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A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON NURSING PROCEDURES AMONG THE NEWLY INDUCTED NURSES IN DR L H HIRANANDANI HOSPITAL, MUMBAI

Research Article

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ARTICLE INFO	ABSTRACT
Article History: Received 17 th March, 2018 Received in revised form 21 th April, 2018 Accepted 28 th May, 2018 Published online 28 th June, 2018	Nursing involves comprehensive care of the sick, not only of the individual patient but of the family and community. She should have required qualifications and the license to practice in the position entrusted to her. She should be competent - have good knowledge in her field as well as technical, administrative and critical thinking skills to perform in her designated role. A right attitude towards her profession is very pertinent too. The nurse should function optimally through team work to provide quality nursing care to her patients. The patient as an individual and a member of the community has a right to be treated with dignity and respect and has a right to expect planned, individualized nursing care. The Mission of the hospital is "to be the preferred choice of healing and health" and we aim to provide high quality nursing care to patients and their families regardless of their religion, disease condition or status. This is achieved with compassion, honesty and caring, through competent and patient oriented nursing service and by continually assessing, planning, prioritizing, implementing and evaluating nursing care interventions. The nurses undergoing induction where they are taught and demonstrated about basic nursing procedures which is already part of the Nursing degree/diploma curriculum. A pretest was conducted to assess the knowledge of the newly inducted nurses. The average score was 62%. After the training for basic nursing procedures a post test was conducted and they scored an average of 90%. The nurses inducted to the hospital 98% of nurses were in the age group of 20 to 30 years and only 2% were in the age group of 30 to 35 years and there were none above 35 years age. It was also found that 72% of the nurses were having qualification of four years i.e. B.Sc nursing while 28% of nurses were Diploma in nursing which is a 3 years course. It was found that 65% of newly inducted nurses were fresher's i.e. with no experience, 16% nurses had two years experience. I5% came with 2-4 years experien
Key Words:	
Effectiveness, Structured Teaching Program, Nursing Procedures, Newly Inducted Nurses.	

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INTRODUCTION

When stating about nursing as a profession, one always gets the picture of Florence Nightingale, the pioneer of nursing profession. She was born to English parents on May 12, 1820 in Florence, Italy. She was entitled ' Lady of the lamp'. Her work is well known and well recognized worldwide.

She had got the opportunity of receiving good (best) education and also traveled throughout Europe and could make good contacts which really helped her to achieve the "mission" in her life. She came across individuals who were concerned with the reforms of social institutions such as prisons and hospitals. In 1853, she spent three months in Kaiserwerth, Germany. In the same year she was appointed as Superintendent of Institution for the care of sick - gentle women in London.

In 1854, during the Crimean war, when women nurses were considered to be revolutionary, Florence Nightingale demonstrated quality nursing care along with 38 other nurses. After her extensive service at the Crimean war, efforts of Florence resulted in the appointment of the Royal Commission on the health of the Army. As one of the consequence, The Army Medical School was founded in 1857.

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During her lifetime, her work and devotion enlightened the whole society. She was the founder of Nightingale School for nurses, the first ever of its kind. In 1907, she was conferred "The Order of Merit" by the King.

In 1857 the India Mutiny turned Miss Nightingale's interest to the health of the Army in India. It was for this purpose the Royal Commission was appointed in 1859. In 1868, a sanitary department was established.

In March 1888, ten qualified British nurses arrived in India to look after the British Army in India. In 1905, during the British rule in India, missionary nurses arrived as members of Missionary Medical Association. This was the very start of formalized nursing service in India.

Gradually, the increasing need of adequately trained nurses led to creation of South India Examining Board in 1911 and the North India Examining Board in 1912. It was the mission hospital Nursing leaders who laid the foundation of systematic Nursing education in India. However, the mid India Board of Examination was started in 1934. But this was not regulated for registration. State-wise councils started developing from 1935 onwards. Indian Nursing Council (INC) Act was passed by the Parliament in 1947. The Nursing Council upgraded the educational requirements which permitted only matriculated candidates to seek admission to the schools. Now, India has State-wise registration councils in 19 states. (TNAI yearbook 2000-2001).

