
Call for Editorial Board Members

As you are well aware that we are a medical and health sciences publishers; publishing peer-reviewed journals and books since 2004.

We are always looking for dedicated editorial board members for our journals. If you completed your master's degree and must have at least five years experience in teaching and having good publication records in journals and books.

If you are interested to be an editorial board member of the journal; please provide your complete resume and affiliation through e-mail (i.e. info@rfppl.co.in) or visit our website (i.e. www.rfppl.co.in) to register yourself online.

Call for Publication of Conference Papers/Abstracts

We publish pre-conference or post-conference papers and abstracts in our journals, and deliver hard copy and giving online access in a timely fashion to the authors.

For more information, please contact:

For more information, please contact:

A Lal

Publication-in-charge

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi – 110 091 (India)

Phone: 91-11-22754205, 45796900

E-mail: info@rfppl.co.in

Free Announcements of your Conferences/Workshops/CMEs

This privilege to all Indian and other countries conferences organizing committee members to publish free announcements of your conferences/workshops. If you are interested, please send your matter in word formats and images or pictures in JPG/JPEG/Tiff formats through e-mail attachments to sales@rfppl.co.in.

Terms & Conditions to publish free announcements:

1. Only conference organizers are eligible up to one full black and white page, but not applicable for the front, inside front, inside back and back cover, however, these pages are paid.
2. Only five pages in every issue are available for free announcements for different conferences.
3. This announcement will come in the next coming issue and no priority will be given.
4. All legal disputes subject to Delhi jurisdiction only.
5. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

For more information, please contact:

A Lal
Publication-in-charge
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091 (India)
Phone: 91-11-22754205, 45796900
E-mail: info@rfppl.co.in

Win Free Institutional Subscription!

Simply fill out this form and return scanned copy through e-mail or by post to us.

Name of the Institution _____

Name of the Principal/Chairman _____

Management (Trust/Society/Govt./Company) _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____

Country _____

PIN Code _____

Mobile _____

Email _____

We are regular subscriber of Red Flower Publication journals.

Year of first subscription _____

List of ordered journals (if you subscribed more than 5 titles, please attach separate sheet)

Ordered through

Name of the Vendor	Subscription Year	Direct/subs Yr

Name of the journal for which you wish to be free winner

Terms & Conditions to win free institutional subscription

1. Only institutions can participate in this scheme
2. In group institutions only one institution would be winner
3. Only five institutions will be winner for each journal
4. An institution will be winner only for one journal
5. The free subscription will be valid for one year only (i.e. 1 Jan – 31 Dec)
6. This free subscription is not renewable, however, can be renewed with payment
7. Any institution can again participate after five years
8. All legal disputes subject to Delhi jurisdiction only
9. This scheme will be available to participate throughout year, but draw will be held in last week of August every year
10. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

I confirm and certify that the above information is true and correct to the best of my knowledge and belief.

Place:

Signature with Seal

Date:

Revised Rates for 2021 (Institutional)					
Title of the Journal	Frequency	India(INR) Print Only	India(INR) Online Only	Outside India(USD) Print Only	Outside India(USD) Online Only
Community and Public Health Nursing	3	6000	5500	469	430
Indian Journal of Agriculture Business	2	6000	5500	469	430
Indian Journal of Anatomy	4	9000	8500	703	664
Indian Journal of Ancient Medicine and Yoga	4	8500	8000	664	625
Indian Journal of Anesthesia and Analgesia	6	8000	7500	625	586
Indian Journal of Biology	2	6000	5500	469	430
Indian Journal of Cancer Education and Research	2	9500	9000	742	703
Indian Journal of Communicable Diseases	2	9000	8500	703	664
Indian Journal of Dental Education	4	6000	5500	469	430
Indian Journal of Diabetes and Endocrinology	2	8500	8000	664	625
Indian Journal of Emergency Medicine	4	13000	12500	1016	977
Indian Journal of Forensic Medicine and Pathology	4	16500	16000	1289	1250
Indian Journal of Forensic Odontology	2	6000	5500	469	430
Indian Journal of Genetics and Molecular Research	2	7500	7000	586	547
Indian Journal of Law and Human Behavior	3	6500	6000	508	469
Indian Journal of Legal Medicine	2	9000	8500	703	664
Indian Journal of Library and Information Science	3	10000	9500	781	742
Indian Journal of Maternal-Fetal & Neonatal Medicine	2	10000	9500	781	742
Indian Journal of Medical and Health Sciences	2	7500	7000	586	547
Indian Journal of Obstetrics and Gynecology	4	10000	9500	781	742
Indian Journal of Pathology: Research and Practice	6	12500	12000	977	938
Indian Journal of Plant and Soil	2	7000	6500	547	508
Indian Journal of Preventive Medicine	2	7500	7000	586	547
Indian Journal of Research in Anthropology	2	13000	12500	1016	977
Indian Journal of Surgical Nursing	3	6000	5500	469	430
Indian Journal of Trauma and Emergency Pediatrics	4	10000	9500	781	742
Indian Journal of Waste Management	2	10000	9500	781	742
International Journal of Food, Nutrition & Dietetics	3	6000	5500	469	430
International Journal of Forensic Science	2	10500	10000	820	781
International Journal of Neurology and Neurosurgery	4	11000	10500	859	820
International Journal of Pediatric Nursing	3	6000	5500	469	430
International Journal of Political Science	2	6500	6000	508	469
International Journal of Practical Nursing	3	6000	5500	469	430
International Physiology	3	8000	7500	625	586
Journal of Animal Feed Science and Technology	2	8300	7800	648	609
Journal of Cardiovascular Medicine and Surgery	4	10500	10000	820	781
Journal of Emergency and Trauma Nursing	2	6000	5500	469	430
Journal of Forensic Chemistry and Toxicology	2	10000	9500	781	742
Journal of Global Medical Education and Research	2	6400	5900	500	461
Journal of Global Public Health	2	12500	12000	977	938
Journal of Microbiology and Related Research	2	9000	8500	703	664
Journal of Nurse Midwifery and Maternal Health	3	6000	5500	469	430
Journal of Orthopedic Education	3	6000	5500	469	430
Journal of Pharmaceutical and Medicinal Chemistry	2	17000	16500	1328	1289
Journal of Plastic Surgery and Transplantation	2	26900	26400	1954	575
Journal of Psychiatric Nursing	3	6000	5500	469	430
Journal of Social Welfare and Management	4	8000	7500	625	586
New Indian Journal of Surgery	6	8500	7500	664	625
Ophthalmology and Allied Sciences	3	6500	6000	508	469
Pediatric Education and Research	4	8000	7500	625	586
Physiotherapy and Occupational Therapy Journal	4	9500	9000	742	703
RFP Indian Journal of Medical Psychiatry	2	8500	8000	664	625
RFP Journal of Biochemistry and Biophysics	2	7500	7000	586	547
RFP Journal of Dermatology (Formerly Dermatology International)	2	6000	5500	469	430
RFP Journal of ENT and Allied Sciences (Formerly Otolaryngology International)	2	6000	5500	469	430
RFP Journal of Hospital Administration	2	7500	7000	586	547
Urology, Nephrology and Andrology International	2	8000	7500	625	586
Coming Soon					
RFP Gastroenterology International	2	-	-	-	-
Journal of Food Additives and Contaminants	2	-	-	-	-
Journal of Food Technology and Engineering	2	-	-	-	-
Journal of Radiology	2	-	-	-	-
Medical Drugs and Devices	3	-	-	-	-
RFP Indian Journal of Hospital Infection	2	-	-	-	-
RFP Journal of Gerontology and Geriatric Nursing	2	-	-	-	-
Terms of Supply:					
1. Agency discount 12.5%. Issues will be sent directly to the end user, otherwise foreign rates will be charged.					
2. All back volumes of all journals are available at current rates.					
3. All journals are available free online with print order within the subscription period.					
4. All legal disputes subject to Delhi jurisdiction.					
5. Cancellations are not accepted orders once processed.					
6. Demand draft/cheque should be issued in favour of "Red Flower Publication Pvt. Ltd." payable at Delhi.					
7. Full pre-payment is required. It can be done through online (http://rfppl.co.in/subscribe.php?mid=7).					
8. No claims will be entertained if not reported within 6 months of the publishing date.					
9. Orders and payments are to be sent to our office address as given below.					
10. Postage & Handling is included in the subscription rates.					
11. Subscription period is accepted on calendar year basis (i.e. Jan to Dec). However orders may be placed any time throughout the year.					
Order from					
Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India)					
Mobile: 8130750089, Phone: 91-11-79695648, 22754205, 22756995, E-mail: sales@rfppl.co.in , Website: www.rfppl.co.in					

IJSN

Indian Journal of Surgical Nursing

Editor-in-Chief
Pramilaa R.

