
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, 79695648

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 and 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, 79695648

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 and 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:

<i>Revised Rates for 2021 (Institutional)</i>					
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: <ol style="list-style-type: none"> Agency discount 12.5%. Issues will be sent directly to the end user, otherwise foreign rates will be charged. All back volumes of all journals are available at current rates. All journals are available free online with print order within the subscription period. All legal disputes subject to Delhi jurisdiction. Cancellations are not accepted orders once processed. Demand draft/cheque should be issued in favour of "Red Flower Publication Pvt. Ltd." payable at Delhi. Full pre-payment is required. It can be done through online (http://rfppl.co.in/subscribe.php?mid=7). No claims will be entertained if not reported within 6 months of the publishing date. Orders and payments are to be sent to our office address as given below. Postage & Handling is included in the subscription rates. 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

© 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 advertisement in the journal, which are purely commercial.

Printed at Saujanya Printing Press, B-303, 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, 79695648
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 and 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: 91-11-79695648, 22754205, 22756995, E-mail: sales@rfppl.co.in,
Website: www.rfppl.co.in

Indian Journal of Surgical Nursing

IJSN

September-December 2020
Volume 9 Number 3

Articles

Contents

Original Articles

- The Challenges Faced by the Nursing Students in Clinical Environment** 105
Kiruthika S, Kowsalya M, Lavanya E, Mahalakshmi V, S Sridevy
- A Study to Assess Psychosocial Stress Factors in Relationship with Quality of Life Among Women's with Breast Cancer** 109
Nilesh Ramesh Mhaske, Amol C Temker, Sonali Kashid
- Effect of Nursing Intervention for the Prevention of Phlebitis Among Patients Receiving Chemotherapy Admitted in Oncology Ward of Selected Hospital** 113
Mayavati B Tupere, Amol C Temker, Nilesh Ramesh Mhaske, Bhagyshree S Thombare
- Effectiveness of Planned Teaching about Knowledge and Practice Regarding Nasogastric Tube Feeding Among Staff Nurses in Selected Hospital** 119
Priti S Kadav, Vidya Sahare

Review Articles

- A Sweating Blood: Hematohidrosis** 127
Sophie Caleb
- Subject Index** 129
- Author Index** 130
- Guidelines for Author** 131

Red Flower Publication (P) Ltd.

Presents its Book Publications for sale

- | | |
|---|---------------|
| 1. Drugs in Anesthesia (2020)
<i>By R Varaprasad</i> | INR 449/USD35 |
| 2. MCQs in Minimal Access and Bariatric Surgery (2nd Edition) (2020)
<i>By Anshuman Kaushal, Dhruv Kundra</i> | INR 545/USD42 |
| 3. Beyond Medicine A to E for the medical professionals (2020)
<i>By Kalidas Dattatraya Chavan, Sandeep Vishwas Mane, Sunil Namdeo Thitame</i> | INR 390/USD31 |
| 4. Statistics in Genetic Data Analysis (2020)
<i>By Dr. S. Venkatasubramanian, J. Kezia Angeline</i> | INR 299/USD23 |
| 5. Chhotanagpur A Hinterland of Tribes (2020)
<i>By Ambrish Gautam, Ph.D</i> | INR 250/USD20 |
| 6. Patient Care Management (2019)
<i>By A.K. Mohiuddin</i> | INR 999/USD78 |
| 7. Drugs in Anesthesia and Critical Care (2019)
<i>By Bhavna Gupta, Lalit Gupta</i> | INR 595/USD46 |
| 8. Critical Care Nursing in Emergency Toxicology (2019)
<i>By Vivekanshu Verma, Sandhya Shankar Pandey, Atul Bansal</i> | INR 460/USD34 |
| 9. Practical Record Book of Forensic Medicine and Toxicology (2019)
<i>By Akhilesh K. Pathak</i> | INR 299/USD23 |
| 10. Skeletal and Structural Organizations of Human Body (2019)
<i>By D. R. Singh</i> | INR 659/USD51 |
| 11. Comprehensive Medical Pharmacology (2019)
<i>By Ahmad Najmi</i> | INR 599/USD47 |
| 12. Practical Emergency Trauma Toxicology Cases Workbook in Simulation Training (2019)
<i>By Vivekanshu Verma, Shiv Rattan Kochar & Devendra Richhariya</i> | INR395/USD31 |
| 13. MCQs in Minimal Access & Bariatric Surgery (2019)
<i>By Anshuman Kaushal & Dhruv Kundra</i> | INR450/USD35 |
| 14. Biostatistics Methods for Medical Research (2019)
<i>By Sanjeev Sarmukaddam</i> | INR549/USD44 |
| 15. MCQs in Medical Physiology (2019) by Bharati Mehta & Bharti Bhandari Rathore | INR300/USD29 |
| 16. Synopsis of Anesthesia (2019) by Lalit Gupta & Bhavna Gupta | INR1195/USD95 |
| 17. Shipping Economics (2018) by D. Amutha, Ph.D. | INR345/USD27 |

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

The Challenges Faced by the Nursing Students in Clinical Environment

Kiruthika S¹, Kowsalya M², Lavanya E³, Mahalakshmi V⁴, S Sridevy⁵

Abstract

Introduction: The clinical learning environment is an interactive network of forces influencing student learning outcomes in the clinical setting. This study examined the clinical challenges faced by the nursing students in the clinical environment and to develop the solutions to overcome the barrier.

Material and Methods: The research approach used for this study was quantitative approach and the design selected was descriptive study design. By using convenient sampling technique 200 samples of nursing students were selected for this study.

Results: This study results shows that among 200 samples 53.25% of the students facing psychological problem in the clinical environment and 52% of the students facing physiological problem in the clinical environment and 47.37% of the students are facing professional related problem and 55.8% of the students are facing other problems in clinical environment.

Conclusion: This study shows that there were majority of the students had face difficulties in the clinical environment with the selected demographic variables such as age, religion, residence, family income, type of family, and interest in nursing.

Keywords: Clinical environment; Challenges.

How to cite this article:

Kiruthika S, Kowsalya M, Lavanya E, et al. The Challenges Faced by the Nursing Students in Clinical Environment. Indian J Surg Nurs. 2020;9(3):105–108.

Introduction

Nurses competence is based on the knowledge and skill taught to them. Nursing training is the combination of theoretical and practical learning experiences that enable nursing students to acquire the knowledge, skill and attitude for providing nursing care.¹

Nursing education is composed of two

complementary parts, theoretical training and practical learning. A large part of nursing students education is carried out in clinical environment. Clinical education forms more educational courses in nursing.¹¹

Therefore, clinical education is considered to be an essential and integral part of the nursing education programmed. Clinical nursing are integral part of nursing education which prepare student nurses in "doing" as well as "knowing" the clinical principles in practice. The clinical nursing education can also affect the growth and development of the competence on nursing skills.²

Failure to identify the challenges and problems the students are faced with in the clinical learning environment prevents them from effective learning and growth.³

Author Affiliation: ^{1,4}Final Year Students, ⁵Associate Professor, Department of Surgical Nursing, Mother Theresa Postgraduate and Research Institute of Health Sciences, Puducherry 605006, India.

Corresponding Author: S Sridevy, Associate Professor, ^{1,5}Department of Surgical Nursing, Mother Theresa Postgraduate and Research Institute of Health Sciences, Puducherry 605006, India.

E-mail: s.sridevy@rediffmail.com

Material and Methods

A quantitative research, descriptive study design was undertaken among nursing students studying in selected nursing educational institutions in Puducherry.¹⁶ The variables explored under study were challenges faced by the nursing students in clinical environment among the study participants. A total of 200 nursing students of both gender and willing to participate were selected by using simple random sampling technique.¹⁴ 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 response (score 0) respectively. The collected data was coded, tabulated and analysed 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. As the nursing students working in the hospital facing challenges in the clinical environment. We should asses the challenges faced by the nursing student in the clinical environment.¹⁵

Results

Among 200 samples, 53.25% of the students facing psychological problem in clinical environment where 47.75% of the students are not facing the psychological problem in clinical environment. Then 52% of the students are facing physiological problem in clinical environment and 47.37% of the student facing professional preparation related problem and 55.8% of the students facing other problems in clinical environment.¹²

Most of the students fall under the age group of 17-19 years (78%) and 19-21 years (21%) and 21-23 years (1%) and religion of Hinduism 85.5% and Muslim 7.5% and Christian 7% and family income of <5000 (26.5%) and 5000-10000 (33.5%) and above 10000 (42%).¹³

Residence of the student rural (53.5%) and urban (53.5%), slum (8%) and tribal area (5%).

And most of the student are dayscholar (71.5%) and the majority of the students are not interested in nursing 61%.

Distribution of Data for Psychological Problem Faced by the Students.

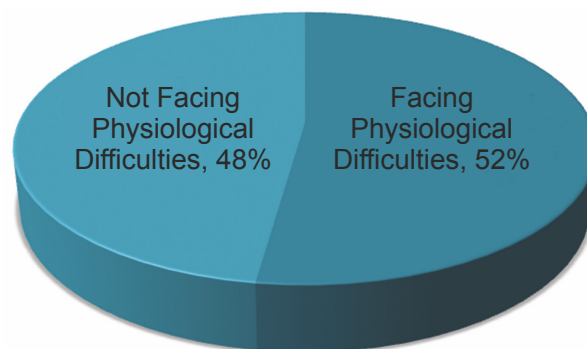


Fig. 2.1: shows that 53.25% of the students facing psychological problem in clinical environment where 47.75 % of the students are not facing the difficulties in the clinical area (Fig 2.1).

