

Assessment of Knowledge and attitude of Nursing Personnel regarding Barriers for Nursing Practice in Selected Hospital, Tripura.

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Abstract

Care that nurses provide to patients is known as nursing practice. A rule, legislation, or policy that makes anything happen or be accomplished more difficult or impossible is called a barrier. Methodology for the study: This study used a quantitative non-experimental descriptive survey methodology. Examine and Examine Again: On purpose, one hundred nursing staff members were recruited. Results: women made up 78% of the sample, while men accounted for 22%. There were 97% people in the age bracket over the age of 20, and 3% people younger than that. The vast majority of the participants (80%) identify as Hindu, whereas a smaller percentage (20%) identify with other religions. A total of 85% of the participants had a GNM, 11% had a B.Sc. in nursing, and 4% had an ANM. Out of all the participants, 65 (or 65%) were government employees, whereas 35 (or 35% of the total) were nursing students. Eighty percent of the participants had worked in a surgical ward for at least two months, with twenty percent having worked there for more than two months. Among the participants, 50% had two months or more of experience in the intensive care unit, and 50% had more than two months. Seventy percent of the participants had less than a month of experience working in an orthopaedic ward, whereas thirty percent had more than a month. The paediatric ward was the site of experience for 65(65%) of the participants, with 35% having worked there for longer than three months. Eighty percent had worked at a mental ward for one month, and twenty percent had worked there for two months. At the "0.05 level" of significance, all of the chi-square values found between socio-demographic factors and knowledge score were present, with the exception of Gender (2.76), Age (0.36), and Education (0.14). The results show a strong correlation between the participants' religion (25.01) and their occupation (11.84). Conclusion: Obstacles in nursing practice can be overcome via the use of leadership skills and the use of effective communication skills.

Key Words: Nursing, Barriers, Communication Skills, Leadership skill, novelist profession.

INTRODUCTION

Optimal health and quality of life are the goals of nursing, one of the oldest and most innovative professions, which aims to care for individuals, families, and communities via health promotion, illness prevention, diagnosis, and treatment [1].

A nurse is someone who has completed a general nursing education program and holds their nursing license from the national board of nursing. Many different places employ nurses, including public and private hospitals, private residences, educational institutions, and even pharmaceutical firms [2]. Care that nurses provide to patients is known as nursing practice. Anything that makes anything more difficult or impossible to accomplish or attain, such a regulation, legislation, or policy, is considered a barrier [4]. Using theory-derived, research-based knowledge to make decisions about care delivery to individuals or groups of patients that represent their needs and preferences is what evidence-based nursing (EBN) is all about. [5].

BACKGROUND OF THE STUDY:

The Nurse is authorized to practice nursing in a variety of settings, including but not limited to: educating the public about health and illness prevention; providing direct care to individuals with physical and mental health issues as well as disabilities; supervising and training other healthcare professionals; conducting research; and working with patients of all ages and abilities in a variety of healthcare facilities and community settings.

Areas and Setting of Nursing Practice:

- The ability to specialize in the medical sector is made possible by nurses who hold advanced degrees.
- There are numerous subspecialties within nursing, including cardiology, orthopedics, palliative care, preoperative care, obstetrics, radiography, cancer, and emergency nursing.
- There is a vast variety of places where nurses may be found, including private homes, schools, hospitals, and even pharmaceutical corporations.
- The delivery of direct patient care is known as nursing practice [7].

WHAT IS BARRIER?

Something that makes something happen or be accomplished more difficult or impossible is called a barrier. This might be anything from a regulation or legislation to a policy.

- Here are a few of the most significant obstacles:
- The language barrier is an example of a linguistic barrier.
- Obstacles related to the mind, such as anxiety, melancholy, and phobias.
- Organizational structure and attitude barriers are two examples of such obstacles.

COMMON BARRIERS IN NURSING PRACTICE:

- There is a scarcity of nurses.
- The workload is heavy and difficult.
- There is no internet connection at work.
- The physician is not cooperating.
- Issues such as not having enough time to study literature, not having enough proficiency in English, not being able to deal with computers, not having the freedom to alter practices, not knowing enough, not having enough facilities, physically and mentally exhausted, and not having an appreciating system are all factors that contribute to this problem [9].

BARRIERS FOR IMPLEMENTATION OF EVIDENCE BASED PRACTICE:

- Not knowing how to use evidence-based practice (EBP) and research results effectively.
- Having misunderstandings about EBP and research.
- Not managing time well.
- Not wanting to do anything. [10].

