



A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE OF STAFF NURSES REGARDING CARE OF PATIENTS WITH INDWELLING CATHETER IN JAN SEWA HOSPITAL SRI GANGANAGAR

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ABSTRACT

Introduction: “Bones can break, muscles can atrophy, Glands can loaf and even the Brain can go to sleep without immediate danger to survival. But if the kidney fails the excretion of waste products from the body that could not be carried out effectively by any other means”.

Material & Methods: The instruments used for the study were self administered questionnaire and non-participate observational checklist. A total of 50 staff nurses were selected by using convenience sampling technique. The data obtained were analysed and interpreted in terms of the objectives and hypothesis.

Results: Out of 50 staff nurses, 29(58%) had good knowledge, and 21(42%) had excellent knowledge. Out of 50 staff nurses 40(80%) had good practice, 8(16%) had excellent practice and 2(4%) had poor practice. There was a significant relationship found between knowledge and practice of staff nurses ($t= 6.475$, $r=0.925$) at $p<0.0001$.

Conclusion: This study showed theoretical knowledge and practice of staff nurses regarding the care of patients with indwelling catheter.

Keyword: Descriptive Study, Assess, Knowledge and Practice, Indwelling Catheter

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Introduction: Barbara, describes urinary elimination is a physiological need. In everyday life human beings void urine in a socially acceptable way but this function will be altered in certain disease conditions. Virtually all systems of the client can be affected, when there is alteration in urinary elimination. It also affects the body image. Nurses should be well prepared to understand and be sensitive to the needs of patients with urinary problems. A problem solving approach has to be adopted to find out acceptable solutions to solve the problems of urinary elimination.

Christensen, describes normal elimination of urinary waste is required in order to maintain internal homeostasis. Nursing therapies promote or minimize factors that influence urinary function. Each client has a different pattern of urinary elimination. The nurse must assess this pattern of elimination and design therapies to promote normal urinary elimination. When necessary, the nurses uses devices such as condom or an indwelling catheter to assist the client with urinary elimination.

Doris Smith, explains when an urinary tract is obstructed or when the patient is unable to void , insertion of catheter becomes a life saving measure to drain out the urine from the bladder. A catheter is defined as a tubular instrument made up of rubber , plastic , metal or other materials used for draining of urine from the bladder. This procedure is known as urethral catheterization.

Bachie, states that urinary catheters have been used in Medical practice since 3000 B.C. The variety of materials used for preparing catheters were tin, gold , bronze, wood , iron and plant leaves . In 1700 A.D. onwards , flexible catheters were used , which were made up of woven silk . It is recorded that **Benzamin Frantlin** in 1752 used a catheter made up of fine gut . In 1800's **Good Year** developed rubber catheters . Later 1920's **Frederick Foley** designed a catheter that had an integral balloon inflated via a separate Lumen and is widely used now. This was intended at that time to prevent haemorrhage following prostatectomy.



Bradley C, described that a typical indwelling catheter is a sterile invasive rubber device made up of latex coated or pure silicone coated material, which consist of double lumen. The main channel is for drainage of urine and other for inflation of the balloon through the side piece using either sterile saline or water. It is usually connected to drainage tube and collection bag, so that urine continuously drains from the bladder.

MATERIAL & METHODS

Research Approach: In view of the nature of the problem under study and to accomplish the objectives of the study descriptive survey approach was found to be appropriate to describe the knowledge and practice of staff nurses regarding the care of patients with indwelling catheter. Descriptive approach describes situations as they exist in the world and provides on accurate account of characteristics of particular individuals, situations or groups. The outcome of descriptive research provides a basis for future quantitative research.

Research Design: According to **Polit and**

Hungler, the research design is an investigator's overall plan for obtaining answers to the research questions. In many aspects of nursing there is a need for a clear picture or description of the phenomenon before causality can be examined.

For the present study, descriptive design was adopted, as it was a virtue of a situation that naturally happens. In which the researcher observe the phenomena as they occur naturally and no external variable are introduced and it is a non-experimental research design. In non-experimental research, researcher collect data without making change or introducing treatments. The data of non-experimental research are collected through use of questionnaires, interviews, observations.