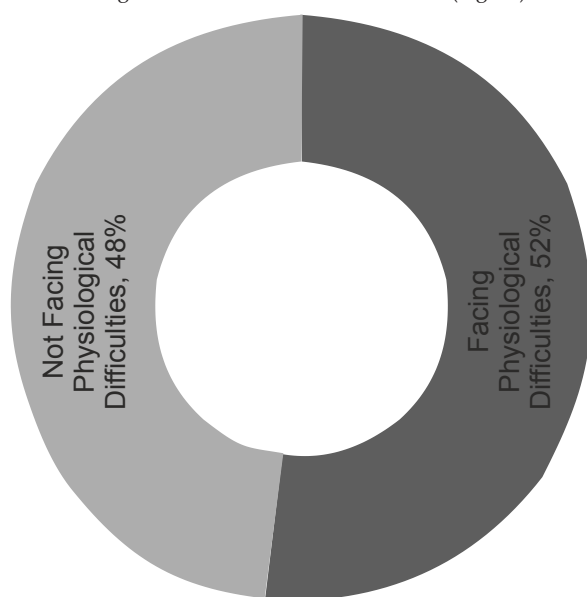
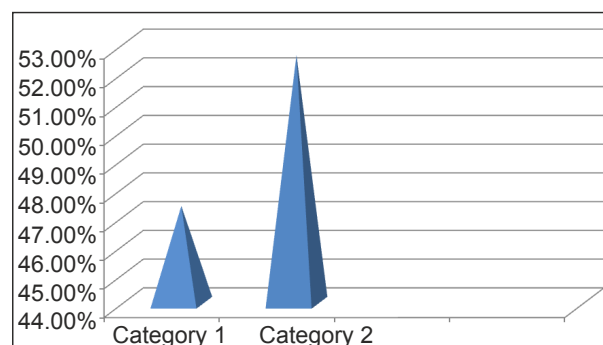


Fig. 2.2: shows that majority of the students (52%) facing physiological problem in the clinical environment, where (48%) of the students not facing the physiological problem in the clinical area (Fig 2.2).

Fig. 2.3: Distribution of data for professional Related problems Faced by the Students.



The above figure shows that that category 1 are facing professional related problem in the clinical area, where category2 are not facing the professional related problem in clinical environment (Fig. 2.3).

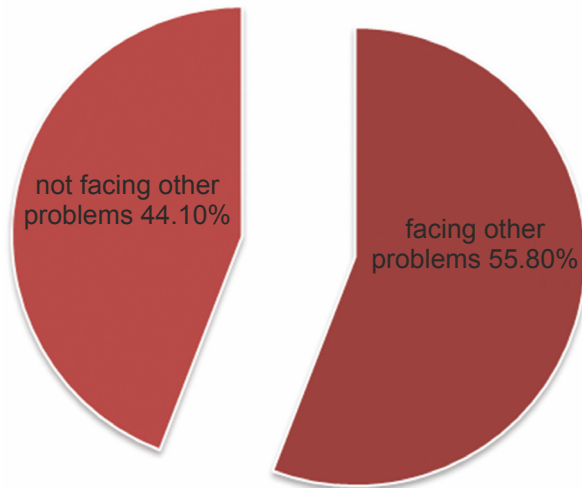


Fig. 2.4: Distribution of data for other problems faced by the students.

Discussion

A study to assess the challenges faced by the nursing students in clinical environment among the nursing students in MTPG & RIHS, Puducherry. Descriptive design was used to conduct the study. The study was conducted at selected college at Puducherry. Purposive and convenient sampling techniques was used to select the samples.⁴ The samples consists of 200 subjects from school of nursing and college of nursing. Tool was developed and tool consists of 2 sections. Questionnaire demographic data ,questionnaire for challenges faced by the nursing students in clinical environment.⁵

The similar study was conducted on (2018) A Descriptive study was conducted on problems encountered by the nursing student during their clinical posting in the hospital among 141 nursing final year students.¹⁰ The results concludes that the 62% of the students reported that the faculty were not present at the time of clinical posting, 88% said that the staff nurse not present with the new method training, 71% said hospital employee not cooperate and 83% experience crowding problem, 90% having physical problem.⁶

Considering the overall percentage of the physiological problems 52% of the student facing the physiological problems in clinical environment, were 48% of the students are not facing the physiological problems in clinical environment. Hence more number of the students has facing physiological difficulties in clinical environment.⁷

Considering the overall percentage of the psychological problems 52.25% of the students

facing the psychological problems, were 47.75% of the students are not facing the psychological problems. Hence most number of the students has facing psychological difficulties in clinical environment.⁸

Considering the overall percentage of the professional related problems 47.37% of the student facing the sociological problems, were 52.62% of the students are not facing the sociological problems in clinical environment. Hence more number of the students has not facing sociological difficulties in clinical environment.⁹

Considering the overall percentage of the other problems 55.8% of the students facing the other problems in clinical environment, were 44.1% of the students are not facing the other problems. Hence more number of the students are facing the other problems in clinical environment. (Fig. 2.4)

Conclusion

This study reveals that out of 200 samples 52% of the students are facing physiological problems and 52.25% of the students are facing psychological problems, and 47.37 % of the students are facing professional related problems and 55.8% of the students are facing other problems in the clinical environment.

References

1. E. Manninen, "Changes in nursing students' perceptions of nursing as progress through their education," *Journal of Advanced Nursing*.
2. M. Nabosi, A. Zumot, L. Wardam and F. Abu-Moghli, "The experience of Jordanian nursing students in their clinical practice," *Procedia- Social and Behavioral sciences*.
3. Yoursefy, A. R. Yazdannik, and S. Mohammad, "Exploring the environment of clinical baccalaureate nursing students' education in Iran; A qualitative descriptive study," *Nurse Education Today*.
4. P. Pai, V. Menezes, Srikanth, A. Subramanian, and J. Shenoy, "Medical students' perception of their educational environment," *Journal of Clinical and Diagnostic Research*.
5. S. V. Dunn and B. Hansford, "Undergraduate nursing students' perceptions of their clinical learning environment," *Journal of Advanced Nursing*.
6. Al Mutair, "Clinical nursing teaching in Saudi Arabia challenges and suggested solutions," *Journal of Nursing and Care*.

7. Y. Hosoda, "Development and testing of a clinical learning environment diagnostic inventory for baccalaureate nursing students, "Journal of Advanced Nursing.
8. E. Papastavrou, E. Lambrinou, H. Tsangaris, M. Saarikoski, and H. Leino-Kilpi, "Students nurses experience of learning in the clinical environment, "Nurse Education in Practice.
9. L. Jamshidi, "The challenges of clinical teaching in nursing skills and lifelong learning from the standpoint of nursing students and educators, "Procedia-Social and Behavioral sciences.
10. Yazdannik, Z. P. Yekta, and A. Soltani, "Nursing professional identity: an infant or one with Alzheimer," Iranian Journal of Nursing and Midwifery Research.
11. H. S. Speziale, H. J. Streubert, and D. R. Carpenter, *Qualitative Research in Nursing: Advancing the Humanistic Imperative*, Lippincott Williams and Wilkins, Baltimore, Md, USA, 2011.
12. K. A. Wawire, S. Rogers, O. Claudio et. al., "Challenges experience by undergraduate nursing students during their clinical rotations, "International Journal of Novel Research in Interdisciplinary Studies.
13. M. R. Hider and R. Norouzadeh, "Nursing students' perspectives on clinical education,"Journal of Advances, in Medical Education and Professionalism.
14. G. Rafiee, M. Moattari, A. Nikbakht, J. Kojuri, and M. Mousavinasab, "Problems and challenges of nursing students' clinical evaluation: a qualitative study, "Iranian Journal of Nursing and Midwifery Research.
15. L. Rajeswaran, "Clinical experiences of nursing students at a selected institute of health sciences in Botswana, "Health Science Journal.
16. S. Sheu, H-S.Lin, and S-L. Hwang, "Perceived stress and physio-psycho-social status of nursing students during their initial period of clinical practice: the effect of coping behaviors, "International Journal of Nursing Studies.



A Study to Assess Psychosocial Stress Factors in Relationship with Quality of Life Among Women's with Breast Cancer

Nilesh Ramesh Mhaske, Amol C Temker, Sonali Kashid

Abstract

Background: A diagnosis of cancer can challenge every dimension of the individual physical emotional and spiritual. Even if the prognosis is hopeful, the patient often faces dilemmas concerning the quality and meaning of life. Breast cancer-poses unique concerns for women in that they must face not only issues of pain and suffering but issues of sexual identity and female attractiveness as well.¹

Aims and Objectives: A Present descriptive survey approach was conducted to assess psychosocial stress factors in relationship with quality of life among 30 womens with breast cancer at Dr. Vikhe Patil Memorial hospital, Ahmednagar. The data was collected by self-prepared and structured interview schedule. The results were analyzed and interpreted using descriptive and inferential statistics.

Results: There was significant association was found between the psychosocial stress factor and age: quality of life with per capita monthly income ($P \leq 0.05$ level). There was significant positive relationship were found between psychosocial stress and quality of life.

Conclusion: It is essential to raise awareness on cancer treatment and its impact on health; and develop health seeking behaviors among the patients and caregivers to provide better cancer care and improve the quality of life.

Keywords: Psychosocial stress; Factor and quality of life (QOL).

How to cite this article:

Nilesh Ramesh Mhaske, Amol C Temker, Sonali Kashid. A Study to Assess Psychosocial Stress Factors in Relationship with Quality of Life Among Women's with Breast Cancer. Indian J Surg Nurs. 2020;9(3):109-112.