Barriers to professionalism:

- The study does not have practical value
- There is no administrative support
- There are no knowledge mentors
- The research report is difficult to obtain Issues related to gender and the absence of in-service and continuing education [11].

Need for the study

In order to improve their performance, offer safe and effective treatment, and assure high-quality patient care, nurses must be knowledgeable of evidence-based practice. The

meticulous, precise, and prudent application of current best evidence in decision-making for individual patients' treatment is known as evidence-based medicine, which has philosophical roots in the mid-19th century. By combining clinical knowledge with patient values and preferences, as well as the finest available research, evidence-based practice ensures that healthcare decisions are based on the most up-to-date and ethical information available [12].

Registered nurses did not incorporate research into their practice, according to an evaluation by Kousar et al. [13].

Even though there is evidence-based research that shows rituals and routines in nursing improve patient health outcomes, this practice is still extensively used [14].

In their evaluation of US healthcare quality, McGlynn et al. [15] discovered that more than 20% of patients got care that was either unnecessary or harmful.

There are a lot of unfavourable outcomes that affect general health indicators, assessment capacity, determining the psychosocial elements impacting pain, making a diagnosis, and following directions when study findings aren't used properly [16].

Accordingly, there is still a disconnect between nursing theory and practice, and there are a number of obstacles that have been identified as preventing this gap from being filled. The healthcare system, the nature of research data, the traits of individual nurses, and the traits of organizations all contribute to these challenges.

Problem statement:

Assessment of Knowledge and attitude of Nursing Personnel regarding Barriers for Nursing Practice in selected Hospital of Tripura

Objective:

- ✓ 1. To assess the knowledge and attitude of nursing personnel regarding barriers for nursing practice in selected hospitals of Tripura.
- ✓ 2. To seek association between knowledge score on barriers for nursing practice with Socio-demographic variables.

➤ Operational definitions:

- Nurse: The Nurse is a person who has completed a programme of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country.

- **Barrier:** A barrier is something such as a rule, law or policy that makes it difficult or impossible for something to happen or be achieved.
- **Knowledge:** Knowledge is the information includes description, facts, information and skilled acquired gained through the experience or education.

LITERATURE REVIEW

Producing basic knowledge about the aim of the research project is the primary goal of a literature review. Also included are the identification of research gaps, ongoing discussions about past studies, unanswered concerns about those studies, and areas in need of additional investigation [17].

Two parts, A and B, make up the literature review;

Section A: Nurse – related barriers: -

In a US-based study that assessed the preparedness of 760 RNs for evidence-based practice (EBP), 54% of the nurses surveyed were unfamiliar with the word, and 59% had not identified any researchable issue in their practice in the previous year. Due to a lack of authority, self-confidence, and clarity caused by an overwhelming amount of evidence, nurses may struggle to implement meaningful changes in patient care. Additionally, nurses might not have the know-how to evaluate statistical research analysis or the research criticism abilities to perform computer-based literature searches [18]

Section B: Organizational barriers.

The dominance of routine in care delivery, a lack of administrative motivation to conduct research, and nursing staff shortages are all organizational factors that could slow down the implementation of research findings. Another major obstacle to putting research into practice is the lack of time, which nurses face with heavy workloads and staff shortages. Additionally, nurses' preparedness to apply research results is affected by administrators' and nurses' divergent clinical practice goals. Finally, organizations struggle to incorporate research results into clinical practice due to a lack of staff development programs and continuous education pertaining to research usage.[19].

RESEARCH METHODOLOGY

- The research technique is the "how" of selecting and organizing the study in a methodical way to guarantee accurate and trustworthy results, with an emphasis on the research's aims and goals (Jansen and Warren, 2020).

- In order to solve the research problem and conduct academic research and studies correctly, a well-organized research technique is necessary (polit and Beek, 2014).
- The methodology used to conduct the present study is covered in this chapter under the following headings:
- The research strategy, research design, setting, population, sample, sampling technique, tools, data collection procedure, and data analysis plan.
- The study employed a quantitative non-experimental descriptive survey approach.

Sample and Sampling: 100 working Nursing Staffs were taken purposively.

