"A STUDY TO EVALUATE THE EFFECTIVENESS OF A STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BRADEN SCALE IN ASSESSING THE RISK OF PRESSURE SORE AMONG STAFF NURSES IN SELECTED HOSPITAL AT HONAVAR, UTTARAKANNADA".

By

Ms. Ericka Louella Antonio

Submitted to

Rajiv Gandhi University of Health Science, Bangalore, Karnataka.

Under short term Research Grants for Undergraduate Students of Institutions affiliated to RGUHS for the year 2021-2022.

and

in Partial fulfillment of the requirements for the degree of

Bachelor of Science in Nursing.

Under the guidance of

A.Sagaya Arockia Mary

St. Ignatius Institute of Health Sciences,

Honavar, Uttara Kannada.

2022.

DECLARATION BY THE CANDIDATE

I hereby declare that this thesis titled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF A STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BRADEN SCALE IN ASSESSING THE RISK OF PRESSURE SORE AMONG STAFF NURSES IN SELECTED HOSPITAL AT HONAVAR, U.K. ,** is a bonafide and genuine work to carried out by **MS. ERICKA LOUELLA ANOTNIO** under the guidance of **A. SAGAYA AROCKIA MARY,** the principal ,St. Ignatius Institute of Health Sciences, Honavar.

Date: **Ms. Ericka Antonio**

Place: Honavar **Final year B.Sc. Nursing**

CERTIFICATE BY THE GUIDE

This is to certify that thesis **"A STUDY TO EVALUATE THE EFFECTIVENESS OF AN STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BRADEN SCALE IN ASSESSING THE RISK OF PRESSURE SORE AMONG STAFF NURSES IN SELECTED HOSPITAL AT HONAVAR, U.K.**is a bonafide research work done by **Ms. Ericka Louella Antonio** under Short term Research Grants for Undergraduate Students of Institutions affiliated to RGUHS for the year 2021 – 22.

Date :

Signature of the guide

Place: Honavar.

A. Sagaya Arockia Mary
Principal
St. Ignatius Institute of Health Sciences,
Honavar.

ENDORSEMENT BY THE PRINCIPAL /HEAD OF THE INSTITUTION

This is to certify that the dissertation entitled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF AN STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BRADEN SCALE IN ASSESSING THE RISK OF PRESSURE SORE AMONG STAFF NURSES IN SELECTED HOSPITAL AT HONAVAR, U.K.,** is a bonafide research work done by **Ms. Ericka louella Antonio** under Short term Research Grants for Undergraduate Students of Institutions affiliated to RGUHS for the year 20201– 22 under the guidance of **A.Sagaya Arockia Mary**, the principal of St. Ignatius Institute of Health Sciences, Honavar.

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Place: Honavar.

Signature of the principal

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SHORT-TERM RESEARCH GRANT FOR UNDERGRADUATE STUDENTS

2021-2022.

FINAL REPORT.

1.	**TITLE OF THE PROJECT**	**"A STUDY TO EVALUATE THE EFFECTIVENESS OF AN STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BRADEN SCALE IN ASSESSING THE RISK OF PRESSURE SORE AMONG STAFF NURSES IN SELECTED HOSPITAL AT HONAVAR, U.K.**
2.	**RGUHS PROJECT CODE**	**UG21NUR244**
3.	**NAME OF THE STUDENT**	**MS. ERICKA LOUELLA ANOTNIO**
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5.	**NAME OF THE DEPARTMENT**	**NURSING**
6.	**DATE OF COMMENCEMENT OF THE RESEARCH ACTIVITY**	**2/1/2022**
7.	**DATE OF COMPLETION**	**18/4/2022**

8.	❖ **OBJECTIVES STATED**	**The objectives of the study are;** 1. To assess the pre and post-test knowledge level of staff nurses regarding Braden scale. 2.To determine the significant enhancement in the post-test knowledge level of staff nurses, regarding Braden scale 3. To find the significant association between the pre-test knowledge level of staff nurses regarding Braden scale with their selected demographic variable.
	❖ **OBJECTIVES ACHIEVED**	1) Assessed the pre and post-test knowledge level of staff nurses regarding Braden scale. 2) Determined the significant enhancement in the post-test knowledge level of staff nurses, regarding Braden scale 3) Found the significant association between the pre-test knowledge level of staff nurses regarding Braden scale with their selected demographic variable.

9. FIELD /EXPERIMENTAL WORK GIVING FULL DETAILS OF RESEARCH METHOD ADOPTED.

RESEARCH METHODOLOGY:

Research methodology is a way of systematically solving a problem. It indicates the general pattern of organizing the procedure for empirical study together with the method of obtaining valid and reliable data for problem under investigation.

An extensive review of literature was undertaken. A pre - experimental research design was used for this study. In order to accomplish the objective of this study a quantitative evaluative research approach and pre-experimental research design was used. A structured knowledge questionnaire consists of 40 items which was used to assess the Knowledge level on Braden scale. The sample 30 staff nurses from St Ignatius hospital, Honavar, were selected. Collected data was done by self-administered knowledge questionnaire. Data analysis was done by using descriptive and inferential statistics (Chi-square and paired test) and presented in the form of tables and graphs.

RESEARCH APPROACH:

Quantitative evaluative research approach was adopted in the present study.

RESEARCH DESIGN:

A Pre-experimental Research design (one group pre and post- test) was adopted in the present study.

VARIABLES UNDER STUDY:

According to Polit & Hungler, (1999), variables are an attribute of a person or object that varies and taken on different value within the population under study.

- **Independent variable:** - Structure teaching programme on knowledge regarding Braden scale as a standard tool to assess the risk of pressure sore in bedridden patient.
- **Dependent variable**:- knowledge level staff nurses on Braden scale.
- **Demographic variable: -** In the study the demographic variables are Age, sex, educational status, designation, year of experience, area of experience, previous knowledge on Braden scale

SETTING OF THE STUDY:-

According to polit & Hungler, setting is the physical location and condition in which data collection takes place in a study. The study was conducted at St. Ignatius Hospital, Honavar.

POPULATION:

The population refers to the entire set of individual or subject having common characteristics, sometimes referred to as universal. In this study the population is staff nurses .

❖ **Target population:-**

The target population consists of the total members of a define set of staff nurses from whom the data will be generalized. In the present study the target population was the staff nurses working at St. Ignatius hospital, Honavar.

❖ **Accessible population:**

In the study the accessible population were the staff nurses working in St. Ignatius Hospital, Honavar.

SAMPLE:

A sample is a small portion of population selected to participate in the research study. The sample for this research was the staff nurses working at St. Ignatius Hospital ,Honavar.

SAMPLE SIZE:-The sample size taken for this study consist of 30 staff nurses, working in St. Ignatius Hospital,Honavar.

SAMPLING TECHNIQUE:-

Sampling defines the process of selecting a group of people (or) other elements with which to conduct a study. In this study non-randomized sampling technique (purposive) is used.

SAMPLING CRITERIA: -

Sample of the present study were selected based on the criteria fixed by investigators to reduce bias and errors.

Inclusion criteria:

- Staff nurses working at SIH only
- Only female nurses

Exclusion criteria:

- Not interested to be the part of the study
- Those nurses were on leave during the data collection.

SELECTION AND DEVELOPMENT OF TOOL:-

Tool is a procedure or instrument used to assess the awareness by the researcher to collect data. The tools were prepared on the basis of the objectives of the study. The tool was developed after:-

- An extensive revive of research and non-research literature

- Based on consultation with experts in the field and related field
- Based on opinion of the expert to ascertain for the clarity and appropriateness of the items of the given structured questionnaire
- Based on informal discussion with the peer group

DESCRIPTION OF THE TOOL:-

The tool was Structured Knowledge Questionnaire, **consist of two section-**

- **Section I** :-It consists of sample characteristics (demographic variables)
- **Section II :**- Consists of structured knowledge questionnaire regarding Braden scale as a tool to assess the risk of pressure sore in bed ridden patients

❖ **SECTION I** :- This section consisted of 07 items obtaining information regarding subjects .age ,education ,type of family ,bedridden patients at home ,care provided for bed ridden patients , knowledge on Braden scale ,source of information.

❖ **SECTION II**:-This section consists of 40 multiple choice questions covering of introduction on Braden scale, its parameters, knowledge on bedsore, risk factors, assessment of bed sores based on the score and the care of bedridden patients.to assess the knowledge of staff with the maximum score of 40 and the entire question has 4 options. They were as "1 "will be the correct answer and other 3 will be the wrong answers each correct answer score"1" mark and incorrect answer 0 mark.

CRITERION MEASURES:-

The multiple choice question were used to assess the Knowledge of the staff nurses regarding the Braden Scale as a standard tool to Assess the Risk of Pressure Sore in Bedridden Patients, the assessment of the knowledge is identified through the following scale.

KNOWLEDGE LEVEL	SCORE RANGE	PERCENTAGE
POOR	0-10	0-25%
AVERAGE	11-20	27.5-50%
GOOD	21-30	52.5-75%
EXCELLENT	31-40	77.5-100%

Interpretation total: 40 Minimum score: 1 maximum score-40

CONTENT VALIDITY:-

To ensure the content validity of tool, the prepared tool along with the problem statement, objectives, operational definition, hypothesis, pretest and posttest was submitted to 5 experts in the field of medical and nursing. Experts are requested to judge the items on the basis of their relevance clarity feasibility, organization of the items included in the study based on expert opinion some of the questions were modified and some of the questions has been deleted. Arrangement of the option was done in proper way according to the suggestion given by7 experts. The tool was presented and finalized by the research committee of SIIHS College of nursing Honavar.

RELIABILITY OF TOOL:

The reliability co-efficient calculated using split half formula to determine reliability co-efficient for structured knowledge questionnaire. The 'r' was found to be r=0.82. This correlation coefficient was reliable and it is a good tool for assessing the effectiveness of structured teaching programme on knowledge regarding Braden scale among staff nurses of St. Ignatius hospital, Honavar.

PILOT STUDY:

According to Treece (1986) a pilot study is a small preliminary investigation of the same general character as the major study, the purpose of this project is to find out the feasibility of study, clarity of language in tool and finding the plan for analysis. A pre-test was conducted for staff nurses, following that the subject matter was explained to the group. After 7 days the post-test also was conducted. The average time taken by each staff nurse to attend the questionnaire and give answer was about 1hour. After pilot study the tool was found to be feasible and acceptable. The pilot study schedule is

Pre Test and Intervention			**Post Test**		
Date	**No of sample**	**Duration**	**Date**	**No of sample**	**Duration**
06/2/2022	12	4 hours	13/2/2022	12	2hours

DATA COLLECTION PROCESS:

Data collection is precise, systematic method of gathering information relevant to the research. To conduct the main study at St. Ignatius Hospital Honavar, a formal written permission was obtained from concerned authorities before data collection from Principal of the Institution. Data collection period was from 01/02/2022 to 13/03/2022. The procedure was the same as in the pilot study valid and reliable structured knowledge questionnaire was used for data collection. Self-introduction and establishing rapport with the subjects i.e 30 staff nurses. Explained the important of research study, the confidentiality of their responses was assured and consent was obtained from each Participant.

