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## Editorial

*From the Pen of Editor.....*

*Dear readers,*

We often talk about the future trends in nursing practice; here I would like to share my views on the topic.

Nursing is a profession with good career opportunities that change and reflect the society in which nurses live. There are numerous trends within nursing that are likely to continue and blossom in the years ahead.

For the nursing graduate, the future holds numerous social, political and technological changes. The coming changes will shape nursing into a stronger profession. Today in the 21st century, societies are continuously moving towards globalization, with an increased sharing of products, attitudes and financial investments. The clients are more likely to combine conventional therapies with complementary healing techniques, such as homeopathy, neuropathy, therapeutic touch, reflexology, acupressure, aromatherapy, and nutritional therapy. So here nurses need to have collaborative approach while caring for their clients.

Experts on nursing and health care also predict the following:

- Neighborhood will employ nurses who will work in 24 hour nurse managed clinics.
- Nurse Practitioners will cross medical threshold to provide services usually provided by physicians.
- Nurse therapists and nurse entrepreneurs will provide numerous services to the clients and their families
- Hospital stays will be exceedingly short and early discharge will become more important.
- Nurses will be strong and autonomous practitioners whose practice and care delivery focuses much more on health than illness.

Nursing is not a static, unchanging profession but is continuously growing and changing as society changes, as health care emphasis and methods change, as lifestyles change and as nurses themselves changes. The current philosophies and definitions of nursing demonstrates the holistic trends in nursing to address the whole person in all dimension in health and illness, and in interaction with the family and community. Nursing continues to draw on the social sciences and other fields as the focus of nursing care expands.

As each one of us know that, Nursing practice trends include a variety of employment settings in which nurses have greater independence, autonomy and respect as a member of health care team. Nursing roles continue to expand and develop, broadening the focus of nursing care and providing a more holistic and all encompassing domain of care. I strongly feel that Nurses must have the ability to influence or persuade an individual holding a government office. Nurse's involvement in politics is instrumental to receiving greater emphasis in nursing curricula, professional organizations, and health care settings.



**RUPA A. VERMA**  
**(Officiating Principal)**

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## Evidence-Based Practice

**Rupa Ashok Verma**

\*Officiating Principal, Maharshi Karve Stree Shikshan Sanstha, College of Nursing for Women, Nagpur, Maharashtra.

### Abstract

Evidence-based practice is an important approach to provide the best quality care to patients and their families. When defining evidence-based practice in nursing, it is important to distinguish between research utilization, evidence-based practice and research conduct. Research utilization is defined as “the use of research knowledge, often based on a single study in clinical practice.” Although the term “research utilization” often is used interchangeably with evidence-based practice, research utilization is but a part of evidence-based practice.

**Keywords:** Evidence based practice; Research utilization.

### Introduction

- During the 1980s, the term “evidence-based medicine” emerged to describe the approach that used scientific evidence to determine the best practice[1].
- Later, the term shifted to become “evidence-based practice” as clinicians other than physicians recognized the importance of scientific evidence in clinical decision-making.[1]
- Various definitions of evidence-based practice (EBP) have emerged in the literature, but the most commonly used definition is, “the conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual patients”.[1]
- Subsequently, experts began to talk about evidence-based healthcare as a process by which research evidence is used in making decisions about a specific population or group of patients.[1]

- Evidence-based practice and evidence-based healthcare assume that evidence is used in the context of a particular patient’s preferences and desires, the clinical situation, and the expertise of the clinician. They also expect that healthcare professionals can read, critique, and synthesize research findings and interpret existing evidence-based clinical practice guidelines.[1]

### *Evidence-Based Practice in Nursing*

Nurses ask numerous questions when looking to integrate evidence-based practice into their clinical environment:

- What exactly is EBP?
- Is EBP the same as nursing research?
- What is the difference between EBP and quality improvement?
- Is EBP relevant to nursing practice?

The answer to these questions is discussed below.[2]

### *Definitions of Research Utilization, Quality Improvement, and Nursing Research*

Evidence-based practice is not research utilization, quality improvement, or nursing research, although it

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**Reprint Request:** Rupa Ashok Verma, Officiating principal, Maharshi Karve Stree Shikshan Sanstha, College of Nursing for Women, Nagpur, Maharashtra.

E-mail: principalnursingcollege@gmail.com

may be related to each of these processes. For example, quality improvement projects may be evidence-based, and the findings may contribute to other EBP or research initiatives. Also, an evidence-based practice project can lead to a research study or quality improvement initiative.[2]

### *Research Utilization*

For decades, nurses have used available research to guide nursing practice and their efforts to improve patient outcomes. This process involved critical analysis and evaluation of research findings and then determining how they fit into clinical practice. Incorporating pertinent research findings into clinical practice (and evaluating the changes' effectiveness), helps close the gap between research and practice.[1]

### *Quality or Performance Improvement*

Quality, clinical, or performance improvement focuses on systems, processes, and functional, clinical, satisfaction, and cost outcomes. Typically, quality improvement efforts are not designed to develop nursing practice standards or nursing science, but they may contribute to understand best practices or the processes of care in which nurses are actively involved[2].

### *Evidence-Based Practice in Nursing: A Guide to Successful Implementation*

A commonly accepted view is that quality improvement activities in healthcare are not intended to generate scientific knowledge but rather to serve as management tools to improve the processes and outcomes within a specific healthcare organization or setting. More recently, experts have focused on improving care by examining and working within clinical Microsystems or the specific places where patients, families, and care teams meet.

Quality improvement initiatives generally address clinical problems or issues, examine clinical processes, and use specific indicators to help evaluate clinical performance. Data are collected and analyzed to help understand both the process and the related outcomes. The findings help contribute to efforts to achieve and maintain continuous improvement through ongoing monitoring and improvement activities.