The Central Government granted an approval to the Bhore Committee's (1946) recommendations by starting two colleges of Nursing in Delhi (1946) and Vellore (1947). This provided university degree level courses. With the efforts of Professor S. Radhakrishnan (the then Chairman of University Education Commission), Nursing education in the country was integrated into the system of higher education.

The development of nursing in India reflects the country's history and complex socio-cultural composition. Traditionally, amongst Hindu and Muslim communities, the need for female nurses to work outside of the home (including at night), to touch strangers, to mix with men, and to deal with bodily fluids (considered polluting within Hindu and Muslim cosmology) has meant that until relatively recently, nursing was a stigmatized and low status profession.

During colonial times, British missionaries attempted to redefine and professionalize nursing as a respectable vocational career. British mission hospitals established nursing schools and recruited poor women or widows from predominantly Christian communities, many from the southern Indian state of Kerala. Kerala remains a major supplier of Indian nurses, although this is changing due to a shift in the desirability of nursing as a career that has come about because of increased opportunities for migration to the Middle East and further afield. As in many other countries, nursing is now seen as a potentially lucrative career choice, a stepping stone to work overseas and towards greater social mobility for the entire family. This has led to an influx of men into the profession and to a positive change in the social status of nurses. Nonetheless, in India and throughout South Asia, the desire to avoid the stigma associated with basic nursing tasks forms a strong

cultural backdrop to the way in which clinical nursing is valued and practiced today.

Portuguese first brought modern medicine including nursing to India but the French and British later established and consolidated modern medical and nursing services in India. East India company opened its first civil hospital for soldiers in 1664 later named as Government General Hospital in 1871. In 1859 scheme for training of nurses was sanctioned by the Government of Bengal and a nursing training center was opened at Calcutta.

In the succeeding years nursing schools were established all over the country in collaboration with government and private hospitals.

In 1865, Nightingale drew up some detailed suggestions on a system of nursing for hospitals in India. She laid the foundation of professional nursing. Graduates were sent out from the Nightingale School of Nurses at St. Thomas Hospital, England to start similar nursing schools in India. St Stephens Hospital at Delhi was the first one to begin training of Indian women as nurses in 1867.

In 1871, the first school of nursing was started in Government General Hospital, Madras with a six-month diploma midwives programme with four students. Between 1890 and 1900, many schools, under either missions or government, were started in various parts of India. Since, nursing professionals are human handlers so the need was felt to control the training and practice through establishment of various statuary bodies in the province of India (now State Nursing Councils) and those qualifications were linked with professional licensing which was not uniform pre-independence.

Nursing education prepares nurses to practice in a variety of settings. Ancient days' nurses were trained using an apprenticeship model. Long hours at the bedside were supplemented by some pearls of wisdom dispensed by physicians. The formation of many commission, committees and establishment of INC brought uniform pattern in nursing education.

ANM institutions increased from 307 to 1,921 with Admission capacity enhanced from 6,860 to 55,254. GNM institutions increased from 753 to 2,958 with Admission capacity enhanced from 29,008 to 122,017. B.Sc (N) institutions increased from 266 to 1,690 with Admission capacity enhanced from 11,953 to 88,211. P.B.B.Sc (N) institutions increased from 38 to 762 with Admission capacity enhanced from 893 to 24,335. M.Sc(N) institutions increased from 38 to 577 with Admission capacity enhanced from 483 to 11,853⁽¹⁾.

LITERATURE REVIEW

Effect of Teaching Program on Knowledge and Skills Regarding Automatic External Defibrillation among Nurses Working In Emergency Unit by Manal Mohammed Abd El naeem, Prof. Dr. Nadia Taha Mohamed, Dr. Mona Aly Mohammed & Dr. Mervet Anwar Abd El-Aziz The study revealed that the majority of nurses had poor knowledge and skills related to AED before teaching program which has been improved after Also, a positive correlation was found between knowledge and skills scores of the study subjects. Empowerment of critical care nurses knowledge and skills would have a positive impact upon their knowledge and performance.