The process used for data collection was as follows,

- The research investigator introduced and explained the purpose of the study to the staff nurses.
- The written consent was obtained from the subjects
- The structured knowledge questionnaire was used to assess the knowledge regarding the Braden scale
- The participants were thanked for their cooperation
- Data collected was then tabulated and analysed

Data collection process is scheduled as following

Pre-test and Intervention.				**Post test**			
Date	**Sample**	**Time**	**Area**	**Date**	**Sample**	**Time**	**Area**
01.03. 22	**08**	**10-11am**	**St. Ignatius hospital, Honavar.**	**10.03.22**	**08**	**9-10am**	**St. Ignatius hospital, Honavar.**
02.03.22	**11**	**2-3pm**		**12.03.22**	**11**	**2-3pm**	
03.03.22	**11**	**10-11am**		**13.03.22**	**11**	**10-11am**	

PLAN FOR DATA ANALYSIS:

Analysis of the data was planned on the basis of objective and hypothesis. The data plan to be analyzed by using both descriptive and inferential statistics and the following plan for analysis would be worked out.

Descriptive statistics

- Demographic data was analysed in terms of frequency and percentage
- The knowledge and practice regarding the Braden scale
- Mean ,Mean percentage and standard deviation was computed Inferential statistics
- Chi-square test is to find out association between the selected demographic variable and level of knowledge regarding Braden scale
- Paired “t” test to find the mean difference in the pre-test and post-test knowledge at 0.05 level

Ethical consideration

- Permission was obtained from research committee of SIIHS, Honavar.
- Due permission from authorities was sought and obtained
- Informed written consent was taken from participants

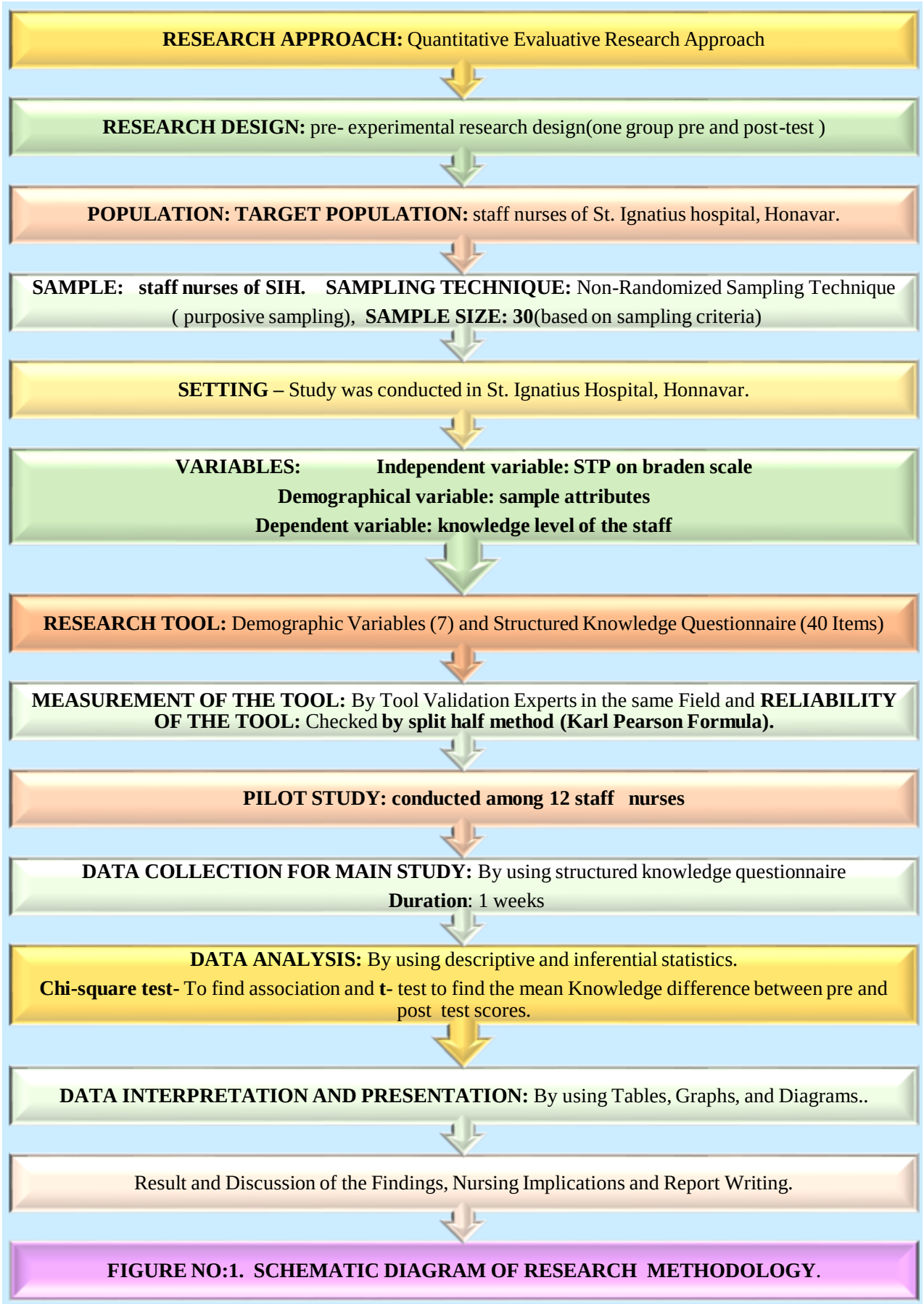


FIGURE NO:1. SCHEMATIC DIAGRAM OF RESEARCH METHODOLOGY.

DATA ANALYSIS AND INTERPRETATION

Data analysis and interpretation is the process of assigning meaning to the collected information and determining the conclusions, significance and implications of the findings. It is an important and exciting step in the process of research. Statistical method is a method for rendering quantitative information meaningful and intangible. This enables the research to summaries, organize, evaluate, interpret and communicate numeric information (Polit and Hungler, 1999)

This section presents the analysis and interpretation data collected from 30staff nurses of St. Ignatius hospital, Honavar. A study to evaluate the effectiveness of an structured teaching programme on knowledge regarding Braden scale in assessing the risk of pressure sore among staff nurses in selected hospital at Honavar, U.K.. The data collected were organized, tabulated, analyzed and interpreted by means of inferential and statistical formula and prescribed in tables and graphs. The data collection was done based on the research objectives.

OBJECTIVES:

1. To assess the pre and post-test knowledge level of the staff nurses regarding Braden scale.
2. To determine the significant enhancement in the post-test knowledge level of staff nurses, regarding Braden scale
3. To find the significant association between the pre-test knowledge level of staff nurses regarding Braden scale with their selected demographic variables

HYPOTHESES:

- **H_0**: There will be no difference between the pre and post-test knowledge score.
- **H_1**: There will be significant enhancement in the post test knowledge score.
- **H_2**: There will be significant association between the pre-test knowledge score and selected demographic variables.

ORGANISATION AND PRESENTATION OF DATA:

The data collected is organized and presented under the following heading:

- **SECTION-I:** Frequency and percentage distribution of staff nurses according to their demographic variables.
- **SECTION-II:** Analysis of overall level of knowledge of staff nurses of St. Ignatius hospital, Honavar.
- **SECTION-III** : Analysis of the mean difference between the pre and post-test knowledge score.
- **SECTION-IV:** Analysis of effectiveness of the educational sessions by comparing pre and post-test knowledge level of staff nurses of St. Ignatius Hospital, Honavar regarding Braden scale.
- **SECTION-V:** Analysis of association between the pre knowledge level of staff nurses of St. Ignatius Hospital, Honavar regarding Braden scale with their demographic variables.

SECTION-I

Table No-1: Shows the frequency and percentage distribution of Staff Nurses of St. Ignatius Hospital, Honavar according to their demographic variables.

N=30

Sl. No	DEMOGRAPHIC VARIABLE	FREQUENCY (n)	PERCENTAGE (%)
1	**AGE IN YEAR**		
	a. 20-30	05	16.6%
	b. 30-40	22	73.3%
	c. 40-50	03	10.0%
	d. 50-60	00	00%
2	**EDUCATION**		
	a. GNM	15	50%
	b. BSc(n)	06	20%
	c. PB BSc(n)	09	30%
3	**TYPE OF FAMILY**		
	a. Nuclear family	21	70%
	b. Joint family	08	26.6%
	c. Extended family	01	3.3%
4	**HAVING BEDRIDDEN PATIENT AT HOME**		
	a. Yes	02	6.6%
	b. No	28	93.3%
5	**TYPE Of CARE PROVIDED**		
	a. Back care	02	05%
	b. Bed bath	02	05%
	c. Wound dressing	00	00
	d. Position and exercise	00	00
6	**PREVIOUS KNOWLEDGE ON BRADEN SCALE**		
	a. Yes	28	93.3%
	b. No	02	6.6%
7	**SOURCE OF INFORMATION**		
	a. Family	01	2.5%
	b. Friend	01	2.5%
	c. Teacher	02	5%
	d. Mass media	05	16.6%

Table No. 1-shows the demographic information of Staff Nurses of St Ignatius Hospital who participated in the present study Age in year, educational status, Type of family, Bedridden patient at home, care provided to the bedridden patient, Previous knowledge on Braden scale, and source of information.

Table No –1.1 shows the frequency and percentage distribution of Staff Nurses of St. Ignatius Hospital Honavar according to their age.