NATIONAL EDITORIAL BOARD

AP Kumarasamy, Bhopal
Amol C Temkar, Ahmednagar
Anita Dhagamwar, Raipur
Anjail Sancha, Patna
B Venkatesan, Bangalore
Koushal Dave, New Delhi
M Malarvizhi, Chennai
Neethu Jose, Thrissur
Nilesh Ramesh Mhaske, Ahmednagar
P Sudha Rani, Tirupati
R Rajeswari, Puducherry
Rajesh Kumar Sharma, Dehradun
SS Saravanan, Latur
S Sridevy, Pondicherry
Shatrughan Pareek, Bikaner
T Balaguru, Thanjavur
T Sivabalan, Loni
Vineeth Joseph, Kottayam

INTERNATIONAL EDITORIAL BOARD

Annitta Elizabeth, Prince Sultan Military College of Health Sciences, KSA
Jennifer A. Peters, University Community Hospital / Florida Hospital, Tampa, Florida, USA

RED FLOWER PUBLICATION PVT. LTD.

Managing Editor

A. Lal

Publication Editor

Dinesh Kumar. Kashyap, Manoj Kumar Singh

© 2020 Red Flower Publication Pvt. Ltd. All rights reserved. The views and opinions expressed are of the authors and not of the **Indian Journal of Surgical Nursing**. The **Indian Journal of Surgical Nursing** does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the the advertisement in the journal, which are purely commercial.

Printed at Saujanya Printing Press, D-47, Okhla Industrial Area, Phase-1, New Delhi - 110 020.

Editorial Office

Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I, Delhi - 110 091(India)
Phone: 91-11-22756995, 22754205, 45796900
E-mail: info@rfppl.co.in
Website: www.rfppl.co.in

Indian Journal of Surgical Nursing (pISSN: 2277-467X; eISSN: 2455-5509) is the professional, peer-reviewed journal for nurses in surgical nursing practice. Written by and for surgical nurses, the journal features clinical articles covering a wide variety of surgical procedures. The articles are including patient education techniques and research findings in all issues of **IJSN**. **IJSN** is committed to the advancement of adult health/medical-surgical nursing practice. **IJSN** supports adult health/medical-surgical nurses as they strive for excellence in patient care, private practice, and outpatient health care settings in different types of locations in the world.

Subscription Information

India

Institutional (1 year) (Print+Online): INR 6000

Rest of the World

Institutional (1 year) (Print+Online): USD469

Payment instructions

Online payment link:

<http://rfppl.co.in/payment.php?mid=15>

Cheque/DD:

Please send the US dollar check from outside India and INR check from India made. Payable to 'Red Flower Publication Private Limited'. Drawn on Delhi branch

Wire transfer/NEFT/RTGS:

Complete Bank Account No. 604320110000467

Beneficiary Name: Red Flower Publication Pvt. Ltd.

Bank & Branch Name: Bank of India; Mayur Vihar

MICR Code: 110013045

Branch Code: 6043

IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)

Swift Code: BKIDINBBDOS

Send all Orders to: Subscription and Marketing Manager, Red Flower Publication Pvt.

Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091(India),

Phone: 91-11-45796900, 22754205, 22756995, E-mail: sales@rfppl.co.in,

Website: www.rfppl.co.in

Indian Journal of Surgical Nursing

Volume 10 Number 1
January – April 2021

Contents

ORIGINAL ARTICLES

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.

Balasaheb M Biradar 09

Student Attitude towards OSCE Method of Evaluation

Maheswari E, Md Rashid Jaha, Manikandan A Muzamil Ahmed Dar, Sridevy S 15

Effectiveness of Epsom Salt with Glycerin Application vs Plain Hot Water Bag Application on Joint Pain among Elderly Women

A Padmavathy, S Vijayalakshmi, V Poovaragavan 19

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

Balasaheb Mallikarjun Biradar 25

Guidelines for Authors

30

Red Flower Publication (P) Ltd.

Presents its Book Publications for sale

- | | |
|--|---------------|
| 1. Drugs in Anesthesia and Critical Care (2019)
<i>By Bhavna Gupta, Lalit Gupta</i> | INR 595/USD46 |
| 2. Critical Care Nursing in Emergency Toxicology (2019)
<i>By Vivekanshu Verma, Sandhya Shankar Pandey, Atul Bansal</i> | INR 460/USD34 |
| 3. Practical Record Book of Forensic Medicine and Toxicology (2019)
<i>By Akhilesh K. Pathak</i> | INR 299/USD23 |
| 4. Skeletal and Structural Organizations of Human Body (2019)
<i>By D. R. Singh</i> | INR 659/USD51 |
| 5. Comprehensive Medical Pharmacology (2019)
<i>By Ahmad Najmi</i> | INR 599/USD47 |
| 6. Practical Emergency Trauma Toxicology Cases Workbook in Simulation Training (2019)
<i>by Vivekanshu Verma, Shiv Rattan Kochar & Devendra Richhariya</i> | INR395/USD31 |
| 7. MCQs in Minimal Access & Bariatric Surgery (2019)
<i>by Anshuman Kaushal & Dhruv Kundra</i> | INR450/USD35 |
| 8. Biostatistics Methods for Medical Research (2019)
<i>by Sanjeev Sarmukaddam</i> | INR549/USD44 |
| 9. MCQs in Medical Physiology (2019) <i>by Bharati Mehta & Bharti Bhandari Rathore</i> | INR300/USD29 |
| 10. Synopsis of Anesthesia (2019) <i>by Lalit Gupta & Bhavna Gupta</i> | INR1195/USD95 |
| 11. Shipping Economics (2018) <i>by D. Amutha, Ph.D.</i> | INR345/USD27 |
| 12. Breast Cancer: Biology, Prevention and Treatment (2015)
<i>by Rana P. Singh, Ph.D. & A. Ramesh Rao, Ph.D.</i> | INR395/USD100 |
| 13. Child Intelligence (2005) <i>by Rajesh Shukla, MD.</i> | INR150/USD50 |
| 14. Pediatric Companion (2001) <i>by Rajesh Shukla, MD.</i> | INR250/USD50 |

Order from

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Mobile: 8130750089, Phone: 91-11-45796900, 22754205, 22756995

E-mail: sales@rfppl.co.in

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.

Balasaheb M Biradar

How to cite this article:

Balasaheb M Biradar, 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., Indian J Surg Nurs. 2021;10(1):09-12.

Author's Affiliations: Associate Professor, Tilak Maharashtra Vidyapeeth Trust's Gouritai Tilak College of Nursing, Solapur, Maharashtra 413004, India.

Corresponding Author: Balasaheb M Biradar, Associate Professor, Tilak Maharashtra Vidyapeeth Trust's Gouritai Tilak College of Nursing, Solapur, Maharashtra 413004, India.

E-mail: drbharati2005@yahoo.com

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-CorV 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:

H_0 : There will be a no significant association between the levels of knowledge with demographic variables.

H_1 : 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 36-40 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, 76 (76.00%) 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.

N=100			
Socio Demographic Variables		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.

N=100					
Aspect	Max. Score	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 levels 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.

