A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF STAFF NURSES REGARDING IMNCI (Integrated Management of Neonatal and Childhood Illness) GUIDELINES AT SELECTED COMMUNITY HEALTH CENTRES IN MYSURU

Asha Job[1], Prof. Sheela Williams[2], Mrs. Ambika[3]
[1]M.Sc Nursing student , JSS college of Nursing Mysuru
[2]Principal, JSS College of Nursing, Mysuru
[3]Assistant professor, Paediatric Nursing, JSS College of Nursing Mysuru

ABSTRACT: IMNCI is a curative, preventive and promotive strategy aimed at reducing the deaths and frequency and severity of illness and disability and contributes to improved growth and nutrition of under five children. This strategy has been expanded in India to include neonatal care at home as well as in the health facilities and renamed as IMNCI.This study has been undertaken to to assess the effectiveness of Structured teaching programme on knowledge of staff nurses regarding IMNCI guidelines at selected community health centre's in mysuru.A Pre-experimental One group pre-test post-test design was used and 50 staff nurses were selected using convenient sampling technique. Pilot study was conducted, the tool and study design were found to be feasible. Data were collected using a structured knowledge questionnaire. The results of the study revealed that the significance of difference between the mean pre-test and mean post-test knowledge scores which was statistically tested using paired' test and it was found to be significant at 0.05 level of significance 't'= 18.046, p<0.05 and The results also depicted that knowledge of staff nurses regarding IMNCI guidelines had partially association with their selected personal variables. It was concluded that structured teaching programme was effective in increasing the knowledge of staff nurses regarding IMNCI guidelines. Therefore the study recommends that, it is essential to organize health campaigns and teaching programmes to enhance the knowledge regarding IMNCI guidelines.

Keywords: IMNCI guidelines, Effectiveness, staff nurses, structured teaching programme, knowledge

INTRODUCTION

Children are supremely important asset. It is important to be concerned with the health of infants, children, their growth and development and attaining full potential as adults. Since children are "vulnerable" to social and health hazards, which can retard or arrest their physical and mental development during these critical years, they deserve special attention by the administration, general population and the family.

Common childhood illness like acute respiratory infections, diarrhoea, measles, malaria, and malnutrition result in high mortality among children less than five years of age. Neonatal mortality contributes to over 64% of infant deaths and most of these deaths occur during the first week of life. Children brought for medical treatment are often found suffering from more than one morbid condition, making a single diagnosis impossible. These children require a combined therapy for successful treatment. Thus, the need of the hour is an integrated strategy that combines the treatment of major childhood illnesses, with involvement of parents in provision of home-based care, prevention of disease through immunization, improved nutrition, and breast feeding. This integrated strategy led to the formation of "The Integrated Management of Childhood Illness (IMCI)" in 1992 by UNICEF and WHO. It was based on the rationale that decline in child mortality rates is not necessarily dependent on the use of sophisticated and expensive technologies, but rather on a holistic approach that combines the use of strategies that are cheap and can be made universally available and accessible to all.

Integrated management of childhood illness (IMNCI) strategy, developed by World Health Organization in collaboration with UNICEF and many other agencies in1992. IMNCI is a curative, preventive and promotive strategy aimed at reducing the deaths and frequency and severity of illness and disability and contributes to improved growth and nutrition of under five children. This strategy has been expanded in India to include neonatal care at home as well as in the health facilities and renamed as IMNCI. The strategy combines improved management of childhood illness with aspects of nutrition, immunization and other important disease prevention and health promotion elements. The objectives of IMNCI are to reduce deaths and the frequency and severity of illness and disability and to contribute to improved growth and development.

OBJECTIVES

1. To assess the knowledge of staff nurses regarding IMNCI guidelines.
2. To evaluate the effectiveness of structured teaching programme on knowledge of staff nurses regarding IMNCI guidelines.
3. To find the association between knowledge of staff nurses regarding IMNCI and their selected personal variables.

HYPOTHESES

1. **H1.**There will be significant difference between the mean pre-test and post-test knowledge scores of staff nurses regarding IMNCI guidelines.
2. **H2.**There will be significant association between the knowledge of staff nurses regarding IMNCI guidelines and their selected personal variables.

RESEARCH METHODOLOGY

The research was conducted in Mysore district of Karnataka state, Three community health centre's has selected for the study, knowledge of the staff nurses assessed through structured knowledge questionnaire. The total sample taken were 50 staff nurses with non-probability convenience sampling technique.Pre experimental one group pre-test post-test design were used as the research design.