Introduction

Breast cancer is the leading cause of cancer-related death in women world-wide.² Despite significant advances in diagnosing and treating breast cancer, several major unresolved clinical and scientific problems remain. These are related to (a) prevention (who needs it and when), (b) diagnosis (we need more specific and sensitive methods), (c) tumor progression and recurrence (what causes it and how to predict it), (d) treatment (who should be treated and how), and (e) therapeutic resistance (how to predict, prevent, and overcome it). Resolving all these problems is complicated by

the fact that breast cancer is not a single disease but is highly heterogeneous at both the molecular and clinical level.^{3,4}

Disfigurement and disability can cause increased anxiety, depression, and adjustment problems, decrease sexual drive, negative body image, marital disharmony, social inhibition and isolation.⁵

Common issues faced by patients are poverty, abandonment by husbands, absence of social security, stigma, sadness, fear of future, sorrow, feel drain on their meager family resources, sexual difficulties, fear of being deserted by husband are important but often unexpressed concerns. While working with these patient and their families we also need to be aware of macro level issue such as poverty, inadequacy of health care services and gender issues which contribute to oppression, submission and exploitation of Indian women.⁶

Global cancer statistics 2002 estimated overall there were 10.9 million new cases, 6.7 million deaths and 24.6 million persons alive with cancer. The most commonly diagnosed cancers are lung

Author Affiliation: ¹Assistant Professor,²Associate Professor, Department of Medical Surgical Nursing, Padamshree Dr. Vithalrao Vikhe Patil Foundation, Ahmednagar, Maharashtra 414111, India. ³Clinical Instructor, Department of Surgical Nursing, Pravara Institute of Medical Sciences (Deemed to be University), Loni, Ahmednagar, Maharashtra 413736, India.

Corresponding Author: Nilesh Ramesh Mhaske, Assistant Professor, Department of Nursing, Padamshree Dr. Vithalrao Vikhe Patil Foundation, Ahmednagar, Maharashtra 414111, India.

E-mail: nileshmhaske1985@gmail.com

1.35 million, breast 1.8 million. The most prevalent cancer in the world is breast cancer 4.4 million survivors up to 5 years following diagnosis.⁷

The Surveyed fifty years of cancer control in India and reported a population-based survey revealed that the proportion of coverage of cancer cases was 72% in Bangalore, 100% in Chennai and 78% in Mumbai. The five year relative survival for female breast cancer was 46.8% in Bangalore, 49.5% in Chennai and 55% in Mumbai. The five-year relative survival for cervical cancer was 40.4% in Bangalore, 60.0% in Chennai, 50.7% in Mumbai.⁸

In India, it is estimated that there are approximately 2-2.5 million cases of cancer at any given point of time with around 70,000 new cases being detected each year. Nearly half of these cases die each year. Although still lower than in developed countries, the age adjusted incidence rate per 100,000 populations for all types of cancers for urban India ranges from 106.2 to 130.4 for men and from 100.0 to 140.7 for women.⁹

In his study at Germany aimed to investigate stress in tumor patients by means of cancer specific questionnaire in course of radiotherapy. Disease specific aspects of psychosocial stress were self assessed by patients with different tumor types before radiotherapy after radiotherapy and 6 weeks after end of radiotherapy. 265 of 446 patients were investigated. The results shown significant increase in stress for anxiety, pain and information. Younger patients displayed a decrease in anxiety whereas elderly patients demonstrated an increase; Breast cancer patients had highest stress levels. The study concluded patients who experienced stress at beginning of radiotherapy also had the same or increased levels of stress during and shortly after treatment and need permanent psychosocial support to improve QOL. The identification of patients with high stress levels at beginning of therapy could be helpful.¹⁰

In their study Psychosocial problems following a diagnosis of breast cancer at Guy's hospitals UK, emphasized the role of breast cancer nurse in reinforcing information, discussing treatment options, advising on benefits of surgery, to identify those at risk which improves patients Psychological well-being. They emphasized clarification of the benefits and side effects of other treatment such as Chemotherapy and Radiotherapy are also part of breast care nurses remit.¹¹

In his study Psychosocial stages and Quality of life of women with breast cancer at USA, discussed changes in the criteria norms of the Psychosocial

stages of women's lives and their subsequent influence on quality of life are issues that have substantial implications for nursing. Care must be planned and implemented to enhance Quality of life outcomes for survivors of breast cancer. The study concluded each women's adaptation and choices will be strongly influenced by her personal history, her psychosocial stage and her life cycle concerns. Younger and older women have different needs, concerns and QOL issues in a context of psychosocial life stages. At each critical life stage, the unique emerging problems require specific psychosocial support that can reduce or avert the ensuing emotional distress.¹²

Material and Methods

This descriptive survey approach was conducted to assess psychosocial stress factors in relationship with quality of life among 30 women with breast cancer at Dr. Vikhe Patil Memorial hospital, Ahmednagar. Before commencement of the study, ethical approval was obtained from the Institutional Ethical Committee, and official permission was received from the authority. In present study the cancer patient was women with confirmed diagnosis of Breast cancer, able to read Marathi and willing to participate in the study were included in the study by using the non-probability; purposive sampling method.

The Patients who are Males suffering from breast cancer, Patients not willing to participate in the study and Patients waiting for confirmation of breast cancer patients were excluded from the study. The purpose of the study was informed and explained to the participants and those who voluntarily agreed to participate in the study and gave an informed consent for the same were asked to fill a blue print of items pertaining to two domains that is psychosocial domain and quality of life was prepared. There were 50 items on psychosocial stressors domain which includes 12 items (24%) relating to psychological domain, 8 items (16%) relating to personal domain, 10 items (20%) relating to social and personal interaction, 8 items (16%) relating to economic domain, 12 items (24%) relating to health and spirituality domain.

In quality of life domain there were 43 items in various domains. 8 items (18.6%) relating to Physical well being, 8 items (18.6%) relating to social / family well being, 6 items (13.9%) relating to emotional well being, 8 items (18.6%) relating to functional well being, and 10 items (23.2%) relating to additional concern and 3 items (6.9%) relating to

relationship with doctor domain. Individual scores were summed up to yield a total score. The collected data was tabulated and analyzed using appropriate statistical methods like descriptive statistics (mean, SD and mean percentage) and inferential statistics (chi – square test).

Results

Section A: Socio demographic data:-

Percentage wise distribution of breast cancer womens according to age shows that majority 53.33% belongs to 31-40 years, higher percentage had 42.66 % were Primary education, according to their residence shows that most 66.66 % were living in Rural area, according to occupation the majority 36.66% are housewife, according to per capita monthly income shows that most of had 60 % income Rs.2000-5000, Highest percentage 93.33% were married and Majority of breast cancer women receiving 96.66% chemotherapy.

Section B: Assessment of psychosocial stress factor and quality of life of breast cancer women

Table No. 1: Assessment of psychosocial stress factor of breast cancer womens

Sr No.	Item	Mean	SD	Mean%
1	Psychological Factor	10.66	22.45	44.41%
2	Personal factor	6.53	8.42	40.8%
3	Social & Personal Interaction Factor	9.26	11.19	46.3%
4	Economic Factor	07	15.63	43.75%
5	Health & Spiritual Factor	10.83	14.95	45.12%
	Overall	52.3	44.01	52.3%

Result revealed that psychosocial stress factor of breast cancer womens shows that the highest mean score (10.83 ± 14.95) which is 45.12% of the total score was obtained in the area of health and spiritual factor and mean score (10.66 ± 22.45) which is 44.41% of the total score obtained in the area of psychosocial factor indicates cancer patients had moderate psychosocial stress factors (Table No. 1). Previous studies indicated that psychosocial distress is common in breast cancer patients and occurs throughout the course of the illness. A study investigated the relations of perceived stress and lifestyle to breast cancer and found perceived stress, when combined with potentially risky lifestyle behaviors, may be a contributing factor to breast cancer. As presented above, psychosocial factors are known to contribute to breast carcinomas.¹³

Table No. 2: Assessment of Quality of life of breast cancer womens

Sr No.	Item	Mean	SD	Mean %
1	Quality of Life	4.9	8.98	40.83%
2	Social Family Factor	9.76	9.00	48.8%
3	Emotional Factor	10.6	13.94	41.9%
	Over all	25.5	29.31	44.73

Result revealed that the Quality of life of breast cancer womens shows that the highest mean score (9.76 ± 9.00) which is 48.8% of the total score was obtained in the area of quality of life and emotional factor indicates cancer patients had moderate quality of life (Table No.2). A past study revealed that women with breast cancer had greater social and interpersonal distress, and concern with physical symptoms and recurrence. Compared with the benign group, the present results showed that the stress from health, family, and interpersonal relationships were higher in the malignant group. For the malignant group, the stress from health problems was the most significant predictor for QoL. Consistent with previous reports and clinical experience, the physical symptoms and side-effects are usually a critical concern for breast cancer patients. Information and management for breast cancer, treatment, and side-effects of treatment should be clearly provided to decrease uncertainty and distorted fear.¹⁴

Section c: Assessment association between psychosocial stress factor and quality of life of breast cancer women with their selected variables.

There was significant association was found between the psychosocial stress factor and age: quality of life with per capita monthly income ($P \leq 0.05$ level). There was significant positive relationship were found between psychosocial stress and quality of life.

Conclusion

So it is emphasized that the cancer patients and their care takers should have knowledge (assessment and care) and positive attitude to compact cancer and its related health consequences and to improve the quality of life.

