUSION

The main purpose of the study was to assess the knowledge and practice among the staff nursesreg ardinginitial assess ment form.Thischapterdealswith the conclusion based with conclusions based on findings of the study.The conclusionsdrawnwere

ImplicationstoNursing

The investigator has drawn the following implications from the study whichwas of vitalconcern for nursing practice nursing administration nursingeducationandrecommendationsfor nursingresearch.

NursingEducation

Thehealthcaredeliverysystematpresentputsmoreemphasisonknowledge and practice regarding the initial assessment of client throughholisticapproach based on mutual respect andcooperation

thenursesshouldbewelleducatedregardinginitialassessment.Sothatthenurseswillimprovetheirknow ledgeand practiceand skills.

NursingPractice

Nursesplayavitalandmajorroleinthehealthcaredeliverysystem.Nurseshave great responsibilities for assessing the client so the initial assessmentof the client should be done. It can be used to provide holistic care and healthpromotionoftheclients inthehospital.

NursingAdministration

Today there is an increase in demand for quality care policies and itsexecution of quality nursing care based on research findings they can take initiatives inconductinghealtheducationregardingdifferentcopingstrategiesandthevariousrelaxationtechnique sinthewardsandclinics.

Administrationcanrecommendforavailabilityofstructuredsetupinhospitalstoenhancetherelaxationt echniques,emotionalsupportcounseling sectionetc.

NursingResearch

The findings of this study can be disseminated to clinical nursing stud entnurses throughwebsites,literature,journalsetc.Emphasisshouldbelaidonresearchintheareaofnonpharmacol ogicalmeasuresofpainmanagement,reducing stress and promoting sleep and improving psychological, physicaland social wellbeing. The generalization of the study result can be made byfurtherreplicationofthestudy invarioussettingandlargerpopulation.

BIBLIOGRAPHY

{1}https://www.slideshare.net>shaellsjoshi>nursing_assessment-13173390

[2] Clarke EB, French B, Bilodeau ML, Capasso VC, Edwards A, Empoliti J.Pain management knowledge, attitudes and clinical practice: the impact ofnurses'characteristics and education.Journal of Painand SymptomManagement. 1996 Jan 1;11(1):18-31.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3577415/

[3] Toney-butler TJ, unison-pace WJ, Nursing admission assessment andexamination,2019July30,https://www.ncbi.nlm.nih.gov>books>nbk493211

[4] https://en.wikipedia.org/wiki/Nursing_assessment

[5] FaizullahM,Nisar-ur-RahmanMI,AnwarM,SarfrazM.Across-sectionalstudyonknowledge,attitudeandpracticesofmedicaldoctorstowardsantibiotic prescribing patterns and resistance in Khyber Pakhtun Khawah, Pakistan.Journal of Applied Pharmaceutical ScienceVol.2017Dec;7(12):038-46.6

https://www.japsonline.com/admin/php/uploads/2498_pdf.pdf

[6] PolitDF,HunglerBP.Nursingresearch:Principlesandmethods.Philadelphia: JB Lippincott company; 2006.

https://www.dictionary.com/browse/assess

[7] Suresh KS. Nursing research and statistics. 2 nd ed. Kolkatta: Elsevierpublication;2014

[8] Anila Gdas, Haseena TA.Knowledge and Attitudeof Staff Nurses Regarding Palliative Care.inte rnational journal of scienceand research.2015vol4. https://pdfs.semanticscholar.org/41f9/2cafff47651d572b41b17f557465e

[9] FrankKiwanuka, RonaldMasaba.Nurses" knowledge, attitude and practicesre gardingpainassess ment amongpatient swithcanceratUgandaCancer Institute.J Anal Res ClinMed,2018,6(2),72-9.Doi:10.15171/jarcm.2018.01https://journals.tbzmed.ac.ir/JARCM/Manuscript/JARCM-6-72.pdf1.

[10]Choudhary VS. Assessment of the Knowledge and Attitudes of StaffNurses on Nursing Care of Cancer Patients Undergoing Chemotherapy atSelected Cancer Hospitals of Punjab. Nurse Care Open Acces J. 2016;1(2):00009.https://medcraveonline.com/NCOAJ/NCOAJ-01-00009

[11]Sturesson, Lars .Patients' and nurses' perception of pain managementintheemergencyDepartment.Journalofnursingresearch2017vol3.7(1)(7-11)

[12]ML levin ,JI Berry ,J leiter journal of pain and symptoms management15(1)199827-40https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2556887/

[13]RushtonP,EggettD,SutherlandCW.knowledgeandattitudeaboutcancerpainmanagement:acomparisonofoncologyandnononcologynurses. Oncol nurs forum.2003,30(5),849-855https://www.researchgate.net/publication/10587443_Knowledge_and_Attitudes_About_Cancer_Pain_Management_A_Comparison_of_Oncology_and_Nononcology_Nurses

[14]KachapatiA,SharmaS.KnowledgeRegardingAssessmentofHighRiskNeonatesamongNursesWorkinginSelectedHospitalsofRupandehi.Journal of Universal College of Medical Sciences. 2018 Dec 3;6(2):51-5.https://www.nepjol.info/index.php/JUCMS/issue/view/1590

[15]Prasanna K. Assess the knowledge regarding assessment of high riskneonates among staff nurses and nursing students in selected hospitals atNellore, AP.IJAR.2016;2(6):730-4.