Analysis and Interpretation of findings

- The process of analysing data involves reducing, summarizing, organizing, evaluating, interpreting, and communicating quantitative information in a meaningful way.
- The goal of the data analysis in this chapter is to make the collected information more manageable and easier to interpret in order to modify and test the research problem.
- The data was collected to assess the knowledge and attitude of nursing personnel in a selected hospital in Tripura regarding the barriers to nursing practice.
- The data is analysed using descriptive and inferential statistics in accordance with the goals of this study. The data is calculated using the SPSS online calculator, which is free of charge.

Table:1 Socio-Demographic variables N-100

S. No.	Socio-Demographic variables	Socio-Demographic Categories	Frequency Distribution	
1.	Gender	Male	78	78%
		Female	22	22%
2.	Age	Below 20 years	3	3%
		Above 20 years	97	97%
3.	Religions	Hinduism	80	80%
		Other	20	20%
		ANM	4	4%
		GNM	85	85%

4.	Educations	B.Sc. Nursing	11	11%
		M.Sc. Nursing	0	0
		Ph.D. Nursing	0	0
5.	Occupation	Student Nurses	35	35%
		Government Employees	65	65%

Fig. 1. Socio-Demographic Variables of the participants

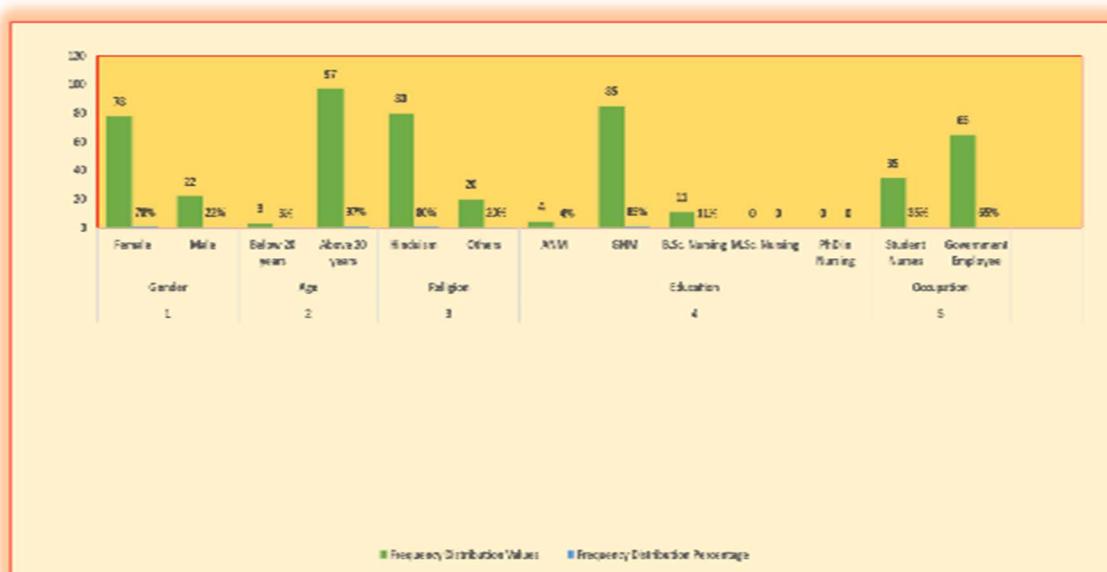


Table 2Duration of clinical experience of the study participants in different areas N=100

S. No	Clinical Areas	Duration of Experiences	Frequency Distribution	
			Values	Percentage
1	Medical Wards	2 months	60	60%
		More than 2 months	40	40%

2	Surgical Wards	2 months	80	80%
		More than 2 months	20	20%
3	ICU	2 Months	50	50%
		More than 2 months	50	50%
4	Orthopaedic Ward	1 Months	70	70%
		More than 2 months	30	30%
5	Paediatric Ward	3 Months	65	65%
		More than 3 months	35	35%
6	Psychiatric Ward	1 Months	80	80%
		More than 1 months	20	20%
7	Infection Control	1 Months	85	85%
		More than 2 months	15	15%
8	Maternity Wards	3 Months	90	90%
		More than 3 months	10	10%

Fig 2. Duration of clinical experience of the study participants in different areas.
N=100