RESULTS

TABLE 1
Frequency and percentage distribution of staff nurses according to their selected personal   variables
n=50

Sl no	Sample characteristics	Frequency(f)	Percentage(%)
1	Age(in years) 25-30	14	28%
	31-35	26	52%
	36-40	10	20%
2	Gender 2.1 Male	5	10%
	2.2 Female	45	90%
3	Qualification 3.1 GNM	35	70%
	3.2 BSc(N)	14	28%
	3.3 MSc(N)	1	2%
4	Years of experience 4.1 1-2 years	5	10%
	4.2 3-4 years	15	30%
	4.3 more than 4 years	30	60%
5	Areas of working 5.1 General ward	41	82%
	5.2 ICU	2	4%
	5.3 Emergency ward	7	14%
6	Previous exposure to teaching class regarding IMNCI 6.1 Yes	9%	18%
	6.2 No	41%	82%

TABLE 2
Frequency and percentage distribution of level of knowledge of staff nurses according to their pre test and post test scores

n = 50

Knowledge level	Pre test f(%)	Post test f(%)
Poor knowledge(0-15)	33(66%)	-
Average knowledge(16-23)	16 (32%)	33(66%)
Good knowledge(>24)	2 (2%)	17(34%)

TABLE 3
Mean, Median, Standard deviation and Range of pre-test and post-test knowledge score of staff nurses
n=50

Test	Mean	Median	Range	SD
Pre test	14.96	15	10-19	±1.7
Post test	22.32	22	19-27	±2.04

The data presented in Table 3 shows that, the mean pre test knowledge score is 14.96 with standard deviation of ±1.7 and ranged from 10-19 and the mean post test knowledge score is 22.32with the standard deviation of ±2.0and ranged from 19-27. This indicates that there was an increase in mean knowledge scores of staff nurses after the structured teaching programme.

TABLE 4
Mean, mean difference, standard deviation difference, standard error and paired 't' value of pretest and post-test knowledge scores of staff nurse.

n=50

Knowledge scores	Mean	Mean Difference	S.D. Difference	Standard Error	Paired 't' test value
Pre-test	14.96	7.36	±.34	.407	18.046*
Post-test	22.32				

t$_{(49)}$=1.671; p<0.05* significant

The data presented in the Table 4 shows that the mean difference between knowledge pre test score and post-test score is 7.36 To find the significant difference in mean knowledge scores, paired' test was computed and obtained value of paired 't'= 18.046, p<0.05 is found to be significant. Hence the null hypothesis is not supported. It is inferred that there is significant improvement of knowledge among staff nurses after structured teaching programme regarding IMNCI guidelines

TABLE 5
Chi-square values between level of knowledge of staff nurses and their selected personal variables

n =50

Sl.no	Sample characteristics	Poor knowledge	Average& Good knowledge	Chi-squire value
1	Age(in years) 25-30 31-35 36-40	9 17 7	5 9 3	.883#
2	Gender 2.1 Male 2.2 Female	6 27	0 17	3.125(fishers exact test)
3	Qualification 3.1 GNM 3.2 BSc 3.3Msc	24 8 1	12 3 2	16.43*#
4	Years of experience 4.1 1-2 years 4.2 3-4 years 4.3 More than 4 years	2 8 23	2 7 8	2.58#
5	Area of working 5.1 General ward 5.2 ICU 5.3 Emergency	28 1 4	13 2 3	4.663#
6	Previous exposure of teaching regarding IMNCI guidelines 6.1 Yes 6.2 No	6 27	6 11	2.791

$\chi^2_{(1)}$=3.84;$\chi^2_{(2)}$= 5.99 ;p<0.05 *significant;-# Yates correction,

The data presented in table 5 shows that, there was no statistically significant association between the level of knowledge of the staff nurses and their selected personal variables except for qualification. Hence, the null hypothesis is partially supported and it is inferred that level of knowledge of staff nurses regarding IMNCI guidelines is not influenced by their selected personal variables.

CONCLUSION

The main aim of the study was focused to determine the effectiveness of structured teaching programme on knowledge of staff nurses regarding IMNCI guidelines in selected community health centre's at Mysuru district, Karnataka. The research design selected for this study was Pre-experimental - One group pre-test post-test design. Pre-experimental one group pre-test post-test design involves only the experimental group which is selected as the study subject. A pre-test observation of the dependent variables is made before implementation of the treatment to the selected group, the treatment is administered, and finally a post test observation of dependent variables is carried out to assess the effect of treatment on the group.

Nonprobability convenience sampling technique will be used to select the sample.Sample size is 50 staff nurses in selected community health centres in Mysuru district**.**

Data was collected from 50 staff nurses. Collected data was analyzed by using descriptive and inferential statistics and presented in the form of tables and graphs. Frequency, mean, median and standard deviation was computed to analyze the knowledge regarding IMNCI guidelines. Then paired 't' test was used to determine the significance of difference between the mean pre-test and post test knowledge score

of staff nurses. Chi-square test was computed to find out the association between level of knowledge and selected personal variables of staff nurses. The analysis of the study revealed that in pre test, all the staff nurses had poor knowledge regarding IMNCI guidelines. The structured teaching programme was effective in increasing the knowledge regarding IMNCI guidelines as the computed paired 't'= 18.046 $p<0.05$ is found to be significant at 0.05 level of significance.

　　　　Thus, it was concluded that, the structured teaching programme was effective in enhancing knowledge regarding IMNCI guidelines among staff nurses. Therefore, the study reinforces the need to organize teaching programs which sensitize the staff nurses to enhance the knowledge regarding IMNCI guidelines.

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