As one can easily imagine the cardiac arrest is a matter of extreme importance, even from the standpoint of nursing. It is estimated that the morbidity rate in Egypt as result of cardiovascular diseases (5.6%) and by 2015 over million people will suffer serious cardiac arrest in Egypt. It has been documented that 33% to 40% of cardiac arrests in developed countries occur in the hospital setting, and of the arrests that occur in the hospital setting more than 60% are first recognized by nurses. Earlier defibrillation with AED has significantly improved the survival of the victims who suffer from an out-ofhospital cardiac arrest. The probability of survival drops by 7-10% of every minute delay in defibrillation for shock-able rhythms. As a result, AED is highly recommended to be deployed in the community. The advantages of AED have also extended its application in the hospital setting. To shorten time to first shock within three minutes of collapse, the American Heart Association has recommended use of AED, especially by nurses who are most likely to be the first responding to a cardiac arrest in the hospital. Taniguchi T, Omi W, Inaba H. found that more than 90% of nurses and medical students declined to perform AED defibrillation because they did not know what an AED is and/or how to use it; 57% refused to defibrillate because they did not know how to use one $correctly^{(2)}$.

A Study to Assess The Effectiveness of Structured Teaching Programme on Knowledge Regarding Hepatitis-B among Nursing Students in Selected Schools of Nursing Moga, Punjab A study conducted on Knowledge and awareness of Hepatitis B infection amongst the students of Rural Dental College, Maharashtra, and total of 150 students participated. On an average, 59.23 and 40.67% had correct and incorrect knowledge about Hepatitis B infection, respectively. A total of 81.55% exhibited adequate level of awareness while 18.45% exhibited incorrect level of awareness about transmission of Hepatitis B infection.

Conducted a study on attitudes and awareness regarding Hepatitis B and Hepatitis C amongst Health-care Workers of a Tertiary Hospital in India. The main aim of the study was to assess the knowledge and attitude of the health-care interns toward hepatitis B and C infection and to correlate the level of awareness to the attitude. A closed ended questionnaire was used to evaluate the knowledge and attitude. Total of 255 participants were there including, 100 dental, 100 medical, and 55 nursing interns. Statistical analysis was carried out using the Chi-square test, ANOVA test, post-hoc test and Pearson's correlation. Result showed that although most of the interns were aware of the existence of hepatitis B and C infection, the level of awareness regarding the modes of transmission and vaccination was found to be dissatisfactory. Awareness level regarding the infection among nursing interns was statistically significantly lower than the dental and medical interns. A direct positive correlation as found between awareness score and behavior score. Researcher concluded that there is an urgent need to increase the level and quality of training among health care workers to prevent the spread of hepatitis B virus and hepatitis C virus.

Studies show that Hepatitis B prevalence is high. Health care workers are more prone for getting infected with Hepatitis-B as they are in close contact with the patients. Nursing students are the future staff nurses. The purpose of the general nursing program is to prepare general nurse who will function as member of the health team beginning with competencies for first level position in both hospital and community so they must be knowing each and every aspect of Hepatitis-B, so the investigator decided to assess the knowledge of Nursing students regarding Hepatitis B and to provide them teaching to upgrade their knowledge which helps them in meeting the most important role of the nurse in disease prevention and health promotion thereby reducing the mortality rate due to Hepatitis $B^{(3)}$.

Active learning strategies in classroom teaching: Practices of associate degree nurse educators. In a southern state by Karen Nabors, Linda Dunn, committee chair, Becky Atkinson, David hardy, Aaron Kuntz.

The complex role of today's nurses warrants higher levels of critical thinking and clinical Judgment skills. Critical thinking is recognized as an essential component of nursing practice by The National League for Nursing (NLN). Nursing graduates must be prepared to practice as competent healthcare professionals in a highly complex, diverse, and ever-changing environment. Critical thinking is crucial to providing safe, competent, and skillful nursing practice. Important decisions related to patient care require nurses to master critical thinking skills. Critical thinking skills can be developed with practice. Nurse educators are obligated to create learning environments that support critical thinking. Not only is it important what students learn, but equally important is how they learn. Traditional teaching methods should be transformed to improve learning experiences and facilitate lifelong learning. Teaching strategies that involve experience by "doing" and dialogue with "others" will promote more significant learning. There is a lack of evidence of consistent teaching methods among nurse educators. Nursing graduates with an associate degree outnumber those with a bachelor's degree but overall do not perform as well on the nurse licensure exam as baccalaureate graduates. The purpose of this dissertation research was to examine which teaching methods community college associate degree nurse (ADN) educators in a southern state were utilizing in the classroom to enhance student learning and develop critical thinking in nursing students enrolled in fundamentals and/or medical-surgical nursing courses.