N =30

AGE IN YEAR	FREQUENCY	PERCENTAGE
a. 20-30	05	16.6%
b. 30-40	22	73.3%
c. 40-50	03	10.0%
d . 50-60	00	00%

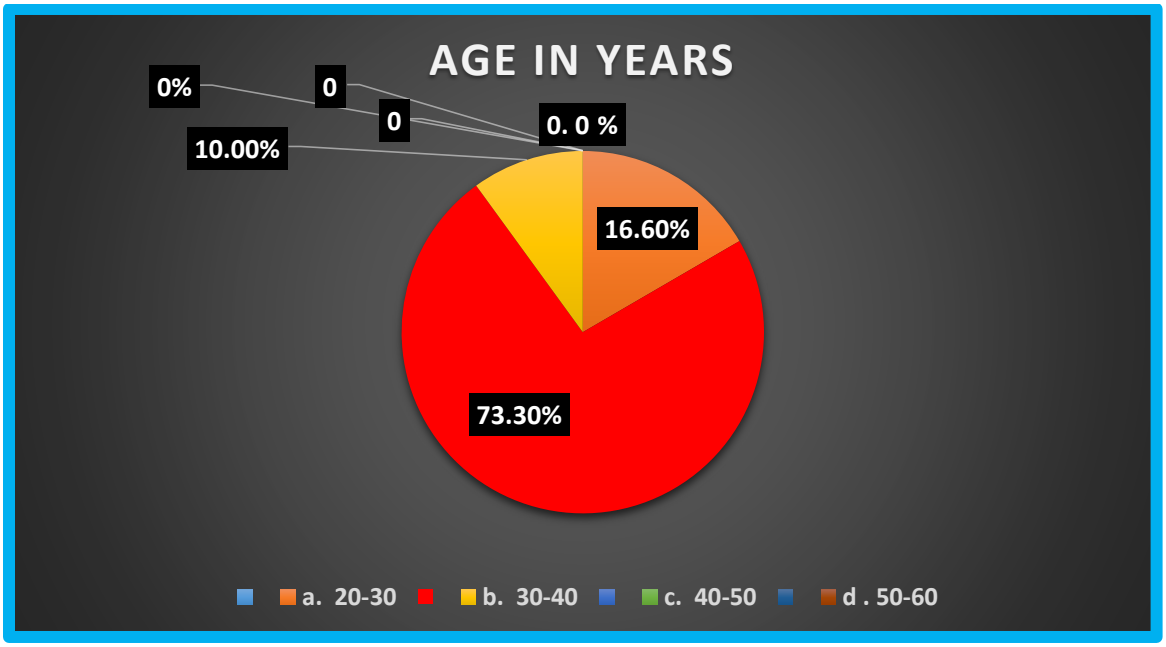


Figure No- 2.1: Pie diagram shows the percentage distribution of subjects according to age of the staff nurses of St. Ignatius Hospital, Honavar.

Table 1.1(Fig-2.1) Depicts according to age of staff nurses of St. Ignatius Hospital Honavar, the maximum number of subjects belongs to 30-40 years 22 (73.30%), 05(16.6%) belongs to 20-30, 03(10.0%) belongs to 40-50years,0(0%) belongs to 50-60 years.

Table No –1.2 Shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital, Honavar according to their education status.

N=30

EDUCATION STATUS	FREQUENCY	PERCENTAGE
a) GNM	15	50%
b) BSc (N)	06	20%
c) PBBSc (N)	09	30%

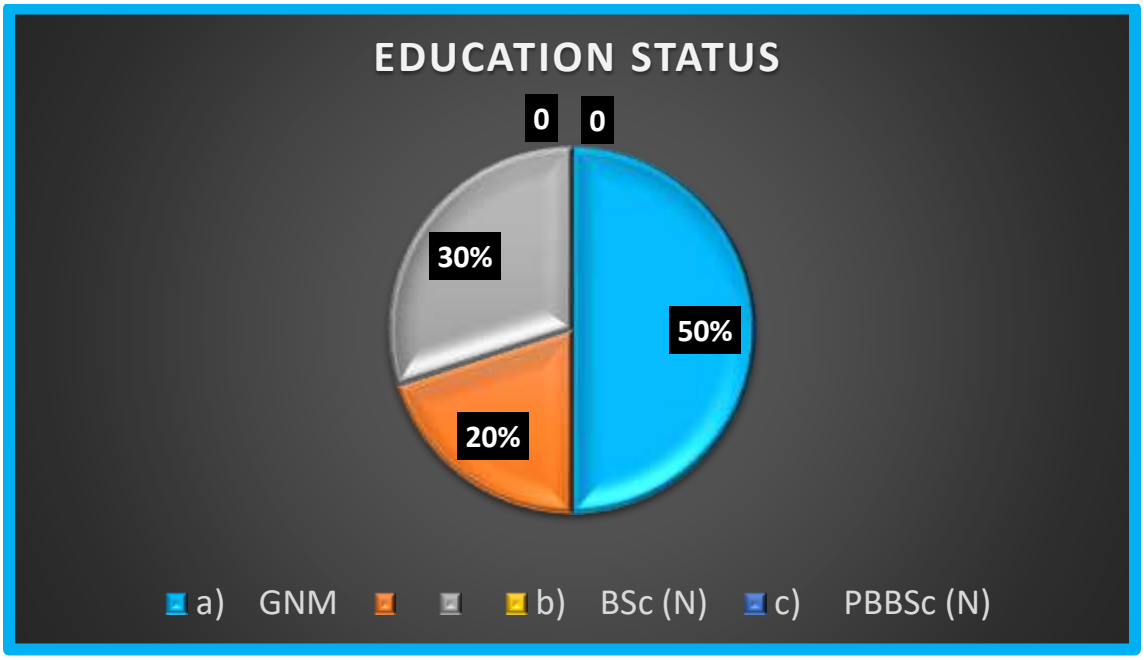


Figure No- 2.2: Pie diagram shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital Honavar according to their education.

Table 1.2(Fig-2.2) Depicts according to education the staff nurses of St. Ignatius Hospital Honavar, the 50% subjects are GNM and 20% are BSc (N) and 30% are PBBSc (n)

Table No1.3: - Shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital, Honavar according to their type of family.

N=30

TYPE OF FAMILY	FREQUENCY	PERCENTAGE
a) Nuclear family	21	70%
b) Joint family	08	26.6%
c) Extended family	01	3.3

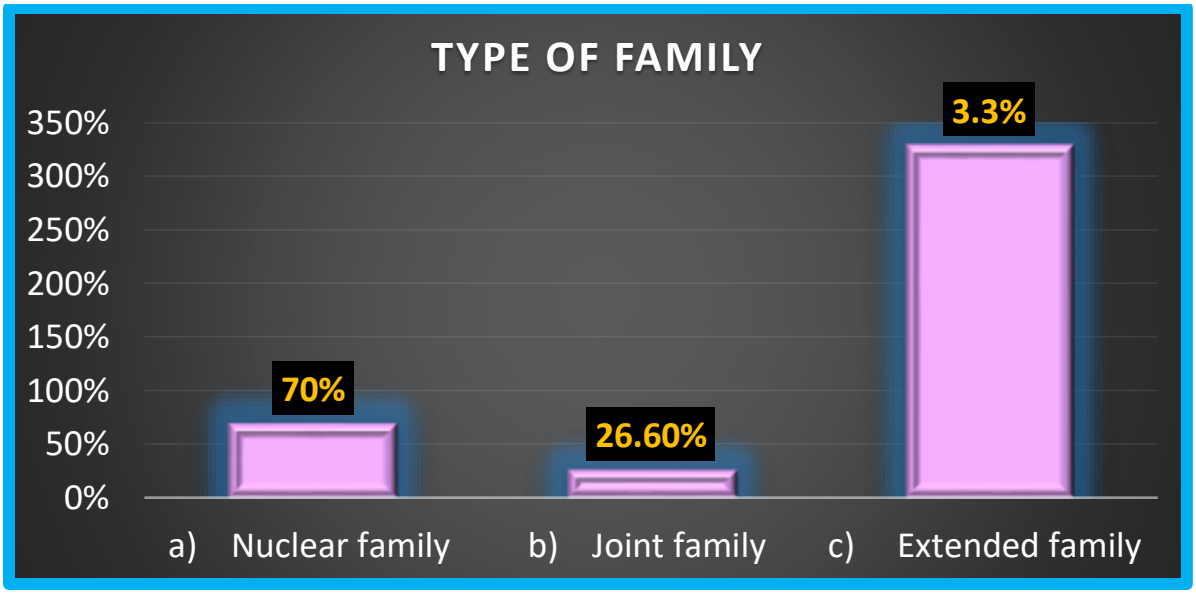


Figure No- 2.3: Column diagram shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital Honavar according to their type of family.

Table 1.3(Fig-2.3) Depicts according to type of family of staff nurses of St. Ignatius Hospital, Honavar, (70%) belongs to nuclear family, (26.60%) belongs to Joint family and (3.3%) belongs to extended family.

Table No1.4: - Shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital, Honavar according the bedridden patients at home.

N=30

BEDRIDDEN PATIENT AT HOME	FREQUENCY	PERCENTAGE
a. YES	02	6.6%
b. NO	28	93.3%

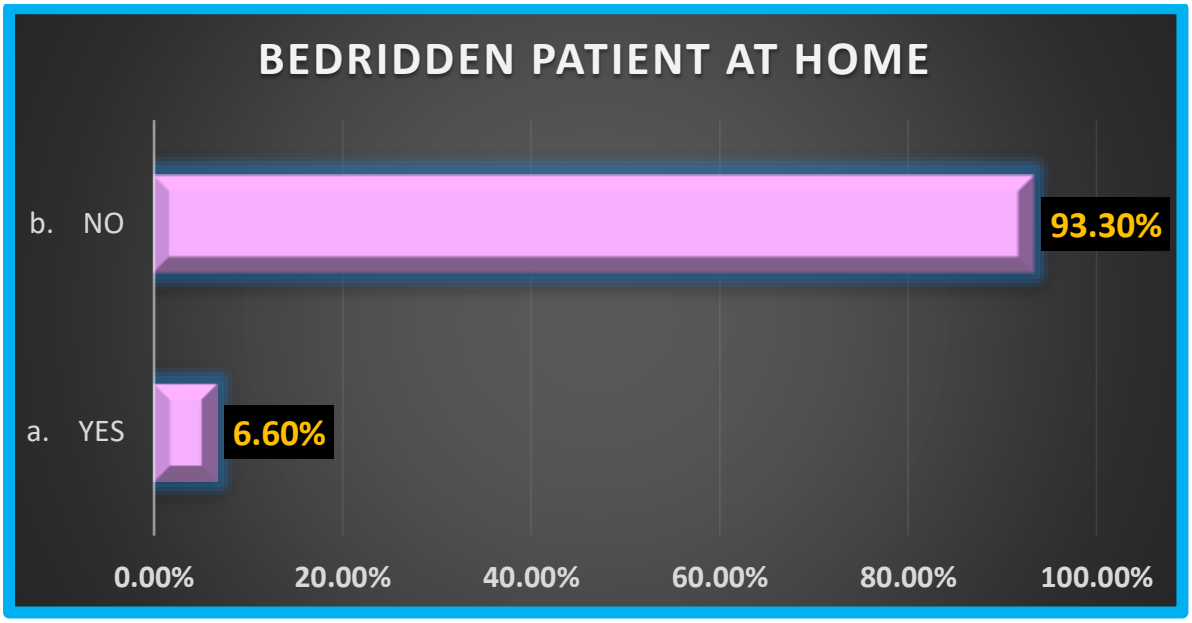


Figure No2.4:- Bar diagram shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital, Honavar according the bedridden patients at home.

Table 1.4(Fig-2.4) Depicts according to the bedridden patients at home of staff nurses of St. Ignatius Hospital, Honavar, (93.30%) has no bedridden patient at home, whereas (6.60%) has got bedridden patients at their home.