For example, a hospital might be interested in improving its smoking cessation education for hospitalized patients, so it may convene a multidisciplinary team to address the issue. The team may decide to measure the hospital's performance using the percentage of discharge summaries that indicate that a smoker received instruction about smoking cessation. The team might implement an educational program and an electronic discharge summary that prompts clinicians to indicate whether the patient is a smoker and, if so, whether he or she received smoking cessation advice. They would monitor the rate of compliance and modify the interventions until compliance with the requirement to provide smoking cessation advice is greater than 95%.[1]

### *Nursing Research and Evidence- Based Practice*

Nursing research involves systematic inquiry specifically designed to develop, refine, and extend nursing knowledge. As part of a clinical and professional discipline, nurses have a unique body of knowledge that addresses nursing practice, administration, and education. Nurse researchers examine problems of specific concern to nurses and the patients, families, and communities they serve. Nursing research methods may be quantitative, qualitative, or mixed (i.e., triangulated):

- In quantitative studies researchers use objective, quantifiable data (such as blood pressure or pulse rate) or use a survey instrument to measure knowledge, attitudes, beliefs, or experiences.[3]
- Qualitative researchers use methods such as interviews or narrative analyses to help understand a particular phenomenon.[3]
- Triangulated approaches use both quantitative and qualitative methods.[3]

Regardless of the method they use, researchers must adhere to certain approaches to ensure both the quality and the accuracy of the data and related analyses. The intent of each approach is to answer questions and develop knowledge using the scientific method.

In spite of the method used in nursing research nurses must understand that EBP is the conscientious use of current best evidence in making clinical



decisions about patient care, it is clinical problem solving strategy that de-emphasizes decision-making based on custom and emphasizes the integration of research evidence with clinical expertise and patient preferences. Evidence based clinical practice guidelines combine a synthesis of research evidence with specific recommendations for clinical decision making.[4]

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This century will be the century of the brain. Intelligence will define success of individuals; it remains the main ingredient of success. Developed and used properly, intelligence of an individual takes him to greater heights. Ask yourself, is your child intelligent! If yes, is he or she utilizing the capacity as well as he can? I believe majority of people, up to 80% may not be using their brain to best potential. Once a substantial part of life has passed, effective use of this human faculty cannot take one very far. So, parents need to know how does their child grow and how he becomes intelligent in due course of time. As the pressure for intelligence increases, the child is asked to perform in different aspects of life equally well. At times, it may be counter-productive. Facts about various facets of intelligence are given here. Other topics like emotional intelligence, delayed development, retardation, vaccines, advice to parents and attitude have also been discussed in a nutshell. The aim of this book is to help the child reach the best intellectual capacity. I think if the book turns even one individual into a user of his best intelligence potential, it is a success.

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This book has been addressed to young doctors who take care of children, such as postgraduate students, junior doctors working in various capacities in Pediatrics and private practitioners. Standard Pediatric practices as well as diseases have been described in a nutshell. List of causes, differential diagnosis and tips for examination have been given to help examination-going students revise it quickly. Parent guidance techniques, vaccination and food have been included for private practitioners and family physicians that see a large child population in our country. Parents can have some understanding of how the doctors will try to manage a particular condition in a child systematically. A list of commonly used pediatric drugs and dosage is also given. Some views on controversies in Pediatrics have also been included. Few important techniques have been described which include procedures like endotracheal intubations, collecting blood samples and ventilation. I hope this book helps young doctors serve children better.

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## Knowledge on Hemodialysis among Staff Nurses

Triveni Rajappa\*, Renuka Chauhan\*\*, Sembian N.\*\*\*

\*Professor, CMC, Ludhiana, \*\* Professor, CMC, Ludhiana and \*\*\*Asst. Professor, Maharishi Markandeshwar College of Nursing, Mullana.

### Abstract

The study was conducted to assess the effectiveness of structured teaching program on knowledge of Hemodialysis among staff nurses. The study design adopted was non equivalent control, pretest –post test design. The demographic proforma were collected from the staff nurses by using structured knowledge questionnaire. Data obtained in these areas were analyzed using descriptive and inferential statistics. A significant difference between pre test and post test knowledge was found ( $t = 13.171, p < 0.001$ ). The study findings showed that the structured teaching program was effective in improving knowledge of staff nurses regarding Hemodialysis. There was no significant association between the level of knowledge and demographic variables except the group in working area and inservice education.

**Keywords:** Knowledge; Structured teaching program; Hemodialysis

### Introduction

Nurses must make an important contribution towards maintenance of health in all aspect due to scientific changes in medical science and technology.[1] These expanding responsibilities of nursing based on growing demands of more knowledge and raise the need for critical evaluation of the educational programs that prepare the nurses to enter into skillful nursing profession.

Clinical Nurse Specialist competence produces confidence in their capabilities and subsequent willingness to share their experts with other, so that they were not only “knowledge power broker” on their units or in their area of specialization. For patient with chronic renal failure, hemodialysis prevents death, although it does not cure renal disease and does not compensate for the loss of endocrine or metabolic activities of the kidney.[2]

Dialysis may be used to relieve manifestation of renal failure temporarily. Dialysis must be continued for rest of client’s life until successful kidney transplantation is done. The yearly death rate of patients receiving maintenance dialysis has increased to 22%. Patient who is undergoing for dialysis suffering from many of the problems.

The nurses responsibility for the hemodialysis patients are to maintain the patency of vascular access site and keep it free from infection, to monitor the patient before, during, and after the treatment, to teach the patient and family about dialysis treatment and often home treatment and to assist the patient and family to cope with necessary life style changes and problems. Usually Hemodialysis performed by a specially trained nurse who is familiar with the protocol and equipment.[3]

### Statement of the Problem

A Quasi Experimental Study to Evaluate the Effectiveness of Structured Teaching Program on Hemodialysis among the Staff Nurses Working In a Selected Hospital, Ludhiana, Punjab.

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**Reprint Request:** Mr. Sembian N., Asst. Professor, Maharishi Markandeshwar College of Nursing, Mullana, Ambala, Haryana.

E-mail: sembian.n@gmail.com

## Objectives

- To assess the pre-test knowledge of staff nurses regarding hemodialysis among experimental and control group.
- To assess the post-test knowledge of staff nurses regarding hemodialysis among experimental and control group.
- To compare the pre and post test knowledge of staff nurses regarding hemodialysis among experimental and control group.
- To ascertain the relationship of the effectiveness of structured teaching program on knowledge of hemodialysis among the staff nurses with selected variables i.e age, professional qualification, training institution, profession experience, working area, in-service education and exposure to hemodialysis.