Nurses are expected to provide safe and competent patient care in a highly complex, technologically advanced and everchanging healthcare environment (Benner, Sutphen, Leonard, & Day, 2010; Candela, Dalley, & Benzel-Lindley, 2006). The role of the nurse is becoming increasingly complex, which demands higher levels of critical thinking and clinical judgment skills than previously (Cook, 2011; Lisko & O'dell, 2010). Nurses are expected to make responsible and rational decisions in order to ensure safe and competent patient care (Cook). Today's nursing graduates face a different world than their predecessors (O'Dwyer, 2007). The demands of contemporary healthcare on nurses are greater than ever before and changes in nursing education are warranted in order to prepare new graduates to meet these demands (Greenwood, 2000; Lofmark, Smide, & Wikblad, 2006; O'Dwyer). Of utmost importance is the ability to meet the healthcare needs of patients in a safe, ethical, and holistic manner. Nursing graduates are expected to provide compassionate, safe, and effective care in multiple settings while keeping abreast of rapid advances in healthcare (Benner et al., 2010). Nurses are accountable for delivering high quality, evidence-based, patient-centered care to diverse populations of all ages (Institute of Medicine [IOM], 2010). Both the National League for Nursing Accrediting Commission [NLNAC] (2008) and the American Association of Colleges of Nursing [AACN] (2008) recognize critical thinking as an essential competency of nursing graduates and encourage nursing education programs to incorporate innovative and complementary teaching and learning strategies as a means to enhance student learning. Nursing programs are faced with the challenge of accommodating the changing needs of the healthcare environment by preparing professionals that engage in lifelong learning and self critique and are able to think critically through processing and linking information (Brandon & All, 2010). The educator influences meaningful learning by the kind and organization of information presented, how the information is sequenced, and which instructional strategies are employed (Novak, 2003). Changes are needed in both didactic and clinical courses (Brandon & All) and must enhance or improve nursing practice. In 2003, the National League for Nursing (NLN) called for student-centered, interactive, and innovative nursing programs and curricula. Innovative pedagogical strategies are needed to foster self-regulated and meaningful learning. Best practices should be identified and the science of nursing education developed through ongoing pedagogical research (NLN, 2003)^{(4).}

A comparative study to assess the effectiveness of Live Demonstration and Video Assisted Teaching on nasogastric tube feeding on the skill development of nursing students Kanwalpreet Kaur, Neena Vir Singh, Sandhya Ghai, Meenakshi Agnihotri A teaching method comprises the principles and methods used for instruction.

Commonly used teaching methods may include lecture, demonstration, video assisted teaching or combinations of these. The choice of teaching method to be used largely depends on the information or skill that is being taught, and it may also be influenced by the aptitude and enthusiasm of student.

A study on 80 undergraduate nursing students using two different modalities for teaching pharmacology i.e. Active lecture cum live demonstration and Active lecture cum video revealed that the competency program using active lecture cum video proved more effective than active lecture cum live demonstration. Another study on the effectiveness of video assisted teaching Vs demonstration method on female urinary catheterization in terms of knowledge and practice of nursing students concluded that for improving the clinical competencies of the students, demonstration method is more effective than video assisted teaching.

Different instructional techniques are used for clinical education including: Live clinical demonstration on patients by the instructors. Demonstration refers to visual presentation of the activities aiming to facilitate learning since the students directly watch the procedure being performed on actual patients and can ask questions during the procedure. It provides live experiences to the students. They can enhance their clinical skills and put that into their practice. However, live demonstration method has some drawbacks as well. For instance, a good case for demonstration may not be available and the crowd makes it difficult for all students to fully watch the procedures performed.