References

1. Wang L, Liao WC, Tsai CJ, Wang LR, Mao IF, Chen CC, et al. The effects of perceived stress and

- life style leading to breast cancer. *Women Health* 2013;53:20-40.
2. Kamangar F., Doros G.M., Anderson W.F. Patterns of cancer incidence, mortality, and prevalence across five continents: defining priorities to reduce cancer disparities in different geographic regions of the world. *J. Clin. Oncol.* 2006, 24:2137-2150.
 3. Perou, C.M., et al. Molecular portraits of human breast tumours. *Nature.* 2000.406:747-752.
 4. Sorlie T., et.al. Gene expression patterns of breast carcinomas distinguish tumor subclasses with clinical implications. *Proc. Natl. Acad. Sci. U. S. A.* 2001. 98:10869-10874.
 5. Anathi G. Nursing measures for lymphoedema in gynecological cancer. *Indian Journal of palliative Care.* Med know Publication, Dec. 2005, 11:2; 101-104.
 6. Muckaden MA, Marathe M., Tulshan R, et.al. Psychosocial issues faced by women with incurable cervical cancer in India – How can we Help? *Indian Journal of Palliative care.* Dec. 2005, 11:2;94-97.
 7. Maxparkin D, Freddie Bray MD, Ferlay J, Pisani P.et.al. *Global Cancer Statistics 2002.* A cancer journal for clinicians. 2002, 55;2.
 8. Raw NY, and Agarwal PS, Fifty years of cancer control in India. *National Cancer control Programme.* Directorate of Health Services. Ministry of Health and Family Welfare. Govertment of India, Delhi.2002: 4-30.
 9. ICMR. Prevalence of cancer annual report Indian council of medical research. New Delhi. 2002:34.
 10. Sehlen S, Hollenhorst H, Schymura R. et.al. Psychosocial Stress in Cancer patients during and after radiotherapy. *Strahlenther Onkol.* March2003,179 (3);175-80.
 11. Griffin IS and Fentiman M. Psychosocial problems following a diagnosis of Breast cancer. *International journal of clinical practice.* Nov. 2002, 56: (9); 672-75.
 12. Sammarco A. Psychosocial Stages and quality of life of women with breast cancer. *Cancer nurse.* Aug. 2001, 24 :(4);272-77.
 13. Psychological aspects of Breast Cancer Study Group. Psychological response to mastectomy. A prospective comparison study. *Cancer* 1987, (59): 189– 196.
 14. Northouse LL. Mastectomy patients and the fear of cancer recurrence. *Cancer Nurs.* 1981; (4): 213– 220.



Effect of Nursing Intervention for the Prevention of Phlebitis Among Patients Receiving Chemotherapy Admitted in Oncology Ward of Selected Hospital

Mayavati B Tupere¹, Amol C Temker², Nilesh Ramesh Mhaske³, Bhagyashree S Thombare⁴

Abstract

Introduction: Chemical phlebitis is caused by drug or fluid being infused through IV cannula. Factors such as pH and osmolarity of substances have a significant effect on the incidence of phlebitis. If left untreated, it can lead to infection or thrombus formation. Hence it is essential for the nurses to prevent and treat the phlebitis promptly with cost effective way, thus preventing occurrence of phlebitis during chemotherapy treatment.

Material and method: Quasi experimental two groups post-test only design was selected for the study with a sample size 50 in each group. Nonprobability purposive sampling technique was used, patient selected for both groups with lottery method. Inclusion criteria were patient who were receiving chemotherapy, conscious and oriented to time place and person. Exclusion criteria were patient already developed phlebitis at IV infusion site, suffering with peripheral vascular disorder, receiving chemotherapy through central venous catheter or Port A catheters. The control group received hospital existing intervention for the prevention of phlebitis at infusion site, while experimental group received nursing interventions comprised of NS flush, MGSO₄ local application and cold application for three days (table no.1, 2). Visual infusion phlebitis scale was used to assess the occurrence of phlebitis. Baseline data was collected from patient. Unpaired t test was used to compare the effectiveness between two groups.

Result: In control group the mean score of post-test (0.48) and in Experimental group the mean score of post-test (1.2). Unpaired 't' test calculated value for this present study was 2.68 while tabulated value was 2.0086 with 98 degrees of freedom (table no.3). There was significant association found between prevention of phlebitis with type of family (7.13), income (4.67), type of cancer (4.28) and systemic disease (6.62). So the null hypothesis was rejected at 0.05 level of significant.

Conclusion: The study findings revealed that use of nursing intervention for patient receiving chemotherapy is more effective than the hospital existing practice for the prevention of phlebitis.

Keywords: Nursing intervention; Phlebitis; Chemotherapy.

How to cite this article:

Mayavati B Tupere, Amol C Temker, Nilesh Ramesh Mhaske, et al., Effect of Nursing Intervention for the Prevention of Phlebitis Among Patients Receiving Chemotherapy Admitted in Oncology Ward of Selected Hospital. Indian J Surg Nurs. 2020;9(3):113–118.

Introduction

Cancer is life threatening disorder, chemotherapy is treatment of cancer, and phlebitis is common side

effect of chemotherapy. It may cause interruption in treatment. Phlebitis is caused by mechanical trauma to the vein and the chemical irritation of some substances introduced in to the vein. Patients may complain of burning or pain along the veins, nurse may notice redness, swelling and increased body temperature. The treatment for phlebitis is to stop the infusion immediately. Restart it at another site. This may dislodge any clot and it cause pulmonary embolism.¹

Over 90% of hospitalized patients will receive some form of intravenous therapy during the course of their care, and intravenous medication administration represents one of the highest-risk, most invasive procedures performed by nurses and

Author Affiliation: ¹Clinical Instructor, Department of Nursing, Gokhale Education Society's Sir Dr M S Gosavi Institute of Nursing Education, Training and Research, Nashik, Maharashtra 422005, India. ²Associate Professor, ³Lecturer, ⁴Clinical Instructor, Department of Nursing, Dr. Vithalrao Vikhe Patil Foundation College of Nursing, Ahmednagar, Maharashtra 414111, India.

Corresponding Author: Amol C Temkar, Associate Professor, Department of Nursing, Dr. Vithalrao Vikhe Patil Foundation College of Nursing, Ahmednagar, Maharashtra 414111, India.

E-mail: amoltemkar.09@gmail.com

thrombophlebitis has become one of the common complications of IV cannulation.²

There are multiple risk factors for the development of thrombophlebitis. The longer duration of cannulation is proportional to the risk of thrombophlebitis. Catheters placed in the veins that overlay joints are more likely to cause thrombophlebitis, as motion of the joint can cause frictional trauma between the endothelium and the catheter. Stagnant blood flow in the lower extremities makes veins in this location more likely to develop thrombophlebitis. Numerous intravenous fluid solutions, such as potassium chloride, barbiturates, phenytoin, and chemotherapeutic agents, are known to cause endothelial damage and inflammation. Finally, poor technique and multiple attempts lead to vascular damage and thrombophlebitis.³

The incidence of phlebitis is 10% to 90% peripheral intravenous catheterization. It is common complication associated with the peripheral intravenous catheterization.⁴ Chemotherapy is the treatment of disease by the use of chemical substances especially the treatment of cancer by cytotoxic and other drugs.⁵ Chemotherapy drugs interfere with steps of the cell cycle specifically involved in synthesis of DNA or replication of tumor cells. In this resting stage the cells are out of cycle for temporarily. RNA and protein are the gap in resting and DNA synthesis while the Second gap, during the cell constructs the mitotic apparatus and lastly Mitosis. Molecular and targeted therapy in combination with chemotherapy are shown increases in response to survival molecular targeted agents interfere in specific steps in the process of cancer development chemotherapy destroy the cancer cell, by damaging the cell's DNA to cause apoptosis, other molecular agents stop cancer growth and development of new blood vessels or invasion of other healthy tissues.⁶

Peripheral-catheter related phlebitis is caused by the inflammation of tunica intima of a superficial vein due to irritation of the tunica by mechanical, chemical or bacterial sources. It is estimated that in U.K 2080% of patients with peripheral venous cannula develop phlebitis.⁷

Problem statement: Effect of nursing intervention for the prevention of phlebitis among patients receiving chemotherapy admitted in Oncology ward of selected hospital.

Objectives of study

Primary Objectives:

1. To assess the effect of hospital existing practice for prevention of phlebitis among patient receiving chemotherapy.
2. To assess the effect of nursing intervention for prevention of phlebitis among patient receiving chemotherapy

Secondary Objectives:

1. To compare the effect of hospital existing practice with nursing intervention for prevention of phlebitis among patient receiving chemotherapy.
2. To find out association between prevention of phlebitis and selected baseline proforma among patients receiving chemotherapy.

Hypotheses

(All hypotheses will be tested at 0.05 level of significance)

H_{01} : There will be no significant effect of nursing intervention on prevention of phlebitis among patient receiving chemotherapy.

H_1 : There will be significant effect of nursing intervention on prevention of phlebitis among patient receiving chemotherapy.

H_{02} : There will be no significant association between prevention of phlebitis among patient receiving chemotherapy and there selected baseline Performa.

H_2 : There will be significant association between prevention of phlebitis among patient receiving chemotherapy and there selected baseline Performa.

Ethical aspect: To obtain ethical committee approval for conducting research study permission was taken from institutional ethics committee research study was conducted after availing permission and procedure required for ethical committee was fulfilled. Written informed consent was taken from the patient after informing details regarding research study, its benefits and effect of participation in the research study.

Conceptual framework: the conceptual framework of the study based on Faye Glenn Abedallah. Problem solving approach consist of identification of problem, assessment of problem, intervention, implementation and evaluation; she also states that conceptual framework is a cohesive supportive linkage of selected interrelated concept.^{8,9}

Review of literature: Review of literature refers to an extensive, exhaustive and systematic

examination of publications relevant to the research project. A literature review is an account of what has been already established or published on particular research topic by accredited scholars and researchers. A review of literature is helpful to gain deeper insight of the research topic. An extensive review of related literature enable the researcher to develop the conceptual frame work, tool, selection of research design and plan for data analysis. Review of literature for the present study is divided under two aspects. A. Review related to phlebitis. B. Review related to prevention of phlebitis.

Materials and methods

Research approach: Researcher selected experimental approach for this research study.

Research design

Research design adopted for the present study is quasi experimental two group's post-test only controls group research design.

Research study setting

Research study setting for the present study was oncology ward of selected hospital.

Population: The study population was patient undergoing chemotherapy admitted in oncology ward of selected hospital.

Sample size: In this study the sample size consisted of 100 patients who were undergoing chemotherapy in selected hospital.

Sampling technique: the sample drawn for the present study with simple random sampling technique.