Table No1.5:- Shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital, Honavar according to the type of care provided to bedridden patients at home. **N=30**

CARE PROVIDED	FREQUENCY	PERCENTAGE
a) Back care	02	5%
b) Bed bath	02	5%
c) Wound dressing	00	00%
d) Position and exercise	00	00%

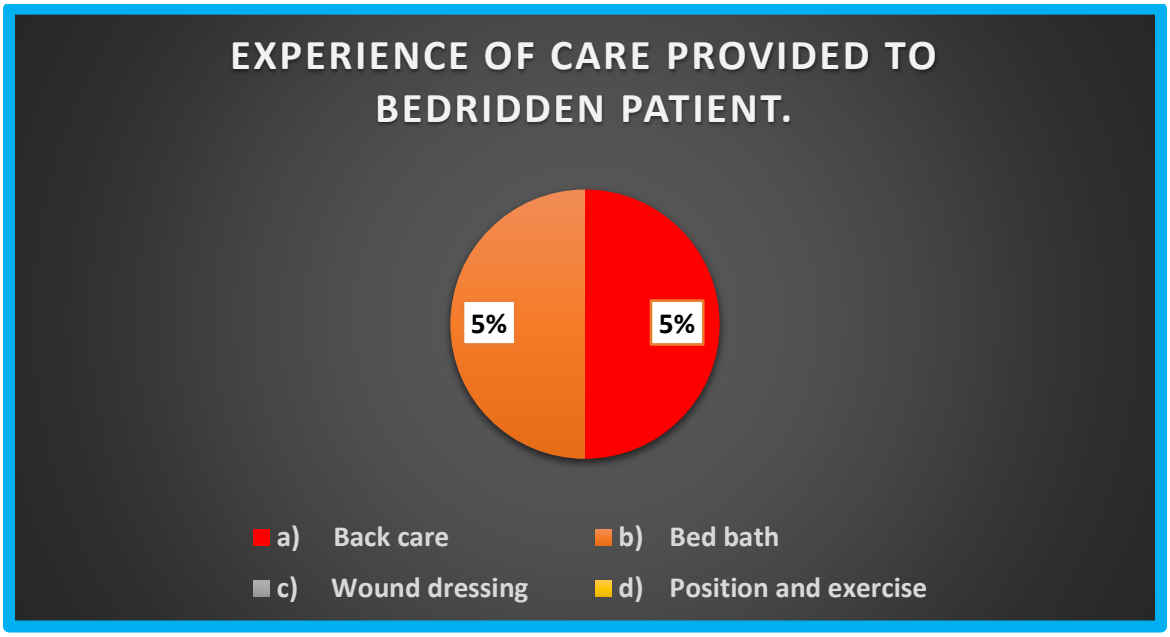


Figure No2.5: - bar diagram shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital, Honavar according to the type of care provided to bedridden patients at home.

Table 1.5(Fig-2.5) Depicts according to the care provided to the bedridden patients at home by staff nurses of St. Ignatius hospital, Honavar, (5%) staff has provided back care to the bedridden patient at home, and (5%) has provided bed bath to the bedridden patients at their home and (0%) of have performed wound dressing and positioning.

Table No1.6:- Shows the frequency and percentage distribution of Staff nurses of St. Ignatius Hospital, Honavar according to the previous knowledge on Braden scale.

N=30

PREVIOUS KNOWLEDGE	FREQUENCY	PERCENTAGE
a) Yes	28	93.3%
b) No	02	6.6%

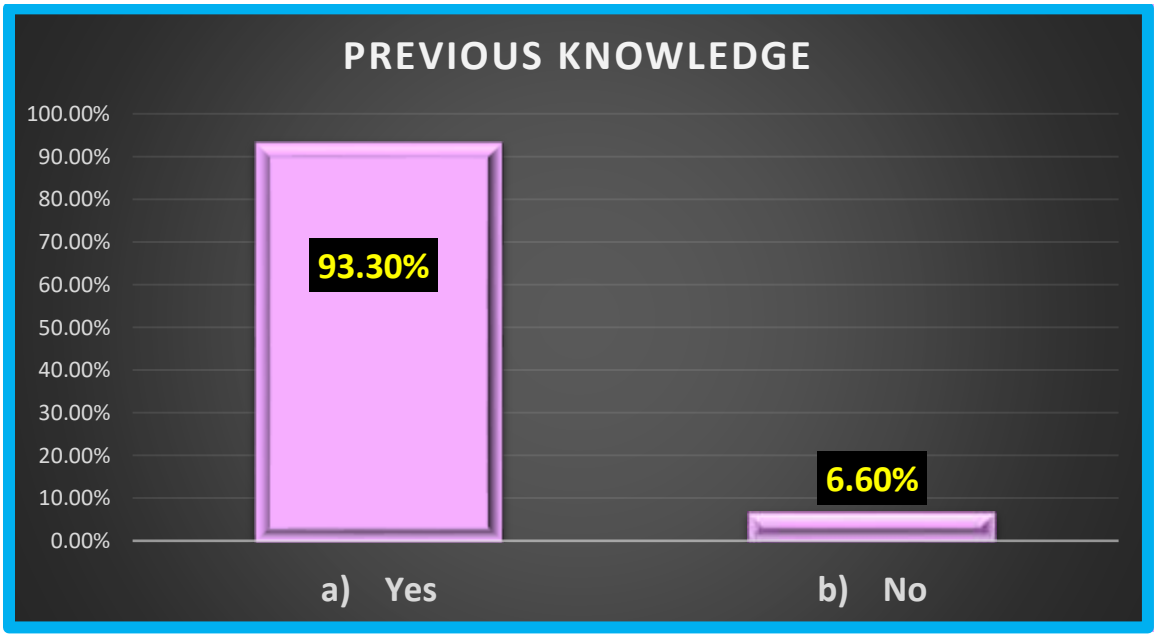


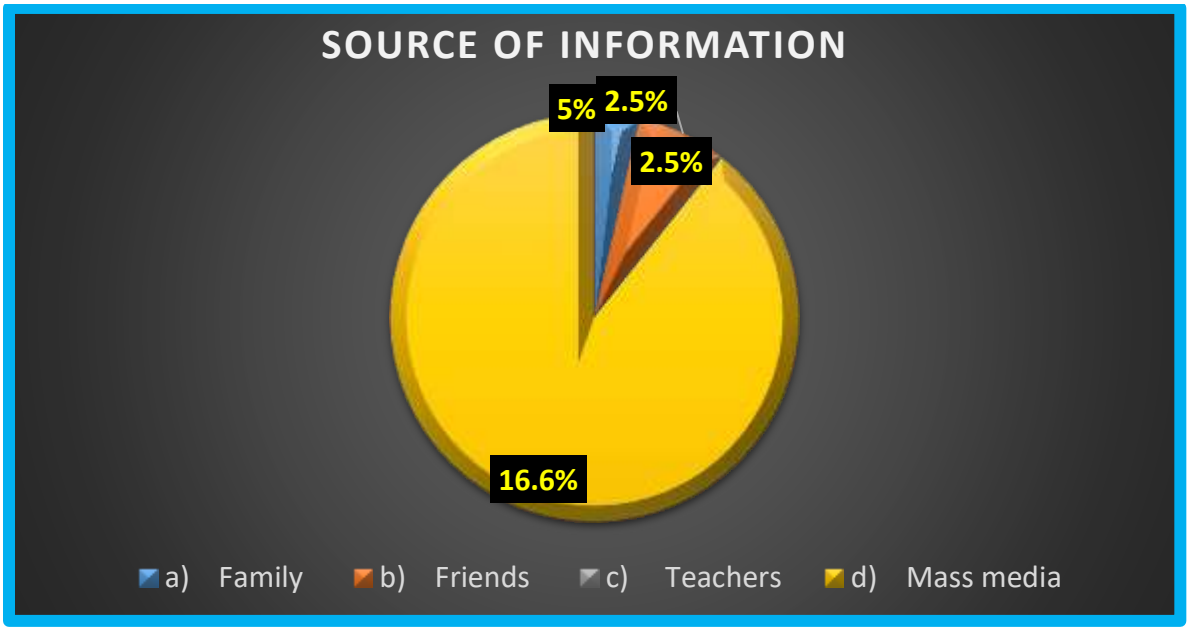
Figure No2.6:- column diagram shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital, Honavar according to the previous knowledge on Braden scale.

Table 1.6 (Fig-2.6) Depicts according to the previous knowledge on Braden scale by staff nurses of St. Ignatius hospital, Honavar, (93.3%) of staff have previous knowledge regarding Braden scale, whereas (6.6%) staff don't have.

Table No: 1.7:- Shows the frequency and percentage distribution of staff nurses of St. Ignatius Hospital Honavar according to the source of information on Braden scale.

N=30

SOURCE OF INFORMATION	FREQUENCY	PERCENTAGE
a) Family	01	2.5%
b) Friends	01	2.5%
c) Teachers	02	5%
d) Mass media	05	16.6%



FigureNo2.7:- PIE diagram shows the frequency and percentage distribution staff nurses of St. Ignatius Hospital, Honavar according to the source of information on Braden scale.

Table 1.7(Fig-2.7) Depicts according to the source of information on Braden scale by staff nurses of St. Ignatius Institute Hospital, Honavar, (2.5%)of staff have information from family, (2.5%) of staff have information from friends, and (5%) of staffs have source of information from teachers (16.6%) of staff with mass media information.

SECTION –II

Finding of overall knowledge level of staff nurses of St. Ignatius hospital, Honavar. Regarding Braden scale as a tool to assess the bedsore.

Table No.2 shows the frequency and percentage distribution of overall knowledge of staff nurses of St. Ignatius Hospital, Honavar. Regarding Braden scale as a tool to assess the pressure sore.