Today the nursing has been changed from the traditional intuitive nursing to the modern cyberspace nursing, demanding a broad knowledge of science and the research generated best practices. Thus, experimenting for an effective teaching technique this comparative study was undertaken with the objectives to develop protocols on live demonstration and video assisted teaching on nasogastric tube feeding and to assess the effectiveness of live demonstration and video assisted teaching on skill development of nursing students⁽⁵⁾

Emerging Innovative Teaching Strategies in Nursing by Swami Rama Himalayan University, India Education is a light which shows the right direction to mankind to surge. The purpose of education is not just making a student literate but also adds rationale thinking, knowledgeably and self sufficiency.

Nursing is a field which requiring clinical knowledge & skills to care for the patients & his family as we deal and handle with real life situations. Nursing graduates must be prepared to practice as competent healthcare professionals in a highly complex, diverse, and ever-changing environment. The learning process in nursing is very unique because nursing student should be able to perform the activities of the profession in live situations Critical thinking is crucial to providing safe, competent, and skillful nursing practice. During any course of nursing, clinical experience considered as lifeblood of nursing education. Nurse educators and faculties have a responsibility to provide most efficient clinical instruction to aid best learning to nursing students during their course.

Nurse educators are obligated to create learning environments that support critical thinking. Not only it is important what students learn, but also equally important that how they learn. Traditional teaching methods should be transformed to improve learning experiences and facilitate lifelong learning. Teaching strategies that involve experience by "doing" and dialogue with "others" will promote more significant learning. Creativity can be developed and innovation benefits both students and teacher A combination of technologies & Social media plays a critical role in this by promoting the integration of technologies, humanization of virtual interactions, and personalization of learning. New technologies continue to emerge and bring with them the promise to reform and revitalize today's higher education system. Globally, there has been a call for a paradigm shift, from a teacher to a learner centered approach in nursing education. After discussing these innovative and emerging technologies, very few are supported by research that the effectiveness of several of these technologies in improving student learning and achievement (e.g., Active Learning Classrooms, Simulation Technology), and most of them have not been fully evaluated and likely will need to be refined iteratively as weaknesses are identified and new challenges arise. Furthermore, educators must be fully trained and

incentivized to use new technologies. Nonetheless, these technologies and/ or others not yet conceptualized will surely be incorporated into health care education as it evolves to meet the many challenges of 21st-century learning⁽⁶⁾.

Performance Evaluation of Structured Teaching Program on Knowledge in Biomedical Waste Management among Staff Nurses Jivani Devi (College of Nursing, Pt. B.D. Sharma, University of Health Sciences, Rohtak, India)

Bio-medical waste is referred as "any waste generated by heath care setting laboratories, home care, diagnoses treatment or immunization of human being, of animals or research activities used in the production or resting of biological". The planning is required for the comprehensive management system for health care establishment. A long standing necessity has been fulfilled by the legislation. It is required to implement proper B.M.W.M system for each hospital, clinics or laboratories. The discriminate dispose of biomedical waste from clinical places has lead to major degradation of environment. It leads to spread of diseases and put the public to great risk. This gives rise to considerable environment concern. These are spread of infection and disease via vectors such as fly, mosquito, and insects that may affect in house or surroundings population. The infection may also spread through contacts among medical or non medical people, unauthorized recycling of disposal of items, use of discarded medicines, indiscriminate disposal of incinerators ash/residues, deadly toxicants from inefficient incinerators.

The study was conducted in the selected hospitals. The pilot study was conducted to test the reliability and validity of tool. The sample of the study consists of 100 Staff Nurses (S.N.). The tool used for the study was structured questionnaire and teaching program and techniques adopted for study was structured interview schedule and observations. The obtained data was analyzed by using descriptive and inferential statistics and interpreted in term of objectives of the study.

The biomedical waste management is the key factor of research these days. In the present paper, effort has been made to assess the existing knowledge of staff nurses of the selected hospital. Then the effectiveness of teaching program has been measured and finally the association between pre-test and post test knowledge score has been compared. In the present study the overall post-test knowledge score 65% of subject were significantly higher than pre-test percentage score (42.88%). The comparison of pre-test and post-test knowledge on B.M.W.M. among staff nurses (S.N.) of selected hospital reveals that overall improvement of percentage was 22.12%. This study shows the benefit of teaching program on B.M.W.M. In the present study there was significant association between the pre-test post-test knowledge score of S.N. and selected demographic variables. In this study researcher found the maximum selected S.N. gained knowledge and adequate trained through teaching program on B.M.W.M^(7,8).