## Hypotheses

H<sub>1</sub> - The post test knowledge score of hemodialysis among experimental group will be significantly higher than control group of staff nurses as measured by self structured questionnaire at  $p < 0.05$  level.

H<sub>2</sub> – Experienced staff nurses knowledge on hemodialysis will be significantly higher than those with less experienced staff nurses as measured by self structured questionnaire at  $p < 0.05$  level.

## Conceptual Frame Work

Conceptual frame work for the study was adopted from Ludwig Von Bertalanffy's (1968) open system model. Theory provides a holistic approach to study nursing phenomena as an open system and frees one's thinking from the parts versus whole dilemma.[4] In this model each person or individual serves as an open system to the environment or surroundings and getting input in the form of energy, matter, and information which ultimately (throughput) change the cognition level of the person and shows impact on the knowledge level.

## Methodology

*Research approach: Quantative Approach*

*Research Design: Quasi Experimental Design: Non Equivalent Control, Pretest-Post test Design.*

*Settings:* The study was conducted at CMC and hospital, Ludhiana, Punjab.

*Sample and Sampling Technique:* The investigator adopted non probability purposive sampling method and selected 40 subjects from nephrology unit, ICU, Medical wards, out of which 20 subjects were in control and 20 subjects in experimental group.

## Development and Description of Tool

To accomplish the objectives of the study, self structured questionnaire (MCQ). It consist of two parts.

*Part I:* It deals with demographic data.

*Part II:* It deals with MCQ about hemodialysis which consist of 50 questions regarding definition, principles, vascular access, indications, Dialyzer and dialysate, complications, procedure, and nursing care.

## Validity and Reliability of the Tool

Validity refers to the degree to which an instrument measures what it is intended to measure.[5] The tool was referred among various experts for its validation. Reliability of the tool was estimated by test-retest method. The reliability was found to be 0.77 which indicated that the tool was reliable.

## Data Collection Procedure

Prior to data collection formal permission was obtained from the head of the departments and obtained consent from staff nurses after explanation of the purpose of the study. The staff nurses who met the criteria and were willing to participate in the study were selected. Pre test was done from the control and experimental group. Structured teaching program was given to experimental group with the help of lesson plan and with AV aids. The investigator spent 45 min to complete the teaching. Post test was taken from both groups.

## Significant Findings

- Maximum number of the staff nurses belonged

**Table 1: Comparison of Mean Pre and Post Test Knowledge Score Related to Hemodialysis Among Staff Nurses in Control and Experimental Group****N= 40**

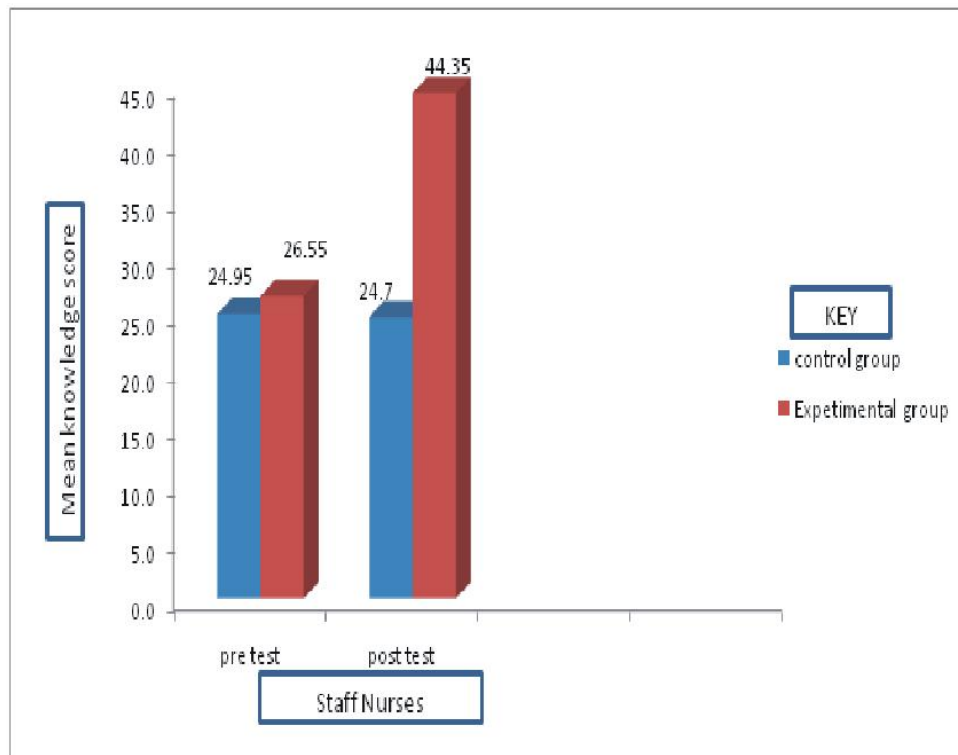
Knowledge score							
Group	n	Pre test		Post test			
		Mean	SD	Mean	SD	df	't'
Control	20	a 24.95	5.206	a' 24.7	5.601	38	0.142 NS
Experimental	20	b 26.55	4.795	b' 44.35	3.422	38	13.171***
		df		't'		df	
		a+b		39		0.986NS	
		a'+b'		39		13.049***	

Maximum score=50

Minimum score=0

NS= Non significant

\*\*\*= Highly significant at p&lt;0.001 level

**Figure 1: Comparison of Mean Pre and Post Test Knowledge Score Related to Hemodialysis Among Staff Nurses in Control and Experimental Group**

to 26-30 years in control group and 21-25 years in experimental group. In both group maximum number of the staff were G.N.M, trained from CMC and had more than 4 years of experience. In both group maximum number of staff nurses were working in medical wards and attended in-service education. In both group maximum numbers of staff nurses were exposed less than 2 years to hemodialysis.