N=30

Knowledge level	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Poor	02	6.66%	00	00%
Average	23	76.6%	10	33.3%
Good	5	16.6%	12	40%
Excellent	0	00%	08	26.6%

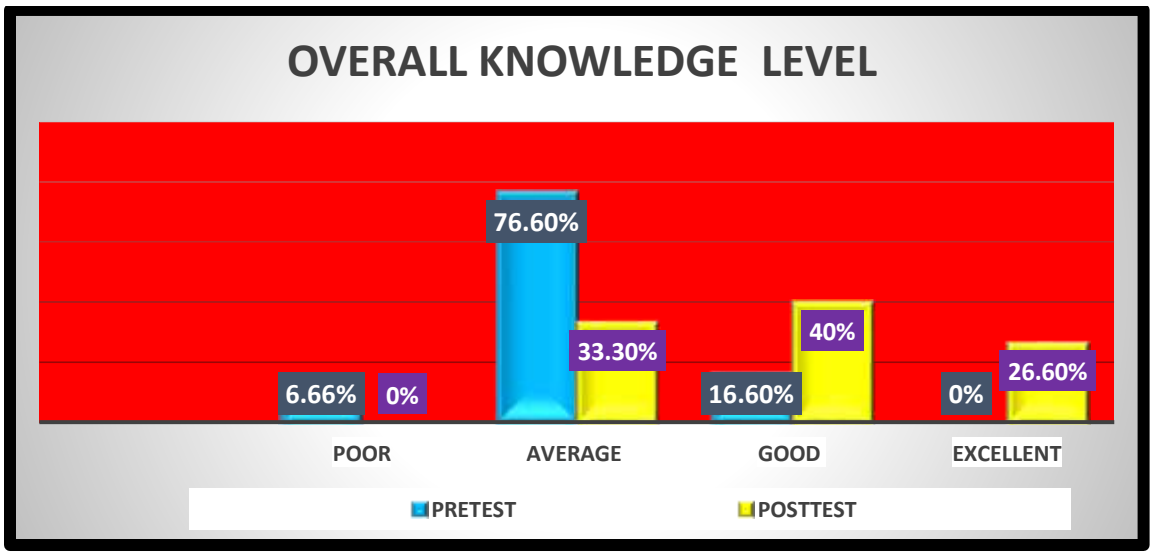


Figure No.3: Column diagram representing the pre-test and post-test knowledge score of staff nurses of St. Ignatius hospital, Honavar.

Table no.2 (Fig No. 4) Depict that 02(6.66%) of subjects had poor knowledge, 23(76.6%) of subjects had average knowledge, 05(16.6%) of subjects had good knowledge in the pre-test whereas 12(40%) of subjects had good knowledge and 10(33.3%) of subject had average knowledge, 08(26.6%) of subjects had excellent knowledge in the post-test.

SECTION-III

Finding the mean difference in the pre-test and post- test knowledge of Staff nurses of St. Ignatius Hospital, Honavar Regarding Braden scale as a tool to assess the bedsore.

Table No. 3: Shows the mean difference between the pre and post-test knowledge score.

N=30

Knowledge level	Mean score	Mean percentage	Standard Deviation	Mean percentage difference
Pre-test	**16.5**	**41.25%**	**4.69**	**7.8(19.5%) Mean score difference**
Post-test	**24.3**	**60.75%**	**8.02**	

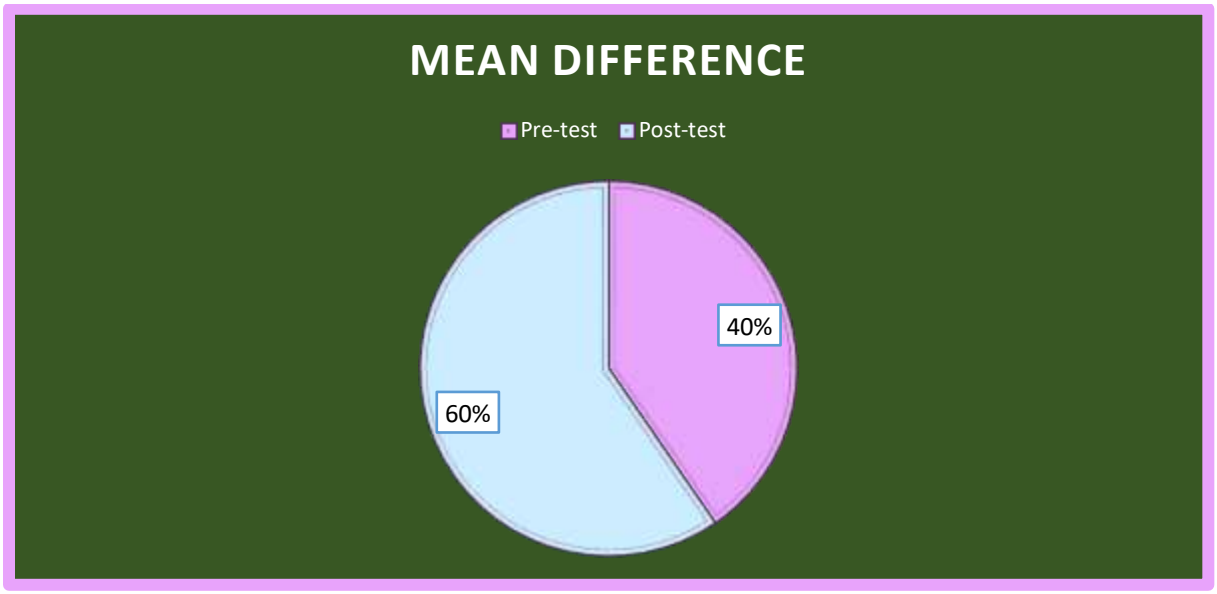


Figure No.4: Pie diagram shows the Mean difference between pre-test and post-test knowledge score

Table No 3 (Fig No. 4) shows the Pre-test Mean knowledge score of subject was 11.3, Mean percentage was 37.66% and SD was 2.9. Whereas in Post-test Mean knowledge score was 15.9, Mean percentage was 53% and SD was 4.7 and Mean percentage difference was 4.6(15.34%)

SECTION-IV

Paired t-test finding for the effectiveness of educational session on knowledge regarding Braden scale.

Table No.4: Shows the t-test finding the effectiveness of educational session on knowledge regarding Braden scale. **N=30**

Knowledge level	Mean	Standard Deviation	SE	Paired t- Test value		Inference
				P	t	
Pre-test	**16.5**	**4.69**	**1.696**	**2.05**	**-4.5**	**P >0.05**
Post-test	**24.3**	**8.02**				

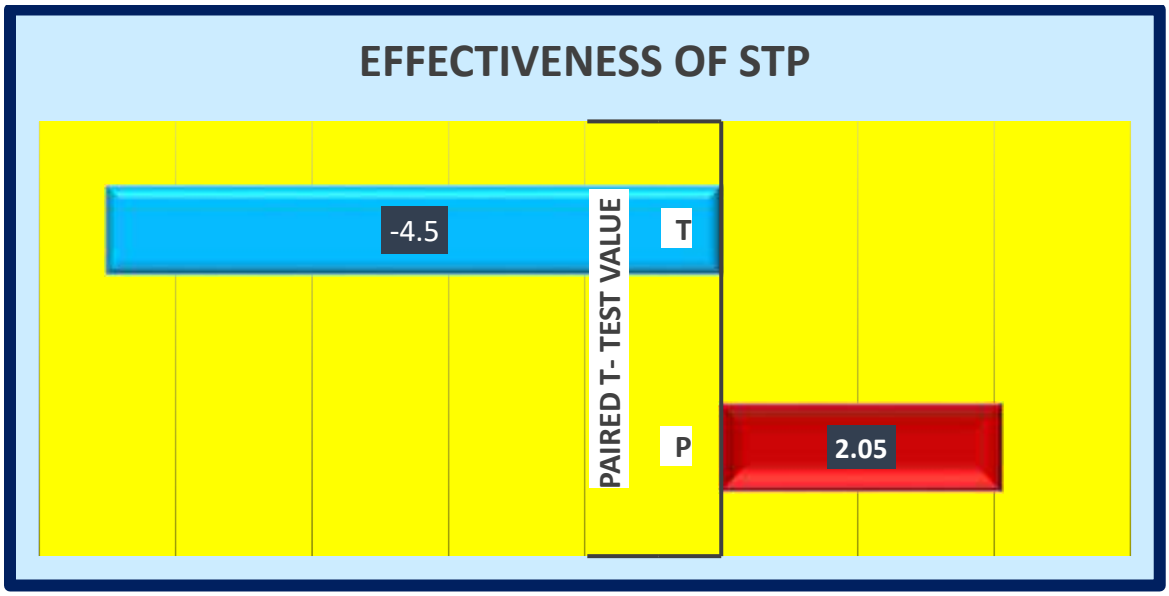


Figure no.5:Bar diagram shows the effectiveness of educational session on knowledge gain after the pre and post-test.

Table No.4 (Fig No. 5) Depict that the pre-test Mean knowledge score of subject is 16.5, SD is 4.69, whereas in post-test Mean knowledge score is 24.3, SD is 8.02. The calculated t test value is -4.5 (P >0.05).Lesser then table value 2.0 at 0.05 level of highly significance.

SECTION-V

Table no.5: Shows the Chi square test value of association between demographic variables and level of knowledge regarding Braden scale.

Sl.No	Demographic Variables	Pre-test knowledge score				Chi Square		df	Inference
		P	A	G	E	P	X^2		
1.	**Age in years**								
	a.20-30	**02**	**03**	**00**	**00**				
	b.30-40	**00**	**18**	**04**	**00**	16.92	11.71	09	P>0.05 S*
	c.40-50	**00**	**02**	**01**	**00**				
	d.50-60	**00**	**00**	**00**	**00**				
2.	**Education Status**								
	a.GNM	**02**	**13**	**00**	**00**				**P<0.05**
	b.B.Sc.(n)	**00**	**06**	**00**	**00**	**12.59**	**12.31**	**06**	**S***
	c.PBBSc(n)	**00**	**04**	**05**	**00**				
3.	**Type of family**								
	a.Nuclear family	**00**	**17**	**04**	**00**	**12.59**	**5.606**	**06**	**P>0.05**
	b.Joint family	**01**	**06**	**01**	**00**				**S***
	c.Extended family	**01**	**00**	**00**	**00**				
4.	**Bedridden patient at home**								
	a.Yes	**01**	**01**	**00**	**00**	**7.82**	**6.605**	**01**	**P>0.05**
	b.No	**01**	**22**	**05**	**00**				**S***
5.	**Type of care provided**								
	a.Back care	**01**	**01**	**00**	**00**				
	b.Bedbath	**01**	**01**	**00**	**00**	**7.82**	**00**	**03**	**P>0.05**
	c.Wound care	**00**	**00**	**00**	**00**				**S***
	d.Position and exercise	**0**	**00**	**00**	**00**				
6.	**Previous knowledge**								
	a.Yes	**01**	**22**	**05**	**00**	**7.82**	**6.59**	**01**	**P>0.05**
	b.No	**01**	**01**	**00**	**00**				**S***
7.	**Source of information**								
	a.Family	**00**	**00**	**01**	**00**				
	b.Friends	**00**	**00**	**02**	**00**	**7.82**	**00**	**03**	**P>0.05**
	c.Teachers	**00**	**00**	**00**	**00**				**S***
	d.Mass media	**00**	**22**	**03**	**00**				

Table No.5 Shows the Chi Square test value of association between the demographic variable and the level of knowledge regarding Braden scale.

Table No.5.1: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and age in year.