Aims and Objectives

- 1. To assess the existing knowledge regarding basic nursing procedures among the newly inducted nurses.
- 2. To evaluate the effectiveness of structured teaching programme regarding basic nursing procedures to the newly inducted nurses.

- 3. To evaluate the knowledge of basic nursing procedures of the nurses after the teaching.
- 4. To associate the pre test and post test knowledge of the nurses on basic nursing procedures among the newly inducted nurses with the selected demographic data.

Operational Definitions

- 1. Effectiveness: It refers to significant gain in knowledge regarding self administration of insulin injection among diabetic clients by structured teaching programme which may result difference between pre test and post test knowledge score.
- 2. Structured Teaching Programme (STP): Refers to systematically planned group instruction designed to provide the knowledge of basic nursing procedure injection among the nurse by using lecture cum demonstration method.

METHODOLOGY

- 1. Research approach-For the above study we adopted quantitative research approach.
- 2. Research Design-The research design adopted for the study was one group pre-test, post test design.
- 3. Independent variable Structure teaching programme about basic nursing procedures for newly inducted nurses
- 4. Dependent variable Structure teaching programme about basic nursing procedures for newly inducted nurses
- 5. Setting-The study was conducted in Dr L H Hiranandani Hospital, Hiranandani Gardens, Powai, Mumbai.
- 6. Sampling technique The sampling technique will be adopted for the study is Non probability sampling Technique. (Purposive Sampling)
- 7. Sample size The study was conducted on 100 Nurses.
- 8. Tool- a) Demographic data
 - b) Structured questionnaire
- 9. Inclusion criteria
 - Nurse who is willing to participate
- Nurse who can read and understand English
- Nurse who is for induction batch

10. Exclusion criteria

- Nurse who is working in the hospital
- Nurse who has not attended induction training program

RESULT AND DISCUSSION

Nursing involves comprehensive care of the sick, not only of the individual patient but of the family and community. She should have required qualifications and the license to practice in the position entrusted to her. She should be competent - has good knowledge of her field, technical, administrative and critical thinking skills to perform in her designated role. And have right attitude towards her profession. The nurse should function optimally through team work to provide quality nursing care to her patients⁽⁹⁾.

The patient as an individual and a member of the community has a right to be treated with dignity and respect and has a right to expect planned, individualized nursing care. The Mission of the hospital is "to be the preferred choice of healing and health" by providing high quality nursing care to patients and their families regardless of their religion, disease condition or status. This is achieved with compassion, honesty and caring, through competent and patient oriented nursing service and by continually assessing, planning, prioritizing, implementing and evaluating nursing care interventions.

The nurses who join the hospital are inducted and integrated as Nursing Staff into the organization to inculcate in the staff a sense of belonging, to inculcate a sense of team work, to achieve the goals and objectives / mission of the hospital. A two week of Induction program is conducted where the following aspects are covered –

- Introduction to the Hospital-Mission, Vision, Values, Quality Policy
- Job responsibilities
- Soft skills & Telephone Etiquettes
- Standard Operating Procedures & Work Instructions
- Spoken English Classes
- Basic Nursing Procedures
- Infection Control Protocols
- HMS (Computer Training)
- Drug calculations & Infusion Therapy
- BLS (Basic Life Support) & practice session
- Intravenous Therapy & practice session
- Demonstration & use of Hoist Machine
- Introduction to ICU, NICU, Wards, Causality
- Glycemic policy & Diabetes management.

The nurses undergoing induction are taught and demonstrated about basic nursing procedures which is already part of the Nursing degree/diploma curriculum. A pre test is conducted to assess the knowledge of the newly inducted nurses.

The average score is 62%. After the training for basic nursing procedures a post test was conducted and they scored an average of 90%.