Method of selection of study subjects

Inclusion criteria: The patient receiving chemotherapy who are,

1. Between the age 18 to 65 years of both gender
2. Able to follow instructions

3. Receiving chemotherapy through IV cannula.

Exclusion criteria: The patient receiving chemotherapy who are,

1. Already developed phlebitis at IV infusion site.
2. Suffering with peripheral vascular disorder.
3. Receiving chemotherapy through central venous catheter or port A catheters.
4. Tool consists of baseline Performa and visual infusion phlebitis scale.

Tool: Tool consists of baseline Performa and visual infusion phlebitis scale.

Section A: Baseline Performa.

Section B: Standardized visual infusion phlebitis scale for assessing the phlebitis.

The assessment of phlebitis done with help of visual infusion phlebitis scale. In the VIP scale assessment done by following criteria.

- (a) Healthy IV site -0
- (b) Possible first sign of phlebitis -1
- (c) Early stage of phlebitis-2
- (d) Medium stage of phlebitis-3
- (e) Advance stage of phlebitis-4
- (f) Advanced stage of thrombophlebitis-5

Intervention

Table No. 1: Intervention.

Sr. No.	Intervention	Frequency	Duration
1.	Cold Application (ice pack)	During injection administration on IV site	15 min
2.	Ns flush 5ml	Before and after injection every time	-
3.	MgSO ₄ (20mg) + Glycerine (100ml) local application	In afternoon at 2pm.	15 min

The nursing intervention schedule is followed for 3 days.

Table No. 2: Intervention schedule.

Sr. No.	Nursing intervention	Day 1	Day 2	Day 3	Final score
1.	Cold application given at 9am.				
2.	Ns flush given before and after giving IV medication.	Post-test done after intervention at 6pm	Post-test done after intervention at 6pm	Post-test done after intervention at 6pm	Final score was aggregated according to three days score.
3.	MgSO ₄ local application done at 2pm.				

Method of analysis

The data obtained was analyzed and interpreted by descriptive and inferential statistics based on the objective of the study.

Result

Analysis of the first section revealed that Majority (40%) of chemotherapy patient under study were joint family in control group and Experimental group (52%) of them were joint family. Highest percentage (72%) of samples had 16,194Rs.-21,591Rs income in control group and 64% of samples had 16,194Rs-21,591Rs income in experimental group. The findings show that in control group (50%) of them had 2nd stage of cancer in experimental group (52%) of them had 2nd stage of cancer. Majority (80%) of them not had any systemic disease in control group and Experimental group (64%) of them not had any systemic disease.

Effect of hospital existing practice for prevention of phlebitis among patient receiving chemotherapy.

Findings shows that in control group 16 (32%) of them had healthy iv site (score-0), 16 (32%) of them had possible first sign of phlebitis (score-1), 12 (24%) of them had early stage of phlebitis (score-2), 4 (8%) of them had medium stage of phlebitis (score-3), 2 (4%) of them had advance stage of phlebitis (score-4) and 0 (0%) of them had advance stages of thrombophlebitis (score-5). The mean score, SD \pm of selected chemotherapy receiving patient in post-test of control group. The mean score of post-test was 30 and SD \pm was 1.08.

Assess the effect of nursing intervention on prevention of phlebitis among patient receiving chemotherapy.

Findings shows that in experimental group 34 (68%) of them had healthy iv site (score-0), 10 (20%) of them had possible first sign of phlebitis (score-1), 4 (8%) of them had early stage of phlebitis (score-2), 2 (4%) of them had medium stage of phlebitis (score-3), 0 (0%) of them had advance stage of phlebitis (score-4) and 0 (0%) of them had advance stages of thrombophlebitis (score-5). The mean score, SD \pm of selected chemotherapy receiving patient in post-test of experimental group. The mean score of post-test was 16 and SD \pm was 0.81.

Table No. 3: Comparison between post-test of control group and experimental group phlebitis among patient receiving chemotherapy in experimental group. n=50

Group	Post-test		Unpaired 't' test value
	Mean score	SD \pm	
Experimental group	16	0.81	
Control group	30	1.08	2.68

Find out association between prevention of phlebitis and selected baseline Performa among patient receiving chemotherapy.

Chi-square test was used for find out the association between prevention of phlebitis with selected baseline Performa. Result shows that there is significant association between prevention of phlebitis with type of family (7.13), income (4.67), type of cancer (4.28) and systemic disease (6.62). However there is no association between selected prevention of phlebitis with gender, marital status, occupation, diet, religion, history of cancer, personal habit, duration of cancer, category of cancer, stages of cancer, purpose of treatment, cycle of chemotherapy, chemotherapy drug, diagnosis since how many years, site of cannula and size of cannula.

Implication of study

Nursing practice

- This study findings also helpful for the patient those who are receiving chemotherapy.
- These study findings would help the oncology nurses to understand nursing intervention which will prevent the phlebitis.
- Prevention of phlebitis is an important challenge to the oncologist they can advise nursing intervention to the patient receiving chemotherapy. The prime role of oncology nurses is to prevent, detect and provide intervention.
- This study would help staff nurses to understand the effect of nursing intervention for prevention of chemotherapy induced phlebitis.
- Evidence based practice helps the staff to update their clinical knowledge.

Nursing education

- Nursing education is developing rapidly in India and nurses are providing care through base of scientific nursing education.

- It is helpful to student nurses to understand the effect of nursing intervention for prevention chemotherapy induced phlebitis and apply this knowledge in clinical practice.
- This study is useful for nursing personal to increase the professional knowledge and apply this knowledge in clinical practice.
- It is also helpful to the other researcher for to conduct the study in new setting, and on large sample size and its finding can be generalized for students training.
- Every nurse can take the benefit of study findings.
- Nursing students could learn the assessment of phlebitis.
- Nursing students should be taught about the importance of phlebitis management.
- Adequate practical training can be given to the nursing staff and students regarding treatment of intravenous phlebitis.

Nursing research

- The nurse researcher should be able to conduct the research on various aspect of awareness about prevention of chemotherapy induced phlebitis.
- Nursing education must emphasize on evidence based practice in view to manage the phlebitis.
- Nurses need research because it helps them advance their field, stay updated and offer patient better care.
- Researchers acquire new knowledge in the field of patient care.
- It is useful to develop the new treatment modalities.
- It helps to improve quality of nursing care.

Nursing administration

- Nurse administrator can seek various areas in patient care for patient receiving chemotherapy for prevention of phlebitis.
- The nurse administrator should plan and organizing continuing education program on phlebitis prevention.
- Nurse administrator can arrange in-service education program, conference, workshop etc.

- This enables the nurse to update the knowledge and render the effective care to the public.

Recommendations

- Based on study finding the following recommendation have made for the further study
- Similar study may be replicated on large sample for wider generalization.
- True experimental study can be conducted on patient receiving chemotherapy.
- Comparative study can be done to assess the effectiveness with different treatment modalities.
- Similar study can be done on specific chemotherapy drugs.
- Similar study can be done different nursing interventions.
- Similar study can be undertaken in different settings with modification in inclusion and exclusion criteria.

Limitations

Despite all the efforts made by the researchers, the present study had some limitations which are as following

- The present study sample size was small.
- Present study was conducted only on chemotherapy patient.
- Nursing intervention was given for 3 days.
- During the course of study researcher encountered the difficulties in managing extraneous variables, which can directly or indirectly affect the study findings.

Conclusion

Phlebitis in the patient receiving chemotherapy is commonly identified. If the prompt and appropriate measure not taken these phlebitis can lead to serious health issues. Nursing intervention such as normal saline flush, MgSO_4 application, cold application can help the patient to prevent the occurrence of phlebitis. The study finding revealed that the use of nursing intervention for patient receiving chemotherapy is more effective than the hospital existing practice.

References

1. SR.NANCY revised by SR. IVAN, 'Stephanie's principles and practice of nursing', vol -2, N.R brothers, Indore (India), 2010, p.no 131.
2. Dawn Brittan, "clinical guideline for peripheral intra venous cannulation," ed 2nd, south gloucestershire primary care trust, London, 2007, page no.1-11.
3. Lippincott Williams, Wilkins, "Handbook of Diseases", ed 9th, 2003,page no.179
4. Yambem M, Madhale M, Bagi D, 'A Comparative Study to Assess the Effectiveness of Glycerin with Magnesium Sulphate Versus Heparin - Benzyl Nicotinate (Thrombophob) Ointment on Management of Thrombophlebitis among Patients Admitted in Intensive Care Units (ICU) of Selected Hospital In Belgaum, Karnataka', International Journal of Science and Research (IJSR), Vol- 4, Issue 7, July 2015, p.no 1458-1461.
5. Black J.M, Hawks J.H, 'Text book of medical surgical nursing', Ed-8th, vol-1, Elsevier, India, 2009.
6. Higginson R, Parry A. "Phlebitis: treatment, care and prevention," Nursing times, vol. 107(36), 2011 September 13, page no.18-21.
7. Suresh sharma, "Textbook of nursing research and statistics", 2nded, Elsevier, India pvt. ltd.
8. Merlaine C. Smith, Marilyan E Paeker, "Textbook of nursing theories and nursing practice", 4thed, Jaypee brothers medical publishers ltd.



Effectiveness of Planned Teaching about Knowledge and Practice Regarding Nasogastric Tube Feeding Among Staff Nurses

Priti S Kadav¹, Vidya Sahare²

Abstract

Background: Nutrition is the science of food and has relationship to health. For every human being eating food is an enjoyment, which is the God's gift. Good nutrition means "maintaining good nutritional status that enables us to grow well and enjoy good health."¹

Objectives of this study: (i) To assess the existing knowledge & practice regarding nasogastric tube feeding among staff nurses. (ii) To evaluate the knowledge & practice regarding nasogastric tube feeding among staff nurses after planned teaching. (iii) To find out the association of knowledge and practice regarding nasogastric tube feeding among staff nurses with selected demographic variables.

