A Preexperimental Study to Assess the Effectiveness of Self-Instructional Module on Knowledge Regarding Laqshya among Staff Nurses in Selected Hospitals

Sonal Sunil Surwase

M.Sc. Nursing in Obstetrics and Gynaecology Nursing) Lecturer, Department of Obstetrics and Gynaecology Nursing, Terna Nursing College, Sector 10, Nerul West, Navi Mumbai

Abstract

Introduction: Although there has been considerable progress in maternal and new-born health over the past two decades, provision of high-quality care for women once they reach healthcare facilities has emerged as an important challenge.Poor quality of care at the time of birth hampers health outcomes for women, children and communities; and research efforts should identify ways to improve the current state of affairs.[1]

Maternal and new born health are important issues for sustainable development. With an estimated annual 210 million pregnancies and 140 million live births globally, ensuring that every woman and every new born across the globe have the right to high quality care is a formidable challenge.[2]

The era of the Millennium Development Goals (MDGs) lead to good progress and maternal deaths declined by nearly half (44%). However, this progress was inconsistent across many parts of the world, and many countries could not achieve the MDG 5a target of a 75% reduction in the maternal mortality ratio (MMR).[3]

The Sustainable Development Goals (SDG) are at the brink of global transformation. United Nation (UN) in December 2012 passed a landmark resolution endorsing Universal Health Coverage which was in September 2015 got enshrined in Sustainable Development Goals (SDG) as a key target to be achieved by 2030.[4]

Methodology: Pre experimental one group pretest – posttest design was adopted. Non-Probability Convenient sampling was used and 60 staff nurses were selected at hospitals. Intervention of the study, the investigator informed about the study topic, its need and the importance of knowledge regarding LaQshya. After explaining the purpose of the study, verbal and written informed consent was obtained. The staff nurses who met the required criteria and were willing to participate in the study were selected. After taking a written consent from the sample they were provided with the questionnaire. The investigator explained about the questionnaire and ask them to complete the pre-test in about 20-25 minutes. After completion of the pre-test, the investigator administered the self-instructional module. The post post-test was administered on the 7th day of the pre-test with the same questionnaire.The data was collected, organized and analysed in terms of both descriptive and inferential statistics.

Result: The analysis revealed that the overall Mean score in pre-test is 7.91 and was increased in post-test to 13.32.83 The overall Standard deviation score in pre-test is 2.56 and in post-test overall standard deviation score is 1.55. The overall median score in pre-test is 8.0 and overall median score in post-test is 13.0. As compared to pre-test and post-test values of Mean, standard deviation and Median was improved in post-test. This suggests that knowledge was improved after distribution of self-instructional module regarding LaQshya.

Conclusion:- This study proves that "Self-instructional modulewas effective in improving knowledge regarding LaQshya of staff nurses" selected hospitals.

Key-words: *Preexperimental Study, LaQshya, Staff Nurses, Selected Hospitals.*

Introduction

Universal Health Coverage which was recognized by Indian Government in its National Health Policy whose ambitious targets attempt to achieve Universal Health Coverage. One of the major impediments for providing UHC is out of hospital deliveries which cause high infant and maternal mortality.[5]

A LaQshya Scheme is step in the right direction so as to improve care in hospitals for pregnant ladies which will lead to higher and better institutional deliveries. LaQshya (labour room quality improvement initiative 2017) comes under the National Health Mission. The goal of achieving Universal Health Coverage (UHC) has become the major focus of health system reform around the world. Universal Health Coverage is about ensuring that everyone has access to the health care they need without suffering financial hardship. It has been called "the single most powerful concept that public health has to offer".[6]

For improving the quality of care at Public Health Facilities, Quality Assurance Standards for District Hospitals, Community Health Centres, Primary Health Centre and Urban-Primary Health Centres have been drafted, and their implementation has been operationalised through the National Quality Assurance Programme.[7]

Need for the study

The UNICEF estimated that in 2015-16, roughly 30,300 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings and most could have been prevented. However, these indicators still remain unacceptably high as compare to developed countries, hence there is a huge scope to bring out the improvement in the key maternal and new-born health indicators.[8]

The WHO (2016) estimated that approximately 46% maternal deaths, over 40% stillbirths & 40% neonatal death take place on the day of delivery. Between 1990-2015, India has witnessed 77% decline in maternal mortality as compared to global declined 44%. The need of this study that to improves knowledge regarding 'LaQshya' to staff nurses.[9]