- In control group 50 % of staff nurses had average and below average knowledge level in

the pre-test i.e. 58.6 % and 41.2 % respectively. But in the experimental group, one staff nurse had 68 % and 13 staff nurses had average and others had below average knowledge level i.e. 57.84 % and 40.32 % respectively in the pre test.

- In post test, Maximum number of the staff nurses had average and below average knowledge level i.e. 57.2 % and 38.88 % in control group respectively, But in the experimental group, most of the staff nurses had excellent knowledge level

i.e. 90.22 %.

- There was statistically significant effect on post test knowledge score of staff nurses in the experimental group at  $p < 0.001$  level.
- There was no statistically significant effect on pre test knowledge scores of the staff nurses in the control and experimental group in all variables
- There was statistically highly significant effect of demographic variables in post test knowledge scores of staff nurses in experimental group at  $p < 0.001$  and  $p < 0.01$  level. Hence it is concluded that the structured teaching program made good impact to raise the knowledge of staff nurses in experimental group.
- In the both groups, staff nurses those who were working in the nephrology unit had statistically effect on pre test and post test knowledge score at  $p < 0.05$  level.
- In both groups, the staff nurses those who were exposed to hemodialysis for 2-4 years had statistically significant effect on pre and post test knowledge scores at  $p < 0.05$  level.

#### *Recommendations*

1. This study can be replicated on a large sample to validate and thereby can generated for a large population.
2. Similar study can be done by using other teaching strategies i.e use of SIM, CAI, simulation and clinical presentation.
3. Similar study can be conducted in different setting and different target of population such as students, Health assistance etc.
4. A true experimental study may be conducted to standardize the structured teaching program.

5. A comparative study can be conducted between the knowledge levels of private and government student/ hospital regarding hemodialysis.
6. Similar study can be done on the staff nurses to assess their knowledge, practice regarding Hemodialysis.

#### **Conclusion**

Structured teaching program was given to the nurses and its effectiveness was evaluated. In the experimental group mean knowledge score increased from 26.55 to 44.35 which were statistically significant. So from the findings of the study it was concluded that the structured teaching program on Hemodialysis was an effective tool in enhancing the level of knowledge of nurses.

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## Involvement of Staff Nurses in Quality Clinical Education

**Sarika N. Bhange**

\*Associate Professor, MKSSS College of Nursing, Nagpur, Maharashtra.

### Abstract

Staff nurses can play key role in quality clinical education. A descriptive exploratory study was conducted to find out the involvement of staff nurses in clinical education to student nurses. 100 staff nurses of hospital which are attached with nursing colleges were included in the study. Rating scale was used to collect data. 80% staff nurses were having GNM qualification and most of them (78%) were interested in providing quality clinical education to student nurses but needs proper guidelines for it.

**Keywords:** Staff nurses; Quality clinical education; Student nurses.

### Background of the Study

Nursing schools and faculty are charged with educating nursing students to enter the workforce as competent and safe entry level nurses. Staff nurses are an integral piece of nursing students' education process and due to the nursing shortage fewer staff are available to assist in the educational process.

As per the curriculum of nursing, students have to spend 50% of the time in clinical area. The clinical instructors are present to supervise and guide the students but their presence is limited for each, but staff nurses those who are present in departments are continuously present with the students. They are also more familiar with the procedures done in the departments as it is practiced by them on regular basis. Students have differences of opinion regarding clinical posting, some feels that their time is being wasted and others have the opinion that they are

gaining a lot in clinical field. This difference of opinion is developed on the basis of support and co-operation they get from the staff nurses who are with them. As to provide quality nursing care is everyone's responsibility, so to prepare better future nurses, it is necessary to have involvement of staff nurses in clinical teaching. So the researcher thought of doing the study to find out the involvement of staff nurses in providing quality clinical teaching.

### Problem Statement

A study to assess involvement of senior staff nurses in providing quality clinical education at selected hospitals of Nagpur city.

### Objective

1. To determine the level of involvement of staff nurses in teaching nursing students.
2. To find out the association between degree of involvement and selected demographic factors.

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**Reprint Request:** Ms. Sarika P. Bhange, Associate Professor, College of nursing for women, Deo Nagar, Khamla Road, Nargundkar Shaikshanik Sankul, Nagpur-15.

E-mail: sarikabhange\_2007@rediffmail.com

## Methodology

*Approach:* Descriptive.

*Target Population:* Senior staff nurses (those who are having more than five yrs of clinical experience.)

*Sample Size:* 100

*Tool:* Rating scale

*Data Analysis:* Descriptive inferential statistics.

## Review of Literature

A longitudinal qualitative study conducted by Gray & Smith (2000) explored the qualities of effective mentors from nursing students' perspective. The study followed students from their first semesters as nursing students through their last semesters. Students felt that a good mentor would possess the following qualities: professional, organized, caring and self confident as well as enthusiastic, friendly, approachable, patient and understanding with a sense of humor. Students also felt that a staff nurse that involved students in activities and made an effort to spend time with and showed interest in the student were good mentors. The authors found that as the confidence and knowledge level of the students increased the more they wanted a relationship with a staff nurse mentor. The evidence presented in this study demonstrated that the staff nurse does indeed make a large difference in the learning experience of nursing students and the impact they have is extensive (Gray & Smith, 2000).