N=30

Age in years	Pre-test knowledge score				Chi Square		df	Inference
	P	A	G	E	P	X^2		
a.20-30	03	02	00	00	16.92	11.71	09	P>0.05 S*
b.30-40	11	18	04	00				
c.40-50	01	02	01	00				
d.50-60	00	00	00	00				

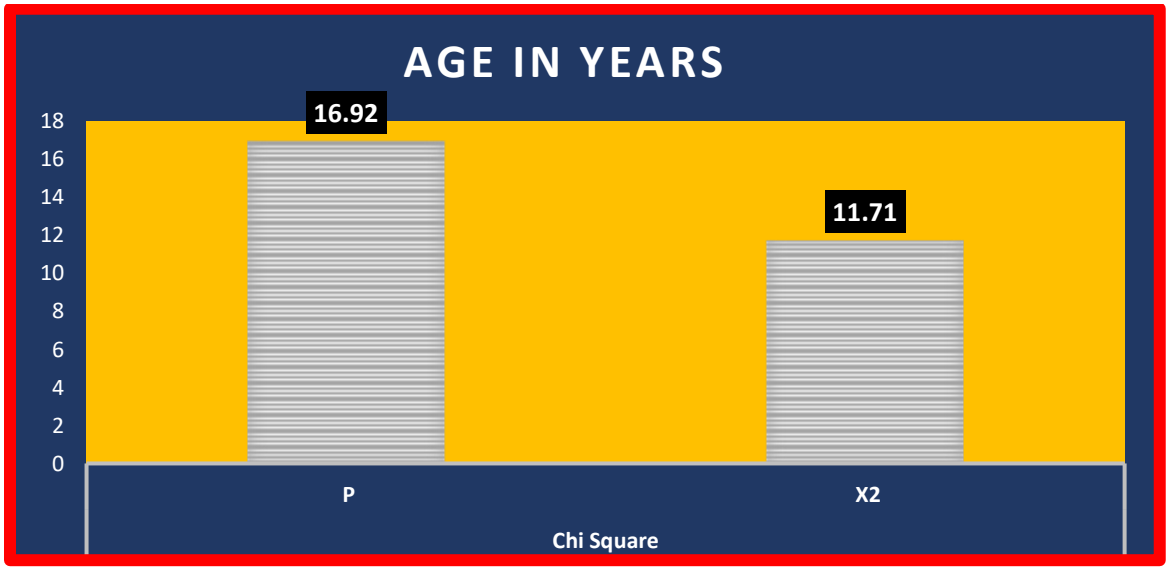


Figure No.6.1: Bar diagram shows the Chi square test value association between Pre-test knowledge regarding Braden scale and age.

Table No.5.1: Depict that the association between Pre-test knowledge regarding Braden scale and age in year. Hence the Chi square value (11.71) is lesser than the P value (P=16.92) at 0.05 level (df_9 =11.71>16.92) it is concluded that there is significant relationship between age in year and with the knowledge level of staff nurses.

Table No.5.2: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and the education. N=30

Demographic Variables	Pre-test knowledge score				Chi Square		df	Inference
	P	A	G	E	P	X^2		
Education Status					12.59	13.51	03	P>0.05 S*
a. GNM	02	10	00	00				
b. B.Sc.(N)	00	06	00	00				
c. PBBSc(N)	00	04	05	00				

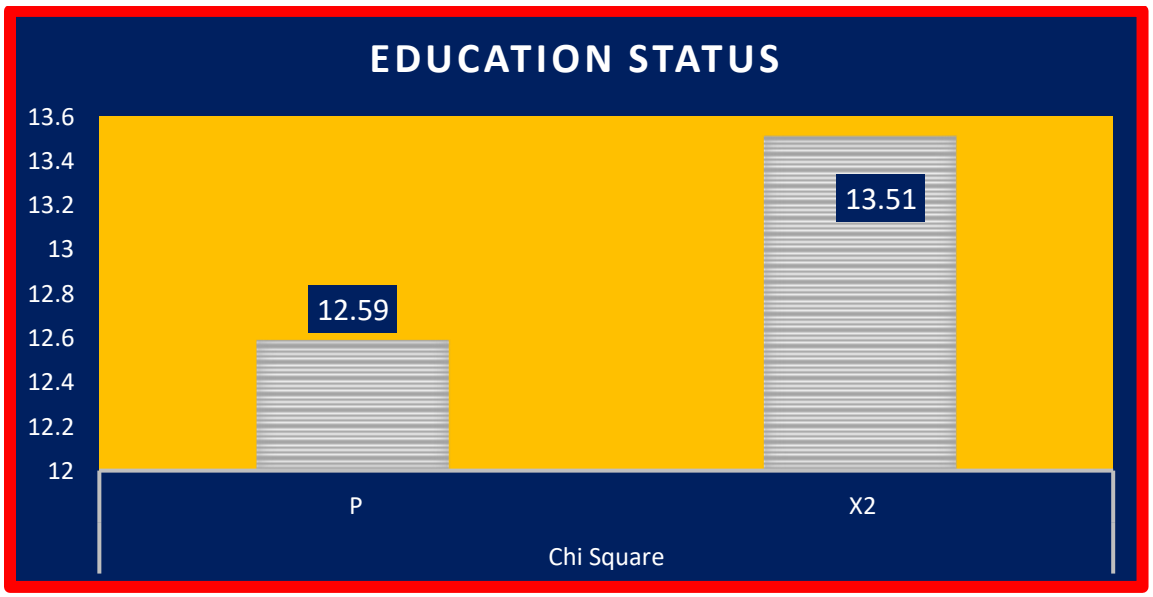


Figure No.6.2: Bar diagram shows the Chi square test value association between Pre-test knowledge regarding Braden scale and the education.

Table No.5.2: Depict that the association between Pre-test knowledge regarding Braden scale and education. Hence the Chi square value (13.51) is lesser than the P value (P=12.59) at 0.05 level (df_3 =13.51>12.59) it is concluded that there is significant relationship between education and with the knowledge level of staff nurses.

Table No.5.3: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and type of family.

N=30

Demographic Variables	Pre-test knowledge score				Chi Square		df	Inference
	P	A	G	E	P	X^2		
Type of family								
A .Nuclear family	00	17	04	00	12.59	5.606	02	P>0.05 S*
b. Joint family	01	06	01	00				
c.Extended family	01	00	00	00				

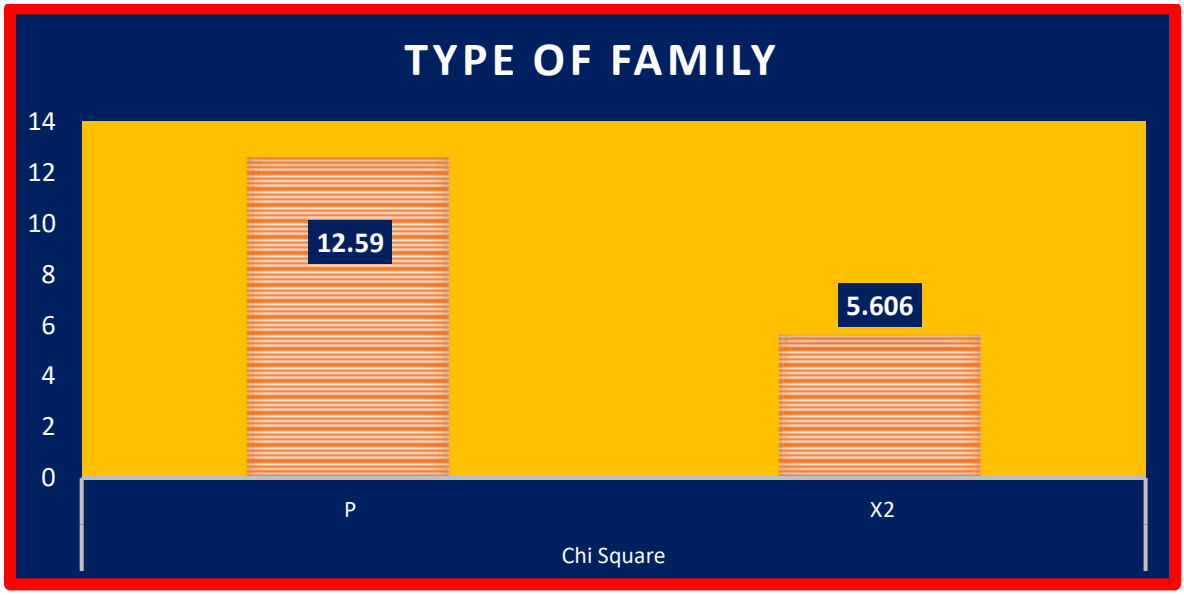


Figure No.6.3: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and type of family.

Table No.5.3: Depict that the association between Pre-test knowledge regarding Braden scale and type of family. Hence the Chi square value (5.606) is lesser than the P value (P=12.59) at 0.05 level (df_2=12.59>5.606) it is concluded that there is significant relationship between type of family and with the knowledge level of staff nurses.

Table No.5.4: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and bedridden patient at home.

N=30

Demographic Variables	Pre-test knowledge score				Chi Square		df	Inference
	P	A	G	E	P	X^2		
Bedridden patient at home								
a. Yes	01	01	00	00	7.82	6.605	03	P>0.05 S*
b. NO	14	24	05	00				

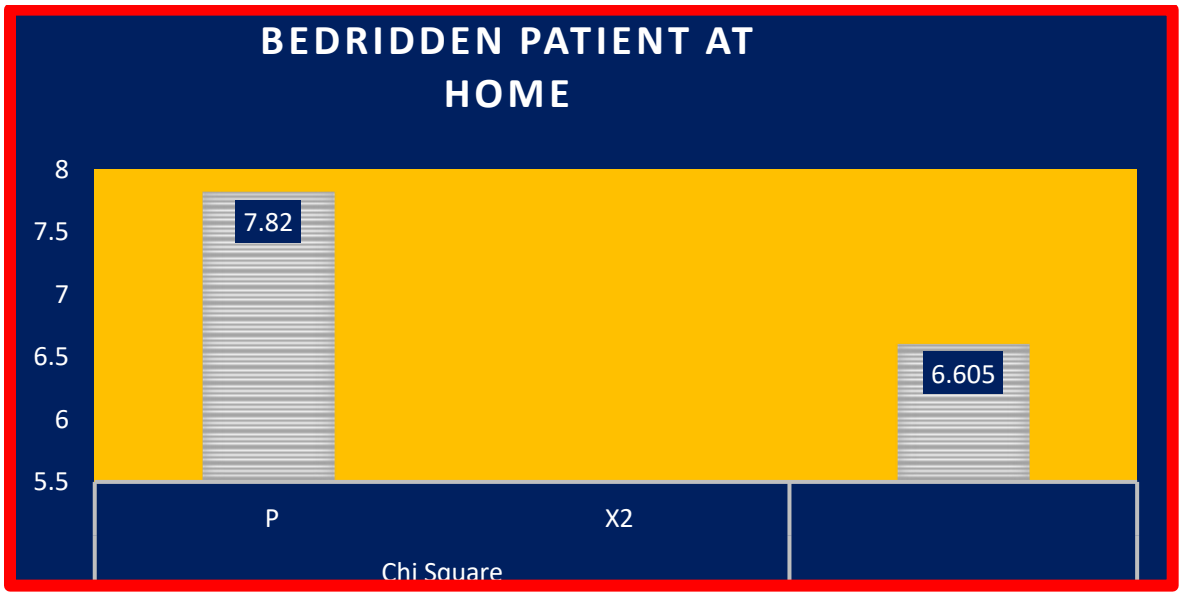


Figure No.6.4: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and bedridden patient at home.