In 2013-2018, a maternal mortality ratio of India is 130/100,000 live births and of the Maharashtra state is 61/100,000 live births. For further reduction in MMR, every pregnant woman needs to have institutional delivery attended by skilled birth attendant. For women to have safe childbirth, the delivery points need to be women friendly offering respectful maternity care. It is the responsibility of the delivery point staff to provide humane & dignified treatment to women during their pregnancy, delivery and postpartum period, respect their rights and choices and maintain supportive communication during labour.[10]

Review of Relevant Literature

A cross-sectional health facility based study on, "Prevalence of pregnancy-related complications and course of labour of surviving women who gave birth in selected health facilities in Rwanda". The data were collected in 2014–2015 through structured interviews and medical records (n=817) in Kigali and Northern Province, Rwanda. Frequencies and prevalence were used to describe participants' background factors, labour and delivery-related characteristics. Bivariable and multivariable logistic regression models were performed for different background factors and pregnancy/delivery outcomes. Pre-eclampsia/eclampsia, postpartum haemorrhage and CS due to prolonged labour/dystocia represented 1%, 2.7% and 5.4% of all participants, respectively. In total, 56.4% of the participants were transferred from facilities with low levels to those with higher levels of healthcare, and the majority were transferred from health centres to district hospitals, with CS as the main reason for transfer. Participants who arrived at thehealth facility with cervical dilation grade of ≤3 cm spent more hours in maternity ward than those who arrived with cervical dilatation grade of ≥4 cm. Risk factors for CS due to prolonged labour or dystocia were poor households, nulliparity and residence far from health facility. The study concluded that the estimated health facility-based prevalence of pregnancy-related complications was relatively low in this sample from Rwanda. CS was the main reason for the transfer of pregnant women from health centres to district

hospitals. Upgrading the capacity of health centres in the management of pregnant women in Rwanda may improve maternal and fetal health.[11]

A study was conducted on "The Effectiveness of self-instructional Module on Knowledge Regarding Maternal and Neonatal Outcome of Induction of Labour among Staff Nurses in Selected Hospital, Bangalore, India". Total staff nurses are 60 which are selected by randomly non-probability method. Majority of staff nurses attained were 31- 35 years age (37%) had GNM education (83%). About 39% of subjects had above 6 years experiences. Self-instructional module is effective in improving staff nurse's knowledge regarding maternal and neonatal outcome of induction of labour. ($P< 0.05$). A significant association was found between knowledge of staff nurses with demographic variables such as age, religion, marital status, educational qualification, total years experiences, monthly income, and previous sources of information. He concluded that the findings revealed that the improvement Mean score of all level of knowledge of staff nurses between pre-test and post-test was 13.75% with 't' test value was 12.88, which was highly significant at $p< 0.05$. Hence, it is inferred that there is significant increase in the knowledge level of the staff nurses regarding maternal and neonatal outcome of induction of labour after used of Self Instructional Module.[12]

Statement of the Problem:

A preexperimental study to assess the effectiveness of self-instructional module on knowledge regarding "LaQshya" among staff nurses in selected hospitals.

Objectives of the study:

Primary Objectives:

To assess the effectiveness of self-instructional module on knowledge regarding LaQshya among staff nurses in selected hospitals.

Secondary Objectives:

To assess the pre-test knowledge regarding LaQshya among staff nurses in selected hospitals.

To assess the post-test knowledge regarding LaQshya among staff nurses in selected hospitals.

To compare pre-test and post-test knowledge regarding LaQshya among staff nurses in selected hospitals.

To find out the association between the pre-test knowledge regarding LaQshya among staff nurses in selected hospitals with selected demographic variables.

Hypothesis:

Primary Hypothesis:

H01: There will be no statistically significant difference between the pre-test and post-test knowledge regarding LaQshya among staff nurses.

H1: There will be statistically significant difference between the pre-test and post-test knowledge regarding LaQshya among staff nurses.

Other Hypothesis:

H02: There will be no statistically significant association between the pre-test knowledge regarding LaQshya among staff nurses with selected demographic variables.

H2: There will be statistically significant association between the pre-test knowledge regarding LaQshya among staff nurses with selected demographic variables.