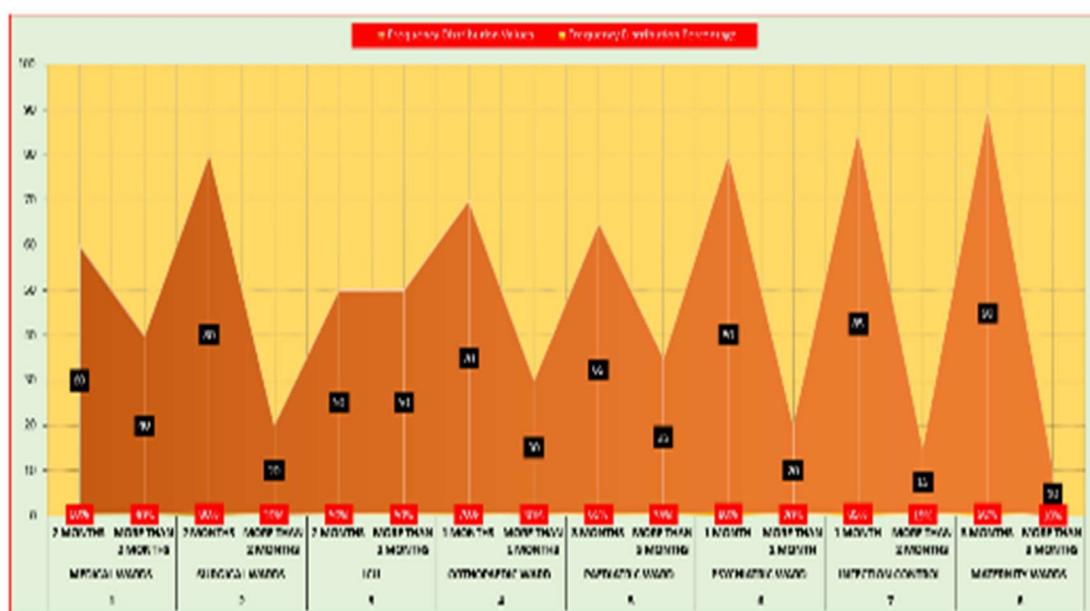


Table 3. Knowledge Score of The Study Participant on Barriers for Nursing Practice N=100

Knowledge Items =21

Total Score = 21

Knowledge category	Knowledge level	Frequency Distribution	Mean Score	Median	Mode	SD
		Values	Percentage			
Satisfactory	0-7	0	0	50	50	50
Good	Aug-14	48				
Very Good	15-21	52				

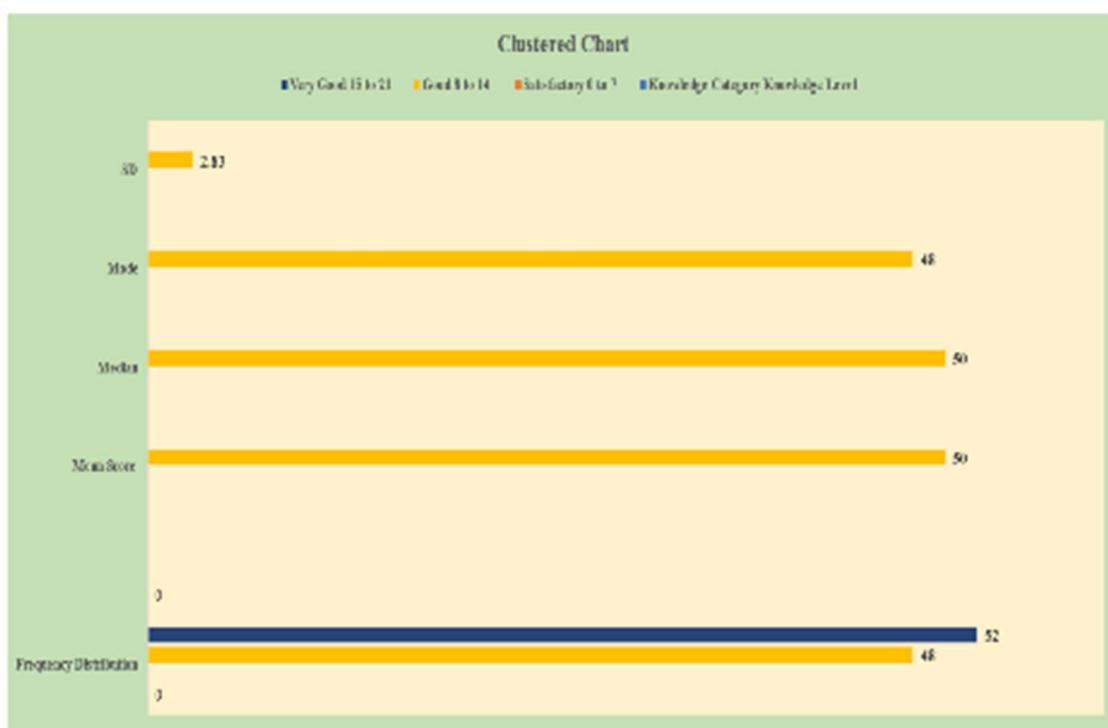
Fig 3. Knowledge Score of The Study Participants on Barriers for Nursing Practice.