Table No.5.4: Depict that the association between Pre-test knowledge regarding Braden scale and bedridden patient at home. Hence the Chi square value (6.605) is lesser than the P value (P=7.82) at 0.05 level (df_1=7.82>6.605) it is concluded that there is significant relationship between bedridden patient at home and with the knowledge level of staff nurses.

Table No.5.5: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and type of care provided.

N=30

Demographic Variables	Pre-test knowledge score				Chi Square		df	Inference
	P	A	G	E	P	X^2		
Type of care provided					16.92	00	09	P>0.05 S*
a. Back care	01	01	00	00				
b. Bed bath	01	01	00	00				
c. Wound care	00	00	00	00				
d. Position and exercise	00	00	00	00				

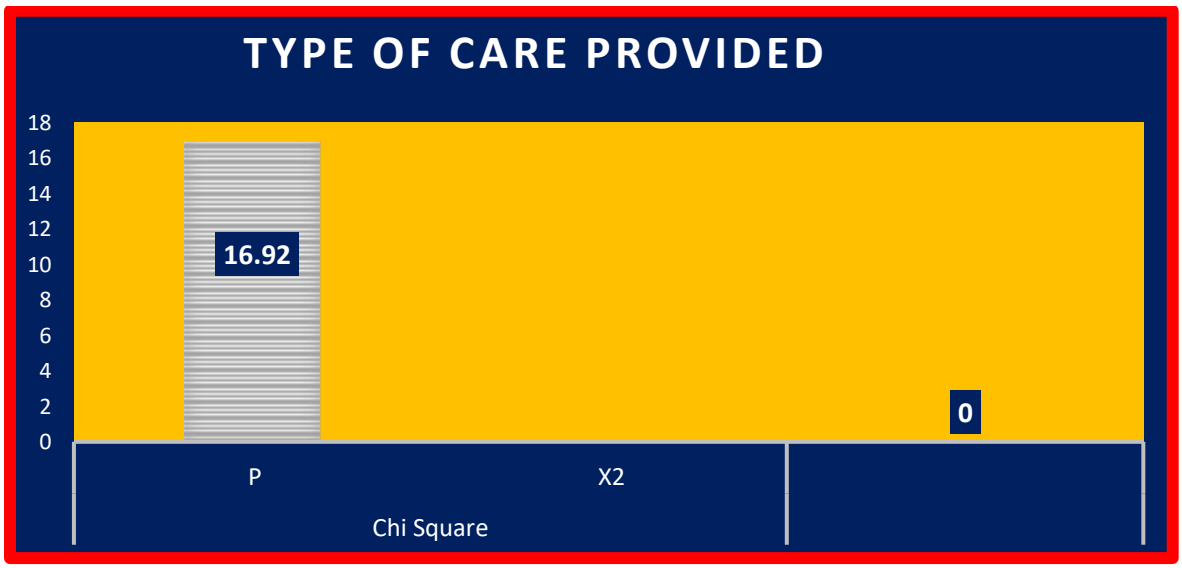


Figure No.6.5: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and type of care provided.

Table No.5.5: Depict that the association between Pre-test knowledge regarding Braden scale and type of care provided. Hence the Chi square value (00) is lesser than the P value (P=16.92) at 0.05 level (df_3=16.92>0) it is concluded that there is significant relationship between type of care provided and with the knowledge level of staff nurses.

Table No.5.6: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and previous knowledge.

N=30

Demographic Variables	Pre-test knowledge score				Chi Square		df	Inference
	P	A	G	E	P	X^2		
Previous knowledge					7.82	6.59	03	P>0.05 S*
a.Yes	01	22	05	00				
b.No	01	01	00	00				

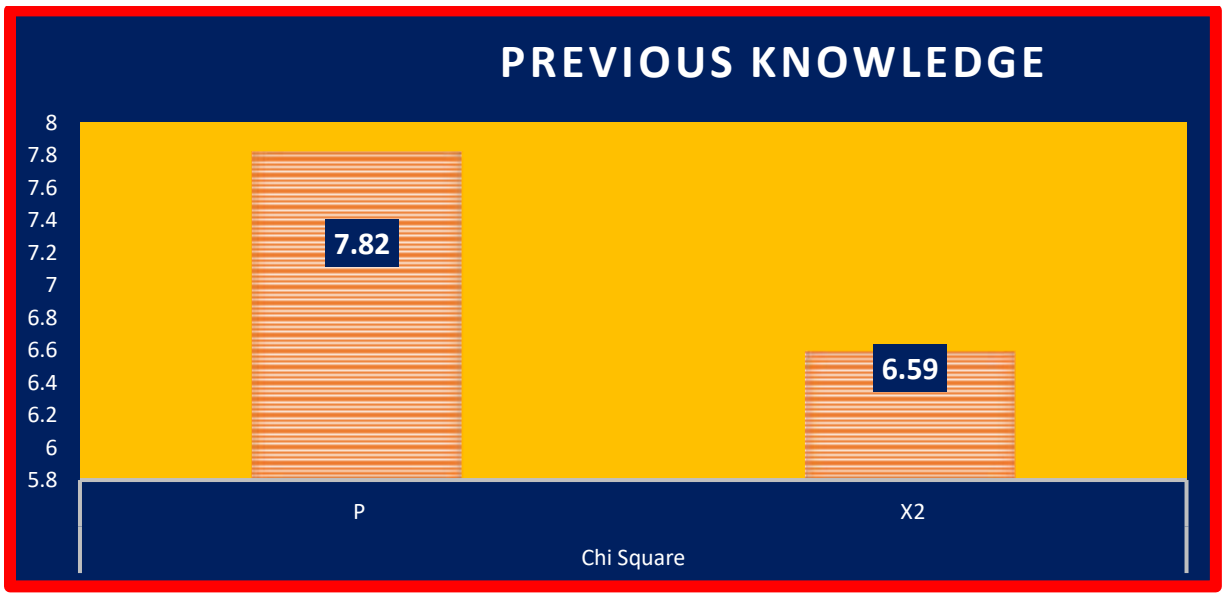


Figure No.6.6: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and previous knowledge.

Table No.5.6: Depict that the association between Pre-test knowledge regarding Braden scale and previous knowledge. Hence the Chi square value (6.59) is lesser than the P value (P=7.82) at 0.05 level (df_1=7.82>6.59) it is concluded that there is significant relationship between previous knowledge and with the knowledge level of staff nurses.

Table No.5.7: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and source of information.

N=30

Demographic Variables	Pre-test knowledge score				Chi Square		df	Inference
	P	A	G	E	P	X^2		
Source of information					16.92	6.79	09	P>0.05 S*
a. Family	00	00	01	00				
b. Friends	00	00	02	00				
c. Teachers	00	00	00	00				
d. Mass media	00	22	03	00				

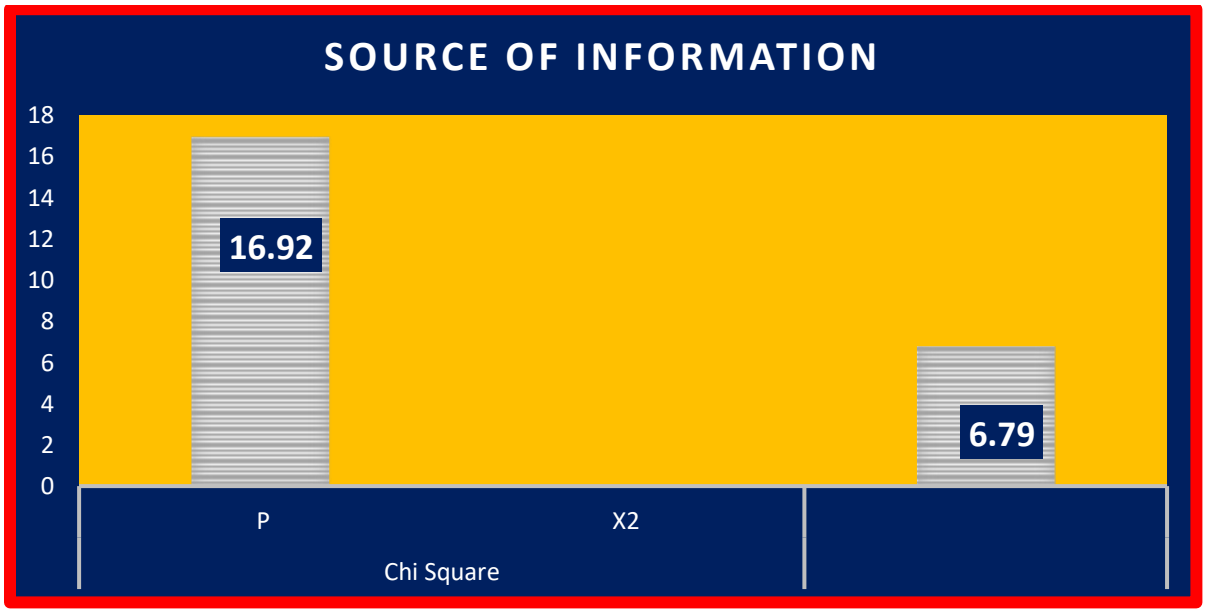


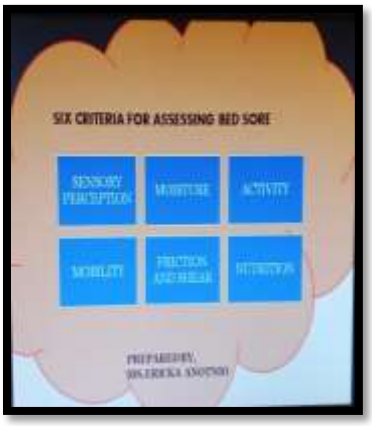
Figure No.6.7: Shows the Chi square test value of association between the Pre-test knowledge regarding Braden scale and source of information.

Table No.5.7: Depict that the association between Pre-test knowledge regarding Braden scale and source of information. Hence the Chi square value (6.79) is lesser than the P value (P=16.92) at 0.05 level (df_3=16.92>0) it is concluded that there is significant relationship between source of information and with the knowledge level of staff nurses.

11. CONTRIBUTIONS MADE TOWARDS INCREASING THE STATE OF KNOWLEDGE LEVEL IN THE SUBJECT,

I am Ms. Ericka Antonio feel privilege to educate the staff nurses about the useful scale to identify the risk of bedsore among bedridden and chronic diseases and patients at prolong ventilator care. Through this teaching programme I could teach them the parameters and application of Braden scale in their daily patient care.

