

**A PREEXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICES REGARDING URINARY CATHETER CARE AMONG GNM 2<sup>ND</sup> YEAR STUDENTS OF RAMZAAN INSTITUTE OF PARA MEDICAL SCIENCES, NOWGAM, SRINAGAR****<sup>1</sup>\*Javaid Ahmad Mir and <sup>2</sup>Bushra Mushtaq**<sup>1</sup>P.G. Psychiatric Nursing, Nursing Officer, GMC, Srinagar, Kashmir, Indian.<sup>2</sup>P.G. Psychiatric Nursing, Tutor, Ramzaan College of Nursing, Nowgam, Srinagar, Kashmir.**\*Corresponding Author: Javaid Ahmad Mir**

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Article Received on 05/06/2019

Article Revised on 25/06/2019

Article Accepted on 15/07/2019

**INTRODUCTION**

The renal system consists of all the organs involved in the formation and release of urine. It includes the kidneys, ureters, bladder and urethra. The kidneys are bean-shaped organs which help the body to produce urine to get rid of unwanted waste substances. When urine is formed, tubes called ureters transport it to the urinary bladder, where it is stored and excreted via the urethra. The kidneys are also important in controlling our blood pressure and producing red blood cells.<sup>[2]</sup>

According to medical dictionary urinary tract infection is the infection of the kidney, ureters, bladder, or urethra. Common symptoms include a frequent urge to urinate and a painful, burning when urinating. More females than males have UTI's.<sup>[3]</sup>

A urinary tract infection (UTI) is a bacterial infection that affects any part of the urinary tract. The main etiologic agent is *Escherichia coli*. Although urine contains a variety of fluids, salts, and waste products, it does not usually have bacteria in it. Due to lack of personal hygiene when bacteria gets into the bladder or kidney and multiply in the urine and if the proper catheter care is not maintained in catheterized patients the bacteria also gets into the bladder and multiply in the urine, they may cause a urinary tract infection. Bladder infections are most common in young women with 10% of women getting an infection yearly and 60% having an infection at some point in their life.<sup>[4]</sup>

**Need of the study**

Each year almost 25% approximate 96 million urinary catheters sold worldwide in the United States. Where between 16% and 25% of hospitalized patients have on indwelling catheters.

Use of urinary catheter is common in intensive care unit, urological wards obstetrics wards and even medical and surgical units. Catheter associated all risk factor, increase urinary tract infection as the duration of catheter use increase; the estimated risk for infection is at least 5% per day of catheterization. Among all risk factor,

increased duration of catheterization is the greatest for development of a urinary tract infection.

Urinary catheters should be used only when absolutely necessary. If a catheter must be used, it should be discontinued as soon as medically feasible, since the longer the catheter is in place, the greater the risk of developing an infection.<sup>[9]</sup>

Nurses are very often responsible for the initiation of catheterization procedures for patients within the hospital or community setting the nursing role requires contemporary information on urinary catheter selection and problem solving in the maintenance of urinary catheters.

The care of indwelling urinary catheter is a common procedure or practice for nurses who are working in the hospitals therefore it is the duty of the nurses to know about catheterization its complications and management of patients with catheterization.

Nurses are the primary managers of all the routine care and problem solving associated with patients who have indwelling urinary catheters. The results revealed knowledge deficits in catheter-related knowledge, and variation in client education and documentation. The results also demonstrated the continued use of traditional knowledge as well as unclear application of fundamental nursing principles. There is a clear need for increased use of evidence-based practice and development of suitable post-registration education.

Use of urinary catheter can lead to complications. Most commonly catheter is associated with urinary tract infections. Duration of catheterization is the major risk factor. These infections can result in sepsis, prolonged hospitalization, additional hospital costs and mortality. Urinary tract infections can be prevented if proper aseptic technique is maintained.<sup>[10]</sup>

### PROBLEM STATEMENT

A pre-experimental study to evaluate the effectiveness of planned teaching programme on knowledge & practices regarding urinary catheter care among GNM 2nd year students of Ramzaan institute of para medical sciences, nowgam, Srinagar Kashmir.

### Objectives

1. To assess the previous knowledge of urinary catheter care among GNM nursing students.

2. To assess the previous practices of urinary catheter care among GNM nursing students.
3. To determine the effectiveness of planned teaching programme (PTP) regarding urinary catheter care among GNM nursing students.

### Hypotheses

$H_1$ -the mean post-test knowledge and practice score of the student nurses regarding urinary catheter care will be significant higher than the mean pre-test knowledge & practices score.

### Delimitation

The study is limited to students who are studying in general nursing and midwifery at Ramzaan institute of para medical sciences, nowgam nursing school.