References

1. Marta Caserotti, Paolo Girardi, Enrico Rubaltelli, Alessandra Tasso, Lorella Lotto, and Teresa Gavaruzzia. Associations of COVID-19 risk perception with vaccine hesitancy over time for Italian residents. Soc Sci Med. 2021 Mar; 272: 113688.
2. Sarah Dryhurst, Claudia R. Schneider, John Kerr, Alexandra L. J. Freeman, Gabriel Recchia, Anne Marthe van der Bles, David Spiegelhalter & Sander van der Linden. Risk perceptions of COVID-19 around the world, Journal of Risk Research.2020; 23:7-8, 994-1006.
3. Toby Wise, Tomislav D Zbozinek, Giorgia Michellini, Cindy C Hagan, Dean Mobbs. Changes in risk perception and self-reported protective behaviour during the first week of the COVID-19 pandemic in the United States. R Soc Open Sci . 2020 Sep 6;7(9):200742.

4. A Gagneux-Brunon, M Detoc, S Bruel, B Tardy, O Rozaire, P Frappe, E Botelho-Nevers. Intention to get vaccinations against COVID-19 in French healthcare workers during the first pandemic wave: a cross-sectional survey. *J Hosp Infect.* 2021 Feb;108:168-173.
5. Kailu Wang, Eliza Lai Yi Wong, Kin Fai Ho, Annie Wai Ling Cheung, Emily Ying Yang Chan, Eng Kiong Yeoh, Samuel Yeung Shan Wong. Intention of nurses to accept coronavirus disease 2019 vaccination and change of intention to accept seasonal influenza vaccination during the coronavirus disease 2019 pandemic: A cross-sectional survey. *Vaccine.* 2020 Oct 21;38(45):7049-7056.
6. Saiful Islam, Abu Bakkar Siddique, Rejina Akter, Rafia Tasnim, Md. Safaet Hossain Sujan, Paul R Ward, Md. Tajuddin Sikder. the knowledge, attitudes and perceptions towards COVID-19 vaccinations: a cross-sectional community survey in Bangladesh.
7. Holly Seale, Anita E. Heywood, Julie Leask, Meru Sheel, David N. Durrheim, Katarzyna Bolsewicz & Rajneesh Kaur. A cross sectional study was conducted to examining Australian public perceptions and behaviors towards a future COVID-19 vaccine. *BMC Infectious Diseases* volume 21, Article number: 120 (2021) Cite this article.
8. Jeffrey V. Lazarus, Scott C. Ratzan, Adam Palayew, Lawrence O. Gostin, Heidi J. Larson, Kenneth Rabin, Spencer Kimball & Ayman El-Mohandes. A global survey of potential acceptance of a COVID-19 vaccine. *Nature Medicine.* 2021; 27: 225-228.
9. Isaac Echoru, Patricia Decanar Ajambo, Edmund Mugabi Bukenya. Acceptance and Risk Perception of COVID-19 Vaccine in Uganda: A Cross Sectional Study in Western Uganda.
10. Linda. C Karlssona Anna Soverib Stephan Lewandowskyd Linnea Karlssonbef Hasse Karlssonbeg Saara Nolvibhi Max Karukivibg Mikael Lindfeltj Jan Antfolka. Fearing the disease or the vaccine: The case of COVID-19. *Personality and Individual Differences.* 2021;172.
11. Kimberly H Nguyen, Anup Srivastav, Hilda Razzaghi, Walter Williams, Megan C Lindley, Cynthia Jorgensen, Neetu Abad, James A Singleton. COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating Among Groups Prioritized for Early Vaccination - United States, September and December 2020. *MMWR Morb Mortal Wkly Rep* . 2021 Feb 12;70(6):217-222.
12. Yulan Lin ,Zhijian Hu ,Qinjian Zhao,Haridah Alias,Mahmoud Danaee,Li Ping Wong. Understanding COVID-19 vaccine demand and hesitancy: A nationwide online survey in China. *PLoS Negl Trop Dis.* 2020; 14(12): e0008961.
13. Suo Luodan, Ma Rui, Wang Zhongzhan, Tang Tian Perception to COVID-19 epidemic and acceptance of vaccination among healthcare workers in Beijing: a survey before the completion of COVID-19 vaccine phase III clinical trials.
14. Harapan Harapan, Abram L. Wagner, Amanda Yufika, Wira Winardi, Samsul Anwar, Alex Kurniawan Gan, Abdul Malik Setiawan, Yogambigai Rajamoorthy, Hizir Sofyan and Mudatsir Mudatsir. Acceptance of a COVID-19 Vaccine in Southeast Asia: A Cross-Sectional Study in Indonesia. *Public Health,* 14 July 2020 | <https://doi.org/10.3389/fpubh.2020.00381>.

Indian Journal of Surgical Nursing

Library Recommendation Form

If you would like to recommend this journal to your library, simply complete the form given below and return it to us. Please type or print the information clearly. We will forward a sample copy to your library, along with this recommendation card.

Please send a sample copy to:

Name of Librarian

Name of Library

Address of Library

Recommended by:

Your Name/ Title

Department

Address

Dear Librarian,

I would like to recommend that your library subscribe to the Indian Journal of Surgical Nursing. I believe the major future uses of the journal for your library would provide:

1. Useful information for members of my specialty.
2. An excellent research aid.
3. An invaluable student resource.

I have a personal subscription and understand and appreciate the value an institutional subscription would mean to our staff.

Should the journal you're reading right now be a part of your University or institution's library? To have a free sample sent to your librarian, simply fill out and mail this today!

Stock Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-45796900, 22754205, 22756995, Cell: +91-9821671871

E-mail: sales@rfppl.co.in

REDKART.NET

(A product of RF Library Services (P) Limited)

(Publications available for purchase: Journals, Books, Articles and Single issues)

(Date range: 1967 to till date)

The Red Kart is an e-commerce and is a product of RF Library Services (P) Ltd. It covers a broad range of journals, Books, Articles, Single issues (print & Online-PDF) in English and Hindi languages. All these publications are in stock for immediate shipping and online access in case of online.

Benefits of shopping online are better than conventional way of buying.

1. Convenience.
2. Better prices.
3. More variety.
4. Fewer expenses.
5. No crowds.
6. Less compulsive shopping.
7. Buying old or unused items at lower prices.
8. Discreet purchases are easier.

URL: www.redkart.net

Student Attitude towards OSCE Method of Evaluation

¹Maheswari E, ²Md Rashid Jaha, ³Manikandan A Muzamil Ahmed Dar, ⁴Sridevy S

How to cite this article:

Maheswari E, Md Rashid Jaha, Manikandan A Muzamil Ahmed Dar, Sridevy S, Student Attitude towards OSCE Method of Evaluation., Indian J Surg Nurs. 2021;10(1):15-17.

Author's Affiliations: ¹⁻³Final Year Students, ⁴Associate Professor, Department of Medical Surgical Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry-605 006, India.

Corresponding Author: Sridevy S, Associate Professor, Department of Medical Surgical Nursing, Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry-605 006, India.

E-mail: s.sridevy@rediffmail.com

Abstract

Obstructive structured clinical examination is a form of multi- station examination of clinical subject and it is a modern type of examination often used in health sciences to assess clinical skill performance & competence in skills. This study examined the student's attitude towards OSCE method of evaluation and to extend the positive view among the students. **Materials & Methods:** The research approach used for this study was quantitative approach and the design selected was descriptive study design. By using convenient sampling technique 63 samples of nursing students were selected for this study. **Results:** This study results shows that among 63 samples 55% belongs to favourable attitude, 23% belongs to neutral attitude and 22% belongs to unfavourable attitude towards positive attitude, 35% belongs to favourable attitude, 22% belongs to neutral attitude and 43% belongs to unfavourable attitude towards negative attitude of OSCE. Overall this study found that students generally perceive OSCE as a positive experience in agreement with the selected tools.

Keywords: Objective Structured Clinical Examination; Attitude.

Introduction

OSCE means Objective Structured Clinical Examination. It is a form of multi- station examination of clinical subject. It was first described by Harden et al in 1975. OSCE is a modern type of examination often used in health sciences to assess clinical skill performance & competence in skills such as communication, clinical examination, medical & nursing procedures, prescription, exercise prescription and interpretation of results.