The nursing shortage in the United States is predicted to reach 260,000 vacancies by the year 2020 and may reach as high as 500,000 by the year 2025. [1] Enlisting staff nurse to aid in the education of nursing students becomes increasingly more difficult with vacancies. When there are decreased numbers of staff nurses available to help, the learning experience for nursing students may suffer.[2]

Nursing education within healthcare facilities relies heavily on modeling of behaviors. Students observe how a procedure is performed and then imitate or practice the procedure on their own.[3] The staff nurse, in many instances, is the one modeling the procedure. The student views this modeling as "competent, powerful, and attractive".[3] Staff nurses' attitudes and behaviors impact the learning environment of the student. If the behaviors or attitudes are in opposition to what the students have learned this leads to confusion and increased stress for the student.[3]

Nursing students face many stressors on their journey to becoming a nurse. For many nursing students the first time they have any contact with the medical environment is their first clinical rotation. As described by one student nurse of her first clinical experience, "I was terrified! I did not know what to do or how to do it" (personal communication, 2013). Working with a staff nurse that is knowledgeable, friendly and willing to teach can help to decrease the level of stress nursing students experience in the clinical learning environment.[4]





**Table 1: Showing Responses of Staff Nurses in Providing Quality Clinical Education**  
N=100

Sr. no.	Statements	Always	Sometimes	Never
1	Interest in teaching nursing students	78	22	00
2	Feasibility teaching the students	60	37	03
3	Library reference to read recent research studies.	27	58	15
4	Discussions on research findings	64	24	12
5	Effort made to implement evidenced based nursing Practices	73	27	00
6	Coordination of staff nurses with clinical supervisor	80	20	00
7	Practical classes for students by staff nurses	60	35	05
8	Co- ordination between education & clinical side	87	13	00
9	Relation with nurses on education side	90	10	00
10	Approach of nursing teacher	53	47	00
11	Role & responsibility in teaching young nursing generation	86	14	00
12	Adequate number of nursing supervisors	69	20	11

## Results & Discussion

The data was collected from 100 staff nurses out of which, 80% were GNM, 11% were ANM and only 8% were having B.Sc. Nursing qualification.

The above table shows that most of the staff nurses (78%) were always interested in teaching students, 60% of them says it is feasible to teach students. Most of the staff nurses have positive attitude towards teaching student nurses but because they don't have proper guidelines and directions regarding teaching students, their teaching is not that effective. So researcher would like to recommend further studies like taking students opinion and preparing a manual of guidelines for staff nurses regarding clinical teaching.

### Recommendation

1. The finding of the study can be used by hospital administrators as well principal of nursing colleges for developing a tool for staff nurses regarding clinical teaching.
2. Same study can be conducted on larger scale and finding can be send to all the hospitals where nursing colleges are attached.

## Conclusion

Staff nurses today are under increased stress due

to staffing shortages, increased workloads, and sicker patients. In addition, nurses are being asked to work with nursing students often without any training or guidance. Research has shown that staff nurses are vital to the education and the socialization of nursing students into the profession.

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## A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge and Attitude Regarding Sex Education among Higher Secondary School Teachers in Selected Area of Nagpur City

**Sophie Caleb**

\*Assistant Professor & HOD, Community Health Nursing Department, MKSSS College of Nursing for Women, Nagpur, Maharashtra.

### Abstract

The present study helps to impart the Knowledge regarding sex education among higher secondary school teachers, as the teachers are the one who observe the physiological, psychological and social changes among the students in this age group. The study is based on knowledge and attitude of teachers regarding sex education to include in their teaching syllabus. 68% of teachers gave a positive response after successful completion of structured teaching program.

**Keywords:** Knowledge; Attitude; Sex education.

### Introduction

Imparting Sex Education to children is the need of the hour considering the high percentage of psychological stress, disturbances in their Emotions and feeling and above AIDS cases in India.[1] Youth in India contributes about 40% of the population. Their knowledge to seek to understand and explore relevant facts and strategies, in the field of reproductive system, its function – its physiology is important to be explored. Adolescence need have to go addressed on several levels i.e. physical, psychological, and medical and through education in a society.[2]

### Background of the Study

The term Sex refers to the biological characteristic of being male or female, whereas the term gender refers to the identity and behavior associated with the internalized sense of being a male or female, in a given culture, it gives rise to behaviors that the society expects of male and females, referred to as a gender roles. Youth in India contributed about 40% of the population.[2] Adolescent is a period between the

age group of 12-19 years of age. As the age grows, grows with it their curiosity to know their own body parts. The major elements for sex education to be given to the gender, its physiology and the function of the reproductive organs Sex education deals with the role of anatomy and physiology of the reproductive organs. As their age grows, develops the secondary sexual characteristics. This include, menstruation among girls, breast development, feeling of shyness and among boys— hoarseness, of voice, growth of beard, nocturnal emission etc, are the secondary development.[3]

### Need of the Study

In our Indian culture, senior person in the family used to be responsible to explain about growing body parts to the young once. The explanations given by them are in hidden words, for the students / children's find it difficult to understand, as with the growing age, curiosity develops among children, and they to for finding out solutions for their questions.[4] The questions are related to their developing organs, psychological changes including feeling and emotions, psychosocial acceptance and many more. To solve this question, they cannot go to their parents, so they find the way out to search for this in internet, media, peer information etc. As per one study of 'Delhi Teacher' attitude % awareness towards sex education shows that nearly 500 teachers who were

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**Reprint Request:** Mrs. Sophie Caleb, Assistant Professor & HOD, Community Health Nursing Department, MKSSS College Of Nursing For Women, Nagpur, Maharashtra.

E-mail: sophiecaleb@gmail.com

teaching science (biology), social studies and out of that only few teachers agreed and gave their view about sex education. Focus was on following points:- Knowledge about body parts and their thorough explanations [5].

### Objective and Hypothesis of the Study

- To assess the existing level of knowledge and attitude of school teachers regarding sex education.
- To assess the effectiveness of a Structured Teaching Program (STP) on sex education.
- To find out the association between the post test knowledge score and attitude with selected demographic variable.
  1. Age of the teachers.
  2. Education
  3. Job
  4. Type of family
  5. Religion
  6. Sex

H<sub>1</sub>- There is significant difference between the pre and post knowledge scores regarding sex education.

H<sub>2</sub>- There is significant difference between the pre and post attitude scores regarding sex education.

HO<sub>1</sub>- There is no significant associate between the demographic available and attitude of sample regarding sex education.

HO<sub>2</sub>- There is no significant associate between the demographic variable and attitude of sample regarding sex education.

### Scope of the Study

Adequate knowledge regarding Sex Education helps to reduce the problems arising in the adolescence period in the higher secondary school students. As the knowledge about sex education will help the teachers also to impart the correct knowledge about sex education to the group, so that the students will develop respect towards their body parts. This will also help to prevent young generation from indulging into any other activities and diseases like HIV and

AIDS.