Administered structured teaching programme with various teaching aids to improve the knowledge level of staff nurses and the effective use of Braden scale.



BRADEN PRESSURE ULCER RISK ASSESSMENT

ACT TO PREVENT PRESSURE ULCERS

	4	3	2	1	
SENSORY PERCEPTION Ability to respond meaningfully to pressure-related discomfort	**NO IMPAIRMENT** Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.	**SLIGHTLY LIMITED** Responds to verbal commands but cannot always communicate discomfort or ask to be moved or turned OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	**VERY LIMITED** Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body.	**COMPLETELY LIMITED** Unresponsive (does not moan, flinch, or grasp) to painful stimuli due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body surface.	ADD TO TOTAL SCORE
MOISTURE Degree to which skin is exposed to moisture	**RARELY MOIST** Skin is usually dry; linen only requires changing at routine intervals.	**OCCASIONALLY MOIST** Skin is occasionally moist, requiring an extra linen change approximately once a day.	**OFTEN MOIST** Skin is often but not always moist. Linen must be changed at least once a shift.	**CONSTANTLY MOIST** Skin is kept moist almost constantly by perspiration urine, etc. Dampness is detected every time patient is moved or turned.	ADD TO TOTAL SCORE
ACTIVITY Degree of physical activity	**WALKS FREQUENTLY** Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	**WALKS OCCASIONALLY** Walks occasionally during day but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**CHAIRFAST** Ability to walk severely limited or non existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	**BEDFAST** Confined to bed	ADD TO TOTAL SCORE
MOBILITY Ability to change and control body position	**NO LIMITATIONS** Makes major and frequent changes in position without assistance.	**SLIGHTLY LIMITED** Makes frequent though slight changes in body or extremity position independently.	**VERY LIMITED** Makes occasional slight changes in body extremity position but unable to make frequent or significant changes independently.	**COMPLETELY IMMOBILE** Does not make even slight changes in body or extremity position without assistance.	ADD TO TOTAL SCORE
NUTRITION Usual food intake pattern [1]NPO: Nothing by mouth. [2]IV: Intravenously. [3]TPN: Total parenteral nutrition.	**EXCELLENT** Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	**ADEQUATE** Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered, OR is on a tube feeding or TPN[3] regimen, which probably meets most of nutritional needs.	**PROBABLY INADEQUATE** Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings or meat or dairy products per day. Occasionally will take a dietary supplement, OR receives less than optimum amount of liquid diet or tube feeding.	**VERY POOR** Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement, OR is NPO[1] and/or maintained on clear liquids or IV[2] for more than 5 days.	ADD TO TOTAL SCORE
FRICTION & SHEAR		**NO APPARENT PROBLEM** Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.	**POTENTIAL PROBLEM** Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	**PROBLEM** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures, or agitation leads to almost constant friction.	ADD TO TOTAL SCORE

RISK SCALE	NONE	MILD	MODERATE	HIGH	SEVERE	TOTAL SCORE
	23 22 21 20 19	18 17 16 15	14 13	12 11 10	9 8 7 6	USE CHART ON LEFT TO DETERMINE YOUR PATIENTS RISK
EQUIPMENT	No additional pressure support required	High specification foam mattress or static air overlay. Consider cushion for chair, Bedcradle/gooseneck		Dynamic air overlay, Dynamic air cushion Dynamic mattress Replacement or Low Air Loss		
PRACTICE	• Educate weight-shifting, Skin inspection • Evaluate on change of condition	• Reposition Weight-shifting, Skin inspection • Promote Activity • Manage individual risk factors nutrition; shear; friction; continence • Educate • Evaluate on change of condition		ALL PLUS • Supplement with small positional shifts • Seating/posture assessment • Nutritional assessment • Educate • Evaluate on change of condition		

Reference: "The Braden Scale of Predicting Pressure Sore Risk" Bergstrom, N; Braden, B et al. Nursing Research 1987 Vol 36 No 4 pp205-210.

Issued by Royal Adelaide Hospital Staff Development Department in conjunction with South Australian Quality Council Pressure Ulcer Prevention Practices - Integration of Evidence.

12. CONCLUSIONS SUMMARIZING THE ACHIEVEMENTS AND INDICATION OF SCOPE FOR FUTURE.

The present study was indented to analyse the effectiveness of structure teaching program on knowledge regarding Braden scale.

SUMMARY:

The present study was to assess the effectiveness of structure teaching program on knowledge regarding Braden scale.

CONCLUSION:

Periodic skilled based teaching program is necessary to educate the staff nurses of St. Ignatius Hospital, Honavar. The study was undertaken to Evaluate the Effectiveness of structure Teaching Programme (STP) on Knowledge Regarding Braden scale at St. Ignatius hospital, Honavar. The study was conducted in a sample of 30 staff nurses. Among them in pre-test, no one had excellent knowledge, 05(16.6%) of subject had good knowledge, 23 (76.6%) have average and 02(6.66%) has poor knowledge in the study and post-test, 12 (40%) of subject had good knowledge, 08 (26.6%) had excellent knowledge, 10(33.3%) have average and no one has poor knowledge. It shows that maximum number of subject had good knowledge in the study after post-test. Thus structure Teaching was highly effective in upgrading the knowledge of staff nurses. Research Hypothesis (H_1) is accepted.

RESEARCH OBJECTIVE:

1) To assess the pre and post-test knowledge level of staff nurses regarding Braden scale.

2) To determine the significant enhancement in the post-test knowledge level of staff nurses, regarding Braden scale

3) To find the significant association between the pre-test knowledge level of staff nurses regarding Braden scale with their selected demographic variable.

HYPOTHESIS:

- **H_0**: There will be no difference between the pre and post-test knowledge score.
- **H_1**: There will be significant enhancement in the post test knowledge score.
- **H_2**: There will be significant association between the pre-test knowledge score and selected demographic variables.

MAJOR FINDING OF THE STUDY:

The present study to evaluate the structure teaching program among staff nurses of St. Ignatius Hospital, Honavar. The major findings shows that evaluate Effectiveness of structure teaching program in improving knowledge regarding Braden scale among staff nurses in St. Ignatius Hospital at Honavar. The pre-test knowledge score of subject was 16.5, mean percentage was 41.25% and SD was ± 4.69. Where in post-test mean knowledge score was 24.3, mean percentage was 60.75%, and SD was 8.02 and the mean percentage difference was 19.5%. The calculated 't' test value is 1.696 ($p>0.05$) was greater than the value of 2.05 at 0.05 level of highly significance. So that, there is an effectiveness of structure teaching program regarding Braden scale and the research hypothesis (H1) significant.

Third objective was to find out association between knowledge level and demographic variables of reproductive age group human. Hence the calculated Chi-square value are lesser than table value ($P >0.05$). It shows there is significant Association with Age in years 11.71(P=16.92), educational status 13.51(P=12.59), type of family 5.606(P=12.59), bedridden patients at home 6.605(P=7.82), type of care provided 00(P=7.82) previous knowledge 6.59(P=7.82), source of information 00P=7.82.

NURSING IMPLICATION:

❖ **Nursing Education:**

- The nursing curriculum should consist of knowledge related to Braden scale and their effective implementation.
- Nurses at the post-graduate level need to develop skills in preparing health teaching material in various health aspects in Braden scale, newer techniques have to be used for motivating staff participation. Emphasis should be made on in service education and training programs in the department to increase the knowledge of staff nurses.

❖ **Nursing Practice:**

- Staff nurses should have knowledge about Braden scale
- Nurses should enhance their professional knowledge in order to practice wise at clinicals.
- The finding of the study can be used to bring about awareness among the staff nurses which will help in the improvement of pressure ulcers.
- Nurses can also plan teaching in clinical setting even as a part of discharge teaching as well as in the Community.

❖ **Nursing Administration:**

- The finding of the study reveals the need to conduct an ongoing in-service education program for the nurses who are working in the clinical settings as well as in the community. The in-service education program should include both theoretical and practical input. This can also bring awareness among nurse administrators of the need to provide training to new staff nurses regarding Braden scale. Nurse administrators can prepare a new protocol about the teaching.
- Nurses can also teach the student nurses about the same. She/he should be able to plan and organize Program taking in to consideration the cost effectiveness and carry out successful educational Program.

❖ **Nursing researcher:**

- The finding of the study can be utilized for conducting research on the knowledge regarding Braden scale among staff nurses
- Future investigators can use the finding and the methodology as reference material. It highlights the area, which requires future exploration.

LIMITATION:

The following factors were beyond the control of the investigator:

- This study is limited to only staff nurses of selected hospital Honavar.
- Purposive sampling was done which restrict the generalization of the study.
- The assessment of effect of structure teaching is limited to one post test conducted on the seventh day of structure teaching Programme.

RECOMMENDATION:

Measures which can be implemented to improve the knowledge regarding Braden scale,

- A similar study can be replicated for larger samples, in different settings for making broad generalization.
- The nursing school curriculum should include current and more information to update the knowledge regarding Braden scale.

13. **ABSTRACT**

Background*: Braden scale for predicting pressure ulcer risk, is a tool that was developed in 1987 by Barbara Braden and Nancy Berger Strom. . The purpose of the scale is to help health professionals, especially nurses, assess a patients risk of developing pressure ulcers. The Braden scale assesses a patients risk of developing a pressure ulcer by examining six criteria.*

Objectives: *The study aimed at evaluating the effectiveness of structured teaching programme [STP] on knowledge regarding Braden scale among staff nurses of St. Ignatius hospital at Honavar. The study focused on enhancing the knowledge level of staff nurses regarding Braden scale.*

Methodology*: An evaluative approach with experimental one group pre and post-test research design was adapted in this work. The sample size was 30 staff nurses, were*

selected by purposive sampling technique. Data were collected by using self-administered structured knowledge questionnaire with 40 multiple choice questions. data analysed by using paired t-test to draw out the inference by comparing the mean score difference.

Results: *The computed t'-test value showed there is significant difference in the pre($\bar{x}_1$=16.5) and post-test ($\bar{x}_2$=24.3) knowledge score (T_{29}=2.05, z=-4.5, at 0.05 level of significance).chi square test[x^2] score reveals that there is significant Association with Age in years 11.71(P=16.92), educational status 13.51(P=12.59), type of family 5.606(P=12.59), bedridden patients at home 6.605(P=7.82) , type of care provided 00(P=7.82) previous knowledge 6.59(P=7.82) and source of information 00P=7.82.*

Conclusion: *The study was concluded as the structured teaching programme on Braden scale was effective in promoting the knowledge level of staff nurses.*

Recommendation: *based on the findings the investigator recommends the future scholars to carry out many similar studies in the same field and different styles to spread awareness on the importance of Braden scale.*

KEYWORDS: Braden scale, staff nurses, effectiveness, knowledge and structured teaching programme.

Name and signature with date

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3. 27/4/2022
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