Average percentage-Pre & Post test

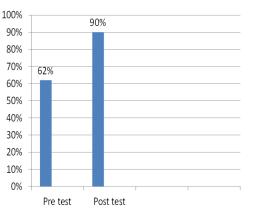
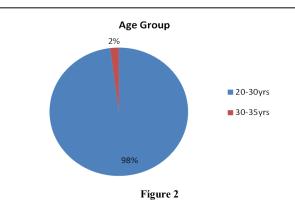


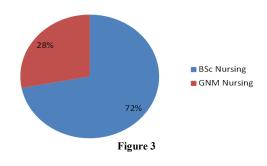
Figure 1

The nurses inducted to the hospital 98% of nurses in the age group of 20 to 30 years and only 2% were in the age group of 30 to 35 years and there were none above 35 years age.

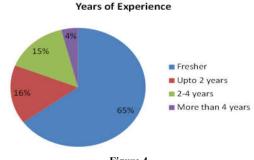


It was also found that 72% of the nurses were having qualification of four years i.e. B.Sc nursing while 28% of nurses were Diploma in Nursing which is a 3 years course.

Educational Qualification

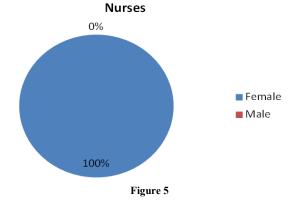


It was found that 65% of newly inducted nurses were freshers' i.e. with no experience, 16% nurses had two years experience, 15% came with 2-4 years experience and only 4% came with more than four years experience.





Even though the hospital recruits male as well as female nurses, it was found that all nurses recruited during that period were females.



CONCLUSION

Teaching methods utilizes the principles and methods of education. These serve as stimulation, guidance, direction and encouragement for learning. New methods and materials of instruction are evolving every day. Commonly used teaching methods may include lecture, clinical demonstration, video assisted teaching or combinations of these. Nurses being the first line managers are challenged with patient management and it calls the importance of updated and skillful nursing. Hence, teaching programmes become extremely important to close the gap between theory and practice.

In this study it was found that the pre existing knowledge of the nurses regarding basic nursing procedure was only 62%. Then a structured teaching program on basic nursing procedure was given by lecture cum demonstration method (which included return demonstration from the nurses). After the training post test was conducted and it was found that their knowledge has improved to 90% hence the structured teaching program was effective for these nurses.

Hence, it is recommended that combination of teaching methods can be adopted to enhance the skill development of the students. Live demonstration is a traditional and preferred method but video can also be used as statistically both are equally effective. Whichever method is used for teaching but it is essential to emphasize the importance of performing each step as steps of procedure are important for skill development⁽¹⁰⁾.

Recommendations

Based on the findings of the present study recommendations offered for the future study are:

- 1. A similar study can be done on a larger sample
- 2. A study can be done among other hospital employees.
- 3. A comparative study can be done for nurses in Private hospitals and Govt. hospitals.
- 4. A similar study can be done in more depth.
- 5. A study can be done on association between various demographic variables, which were significant on larger samples.
- 6. A comparative study can be done for nurses who are already working in the organisation with nurses who are newly inducted.
- 7. A study can be done on knowledge of practice related to basic nursing procedures among nurses.

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- Rajesh Kumar Sharma* Swami Rama Himalayan University, India Submission: March 08, 2017; Published: April 21, 2017 *Corresponding author: Rajesh Kumar Sharma, Assistant Professor, Himalayan College of Nursing, Swami Rama Himalayan University, Dehradun, Uttrakhand, India - Emerging Innovative Teaching Strategies in Nursing
- Manish Patidar1, Pavan Kumar Jain2, Ravindra H. N.3 1Student, Sumandeep Nursing College, Sumandeep Vidyapeeth, Piparia, Vadodara-391760, Gujarat, India, 2Associate Professor, Department Of Medical Surgical Nursing, Sumandeep Nursing College, Sumandeep Vidyapeeth, Piparia, Vadodara-391760, Gujarat, India. 3Principal, Sumandeep Nursing College, Sumandeep Vidyapeeth, Piparia, Vadodara-391760, Gujarat, India. Effectiveness of Structured Teaching Programme on Bio-Medical Waste Management.
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