Research design: Pre experimental one group pre-test, post- test research design was utilized. 60 staff nurses selected as subjects from both genders, with different ages, educational levels and years of experience was selected by convenient sampling technique for this study. Data were obtained through two main tools; structured knowledge questionnaire & observational checklist.

Results: Study results showed that there was significance difference between pre-test post-test knowledge score; pre-test mean score was 12.88 with standard deviation 3.34, whereas in post test it was 19.21 with standard deviation 3.28. In practice score there was significant difference between pre- test post-test practice score; pre-test mean score was 10.60 with standard deviation 2.06, whereas in post test it was 16.96 with standard deviation 2.16. In knowledge & practice score there was no significant association found with age, gender, total work experience only association found with educational qualification in relation to knowledge score. Study concluded that planned teaching program for nasogastric tube feeding made differences in nurse's knowledge and practices.

Keywords: Nasogastric tube; Evidence based practice; Knowledge; Staff nurses.

How to cite this article:

Priti S Kadav, Vidya Sahare. Effectiveness of Planned Teaching about Knowledge and Practice Regarding Nasogastric Tube Feeding Among Staff Nurses. Indian J Surg Nurs. 2020;9(3):119-125.

Introduction

Nasogastric tube feeding also known as enteral feeding or enteral nutrition. Nasogastric intubation is defined as the passage of nasogastric tube (flexible tube made up of rubber or plastic) through one of the nostrils to the stomach. Nasogastric tube feeding is also known as enteral nutrition and it refers to the administration of nutritionally

balanced liquefied food or formula diet.²

According to United Kingdom National Patient Survey Agency (NPSA). guidance in 2005 highlighting the unreliability of certain tests to detect the placement of nasogastric tubes for example 'whoosh' test and pH testing by non-quantitative, colored litmus paper. Between 2005 and March 2011 the NPSA notified of 21 deaths and 79 cases of harm due to misplaced nasogastric tubes.³

World Health Organization, recent findings indicated that NPSA guidance is not being heeded, such as feeding despite obtain in nasogastric aspirates with pH between 6 and 8, instilling water down the tube before obtaining an aspirate, not checking tube placement or not recording written confirmation of such checks. 4 patient Safety

Author Affiliation: ¹MSc Nursing Student, ²Associate Professor, Department of Surgical Nursing and Cardiovascular and Thoracic Surgery, Kasturba College of Nursing Sewagram, Wardha, Maharashtra 442102, India.

Corresponding Author: Vidya Sahare, Associate Professor, Department of Nursing, Kasturba college of Nursing Sewagram, Wardha, Maharashtra 442102, India.

E-mail: vidya_sahare2rediff.com

representative World Health Organization, recent findings indicated that NPSA guidance is not being heeded, such as feeding despite obtaining nasogastric aspirates with pH between 6 and 8, instilling water down the tube before obtaining an aspirate, not checking tube placement or not recording written confirmation of such checks.³

Objectives

- To assess the existing knowledge regarding nasogastric tube feeding among staff nurses.
- To observe the existing practice regarding nasogastric tube feeding among staff nurses.
- To evaluate the knowledge regarding nasogastric tube feeding among staff nurses after planned teaching.
- To evaluate the practice regarding nasogastric tube feeding among staff nurses after demonstration.
- To find out the association of knowledge and practice regarding nasogastric tube feeding among staff nurses with selected demographic variables.

Operational definitions

- **Assess:** In this study, It refers to estimate the knowledge and practice of staff nurses regarding nasogastric tube feeding."
- **Effectiveness:** In this study, It refers to achieve the desired effect as expressed by gain in knowledge score and improvement in practice administration of nasogastric tube feeding".
- **Planned Teaching:** In this study, It refers to provide information regarding nasogastric tube feeding and demonstrating the nasogastric tube feeding."
- **Knowledge:** In this study, It refers to knowledge regarding nasogastric tube feeding."
- **Practice:** In this study, it refers to, "the demonstration on nasogastric tube feeding which are undertaken by the staff nurses."
- **Nasogastric tube feeding:** In this study, it refers to, "administration of feed directly into the stomach through a tube passed into the stomach through the nose (nasogastric).
- **Staff nurse:** In this study, staff nurses refers to GNM, B Sc. Nursing and PBBSc nursing qualified registered nurses working in selected hospital of the city.

Null Hypothesis

- NH 01: There is no significant difference in pre test and post test knowledge score after planned teaching regarding nasogastric tube feeding among staff nurses measured at $p < 0.05$ level of significance.
- NH 02: There is no significant difference in pre test and post test practice score after demonstration regarding nasogastric tube feeding among staff nurses measured at $p < 0.05$ level of significance.
- NH 1: There is a significant difference in the pre test and post test knowledge score after planned teaching regarding nasogastric tube feeding measured at $p < 0.05$ level of significance.
- NH 2: There is a significant difference in the pre test and post test practice score after demonstration regarding nasogastric tube feeding measured at $p < 0.05$ level of significance.

Methodology

Research approach: Quantitative approach is used.

Research design: pre experimental one group pre test post test design

Setting of the study: Dr Panjabrao Deshmukh Hospital and Reseach center, Amravati Maharashtra.

Variables

- *Independent variables:* planned teaching on knowledge and practice regarding nasogastric tube feeding
- *Dependent variables:* Knowledge and practice regarding nasogastric tube feeding among staff nurses working in selected area of hospitals of the city.

Demographic variable

It includes, age gender, professional education, area of work and year of experience

Population

- *Target population*
It includes the staff nurses working in selected area of hospital of the city.
- *Accessible population*
It comprises of staff nurses working in selected area of hospital of the city who were available at the time of data collection and who were fulfilling the inclusive criteria Sampling

- *Sample size:* 60
- *Sampling technique:* Non probability convenient sampling techniques was used.

Sampling criteria

- *Inclusive criteria:*
 1. Staff nurses working in a selected hospital and who is obtained registration from nursing council.
 2. Staff nurses who are willing to participate in the study.
 3. Staff nurses who are available during the period of data collection.

Exclusion Criteria

In this study the exclusive criteria are:-

1. Those who had attended training programme on nasogastric tube feeding.

Description of tool

Section A: Demographic data

Section B: Structured questionnaire to assess the level of knowledge related to Nasogastric tube feeding.

Section C: Consisted of observation checklist to assess the competency of practice related to Nasogastric tube feeding.

Validity

Content and construct validity of tool was determined by 11 experts including medical surgical nursing subjects experts, cardiologist and statistician etc.

Reliability

Karl Pearson correlation formula was used. The correlation coefficient 'r' of the questionnaire was 0.88, which is more than 0.8 Hence the questionnaire was found to be reliable The reliability of observational checklist was calculated by the inter rater techniques and it was found 0.87 thus, there was good agreement and the observation check scale was found to be reliable.

Pilot study

Pilot study was conducted from 15th January 2018 to 22nd January 2018 for a period of 7 days. A sample of 6 staff nurses was selected from the selected area of hospital of the city. The pilot study was feasible in terms of time, money and resources.

Results

The main study data was gathered from on 29th January 2018 to 10th February 2018. Permission was obtained from concerned authority. The samples were approached in small groups on daily basis. Before giving questionnaire self introduction was given by the investigator and the purpose of the study mentioned. Consent of the sample was taken. The pretest questionnaire were distributed to the samples and collected back after 30 minutes. Practice was checked by using observational checklist. After the pretest, the investigator administered the treatment (planned teaching on nasogastric tube feeding) after 7 days post test was taken.

Section I: Description of staff nurses with regards to their demographic variables.

Table 1: Distribution of subjects in relation to their demographic variables. (n = 60)

Sr. No.	Demographic variables	Category	frequency (f)	Percentage (%)
1	Age	21-30years	32	53.33
		31-40years	21	35
		41-50years	7	11.67
		>50years	0	0
2	Educational Qualification	GNM	45	75
		Basic B. Sc. (N)	11	18.33
		Post Basic B.Sc.(N)	4	6.67
		M.Sc.(N)	0	00
3	Years of experience	< 2 years	16	26.66
		3-5years	19	31.67
		6-8years	19	31.67
		>10years	6	10
4	Area of working	Medical ward	19	31.67
		Surgical ward	15	25
		ICU	17	28.33
		Emergency/ ortho	9	15

The table 1 shows that majority 53.33 % subjects were in the age group of 21-30 years, 35% subjects belongs to age group between 31-40 years and only 11.67% subjects belongs to age group between 41-

50 years. Educational qualification reveals that 75% staff nurses were from general nursing and midwifery, 18.33% subjects were from Basic B.Sc. nursing and only 6.67% subjects were from Post Basic B.Sc. nursing. With regards to their years of experience 26.67% subjects had less than 2 years of experience, 31.67% subjects had 3-5 years of experience, 31.67% subjects had 6-8 years of experience and only 11.66% subjects had more than 10 years of experience. In relation to area of working 31.67% subjects had been working in medicine ward, 25% subjects had been working in surgery ward, 28.33% subjects had been working in ICU and only 15% subjects had been working in emergency / ortho ward.

Section II: Description on pre test and post test knowledge on practice among staff nurses regarding nasogastric tube feeding (Table 2).

Table No. 2: Description on pre test and post test knowledge grading score. (n = 60)

Level of knowledge	Pre-test Knowledge Score		Post-test Knowledge Score	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Poor	5	8.33	0	0
Average	41	68.34	9	15
Good	14	23.33	40	66.67
Very good	0	0	11	18.33

Table No 3: Comparison of practice before and after demonstration regarding nasogastric tube feeding. n = 60

Level of practice	Pre-test Practice Score		Post-test Practice Score	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Unsatisfactory	48	80	00	00
Satisfactory	12	20	52	86.66
Highly satisfactory	00	00	8	13.34

Section III: Description on the effectiveness of planned teaching on knowledge score on pre test and post test of staff nurses regarding nasogastric tube feeding (Table 3).