### Research Approach

This study was based on descriptive Evaluatory approach.

### Research Design

A Pre-Experimental (one – group pretest –posttest design) research design without control group.

### Independent Variable

In this study, the independent variable was the structured teaching programme.

### Dependent Variable

In this study dependent variable was knowledge and attitude of school teachers.

### Sample

*Technique:* The samples were selected by Convenience sampling technique (Non probability Sampling).

*Size:* Sample comprised of 50 Higher Secondary school teachers who were working in the School in Nagpur.

### Tool Preparation

The tools used for the study were:

1. Close ended questionnaire to assess the knowledge of Higher Secondary School Teachers about Sex Education.
2. 1-5 Likert Scale used to assess the Attitude of Higher Secondary School teachers regarding Sex Education.
3. Structured Teaching Programme.

### Section A

- Description of the sample according to their demographic variables.

### Section B

- Assessment of knowledge of sample regarding

sex education before & after the implementation of STP

- Area wise distribution of mean, SD, and mean percentage of pre test knowledge score.
- Area wise comparison of mean ,SD and mean percentage of pre & post test knowledge scores.
- Item wise analysis of correct responses to various items of pre & post test knowledge scores.
- Comparison of pre and post test knowledge scores with demographic variables.

#### Section C

- Assessment of attitude of sample regarding sex education before and after implementation of STP
- Area wise distribution of mean, SD, and mean percentage of pre test attitude scale.
- Area wise comparison of mean, SD and mean percentage of pre & post test attitude scores of the school teachers
- Frequency and percentage distribution of teachers attitude towards sex education in school.
- Frequency and percentage distribution of type of attitude of school teacher's in each area.
- Comparison of pre and post test knowledge scores with demographic variables.

#### Section D

**Hypothesis Testing:** To assess the effectiveness of STP on knowledge and attitude of school teachers on various aspects of sex education , hypotheses were tested by using paired 't' test.

### Data Analysis and Interpretation

#### Section A

*Distribution of Teachres According to the Demographic Variables*

**Table 1: Percentage Wise Distribution of School According to Their Age**

Age Group ( Yrs.)	No. of teachers	Percentage
25-30 yrs.	15	30.00
31-35 yrs.	15	30.00
36-40	13	26.00
40 and above	07	14.00
Total	50	100.00

**Table 2: Percentage Wise Distribution of School Teachers According to Their Sex**

Sex	No. of teachers	Percentage
Male	25	50.00
Female	25	50.00
Total	50	100.00

#### Section B

*Assessments of Knowledge Level of School Teachers Regarding Sex Education Before ANFD After the Implementation of STP*

#### Section C

*Education Wise Distribution of Mean, sd and Mean Percentage of Post Test Knowledge Score of the Sample on Sex Education*

#### Section D

*Frequency and Percentage Distribution of Teachers Regarding Sex Education*

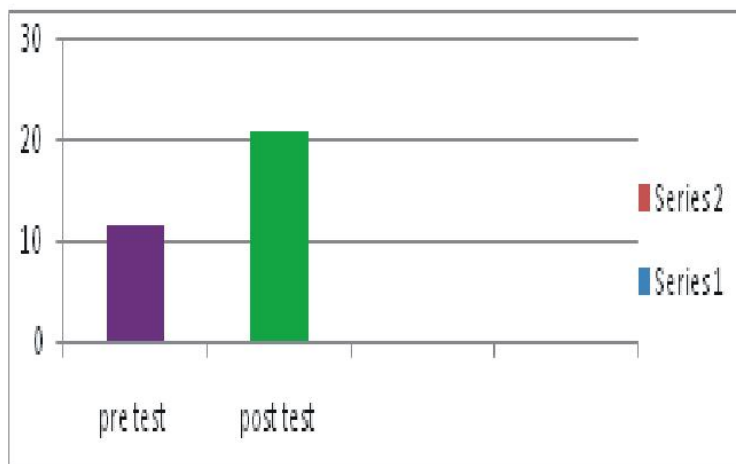
### Outcome of the Study

Many oppose this sex education to be given in school, as they think it also deals with relationship education, sexual behavior etc. and it can develop negative outcome of the children attitude and behavior. In fact, sex education deals with the anatomical structure of the reproductive part, its physiology, the psychological changes takes place in body. With the help of sex education, the children will start respecting their body parts.[6] Normal growth and development of their reproductive system will help the children also to prevent from any future problems like, inferior complex, fear, attitude problem etc. they must realize the importance of the organs in their life and they will respect the sex (gender) and this will resulting explicit the dignity of the body.

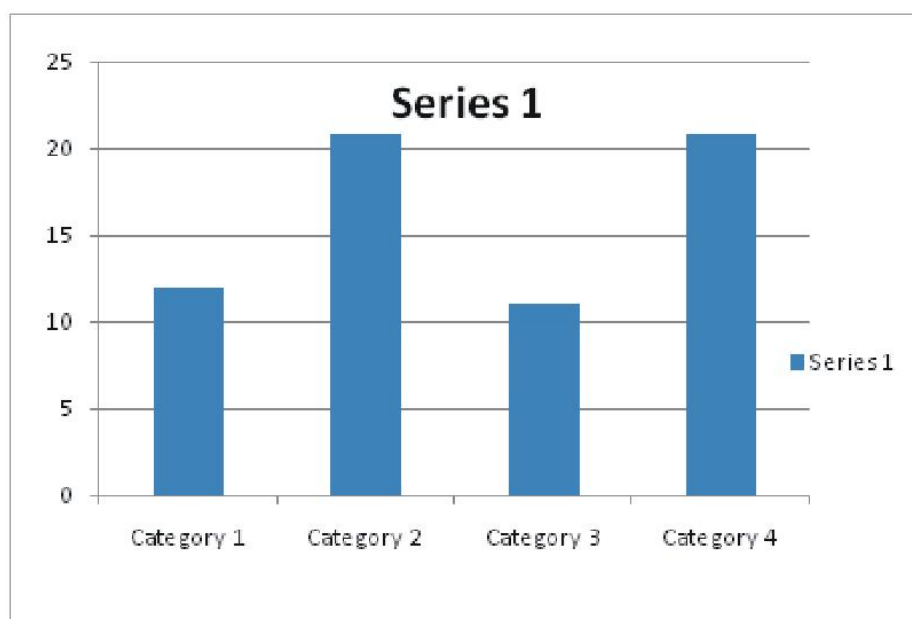
### Summary and Recommendations

- 1) *Demographic Details:* 26% of the study sample was in the age group of 31-40 years and both male and female were of same percentage i.e. 50%. 54% of the school teachers was graduate teachers and out of them 58% were having temporary job in higher secondary schools in selected schools in Nagpur city. 66% of them were Hindu in religion and only 2% were Muslim teachers.