## CHAPTER: 3 METHODOLOGY

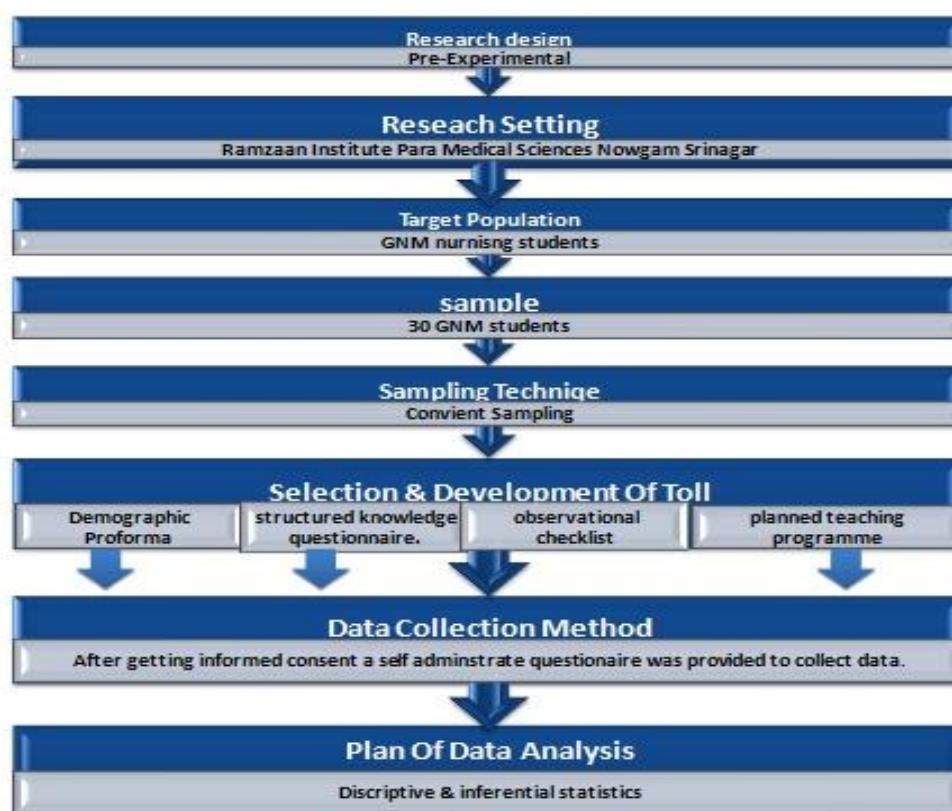


Figure: 1 schematic representation of research methodology

### Analysis

Description of pre-test knowledge regarding urinary catheter care

Table 1: Frequency and percentage distribution of respondents as per their level of knowledge regarding urinary catheter care

N=30

Level of knowledge	Score	Frequency (n)	Percentage (%)
Good	20-30	0	0
Average	10-20	13	43.33
Poor	1-10	17	56.66

Table: 1 depicts that maximum (56.66%) of the respondents were having poor level of the knowledge regarding urinary catheter care, and approximately (43.33%) of the respondents were having average level

of knowledge. And none of the respondents were having good level of knowledge regarding urinary catheter care.

#### Frequency and percentage distribution of respondents as per their level of practice regarding urinary catheter care.

N=30

Practice	Score	Frequency(n)	Percentage (%)
Adequate	10-20	0	0
Inadequate	1-10	30	100

Table: 2 reveals that all of the (100%) of the respondents were having inadequate practice skills in performing catheter care and none of the respondents were having

adequate practice skills. This shows that the respondents need education regarding urinary catheter care.

#### Description of the post-test knowledge regarding urinary catheter care among GNM nursing students.

N=30

Level of knowledge	Score	Frequency(n)	Percentage (%)
Good	20-30	1	3.33
Average	10-20	28	93.33
Poor	1-10	1	3.33

Table: 3 depicts that maximum (93.33%) of the respondents were having average level of knowledge after delivering lecture on urinary catheter care, 3.33% of

respondents were having good level of knowledge & 3.33% of respondents were having poor level of knowledge regarding urinary catheter care.

#### Frequency and percentage distribution of the respondents as per their level of practice regarding urinary catheter care.

Post-test check list

N=30

Practice	Score	Frequency(n)	Percentage (%)
Adequate	10-20	22	73.33
Inadequate	1-10	8	26.66

Table 4: depicts that majority (73.33%) of the respondents were having adequate practice skills of urinary catheter care after demonstrating the procedure &

26.66% of the respondents were having inadequate practice skills.

#### Findings related to association of pre-test & post-test knowledge of GNM students

Table 5: Association of the pre-test & post-test knowledge of GNM students.

N=30

	Level of knowledge			Total	$\chi^2$	df	Table value	Level of significance
	Good	Average	Poor					
Pre-test	0	17	13	30				
Post-test	1	28	1	30	13.96	2	5.99	Significant
Total	1	45	14	60				

P<0.05

The data present in the table 9 shows that (13) of the respondents were having poor pre-test level of knowledge regarding urinary catheter care and (17) had average pre-test level of knowledge and none was having good knowledge. However post-test revealed that only (1) was still having poor level of knowledge, majority (28) were having average level of knowledge regarding urinary catheter care and (1) was having good level of knowledge.

#### CONCLUSION

In the present study the mean post-test knowledge and practice scores are higher than the mean pre-test knowledge and practice scores so it shows the effectiveness of planned teaching programme. There was significant association found with education in knowledge but no association found with demographic variables in practice.

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