Table No 4: Table showing effectiveness of planned teaching on knowledge score of pre test and post test of staff nurses regarding nasogastric tube feeding. n = 60

Overall	Mean	SD	Mean Percentage	calculate 't' value	Table value	p- value
Pre test	12.88	3.34	6.33	39.87*	2	p<0.05
Post test	19.21	3.28				highly significant

Above table no 4 shows the overall mean knowledge scores of pre test and post test which reveals that post test means knowledge score was higher 19.21 with SD of ± 3.28 when compare with

pre test mean knowledge score value was which was 12.88 with SD of \pm

The calculated "t" value was 39.87 which was greater than table value 2 at 0.05 level of significance. Hence it is statistically interpreted that planned teaching on practice regarding nasogastric tube feeding was effective. Thus H_1 is accepted and H_{01} is rejected.

Table No 5: Table showing effectiveness of planned teaching on knowledge score of pre test and post test of staff nurses regarding nasogastric tube feeding. n = 60

Overall	Mean	SD	Mean Percentage	calculate 't' value	Table value	p- value
Pre test	10.60	2.06	6.36	26.56*	2	p<0.05
Post test	16.96	2.16				highly significant

Above table no 5 shows the overall mean practice scores of pre test and post test which reveals that post test means practice score 16.96 was higher with SD of ± 2.16 when compare with pre test mean practice score value was which was 10.60 with SD of ± 2.06 . The calculated "t" value was 26.56 which was greater than table value 2 at 0.05 level of significance. Hence it is statistically interpreted that planned teaching on practice regarding nasogastric tube feeding was effective. Thus H_2 is accepted and H_{02} is rejected.

Section IV: Description on association on knowledge and practice score with selected demographic variables.

The analysis shows that the area of work associated with educational qualification score while none of the other demographic variables were associated with knowledge and practice score.

Discussion

A similar study was conducted by Ahmed N (2014) in a selected hospital of Kolkata, West Bengal. With an aim to assess the knowledge and practice of staff nurses regarding nasogastric tube feeding. 42 staff nurses were selected by convenient sampling technique and data collected by using structured knowledge questionnaire and structured observational checklist. Study showed that 32 (76%) out of 42 participants had adequate knowledge where as 10 (24%) have inadequate knowledge and all participants had more than average practice level regarding nasogastric tube feeding. Study concluded that there was moderately positive correlation between knowledge and practice of staff nurses regarding nasogastric tube feeding ($r=0.46$).⁹

A similar study conducted by Huffman Pieper P, Jarczyk K, Bavne S that majority of the nurses respondents (66%) had moderate knowledge regarding nasogastric tube feeding.¹⁰

Above study reveals that knowledge of staff nurses was poor in pre test in present study also pre test knowledge score of staff nurses regarding nasogastric tube feeding was poor but after administration of planned teaching knowledge and practice score of staff nurses was increased in post test .It indicates that planned teaching was effective.

Background and need of the study

Administration of enteral feeding has long been considered the standard of care for patients not able to meet energy and protein requirements orally. Therefore, numerous hospitalized patients in the United States get Enteral Nutrition (EN). Appropriate to the latest available statistics from the National Center for Health Statistics, patients received Enteral Nutrition (EN) during nearly 251,000 hospital stays in 2012, and 78% of which were adults.⁴

A cross-sectional descriptive study was conducted on Critical Care Nurses' Knowledge and Skill regarding Enteral Nutrition in Critically Ill Patients at selected hospitals of Bhubaneswar 2013. Study showed that majority of staff nurses had above-average knowledge 44% and 44% staff nurses had below-average knowledge. Practice of staff nurses regarding enteral nutrition reveals that staff nurses were having 80% of practice skill before giving feeding, 74% of practice skill during giving feeding, and 73% of practice after giving feeding. The finding of this study will assist the staff nurses to improve the knowledge and develop the skills through attending seminars and workshops.⁵

Durgesh Nandani, Rashmi Choudhary (2017) was conducted a descriptive study to assess the knowledge and skill regarding nasogastric tube feeding staff nurses in selected hospital Punjab. 100 staff nurses were selected through convenient sampling technique. Study showed that majority of staff nurses were having average knowledge (54%) and fair practices (58%) regarding nasogastric tube feeding. Study concluded that there was a weak correlation between knowledge and skill regarding nasogastric tube feeding.⁶

Many studies have reported that, despite the importance of enteral nutrition and existing data

on evidence based nutritional guidelines; nutrition is still a significant concern in hospitals.⁷

It is therefore important to take this concept seriously, to ensure that nurses' nutritional practices for the critically ill adults are evidence based. This demonstrates that nurses have an impact on the outcome of enteral nutritional support.⁸

As nurse-patient ratio is not maintained due to lack of nursing personnel and hence there is increased work load.

Statement of the problems

Effectiveness of planned teaching about knowledge and practice regarding nasogastric tube feeding among staff nurses in selected hospital.

Delimitation

This study was limited to the staff nurses working in hospital at selected area in Maharashtra

Conceptual framework

The conceptual framework selected for this study is based general system theory by Ludwik Von Bertalanffy 1968. (A) model for viewing a man as matter acting with environment.)

Review of literature

The literature reviewed has been organized into the following categories:

- Review of literature regarding nasogastric tube feeding.
- Review of literature related to knowledge and practice of staff nurses on nasogastric tube feeding.
- Review of literature regarding planned teaching.

Implications of the study

The finding of this study has implication for nursing practice, nursing education, nursing administration and nursing research.

Nursing practice

- Continue and in service education programs could be conducted for improving and updating with recent practices.
- An established evidence-based protocol for administration of nasogastric tube feeding.

Nursing education

- The student nurse can use the instrument prepared for this study for collecting information of nasogastric tube feeding.
- The finding can be utilized to prepare a guideline for administration of nasogastric tube feeding

Nursing administration

- Finding of the study can be used by the Nursing Administrator in creating policies and plans for providing education to staff nurses and health professionals.
- It would help nursing administrators to be planned and organized in giving continuing education to the nurses and other for applying and updating the knowledge regarding nasogastric tube feeding.

Nursing research

- There is need for extensive and intensive research in this area so that strategies for educating nurses regarding nasogastric tube feeding.
- This study will serve as a valuable reference material for future investigator. Limitation :
- The study was conducted only on staff nurses.
- The sample size was small to generalize the finding of the study
- The study was limited to measures the knowledge of staff nurses in selected hospitals of the city
- The tool for data collection was prepared by investigator herself . Standardize tool was not used.

Conclusion

Thus it was concluded that planned teaching programme on knowledge and practice regarding nasogastric tube feeding among staff nurses in selected hospitals of the city was found to be effective as a teaching strategy. Hence, based on the above cited findings, it was concluded undoubtedly that the written prepared material by the investigator in the form of planned teaching helped the staff nurses to increase knowledge and practice regarding nasogastric tube feeding.

Recommendations

- Similar studies may be conducted on larger population for generalization of findings.
- Comparative studies can be conducted between staff nurses of government and private hospitals
- Comparative studies can also be conducted between control group and experimental group.
- Random sampling technique can be used.
- Continued teaching programme and establishment of evidenced based guidelines in the hospital on nasogastric tube feeding can be carried out.

References

1. K.Park. Preventive and social medicine. 21st. Jabalpur, M.P: M/s BanarsidasBhanot; 2011. pp 561
2. Potter and Perry, Fundamentals of nursing, 6th edition, Anne Perry-Jay Tashiro Mosby Publication 2005.
3. Medical Protection Society <http://www.medicalprotection.org/uk/casebook/casebook-september-2012/nasogastric-tube-errors>
4. Kozenieck M. and R Fritzshal : Enteral Nutrition for Adults in the Hospital Setting. Nutrition in Clinical Practice, 30 (5): 634-51, 2015.
5. Sasmita Das¹, Debasmita Patra¹, Preetirani Pradhan² 'Critical Care Nurses' Knowledge and Skill regarding Enteral Nutrition in Critically Ill Patients at a Glance', (2015) Journal of Nursing science & practice, 4(3), pp.
6. Durgesh Nandani, Rashmi Choudhary, Poonam Sharma. A Descriptive Study to Assess the Knowledge and Skills Regarding Nasogastric tube Feeding among Staff Nurses. Asian J. Nursing Education and Research. 2018; 8(3): 385-388. doi: 10.5958/2349- 2996.2018.00079.4
7. Mowe M, Bosaeus I, Rasmussen H. Nutritional routines and attitudes among doctors and nurses in Scandinavia. A questionnaire based survey. Clinical Nutrition;2006 Available from: <https://www.ncbi.nlm.nih.gov/pubmed/16701921>
8. Mathus-Vliegen EM, Bredius MW. Analysis of sites of bacterial contamination in an enteral feeding system. JPEN Journal of Parenteral & Enteral Nutrition. 2006;30:519 Available from: <https://www.ncbi.nlm.nih.gov/pubmed/17047178>
5. Huffmans, Pieper P, Jarczyk K, Bavne S. Enteral nutrition among geriatric patient 2006 Jan -Feb Available from: [homepage on the Internet] <http://www.ncbi.nlm.nih.gov/pubmed/16701921>

nlm.gov/ pubmed.

journal 2014

9. Nargis Ahamed^{1*} and Debarchana Mondal². Assessment of Knowledge and Practice of Staff Nurses Regarding Ryle's Tube Feeding in a Selected Hospital of Kolkata, West Bengal. (SMU) medical
10. Huffmans, Pieper P, Jarczyk K, Bavne S. Enteral nutrition among geriatric patient 2006 Jan-Feb Available from: [homepage on the Internet] <http://www.ncbi.nlm.gov/pubmed>. 6. Ahamed N, Mondal



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: 91-11-79695648, 22754205, 22756995, Cell: +91-9821671871

E-mail: sales@rfppl.co.in

A Sweating Blood: Hematohidrosis

Sophie Caleb

Abstract

Hematohidrosis is a condition which is very rare and in which a person sweats blood. During examination, it disappeared that as soon as it was being wiped, it does not leave behind any sign of trauma. This confirms that it was sweating of blood and not bleeding. Various causative factors have been suggested like component of skin disease, vicarious menstruation, excessive exhaustion, psychological disorders, and some unknown causes. It may also occur in bleeding disorders. We here report a case where bloody sweat was discharged from the forehead and nose, episodically more commonly in summer season in a 15-year-old healthy boy with no bleeding disorder or any other underlying cause. All the investigations done were within normal limits.