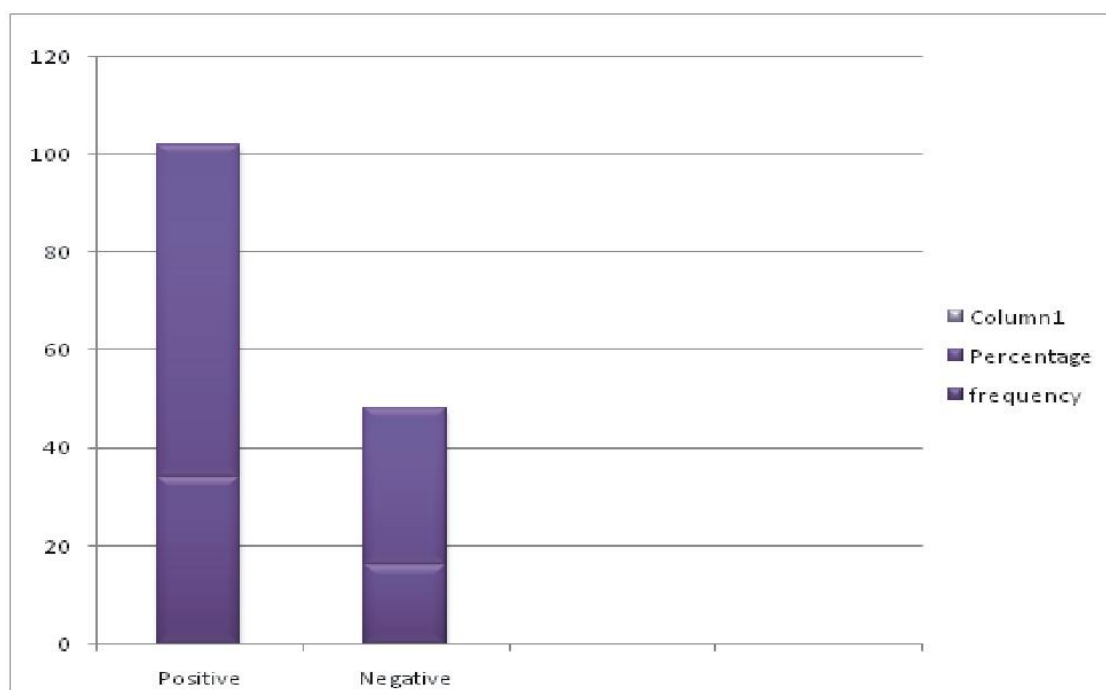
Knowledge	Maximum score	Mean	Standard deviation	Mean Percentage	Z- Value	p-value
Pre-test	17	11.46	2.09	45.84	6.17	0.000
Post-test	25	20.82	1.43	83.28		S,p<0.05



Education	No. of teachers	Pre test		Post test		z-value	p-value
		Mean + SD	Mean%	Mean+SD	Mean%		
Graduate	27	11.81±1.90	2.95±0.47	20.44±1.31	5.11±0.32	4.57	0.000 S,p<0.05
Post-graduate	23	11.04±2.26	2.76±0.56	21.26±1.48	5.31±0.37	4.21	0.000 S,p<0.05



Level of attitude	Frequency	Percentage
Positive At and above Mean 4	34	68.00
Negative Below Mean 4	16	32.00



- 2) *Knowledge of the School Teachers in Relation to Sex Education Included in the School:* The pre teaching phase 72% of the sample had knowledge about care of body in the topic of sex education. Teachers had less knowledge in anatomy and physiology and function of reproductive system. A study conducted sex education teachers believe in giving students information to aid in prevention and promote responsibility.
- 3) *Attitude of the School Teachers Regarding Sex Education in Higher Secondary School Teachers:* 68% of the school teachers were having positive attitude regarding sex education after intervention of STP with the frequency of 34 and only 32% of the teachers were having negative attitude with the frequency of 16. That means, with the help of Structured Teaching Programme, the teachers can able to understand the importance of sex education in the school. The present study explored teachers' attitudes.
- 4) *Correlation Between the Teacher's Knowledge and Attitude:* The co-efficient was computed by using Pearson's product moment co-efficient of correlation, the co-efficient was found to be 0.68. Statistically, it is significant at 0.01 levels. This shows that there is a positive correlation and marked relationship between knowledge there is an improvement in the attitude of school teachers.

#### *Contribution of the Study to the Nursing*

- A) *In nursing practice:* The most important role of the nurses is to provide awareness to the teachers regarding sex education to the adolescence group as it is the very correct age to introduce the importance of reproductive organ and explain them the functions of it, as the group of children is having a carbon mind, so whatever the teachers will explain to them, will remain in their mind forever and ever.
- B) *In Nursing Education:* The nursing curriculum should emphasis on imparting health information to teachers using different teaching methods the study will help the teachers to educate the students on the importance of the body parts, also it will lead to respect for the body parts in promotion of good health.
- C) *In Nursing Administration:* Findings of the study can be used by the nursing administrator in creating policies and plan for providing education to the teachers.
- D) *In Nursing Research:* The findings of the study have added to the existing body of knowledge in nursing profession. Other researchers may utilize the suggestion and recommendations for conducting further study. The tool and technique used has added to the body of knowledge and can be used for further references.