Table 4. Attitude of the Study Participants on Barriers for Nursing Practice

S. No.	statement	Agree (2)		Disagree (1)	
		Frequency	Percentage	Frequency	Percentage
1	Nurses confront a high risk of health hazard	92	92%	8	8%
2	Emerging challenges among nurses due to lack of team work	70	70%	30	30%

Related to Available Resources N=100

Table 5. Attitude of the Study Participants on Barriers for Nursing Practice Related to Administrative Policy N=100

S. No.	Statement	Agree (2)		Disagree (1)	
		Frequency	Percentage	Frequency	Percentage
1	Lack of well-planned administrative policy	95	95%	5	5%
2	Less opportunities for higher studies	78	78%	22	22%

Table 6. Attitude of the Study Participants on Barriers for Nursing Practice Related to Recognition N=100

S. No.	statements	Agree (2)		Disagree (1)	
		Frequency	Percentage	Frequency	Percentage
1	Lack of support system and recognition of their position	71	71%	29	29%
2	poor system of remuneration	66	66%	34	34%

Table 7. Attitude of the Study Participants on Barriers for Nursing Practice Related to Remedy for Reducing Barriers N=100

S. No.	statements	Agree (2)		Disagree (1)	
		Frequency	Percentage	Frequency	Percentage
1	Effective communication is an important aspects of patient care	71	71%	29	29%
2	poor system of remuneration	66	66%	34	34%

Table 8 Positive and Negative Response of Participants Attitude Shown in Table 4, 5 ,6, 7,
N=100

statements	Scoring of attitude Scale	Majority of Responses of Participants
Positive statements	2	95 % 92 % 89% 78% 70% 66%
Negative statements	1	5 % 8% 11% 11% 22% 29% 30% 34 %

Table 9 Associations between Knowledge score Demographic variables'=100

S. No.	Socio-Demographic variables	Socio-Demographic	Knowledge Level			Chi-Square calculate value	d f	Tabulate value	Significance at 0.05 level of Significance
			Categories	0-7	8-14	15-21			
1	Gender	Male	0	14	8		2.76	2	5.991
		Female	0	34	44				
2	Age	Below 20 years	0	3	2		0.36	2	5.991
		Above 20 years	0	44	51				
3	Religion	Hinduism	0	37	13		25.01	2	5.991
		Other	0	12	38				
4	Educations	ANM	0	2	3		0.14	4	9.488
		GNM	0	41	45				
		B.Sc. Nursing	0	4	5				
5	Occupation	Student Nurses	0	25	10		11.84	2	5.991
		Government Employees	0	23	42				

- Data presented in table 9 revealed that the obtained chi-square values between socio –demographic variables and knowledge score were seen at “0.05 level” of significance except Gender (2.76), Age (0.36) and Education (0.14) of the study participants. It indicates that there is an significant association with religion (25.01) and Occupation (11.84) of the Participants.

MAJOR FINDINGS OF THE STUDY

- Data presented in the table 1 described 78% of the study participants were female and 22% were male.
- In the age group 97% were above 20 years followed by 3% below 20 years.
- Out of total participants majority 80(80%) are belongs to Hinduism followed by 20(20%) belongs to other religion.
- Majority 85(85%) of the participants were GNM passed, 11(11%) B.Sc. Nursing and 4% were ANM passed.
- Regarding occupation, among the total participants majority 65(65%) were government employee followed by 35(35%) student nurses.
- Data presented in the table 2 described 60% of the study participants having 2 months clinical experience in the Medical Ward followed by 40% having more than 2 months experience.
- Out of total participants majority 80(80%) were having 2 months experience in Surgical Ward and 20% having experience of more than 2 months.
- 50% of the participants were having more than 2 months experience in the ICU and 50% were having 2 months experience.
- Majority 70(70%) of the participants were having 1 month experience in the Orthopedic ward followed by 30% having more than 1 month experience.
- Majority 65(65%) of the participants were having 3 months experience in the Pediatric ward followed by 35% having more than 3 months experience.
- 80% of the participants were having 1 month experience in the Psychiatric Ward and 20% were having 2 months experience.