Keyword: Hematohidrosis; Sweating blood; Teenage boy.

How to cite this article:

Sophie Caleb. A Sweating Blood: Hematohidrosis. Indian J Surg Nurs. 2020;9(3):127–128.

Introduction

Bloody sweating is called hematohidrosis. It may occur in any kind of individuals who are unable to cope up with the surrounding situation and sometime may be suffering from extreme levels of stress. The physiology of sweat glands, is surrounding the sweat gland, there are multiple blood vessels in a net-like form, which gets constricted when the person is under the pressure of great emotional stress.¹ Then in this condition the anxiety is raised then, after some time, as the anxiety passes, the blood vessels get dilated, reaching to the point of rupture and goes into the sweat glands. When the sweat glands start producing a lot of sweat, they push the blood to the periphery, which comes out as drops of blood which is mixed with sweat.² I hereby report a case where bloody sweat discharged from the nose and sometime from

forehead episodically in a healthy young boy who did not have any underlying disorders.

Case Report

A 15-year-old boy visited to the hospital with a history of bleeding from the forehead and nose, for the last 2-3 years. The bleeding occurred in episodes, once or twice a day, sometimes more frequently. Especially during the time of summer season, the frequency is more. In other season he used to bleed any time, either in the morning, while going to school or sometime during night time. No preceding history of any kind stress or anxiety and no preceding episode of tingling sensation of any limbs were found. Each episode started with mild watery sweat like secretion over the forehead, followed immediately with bright-red coloured secretion, from nose. Each episode lasted for about 15-20 min, and the boy remained perfectly alright during the post-episode period until the next episode. The patient is not having any history of bleeding from any other site. No history of ingestion of any anticoagulants, dyes, or other drugs was obtained from him. He did not have any history of major medical or surgical illness in the past. No family member had similar complaints.

Author Affiliation: Associate Professor, Department of Community Health Nursing, Maharshi Karve Stree Shikshan Samstha's Sitabai Nargundkar College of Nursing for Women, Nagpur, Maharashtra 441110, India.

Corresponding Author: Sophie Caleb, Associate Professor, Department of Community Health Nursing, Maharshi Karve Stree Shikshan Samstha's Sitabai Nargundkar College of Nursing for Women, Nagpur, Maharashtra 441110, India.

E-mail: sophiepcaleb@gmail.com

All other activities were normal. In other times this boy is healthy, normal, doing his activities. Suddenly he starts sweating followed by bleeding, making his family members to take care of him. The family members reported that during the time of such bleeding episodes, they use to lie him on the straight surface, and apply some ice cubes over his head.

He was brought to the hospital when he was bleeding from the nose. His general physical examination and systemic examinations did not reveal any abnormality. The skin over the forehead was normal. There was no local tenderness. No wound present inside the nose. Blood or red coloured secretion could not be formed on manipulation. On gross examination, the secretion was bright-red in colour, less viscous than blood, and it was not frank blood. On collection of the secretion and examination of its smeared preparation under a microscope. His routine hemogram, blood counts, platelet count, bleeding time (2 min), clotting time (3 min 30 sec), active partial thrombin time (25 sec; normal range 24-32 sec), prothrombin time. His (LFT) liver function tests, and (KFT) renal function tests were coming within normal limits. Urine and stool examination did not reveal erythrocytes or any abnormalities.

The patient was given atropine transdermal patch over the involved sites and he noticed gradual improvement in both the severity and frequency of the episodes. Gradually, the patient stopped getting similar episodes. The patient came for follow up, after 1 months after stopping the atropine treatment. During this period, he did not have any more episode.

Discussion

The other name of Hematohidrosis is hematidrosis. It is a condition in which capillary blood vessels which supply blood to the sweat glands rupture, which cause them to exude blood.³ It occurs under the special conditions of extreme physical or emotional stress, when the person is unable to tolerate the condition.

The different causative factors have been seen in other cases, like component of systemic disease, vicarious menstruation among girls, excessive physical exertion, psychological reasons, like stress and increased anxiety, and some unknown causes.⁴ Acute fear related to failure and intense mental contemplation are the most frequent causes. In our case, fear factor and extreme physical exertion was the causative factor.⁵ After taking complete history, this reason was identified.

The treatment of this condition is not so convincing and accurate.⁶ In our case, the patient was treated with atropine transdermal patch, which was followed by complete diversional therapy. I believe that there will be further insight in the etiopathogenesis which may help to develop more comprehensive and accurate management protocol of this rare and unusual condition.

Source of Support: Nil

Conflict of Interest: Nil.

References

1. Champion RH. Disorders of sweat glands. In: Champion RH, Burton JL, Burns DA, Breathnach SM, editors. Rook's textbook of dermatology. 6th ed. London: Blackwell Science; 1998. pp. 2001-2. [Google Scholar]
2. Holoubek JE, Holoubek AB. Blood, sweat and fear: A classification of hematidrosis. J Med. 1996; 27:115-33. [PubMed] [Google Scholar]
3. Panconesi E, Hautmann G. The spectrum of plasminogen activator-dependent fibrinolysis-altered psychoinduced vasopermeability
4. Migliorini L. Hematidrosis otorrhea with otoerythrosis. Friuli Med. 1962; 17:768-74. [PubMed] [Google Scholar]
5. Manonukul J, Wisuthsarewong W, Chantorn R, Vongirad A, Omeapinyan P. Hematidrosis: A pathologic process or stigmata. A case report with comprehensive histopathologic and immunoperoxidase studies. Am J Dermatopathol. 2008; 30:135-9. [PubMed] [Google Scholar]
6. Jerajani HR, Jaju B, Phiske MM, Lade N. Hematohidrosis - A rare clinical phenomenon. Indian J Dermatol. 2009; 54:290-2.



Subject Index

Title	Page No
A Study to Examine the Medication Error, Causes and Reporting Behaviour as Perceived by Staff Nurses Working in the Selective Units of Dr. Ram Manohar Lohia Hospital, New Delhi	9
An Unknown Health Problem: Restless Leg Syndrome	79
A Study to Assess Psychosocial Stress Factors in Relationship with Quality of Life Among Women's with Breast Cancer	109
A Sweating Blood: Hematohidrosis	127
Effects of Mirror Therapy on Upper Extremity Functions among Hemiplegic Patients: An Experimental Study	17
Effectiveness of Exercise Based Cardiac Rehabilitation on Selected Cardiac Parameters among Postoperated CABG Patient in Selected Hospital	31
Effectiveness of Self Instructional Module on Knowledge Regarding Varicose Vein Among Staff Nurses	65
Effectiveness of Magnesium Sulphate with Glycerine", For Reducing Inflammation Among Patients with Peripheral Intravenous Cannula Induced Phlebitis	75
Effectiveness of Ice Pack Application on Phlebitis Among Patients with Periphera Intra-venous Cannula Induced Phlebitis	81
Extra-Corporeal Membrane Oxygenation (ECMO)	85
Effect of Nursing Intervention for the Prevention of Phlebitis Among Patients Receiving Chemotherapy Admitted in Oncology Ward of Selected Hospital	113
Effectiveness of Planned Teaching about Knowledge and Practice Regarding Nasogastric Tube Feeding Among Staff Nurses in Selected Hospital	119
Knowledge on Use of Technological Devices among Nurses	27
Patient Satisfaction with Operation Theatre Services in a Tertiary Care Hospital in South India: A Cross-Sectional Study	37
Review on Breast Feeding and Covid 19	90
Stop on Knowledge Regarding Body Mechanics and Selected Nursing Procedures and Prevention of Back Pain Among the Staff Nurses	57
The Challenges Faced by the Nursing Students in Clinical Environment	105
Video Assisted Learning Package Regarding Sensory Deprivation on Knowledge, Attitude and Practice of Staff Nurses in ICU	23

Author Index

Name	Page No	Name	Page No
Amol C Temkar	31	Nilesh Ramesh Mhaske	113
Amol C Temker	113	Padmaja M	27
Bhagyshree S Thombare	113	Pascaline David	65
Divya Prabha G	37	P Saktisvary	75
Gurmeet Kaur Bagga	9	P Saktisvary	81
Gowri Sayee Jagadesan	57	Priti S Kadav	119
Koushal Dave	9	Rexy CD	23
Koushal Dave	17	Sonia Arora	9
Kiruthika S	105	Sr Salini SG	23
Kowsalya M	105	Shirley Prakash	23
Lavanya E	105	S Sridevy	27
Mohammed Azharudheen B.S	27	Suresh T Saravade	31
Mighila M Nair	31	Shine Stephen	37
MalaV S	57	Sukare Lata	65
Manju Amrutram Shahu	65	Sophie Caleb	79
Mahalakshmi V	105	Sheeja Sebastian	85
Mayavati B Tupere	113	Sr Philoresmi	85
Naveen Kumar K	27	S Suvitha	90
Nivethitha J	27	S Sridevy	90
Neethu Jose	85	S Sridevy	105
Nilesh Ramesh Mhaske	109	Sophie Caleb	127
		Vidya Sahare	119

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://rfppl.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@rfppl.co.in. Submission page: http://rfppl.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/17c_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)