### *Recommendations*

- A similar study can be replicated with a control group and on a larger population.
- A similar study can be conducted in community with the parents of adolescence group using different method of communication.
- A study can be undertaken to identify the existing knowledge and attitude of adolescent regarding sex education to be included in the school.

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## A Study to Assess the Effect of Planned Teaching on Knowledge of School Teachers Regarding Selected Health Problems among School Children in Selected Schools of Suburban Area in Mumbai

**Vijay P. Rokade**

\*Tutor, M.Sc.(Paed. Nursing), Solapur Govt. Medical College, Mahakali Nagar, Nagpur-27, Maharashtra.

### Abstract

The study was conducted to assess the effect of planned teaching on knowledge of school teachers regarding selected health problems among school children in selected schools of suburban area in Mumbai. An pre-experimental evaluative approach with one group pre-test post-test design was used in the study. The sample consisted of 50 school teachers who are teaching to students of 1<sup>st</sup> standard to 7<sup>th</sup> standard in selected schools of suburban area in Mumbai. non probability convenience sampling technique was used in this study. The self structured questionnaire technique was used to assess the knowledge of school teachers. The result revealed that 50 per cent samples belonged to the age group of 21-30 years, Majority of the subjects were females (68%), 48.00% are diploma in education (D.Ed.), 86.00% samples have less than 5 years experience, (86%) had conducted health check up programme in schools and 78.00% of the subjects participated in health programme conducted in schools. The finding showed that in pre test scores near about half of samples were having average knowledge and others half were having good knowledge. But after planned teaching 12.00% of subjects had good knowledge and 88.00% of subjects had very good knowledge.

**Keywords:** Planned teaching; Health problems; School children; School teachers.

### Introduction

Schools are powerful places to shape the health, education and well-being of our children. Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies.[1]

School is an organized community and easy to reach for implementation of health and health related programme. Therefore, schools have both responsibility and opportunity to help, protect, maintain and improve the health of the students. There is an inter relation between the school and the homes of the children, as both greatly facilitate an organized approach to health promotion, health appraisal, and health restoration. Thus, it is apparent, that an

organized system of health care in schools provides a frame work well suited to carry on an effective programme of health which can reach and effect large number of children.[2]

### Objectives of the Study

1. To assess the existing knowledge of school teachers in relation to selected health problems of school children.
2. To study the effect of planned teaching on knowledge of school teachers in relation to selected health problems of school children.
3. To find out the association between knowledge of school teachers in relation to selected health problems of school children with selected demographic attributes.

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**Reprint Request:** Vijay Premanand Rokade, Shri Chatrapati Shivaji Maharaj(SCSM) Genaral hospital, school of nursing, Solapur.

E-mail: vijay\_rokade47@rediffmail.com

**Table 1: Comparison of the Mean Pre and Post Test Scores Regarding Knowledge of School Teachers on Selected Health Problems**

Overall Knowledge Score	Mean	Std. Deviation
Pre-test score	19.04	4.120
Post-test score	28.50	3.066

### Research Methodology

#### *Research Approach and Design*

Evaluative with one group pre-test post-test design.

#### *Sampling and Sampling Technique*

The samples consisted of school teachers (50). The study was conducted in selected schools of suburban area of Mumbai. The samples were selected through non probability convenient sampling technique.

#### *Data Collection Procedure*

The tool for data collection was structured questionnaire. The pre-test was conducted on the first day followed by planned teaching & post-test was conducted on day 7.

#### *Major Findings of the Study*

The data analysis was planned to include descriptive & inferential statistics. Inferential statistics such as mean, standard deviation & 't' test were applied to determine the significance of mean difference between pre-test and post-test score regarding knowledge among school teachers.

1. Majority of the subjects come under age of 21-30 and 31-40 year i.e. each (50.00%) and (36.00%)
2. Majority of the subjects were females (68.00%).
3. It was found that 48.00% are educated with diploma in education (D.Ed.).
4. It was also found that 86.00% samples have less than 5 years experience.
5. Majority of the subjects (86.00%) had conducted health check up programme in schools.
6. It was found that only 78.00% of the subjects participated in health programme conducted in schools.

#### *Comparison of Pre-test and Post-test Knowledge Score of School Teachers in Relation to Health Problems*

The data shows that in pre test scores near about half of samples were having average knowledge and others half were having good knowledge. But in post test score a subject 12.00% of subjects had good knowledge and 88.00% of subjects had very good knowledge.

The area wise pretest result shows that knowledge score regarding selected health problems among school teachers. The highest knowledge level was in the common cold area i.e. 6.32. The overall knowledge level was 19.04. This result indicates that the teachers are having the less knowledge regarding selected health problems before planned teaching programme.

#### *Assessing the Association Between Pre-test Knowledge Scores and Demographic Variables*

The study shows that there was significant association between genders and the health check up programme conducted in school by the samples. Other demographic variables i.e. age, religion, educational qualification, teaching experience were not showing any association between knowledge scores.

### Discussion

The data analysis revealed that the mean pre-test score of school teachers was low and shows marked difference between pre and post test mean score. This clearly indicates the need for continuing education on common health problems.

It was also observed that school teachers had more knowledge in the area of common cold.

### Conclusions

In post test there is significant gain in knowledge seen. The results indicated that equal positive response to the planned teaching was found really useful to them.

The samples expressed that they were expecting more of such kind of information with pictures and planned teaching.

#### *Limitation*

1. The control group was not used in the study; therefore the effects of extraneous variables can not be assessed.
2. The study is limited to selected health problems in school children.

#### *Recommendations*

- A similar study can be conducted on large sample.
- A similar study may be replicated with a control group.

- A comparative study can be undertaken to assess the knowledge of school teachers in private and government schools, urban and rural areas.
- A study can be conducted to assess the attitudes of school teachers in relation to the common health problems in school children.

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

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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.

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### 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, 2<sup>nd</sup> 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. p. 7-27.

### No author given

[8] World Health Organization. Oral health surveys - basic methods, 4<sup>th</sup> 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](http://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.

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