A frame work for the development of clinical competence has been described [Miler 1990] which outlines four levels at which a learner can be assessed. Preparation for OSCE is very different from preparing for an examination on theory. In an OSCE, clinical skills are tested rather than pure theoretical knowledge. It is essential to learn correct clinical methods & then practice repeatedly until one perfect the methods.

Marks are awarded for each step in the method; hence it is essential to dissect the method into its individual step, learn the step & then learn to performed the steps in sequence. It is often very helpful to practice in small groups with colleagues, setting a typical OSCE scenario & timing it with one person role playing a patient, one person either observing or commenting on technique or even role playing the examiner using a simple mark sheet.

Main outcome measures were student perception of

examination attributes, which included the quality of instructions and organization, the quality of performance, authenticity and transparency of the process, and usefulness of the OSCE as an assessment instrument compared to other formats.

Material and Methods

A quantitative research, Descriptive study design was undertaken among nursing students studying in selected nursing educational institutions in Puducherry. The variables explored under study were students attitude towards OSCE method of evaluation among study participants. A total of 63 nursing students of both gender and willing to participate were selected by using simple random sampling technique. A reliable structured questionnaire was used to gather data. The responses for all items of tool was categorized as correct responses (score 1) and wrong responses (score 0) respectively. The collected data was coded, tabulated and analyzed as per objectives by using descriptive (mean, SD) and inferential statistics (t-test, chi-square test and co- efficient of correlation) wherever required, $p < 0.05$ was consider as statistically significant.

We should assess the student's attitude towards OSCE method of evaluation.

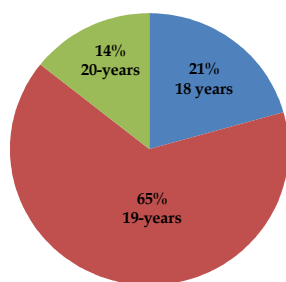
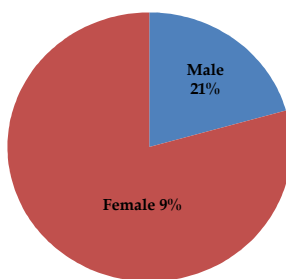
Result

Table-1: Percentage Distribution of Demographic Variables.

Demographic Variables	Frequency	Percentage
Age		
18-Years	13	20.63%
19-Years	41	65.08%
20-Years	09	14.30%
Sex		
Male	13	20.63%
Female	50	79.37%

The above table shows that,

- 20.63% were in the age of 18-years, 65.08% were in the age of 19-years and 14.30% were in the age of 20-years.
- 20.63% were males and 79.37% were females.

**Fig. 1:** Distribution of demographic variables of the students (age).**Fig. 2:** Distribution of demographic variables of the students (sex).

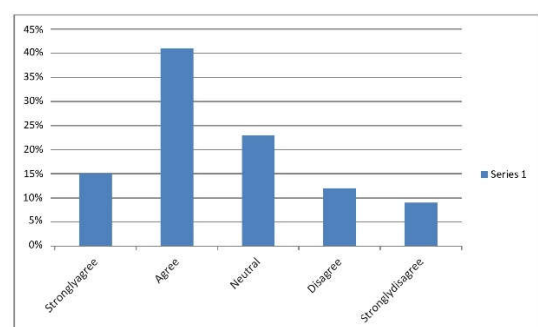
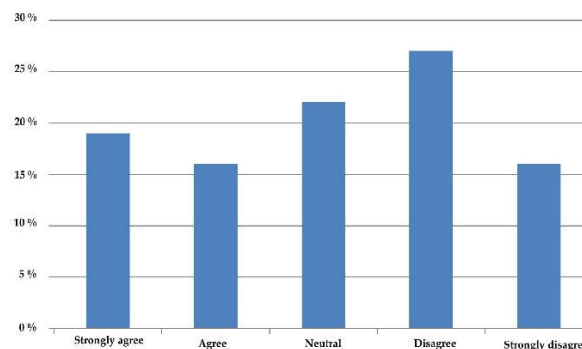
Interpretation:

Positive Attitude:

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
14.60%	41.27%	22.86%	12.30%	8.97%

Negative Attitude:

Strongly agree	Agree	Neutral	Disagree	Strongly disagree
19.06%	16.03%	21.59%	27.14%	16.18%

**Fig. 3:** Positive Attitude of Nursing Students towards OSCE Method of Evaluation.**Fig. 4:** Negative Attitude of Nursing Students towards OSCE Method of Evaluation.

Discussion

OSCE has become the gold standard tool for evaluating the clinical competency of medical and other health professionals in many institutions worldwide. Overall this study found that students generally perceive OSCE as a positive experience in agreement.

Considering the overall percentage of positive attitude 55% belongs to favourable attitude, 23% belongs to neutral attitude and 22% belongs to unfavourable attitude. Hence more number of students are favourable towards positive attitude of OSCE.

Considering the overall percentage of negative attitude 35% belongs to favourable attitude, 22% belongs to neutral attitude and 43% belongs to unfavourable attitude. Hence more number of students are unfavourable towards negative attitude of OSCE.

By this study we can able to understand that some number of students have poor attitude towards OSCE evaluation. This poor attitude of the students should be improved to become clinically competent in future. Attitude of students were much more important to become an efficient staff nurse in future.

This was demonstrated by the positive responses regarding standardization fairness, practicality and usefulness of the exam. Studies found that although stressful, OSCE was highly acceptable to students was better received than many other examination types, tested clinical skills and allowed students to identify weakness. Inadequate prior guidelines, inadequate time for stations, newness of the assessment format and vague instructions were the main causes for stress in our studies.

Adequate preparation of OSCE by students was found to be a method to overcome anxiety and fear of examination. Students in this study tend to think that OSCE evaluates a wide variety of clinical skills and they perceived exam scores to be truly reflective of competence in clinical skills.

They agree that OSCE is fair, well administered, structured and sequenced, allowing students to compensate in some areas and minimize failing and provide opportunities for learning and is a true measure of the essential skills.

Conclusion

This study reveals that out of 63 samples (55%) belongs to favourable attitude, 23% belongs to neutral attitude & 22% belongs to unfavourable attitude towards OSCE. Overall this study found that students generally perceive OSCE as a positive experience in agreement.

References

1. Alligood, M. R. (2002). Nursing theorists and their work. 5th ed. Philadelphia: Mosby Company.

2. Al-K, Ari, F., Vidal, V. L. & Thomas, D. (2009). Assessing clinical learning outcomes: a descriptive study of nursing students in kuwait. *Nursing \& Health Sciences*, 11 (3), pp. 252--262.
 3. Athlin, E., Larsson, M. & S\ "Oderhamn, O. (2012). A model for a national clinical final examination in the swedish bachelor programme in nursing. *Journal Of Nursing Management*, 20 (1), pp. 90--101.
 4. Basavanthappa, B. (2009). *Nursing education*. New Delhi: Jaypee Brothers.
 5. Bettsy, M., Johnson & Pamela, B. (2010). *An introduction to theory and reasoning in nursing*. 3rd ed. Wolters Kluwer.: Lippincott.
 6. Bartfay, W. J., Rombough, R., Howse, E. & Leblanc, R. (2004). Evaluation. the osce approach in nursing education. *The Canadian Nurse*, 100 (3), pp. 18- 23.
 7. Bell-Scriber, M. J. & Morton, A. M. (2009). Simulation for high stakes evaluation in nursing. *Nurse Education*, 34 (2).
 8. Burns, N. & Grove, S. K. (2007). *Understanding nursing research*. 4th ed. Missouri: Saunders Publication.
 9. Bhatnagar, K. R., Saoji, V. A. & Banerjee, A. A. (2011). Objective structured clinical examination for undergraduates: is it a feasible approach to standardized assessment in india?. *Indian Journal Of Ophthalmology*, 59 (3), p. 211.
 10. Denise, F. (2000). *Nursing research, principals and methods*. 6th ed. Philadelphia: Lippincott Williams & Wilkins.
 11. Fernald, L. D., Fernald, P. S. & Munn, N. L. (2003). *Introduction to psychology*. 5th ed. Boston: Houghton Mifflin.
 12. Hungler, B. P. & Polit, D. F. (1999). *Nursing research*. 6th ed. Philadelphia: Lippincott Williams & Wilkins.
 13. Jacob Anthikad (2008). *Psychology for graduates nurses*. 4th ed. New Delhi: Jay Pee Brothers Medical Publishers.
 14. Keating, S. B. (2006). *Curriculum development and evaluation in nursing*. Philadelphia: Lippincott Williams & Wilkins.
 15. Kurian (2009). *Nursing education foundation for practice*. 2nd ed. New Delhi: BL Publication Pvt, Ltd.
-