- Majority 85(85%) of the participants were having 1 month experience in the Infection Control followed by 15% having more than 2 months experience.
- Majority 90(90%) of the participants were having 3 months experience in the Maternity wards followed by 10(10%) having more than 3 months experience.

Table 10 Mean, Median, Mode , S.D.of Knowledge score according to Socio Demographic Variables of the study participants N=100

S. No.	Socio-Demographic variables	Socio-Demographic	Knowledge Level			Mean	Median	Mode	S. D.
			Categories	0-7	08-14				
1	Gender	Male	0	14	8	11	11	14	4.2
		Female	0	34	44	39	39	44	7.07
2	Age	Below 20 years	0	3	2	2.5	2.5	3	0.7
		Above 20 years	0	44	51	47.5	47.5	44	4.95
3	Religions	Hinduism	0	37	13	25	25	37	16.97
		Other	0	12	38	25	25	12	18.38
4	Educations	ANM	0	2	3	2.5	2.5	2	2.83
		GNM	0	41	45	43	43	41	0.71
		B.Sc. Nursing	0	4	5	4.5	4.5	4	2.83
5	Occupation	Student Nurses	0	25	10	17.5	17.5	25	10.61
		Government Employes	0	23	42	32.5	32.5	23	13.44

Removing barriers by following Qualities of a good nurse Acronym Qualities

Q: Quietness U: Understanding Intelligence/Commonsense Sympathy /Self-reliant.

A: Alertness/Ability to inspire confidence

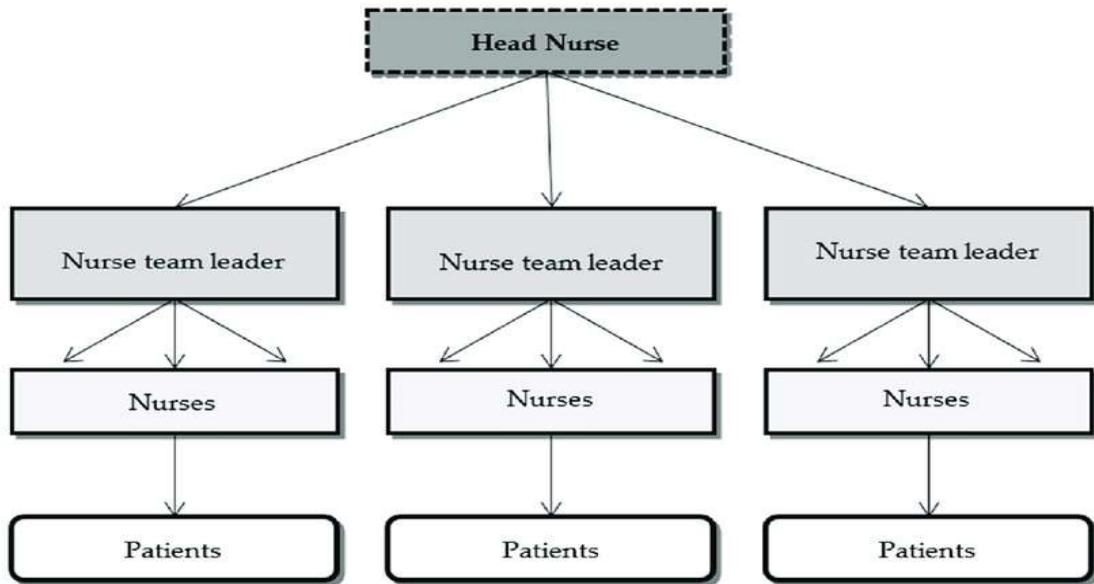
T: Technical Competence

L: Loyalty/ Love for the fellow man

I: Integrity(Theory and skills)

E : Education /Empathy

Application of Team Nursing Approach.



Removing Barriers: Assessed / identify the obstacles with particular system, assess baseline Practitioners should have a fundamental understanding of evidence-based practice (EBP) as well as the necessary knowledge, attitude, and abilities to implement EBP.

Conclusion: One way to overcome obstacles in nursing practice is to apply leadership skills and use effective communication skills.

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