Operational Definitions

Assess: According to the oxford dictionary, assess is evaluate or estimate the nature, ability, or quality of. In this study assess means, evaluate the effectiveness of self-instructional module.

Effectiveness: According to Oxford Dictionary: Effectiveness is defined as a change, which is as result of an action or other cause. In this study: Effectiveness means increase in knowledge regarding LaQshya among staff nurses.

LaQshya: According to National Health Mission, LaQshya meaning is target which refers to labour room quality improvement initiative. In this study it means

same as above.

Research Design: The research design selected for the study was pre-experimental one group pre-test post-test design.

Setting of the Study: The study was conducted in the selected hospitals.

Sample Size: The sample size was 60 staff nurses who are working in selected hospital.

Sampling Technique: Sampling technique adopted for the selection of sample was Non-Probability Convenient sampling.

Description of the tool: The tool consists of two parts. The tool consists of three parts.

Section A

It deals with Demographic variable consists age, gender, educational qualification, area of experience, year of experience in labour room, exposure to in-service education.

Section B

It deals with semi-structured Questionnaire and which was categorises as under;

Knowledge regarding goals and strategies of LaQshya

Knowledge regarding scope and targets of LaQshya

Knowledge regarding institutional arrangement and intervention

Knowledge regarding phasing of activities, certification, incentives and branding of LaQshya

Knowledge regarding financial arrangement and roles and responsibilities of LaQshya

Section C

It deals with self-instructional module consist of following points introduction, goals, strategies, scope, institutional arrangement, targets, interventions, phasing of activities, certification, incentives and branding, financial arrangements and roles and responsibilities.

Intervention

The researcher approached the staff nurses in selected hospitals for the pilot study. The researcher discussed the study in detail with staff nurses one by one and obtained their consent for the participation in the study. After taking the consent and confirming the participant, the structured questionnaire was given. 20-25 minutes time was given to the sample to fill up the questionnaire. Then they were given the self-instructional module. The post-test was given using the structured questionnaire after 7 days.

Findings

Table 1: Knowledge regarding LaQshya

Knowledge		Number of staff			
Questions	**Max. Scores**	**Pretest**	**percentage**	**Posttest**	**Percentage**
1.	60	34	56.7	60	100.0
2.	60	16	26.7	55	91.7
3.	60	14	23.3	18	30.0
4.	60	31	51.7	55	91.7

Cont... **Table 1: Knowledge regarding LaQshya**

5.	60	37	61.7	60	100.0
6.	60	15	25.0	15	25.0
7.	60	05	8.3	14	23.3
8.	60	32	53.3	56	93.3
9.	60	06	10.0	12	20.0
10.	60	32	53.3	57	95.0
11.	60	10	16.7	07	11.7
12.	60	19	31.7	13	21.7
13.	60	33	55.0	59	98.3
14.	60	13	21.7	19	31.7
15.	60	26	43.3	22	36.7
16.	60	37	61.7	59	98.3
17.	60	31	51.7	54	90.0
18.	60	26	43.3	54	90.0
19.	60	29	48.3	53	88.3
20.	60	29	48.3	57	95.0
Total = (20 × 60 × 60)	1200	475	39.6 %	799	66.6 %

Table 2: Significance of knowledge regarding LaQshya:

Knowledge		Number of staff		
Questions	**Max. Scores**	**Wilcoxon Signed rank Test**	**P-Value**	**Significant at 5% level**
Knowledge regarding goals and Strategies (Q1-Q4)	240	6.110**	<0.001	Yes
Knowledgeregarding scope and target (Q5 – Q6)	120	6.750**	<0.001	Yes
Knowledge regarding institutional arrangement and interventions (Q7 – Q8)	120	6.791**	<0.001	Yes
Knowledge regarding phasing activities, certificates, certification, incentives and branding (Q9 –Q12)	240	6.565**	<0.001	Yes
Knowledge regarding financial arrangement and roles and responsibilities (Q13 – Q20)	480	2.235*	0.025	Yes
Total = (20 x 7)	1200	6.747	<0.001	Yes

Statistically Significant at 5% level i.e., P< 0.05.

Conclusion

The study findings conclude that post-test the figures show that there was higher than thepre-test score after the distribution of self-instructional module. Thus this study proves that "self-instructional module regarding LaQshya was effective in improving knowledge of staff nurses.

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2.Conflictofinterest-Noanyconflictofinterestwashappenedduringstudy.

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