STATEMENT ABOUT OWNERSHIP AND OTHER PARTICULARS

“Indian Journal of Surgical Nursing” (See Rule 8)

1. Place of Publication : Delhi
2. Periodicity of Publication : Quarterly
3. Printer's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91
4. Publisher's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91
5. Editor's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91
6. Name & Address of Individuals : **Red Flower Publication Pvt. Ltd.**
 who own the newspaper and particulars of : 41/48, DSIDC, Pocket-II
 shareholders holding more than one per cent : Mayur Vihar, Phase-1, Delhi-91
 of the total capital

I, **Dinesh Kumar Kashyap**, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-

(Dinesh Kumar Kashyap)

Effectiveness of Epsom Salt with Glycerin Application vs Plain Hot Water Bag Application on Joint Pain among Elderly Women

¹A Padmavathy, ²S Vijayalakshmi, ³V Poovaragavan

How to cite this article:

A Padmavathy, S Vijayalakshmi, V Poovaragavan, Effectiveness of Epsom Salt with Glycerin Application vs Plain Hot Water Bag Application on Joint Pain among Elderly Women, Indian J Surg Nurs. 2021;10(1):19-22.

Author's Affiliations: ¹Associate Professor, ²Principal, ³Professor cum Vice principal, Vignesh Nursing College, Tiruvannamalai 606603, Tamil Nadu, India.

Corresponding Author: A Padmavathy, Associate Professor, Vignesh Nursing College, Tiruvannamalai 606603, Tamil Nadu, India.

E-mail: apadm.84senthil@rediffmail.com

Abstract

A study was conducted to assess the effectiveness of Epsom salt with glycerin application versus Plain hot water bag application to reduce knee joint pain among elderly women. The objectives of the study were 1) To assess the pre and post test level of knee joint pain among elderly women in experimental group 1 and experimental group 2. 2) To compare the level of knee joint pain among elderly women between experimental group 1 and experimental group 2. 3) To associate the post test mean score with selected demographic variable among elderly women in experimental group 1 and experimental group 2. The conceptual framework of the study was based on Orlando's theory of the deliberating nursing model. The study was conducted on a sample of 60 elderly women at government Tiruvannamalai medical college & hospital, Tiruvannamalai, using purposive sampling technique. In the present study Quasi experimental design- pre-test and post- test non equivalent control group design was adopted. Data were collected by using structured knowledge questionnaire. The obtained data were analyzed by using descriptive and inferential statistics like frequency, percentage, mean, standard deviation and chi square.

Keywords: Osteoarthritis; Epsom Salt; Plain Hot Water Bag; Joint Pain.

Introduction

Elderly in humans refers to a multidimensional process of physical, psychological and social changes. Clinical and functional changes caused by Osteoarthritis (OA) can influence the knowledge and physical activities of people with this disease. Osteoarthritis (OA) is the most common age related joint disease affecting more than 80% of people older than the age of 55 and one of the leading causes of elderly women. OA Nearly, 45% of women over the age of 60 years have symptoms while 70% of those over 65 years show radiological evidence of OA. India May Have 60 Million Osteoarthritis Cases by 2025. (NHP – National Health Portal, India-2017).

WHO (2017) 9.6% of men and 18.0% women aged over 60yrs have symptomatic osteoarthritis. 80% of those with OA have limitations in movement, and 25% cannot perform their major daily activities of life. India May Have 60 Million Osteoarthritis Cases by 2025. (NHP – National Health Portal, India-2017).

In Indian impact, nearly 80% of population shows OA among the patient who claimed for knee pain, out of which approximately 20% reported incapability in daily activities and around 11% need peculiar care. In Tamil Nadu 43.4% (139 in 320) of elderly study population commonly complaint for joint pains and stiffness. Nearly 60% of population with symptomatic of OA.

Indian Journal of Surgical Nursing / Volume 10 Number 1, January - April 2021

A rural study of Tamil Nadu shows 39% cases of OA, out of which 38% had OA of right knee and 35.5% had OA of left knee. Sexual distribution represents 40.8% prevalence in male and 59.2% in female. (Osteoarthritis in India: An epidemiological aspect 2017)

Women are more vulnerable than men to the condition, female and old age are the common risk factors. Other factors include excess body mass, specific occupations, repetitive knee bending or lifting heavy weights and a strong family history.

Many researchers have studied and recommended the hot water bag application for helping the people suffering from knee joint pain. Epsom salt is the one of the best home remedy which is rich in magnesium. This is very helpful for relieving the joint pain.

Statement of Problem

A comparative study to assess the effectiveness of Epsom salt with glycerin application versus plain hot water bag application on knee joint pain among elderly women at selected hospital.

Objectives

- To assess the pre and post test level of knee joint pain among elderly women in experimental group 1 and experimental group 2.
- To compare the level of knee joint pain among elderly women between experimental group 1 and experimental group 2.
- To associate the post test mean score with selected demographic variables among elderly women in experimental group 1 and experimental group 2.

Hypotheses

NH₁: There is no significant difference in pre and post test level of knee joint pain among elderly women between experimental group 1 and experimental group 2.

NH₂: There is no significant association between post test mean score with selected demographic variable among elderly women in experimental group 1 and experimental group 2.

Materials and Methods

A Quantitative research approach was considered to carry out the study. The main focus of the study was to assess the effectiveness of Epsom salt with glycerin Vs hot water bag application in order to reduce pain. The samples were elder women between the age group 60-80 years admitted in female medical ward. 60 samples were taken by purposive sampling technique for data collection. The data was collected by structured knowledge questionnaire. The collected data were analyzed by using descriptive (mean, Standard Deviation) and inferential statistics (Unpaired test and Chi square test).

Data Collection Methods

The formal permission for conducting study was obtained from competent authorities. Reliability was established by using Split Half technique ($r = 0.82$). The investigator collected the data relative to demographic variables and conducted the pre-test to assess the level of knee joint pain by using numerical pain intensity scale for experimental group 1 and experimental group 2. On 2nd day for experimental group 1 Plain hot water (100 degree Fahrenheit) bag applied over the knee with raping sheet by the interval of 15 mins for 15 days every 6 hourly using supine position. For the experimental group 2 Epsom salt (1 table spoon) mixed with glycerin ($\frac{1}{2}$ table spoons) and applied over the knee joint for 15 mins for 15 days every 6 hours using supine position. Post test was conducted on the 16th day for the experimental and control group 1 & 2.

Data Analysis

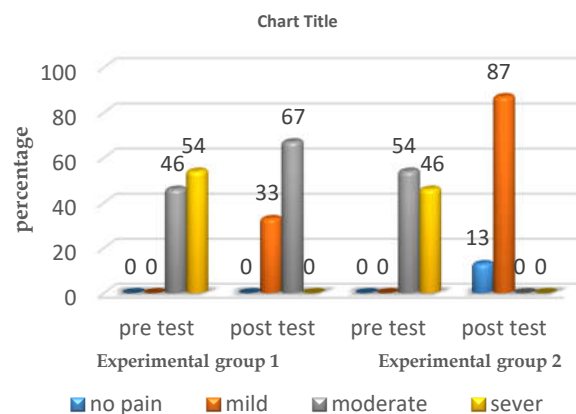
Both descriptive and inferential statistics were used to analyze the data.