Setting of the Study: For the present study, Jan Sewa Hospital Sri Ganganagar was selected. Jan Sewa Hospital Sri Ganganagar is a 250 bedded multi speciality hospital. It is one of the leading hospitals in Sri Ganganagar with modern technology

Population: In the present study, the target population consists of staff nurses working in general Wards at Jan Sewa Hospital Sri



Ganganagar.

Sample: The set of sampling unit chosen for the study is called sample .In this study sample consists of 50 staff nurses working in Jan Sewa Hospital Sri Ganganagar

Sampling Technique: Convenience sampling techniques used to select the staff nurse in selected hospital of Sri Ganganagar, Rajasthan.

RESULT:

Table-01 Association between practice score and age

Age	Below Mean	Above mean	Total	Chi-square value	p-value
≤25	19	10	29	5.055	<0.025
>25	7	14	21		
Total	26	24	50		

Table 01, calculated Chi-square value is 5.055, it is greater than the table value. So, it is significant. This finding result there is association between Practice score and age.

Table - 02 Association between practices score of subjects based on educational status

Educational status	Below Mean	Above mean	Total	Chi-square value	p-value
GNM	25	24	49	1.02	>0.232
B Sc(N)	0	1	1		
Total	25	25	50		

Table 02, calculated Chi-square value is 1.02, it is lesser than the table value. So, it is not significant. This finding result there is no association between Practice score and educational status.

Table-03 Association between practices score of subjects based on service experience

Service Experience (yrs)	Below Mean	Above mean	Total	Chi-square Value	P-value
≤1	10	5	15	7.474	0.006
>1	9	26	35		
Total	19	31	50		

Table 03, calculated Chi-square value is 7.474, it is greater than the table value. So, it is significant. This finding result



there is association between Practice score and service experience.

Table-04 Association between practice score of subjects based on income

Service experience (yrs)	Below Mean	Above mean	Total	Chi-square value	p-value
≤ 3000	17	10	27	5.265	<0.022
>3000	7	16	23		
Total	24	26	50		

Table 04, Calculated Chi-square value is 5.265; it is greater than the table value. So, it is significant. This finding result there is association between Practice score and income.

Table-05 Association between practice and demographic variables

Demographic Variables	Degree of freedom	Calculated Chi-square Value	Critical value of Chi-square	Level of significance	Inference
Age	1	5.055	3.841	<0.025	significance
Services Experience	1	7.474	3.841	<0.006	significance
Professional qualification	1	1.020	3.841	>0.05	significance
Income	1	5.265	3.841	>0.02	significance

Table 05, describes the association between the selected demographic variables of the subjects and Practice Score. The table reveals that there is a significant association between the Practice of subject and their age at 5% level of significance with 1 degree freedom the calculated Chi-square value that is, 5.055 is greater than the table value of Chi-square (3.841). Since there is a significant association between the Practices score and age of the subjects. Thus, H_1 accepted.

A Chi-square test was done to find out the association between the Practice and service experience. As the calculated value of the Chi-square (7.474) is greater than the Chi-square table value 3.841 with the degree of freedom 1 at 5% level of significance. Thus H_3 was accepted.

To find out the association between the level of Practice and professional qualification, a Chi-square test was done. The calculated Chi-square value 1.02 with the degree of freedom. There is no significant association between Practice and professional qualification.

Hence there is a significant association



between the level of practice and demographic variables, thus H_3 was accepted.

To find out the association between the level of Practice and income, a Chi-square test was done. The calculated Chi-square value 5.265 with the degree of freedom 1. There is significant association between Practice and income.

DISCUSSION:

Findings of the study revealed there was a highly significant association between age, service experience, and income and practice score. There was no significant association between professional qualification and practice score and knowledge score. Similarly there was significant association between age, service experience and income and practice scores.

CONCLUSION: The generalization of the study result can be made by replication of the study. In India only a few research studies have been done on assessment of knowledge and practice of Staff nurses on care of patients with indwelling catheter. The study reveals there is an adequate knowledge and practice of the staff nurses in

Preventive aspects of complications regarding care of patients with indwelling catheter. Also there is a need for extended nursing research into different aspects of care of patients with indwelling catheter.

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