Results

Findings Related to Assessment of knowledge regarding knee pain among elderly women.

The analysis on pre test level of knee joint pain in experimental group 1 revealed that 8(54%) of subjects had severe pain and 7(46%) subjects had moderate pain. The analysis on post test level of knee joint pain in experimental group 1 revealed that 10(67%) of subjects had moderate pain and 5(33%) subjects had mild pain.

The analysis on pre test level of knee joint pain in experimental group 2 revealed that 8(54%) subjects had moderate pain and 7(46%) subjects had severe pain. The analysis on post test level of knee joint pain in experimental group 2 revealed that 13(87%) subjects had mild pain and 2(13%) subjects had no pain.



Graph 1: Distribution of Samples by Level of Knowledge.

Findings Related to Demographic variables of samples

In experimental group 1 with regard to Age in year, majority of the subject 10 (67%) were between the age group of 66-70 years and 4(27%) were between 60-65 years of age, and 1(7%) were between 71-75 years of age. In experimental group 2 with regard to the age in year, majority of the subject 9(60%) were between 61-70 years, and 5(33%) were between 50-60 years of age, and 1(7%) were between 71-80 years of age. In experimental group 1 with regard to education 7(47%) majority of the illiterate, 4(27%) were primary level, 4(27%) were higher secondary level. In experimental group 2 with regard to education 8(53%) majority of primary level, 6(40%) were illiterate, 1(7%) were higher study level. In experimental group 1 with regard occupation status majority of subject 6(40%) were coli and 5(33%) were house wife, and 4(27%) were farmer. In experimental group 2 with regard occupational status majority of subject 7(47%) were house wife, and 7(47%) were coli, 1(7%) were farmer. In experimental group 1 with regard to income 15(100%) were less than 3000. In experimental group 2 with regard to income 15(100%) were less than 3000.

In experimental group 1 with regard to marital status, majority of subject 15 (100%) were married. In experimental group 2 with regard marital status Majority of subject 15 (100%) were married. In experimental group 1 with regard religion majority of subject 14 (94%) were Hindu, and 1 (7%) were christen. In experimental group 2 with regard religion majority of the subjects 13 (87%) were Hindu, and 2 (14%) were christen. In experimental group 1 with regard types of family majority of the subject 8 (54%) were joint family and 7 (47%) were nuclear family. In experimental group 2 with regard types of family majority of the subject 9 (60%) were joint family, and 6 (40%) were nuclear family. In experimental group 1 with regard number of children majority of subject 8 (54%) were more than 2, and 6(40%) were 2 children, and 1 (7%) were one child. In experimental group 2 with regard number of children majority of subject 8 (54%) were more than 2 child, and 5(34%) were 2 child, 2 (14%) were one child.

Table 2: Comparison of pre and post test level of (hot water application and Epsom salt with glycerin application) knee joint pain among elderly women experimental group 1 and 2.

Assessment	Group	Mean	SD	Unpaired "T" test
Pretest	Experimental group 1	7.2	1.1	T -1
	Experimental group 2	7.3	0.7	
Posttest	Experimental group 1	4.1	0.9	T 20
	Experimental group 2	2.1	0.9	

The analysis of the pretest level of knee joint pain mean score was 7.2 with SD 1.1 in experimental group 1. The pretest mean score was 7.3 with SD 0.7 in experimental group 2. The calculated

unpaired 't' value was $t = -1$ which was found to be non-significant at $p > 0.05$.

The analysis of the posttest level of knee joint pain revealed that the mean score was 4.1 with SD 0.9 in experimental group 1. The analysis of the posttest level of knee joint pain revealed that the posttest mean score was 2.1 with SD 0.9 in experimental group 2. The calculated unpaired 't' value $t = 20$ was significant at $p < 0.05$ level, which indicates that there was significant difference in the posttest level of knee joint pain between the experimental group 1 and 2.

This clearly shows that the practice of Epsom salt with glycerin application reduces the level of knee joint pain in experimental group 2. With regard to the association of mean difference level of knee joint pain and selected demographic variables, There was significant association between age in years with chi - square value is 14.73, which showed high statistical significant at $p < 0.05$ in experimental group 2.

Table 1: Association of posttest level of knee joint pain among elderly women with their selected demographic variable in experimental group 1 and experimental group 2.

Demographic variable	Experimental group 1				DF	Chi square value
	No pain	Mild pain	Moderate pain	Severe pain		
Age						
60-65 years	0	2	2	0	6	0.94
66-70 years	0	3	7	0		N.S
70- 75 years	0	0	1	0		P<0.05
Education						
Illiterate	0	2	5	0	9	0.58
Primary level	0	1	3	0		N.S
Secondary level	0	2	2	0		P<0.05
Degree	0	0	0	0		
Occupation						
House wife	0	2	3	0	12	1.27
Coli	0	1	5	0		N.S
Farmer	0	2	2	0		P<0.05
Industrial worker	0	0	0	0		
Business	0	0	0	0		
No. of children						
None	0	0	0	0	9	2.39
One	0	1	0	0		N.S
Two	0	2	4	0		P<0.05
More than 2	0	2	6	0		

Demographic Variable	Experimental group 2				DF	Chi square value
	No pain	Mild pain	Moderate pain	Severe pain		
Age						
60- 65 years	0	5	0	0	6	14.73
65-70 years	1	8	0	0		S*
71- 75 years	1	0	0	0		P>0.05
Education						
Illiterate	1	5	0	0	9	12.68
Primary level	1	7	0	0		S*
Secondary level	0	1	0	0		P<0.05
Degree	0	0	0	0		
Occupation						
House wife	1	6	0	0	12	1.17
Coli	1	6	0	0		N.S
Farmer	0	1	0	0		P<0.05
Industrial worker	0	0	0	0		
Business	0	0	0	0		

No. of children					
None	0	0	0	0	9
One	0	2	0	0	
Two	0	5	0	0	
More than 2	2	6	0	0	

S^* significant at $p < 0.05$ level, NS - Non significant

The findings related to association of post test level of knowledge regarding knee joint pain among elderly women with their selected demographic variables of experimental group 1. (table 1)

The demographic variables of age, education occupation, no of children were independent of each other.

The findings related to association of post test level of knowledge regarding knee joint pain among elderly women with their selected demographic variables of experimental group 2. (table 1)

The demographic variables occupation, no of children was independent of each other. The other demographic variable i.e age, education showed an association with knowledge scores at $p < 0.05$ level of significance.

Discussion

Findings related to Epsom salt with glycerin Vs hot water bag application on with knee joint pain among elderly women in experimental group 1 and 2.

The analysis on pretest level of knee joint pain in experimental group 1 revealed that 8(54%) of subjects had severe pain and 7(46%) subjects had moderate pain. The analysis on posttest level of knee joint pain in experimental group 1 revealed that 10(67%) of subjects had moderate pain and 5(33%) subjects had mild pain.

The analysis on pretest level of knee joint pain in experimental group 2 revealed that 8(54%) subjects had moderate pain and 7(46%) subjects had severe pain. The analysis on posttest level of knee joint pain in experimental group 2 revealed that 13(87%) subjects had mild pain and 2(13%) subjects had no pain.

The analysis of the pretest level of knee joint pain mean score was 7.2 with SD 1.1 in experimental group 1. The pretest mean score was 7.3 with SD 0.7 in experimental group 2. The calculated unpaired 't' value was $t = -1$ which was found to be non-significant at $p > 0.05$.

The analysis of the posttest level of knee joint pain revealed that the mean score was 4.1 with SD 0.9 in experimental group 1. The analysis of the posttest level of knee joint pain revealed that the posttest mean score was 2.1 with SD 0.9 in experimental group 2. The calculated unpaired 't' value $t = 20$ was significant at $p < 0.05$ level, which indicates that there was significant difference in the posttest level of knee joint pain between the experimental group 1 and 2.

Jomon joy (2009) In this study evaluated among 60 samples above 60 years with knee joint pain by two groups. Each group randomly assigned to either group having 30 samples. One group received plain hot water application and another group received hot water application with Epsom salt. Assessment tools were numerical pain scale. The study results shows both of them reduce the pain level, but Epsom salt with hot water application is more effective than plain hot application in reduction of pain.

This clearly shows that the practice of Epsom salt with glycerin application reduces the level of knee joint pain in experimental group 2. With regard to the association of mean difference level of knee joint pain and selected demographic variables, There was significant association between age in years with chi - square value is 14.73, which showed high statistical significant at $p < 0.05$ in experimental group 2.

Conclusion

Epsom Salt with Glycerin Application to knee joint pain among elderly women in experimental group 2 had significant improvement in their post test. Were as Experimental group1 received hot water application to knee joint pain had less improvement in post test. Hence Epsom Salt with Glycerin Application is very effective alternative therapy for reducing knee joint pain among elderly women.

References

1. Janice Chaim Alves and Debora Pastore Bassitt. Quality of life and functional capacity of elderly women with knee osteoarthritis, 2013.
2. National Health Port of India (2017).
3. Pervaind Kumar. Department of orthopedics, Prevalence of Osteoarthritis among elderly patients, varun Arjuin Medical college, U.P, India - 2017.
4. Chandra Shekhar Azad., et al.,(2017). Osteoarthritis in India: An epidemiologic aspects, Banaras Hindu University, Varanasi, International journal of research scientific Research, India.
5. London: National Institute for Health and Care Excellence (UK); 2014 Feb.) National Clinical Guideline Centre (UK).
6. Pal CP, Singh P, Chaturvedi S, Pruthi KK, Vij A, (2016) Epidemiology of knee osteoarthritis in India and related factors. Indian J Orthop: accessed from www.ncbi.nlm.nih.gov/pmc/articles/PMC5017174/).
7. Beth W. Orenstein Medically Reviewed by Judy Moucha - war, MD, MSPH February 26, 2016, Natural Arthritis Remedies
8. www.mayoclinic.org › Feb 22, 2020
9. <https://www.jointhealthmagazine.com/>

REDKART.NET

(A product of RF Library Services (P) Limited)

(Publications available for purchase: Journals, Books, Articles and Single issues)

(Date range: 1967 to till date)

The Red Kart is an e-commerce and is a product of RF Library Services (P) Ltd. It covers a broad range of journals, Books, Articles, Single issues (print & Online-PDF) in English and Hindi languages. All these publications are in stock for immediate shipping and online access in case of online.

Benefits of shopping online are better than conventional way of buying.

1. Convenience.
2. Better prices.
3. More variety.
4. Fewer expenses.
5. No crowds.
6. Less compulsive shopping.
7. Buying old or unused items at lower prices.
8. Discreet purchases are easier.

URL: www.redkart.net

Red Flower Publication (P) Ltd.

Presents its Book Publications for sale

- | | |
|--|---------------|
| 1. Drugs in Anesthesia and Critical Care (2019)
<i>By Bhavna Gupta, Lalit Gupta</i> | INR 595/USD46 |
| 2. Critical Care Nursing in Emergency Toxicology (2019)
<i>By Vivekanshu Verma, Sandhya Shankar Pandey, Atul Bansal</i> | INR 460/USD34 |
| 3. Practical Record Book of Forensic Medicine and Toxicology (2019)
<i>By Akhilesh K. Pathak</i> | INR 299/USD23 |
| 4. Skeletal and Structural Organizations of Human Body (2019)
<i>By D. R. Singh</i> | INR 659/USD51 |
| 5. Comprehensive Medical Pharmacology (2019)
<i>By Ahmad Najmi</i> | INR 599/USD47 |
| 6. Practical Emergency Trauma Toxicology Cases Workbook in Simulation Training (2019)
<i>by Vivekanshu Verma, Shiv Rattan Kochar & Devendra Richhariya</i> | INR395/USD31 |
| 7. MCQs in Minimal Access & Bariatric Surgery (2019)
<i>by Anshuman Kaushal & Dhruv Kundra</i> | INR450/USD35 |
| 8. Biostatistics Methods for Medical Research (2019)
<i>by Sanjeev Sarmukaddam</i> | INR549/USD44 |
| 9. MCQs in Medical Physiology (2019) <i>by Bharati Mehta & Bharti Bhandari Rathore</i> | INR300/USD29 |
| 10. Synopsis of Anesthesia (2019) <i>by Lalit Gupta & Bhavna Gupta</i> | INR1195/USD95 |
| 11. Shipping Economics (2018) <i>by D. Amutha, Ph.D.</i> | INR345/USD27 |
| 12. Breast Cancer: Biology, Prevention and Treatment (2015)
<i>by Rana P. Singh, Ph.D. & A. Ramesh Rao, Ph.D.</i> | INR395/USD100 |
| 13. Child Intelligence (2005) <i>by Rajesh Shukla, MD.</i> | INR150/USD50 |
| 14. Pediatric Companion (2001) <i>by Rajesh Shukla, MD.</i> | INR250/USD50 |

Order from

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Mobile: 8130750089, Phone: 91-11-45796900, 22754205, 22756995

E-mail: sales@rfppl.co.in

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

Balasaheb Mallikarjun Biradar

How to cite this article:

Balasaheb Mallikarjun Biradar, 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, Indian J Surg Nurs. 2021;10(1):25-27.

Author's Affiliations: Associate professor, Maharashtra Institute of Nursing Sciences, College of Nursing, Latur 413512, Maharashtra, India.

Corresponding Author: Balasaheb Mallikarjun Biradar, Associate professor, Maharashtra Institute of Nursing Sciences, College of Nursing, Latur 413512, Maharashtra, India.

E-mail: bmbiradar29@gmail.com

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; Burns; Bacterial Infection.

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 og 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 fining 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. I 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. II 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."

References

1. B.T. Basvanthappa, 'A Textbook of Medical Surgical Nursing' 2nd Edition, Jaypee Brothers Medical Publishers (P) LTD New Delhi. Page No:-1175-1194.
2. Lippincott, 'A Manual Textbook of Nursing Practice', 10th Edition Published By Wolters Kluwer, Lippincott Williams And Wilkins, New Delhi Page No:-1178-1195.
3. Joyce M. Black, 'A Textbook of Medical Surgical Nursing', 'Clinical Management for Positive Outcome' 7th Edition Volume 2 Published By Elsevier. Page No:-1433-1465.
4. Brunner and suddarth's "A textbook of medical surgical nursing" 10 edition published by Lippincott Williams and wilkins, A wolters Kluwer company philadelphia. Page No- 1703-1739.
5. Lewis's "A textbook of medical surgical nursing," assessment and management of clinical problems, by chintamani, south Asian Edition published by Elsevier. Page No - 479-503.

Indian Journal of Surgical Nursing

Library Recommendation Form

If you would like to recommend this journal to your library, simply complete the form given below and return it to us. Please type or print the information clearly. We will forward a sample copy to your library, along with this recommendation card.

Please send a sample copy to:

Name of Librarian

Name of Library

Address of Library

Recommended by:

Your Name/ Title

Department

Address

Dear Librarian,

I would like to recommend that your library subscribe to the Indian Journal of Surgical Nursing. I believe the major future uses of the journal for your library would provide:

1. Useful information for members of my specialty.
2. An excellent research aid.
3. An invaluable student resource.

I have a personal subscription and understand and appreciate the value an institutional subscription would mean to our staff.

Should the journal you're reading right now be a part of your University or institution's library? To have a free sample sent to your librarian, simply fill out and mail this today!

Stock Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-45796900, 22754205, 22756995, Cell: +91-9821671871

E-mail: sales@rfppl.co.in

Guidelines for Authors

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by international committee of medical Journal Editors

Types of Manuscripts and Limits

Original articles: Up to 3000 words excluding references and abstract and up to 10 references.

Review articles: Up to 2500 words excluding references and abstract and up to 10 references.

Case reports: Up to 1000 words excluding references and abstract and up to 10 references.

Online Submission of the Manuscripts

Articles can also be submitted online from http://rfpppl.co.in/customer_index.php.

1) First Page File: Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. use text/rtf/doc/PDF files. Do not zip the files.

2) Article file: The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your name in page headers, etc.) in this file. Use text/rtf/doc/PDF files. Do not zip the files. Limit the file size to 400 Kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

3) Images: Submit good quality color images. Each image should be less than 100 Kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches). All image formats (jpeg, tiff, gif, bmp, png, eps etc.) are acceptable; jpeg is most suitable.

Legends: Legends for the figures/images should be included at the end of the article file.

If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. Hard copies of the images (3 sets), for articles submitted online, should be sent to the journal office at the time of submission of a revised manuscript. Editorial office: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, India, Phone: 91-11-22754205, 45796900, 22756995. E-mail: author@rfpppl.co.in. Submission page: http://rfpppl.co.in/article_submission_system.php?mid=5.

Preparation of the Manuscript

The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, Figures, Figure legends, and Acknowledgment. Do not make subheadings in these sections.

Title Page

The title page should carry

- 1) Type of manuscript (e.g. Original article, Review article, Case Report)
- 2) The title of the article should be concise and informative;
- 3) Running title or short title not more than 50 characters;
- 4) The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;
- 5) The name of the department(s) and institution(s) to which the work should be attributed;
- 6) The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript; should be mentioned.
- 7) The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
- 8) Source(s) of support in the form of grants, equipment, drugs, or all of these;
- 9) Acknowledgement, if any; and
- 10) If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be structured and state the Context (Background), Aims, Settings and Design, Methods and Materials, Statistical analysis used, Results and Conclusions. Below the abstract should provide 3 to 10 keywords.

Introduction

State the background of the study and purpose of the study and summarize the rationale for the study or observation.

Methods

The methods section should include only information that was available at the time the plan or protocol for the study was written such as study approach, design, type of sample, sample size, sampling technique, setting of the study, description of data collection tools and methods; all information obtained during the conduct of the study belongs in the Results section.

Reports of randomized clinical trials should be based on the CONSORT Statement (<http://www.consort-statement.org>). When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html).

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical

research). Do not repeat in detail data or other material given in the Introduction or the Results section.

References

List references in alphabetical order. Each listed reference should be cited in text (not in alphabetic order), and each text citation should be listed in the References section. Identify references in text, tables, and legends by Arabic numerals in square bracket (e.g. [10]). Please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_requirements.html) for more examples.

Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. *J Oral Pathol Med* 2006; 35: 540–7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. *Acta Odontol Scand* 2003; 61: 347–55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone-iodine antiseptics. State of the art. *Dermatology* 1997; 195 Suppl 2: 3–9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. *J Periodontol* 2000; 71: 1792–801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. *Dent Mater* 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovou J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. pp 7–27.

No author given

[8] World Health Organization. Oral health surveys - basic methods, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online – Trends in suicide by method in England and Wales, 1979–2001. www.statistics.gov.uk/downloads/theme_health/HSQ20.pdf (accessed Jan 24, 2005): 7–18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

More information about other reference types is available at www.nlm.nih.gov/bsd/uniform_requirements.html, but observes some minor deviations (no full stop after journal title, no issue or date after volume, etc.).

Tables

Tables should be self-explanatory and should not duplicate textual material.

Tables with more than 10 columns and 25 rows are not acceptable.

Table numbers should be in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.

Explain in footnotes all non-standard abbreviations that are used in each table.

For footnotes use the following symbols, in this sequence: *, ¶, †, ‡.

Illustrations (Figures)

Graphics files are welcome if supplied as Tiff, EPS, or PowerPoint files of minimum 1200x1600 pixel size. The minimum line weight for line art is 0.5 point for optimal printing.

When possible, please place symbol legends below the figure instead of the side.

Original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay.

Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations.

Sending a revised manuscript

While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point-to-point clarification to each comment. The manuscript number should be written on each of these documents. If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks of submission. Hard copies of images should be sent to the office of the journal. There is no need to send printed manuscript for articles submitted online.

Reprints

Journal provides no free printed, reprints, however a author copy is sent to the main author and additional copies are available on payment (ask to the journal office).

Copyrights

The whole of the literary matter in the journal is copyright and cannot be reproduced without the written permission.

Declaration

A declaration should be submitted stating that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere and the authorship of this article will not be contested by any one whose name(s) is/are not listed here, and that the order of authorship as placed in the manuscript is final and accepted by the co-authors. Declarations should be signed by all the authors in the order in which they are mentioned in the original manuscript. Matters appearing in the Journal are covered by copyright but no objection will be made to their reproduction provided permission is obtained from the Editor prior to publication and due acknowledgment of the source is made.

Approval of Ethics Committee

We need the Ethics committee approval letter from an Institutional ethical committee (IEC) or an institutional review board (IRB) to publish your Research article or author should submit a statement that the study does not require ethics approval along with evidence. The evidence could either be consent from patients is available and there are no ethics issues in the paper or a letter from an IRB stating that the study in question does not require ethics approval.

Abbreviations

Standard abbreviations should be used and be spelt out when first used in the text. Abbreviations should not be used in the title or abstract.

Checklist

- Manuscript Title
- Covering letter: Signed by all contributors
- Previous publication/ presentations mentioned, Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle name initials provided.
- Author for correspondence, with e-mail address provided.
- Number of contributors restricted as per the instructions.
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study')

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information. Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided: Structured abstract provided for an original article.
- Keywords provided (three or more)
- Introduction of 75-100 words

- Headings in title case (not ALL CAPITALS). References cited in square brackets
- References according to the journal's instructions

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and figures

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- Figures necessary and of good quality (color)
- Table and figure numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained, (if not permission taken)
- Credit note for borrowed figures/tables provided
- Manuscript provided on a CDRom (with double spacing)

Submitting the Manuscript

- Is the journal editor's contact information current?
- Is the cover letter included with the manuscript? Does the letter:
 1. Include the author's postal address, e-mail address, telephone number, and fax number for future correspondence?
 2. State that the manuscript is original, not previously published, and not under concurrent consideration elsewhere?
 3. Inform the journal editor of the existence of any similar published manuscripts written by the author?
 4. Mention any supplemental material you are submitting for the online version of your article. Contributors' Form (to be modified as applicable and one signed copy attached with the manuscript)

STATEMENT ABOUT OWNERSHIP AND OTHER PARTICULARS

“Indian Journal of Surgical Nursing” (See Rule 8)

- | | | |
|---|---|--|
| 1. Place of Publication | : | Delhi |
| 2. Periodicity of Publication | : | Quarterly |
| 3. Printer's Name | : | Dinesh Kumar Kashyap |
| Nationality | : | Indian |
| Address | : | 3/259, Trilokpuri, Delhi-91 |
| 4. Publisher's Name | : | Dinesh Kumar Kashyap |
| Nationality | : | Indian |
| Address | : | 3/259, Trilokpuri, Delhi-91 |
| 5. Editor's Name | : | Dinesh Kumar Kashyap |
| Nationality | : | Indian |
| Address | : | 3/259, Trilokpuri, Delhi-91 |
| 6. Name & Address of Individuals
who own the newspaper and particulars of
shareholders holding more than one per cent
of the total capital | : | Red Flower Publication Pvt. Ltd.
41/48, DSIDC, Pocket-II
Mayur Vihar, Phase-1, Delhi-91 |

I, **Dinesh Kumar Kashyap**, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-

(Dinesh Kumar Kashyap)

Red Flower Publication Pvt. Ltd.

CAPTURE YOUR MARKET

For advertising in this journal

Please contact:

International print and online display advertising sales

Advertisement Manager

Phone: 91-11-22756995, 22754205, 45796900, Cell: +91-9821671871

E-mail: sales@rfppl.co.in

Recruitment and Classified Advertising

Advertisement Manager

Phone: 91-11-22756995, 22754205, 45796900, Cell: +91-9821671871

E-mail: sales@rfppl.co.in