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Effectiveness of educational interventional programme on knowledge regarding deep vein thrombosis among staff nurses

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Abstract

DVT is a common and potentially disease which mainly leads to severe morbidity with poor quality of life and even sudden death related to pulmonary embolism. In DVT the prevention is more important and cost effective than treatment, because once it develops can only be cured at considerable expense. Regarding prevention and treatment of DVT, nurses are the frontlines members in terms for delivery of the therapeutic regimens for patients. To assess the knowledge regarding DVT among staff nurses. A quantitative research approach with pre-experimental study design was used to assess the knowledge regarding DVT among staff nurses. The universe of the study population comprised of staff nurses working in surgical unit. Convenience sampling technique was used to select the forty subjects from the population. Knowledge questionnaire was used to assess the knowledge regarding DVT among staff nurses. Results of the study shows that Majority (60%) of staff nurses had average knowledge and 20% of them had good and poor knowledge. After administration of educational interventional programme Majority (60%) of staff nurses had good knowledge and 40% of them had average knowledge. The study finding proved that the educational interventional programme increase the knowledge level of staff nurses regarding deep vein thrombosis.

Keywords: Effectiveness, educational intervention programme, knowledge, DVT, staff nurses

Introduction

Vascular system is a vast network of vessels through which blood circulates in the body. Arteries, veins, arterioles, venules, capillaries mainly constitute the structural elements of vascular system. There are approximately 75% of total blood volumes contained in the veins. Venous disorders are mainly characterized by stasis, hypercoagulability of the blood and vessel wall injury. Normally venous blood flow depends on the action of the muscles in the extremities and the functional adequacy of venous valves, which allow unidirectional flow. Venous stasis occurs when the valves are dysfunctional or the muscles of the extremities are inactive^[1].

Thrombus is usually a blood clot. Thrombosis is the process of formation of a blood clot in any of the part of circulatory system. The clot may block a blood vessel, causing serious health effect. This mainly occurs when a clot loses its attachment to the inside of the vein, leaves the leg or lodges in the pulmonary artery, the main blood vessel which supply to the lungs. If the clot is large enough, then it can completely block that artery and cause death. DVT can be cause by anything that slows flow of blood in deep vein. This includes injury, surgery or long periods of sitting or lying^[2].

Venous thromboembolism (VTE) refers to a blood clot that mostly starts in a vein. After heart attack and stroke it is the third leading vascular diagnosis, affecting between 300,000 to 600,000 Americans each year^[3].

Venous thromboembolism is a condition in which formation of blood clot occurs most often in the deep veins of the leg, groin or arm known as deep vein thrombosis, and travels in the circulation, lodging in the lungs known as pulmonary embolism, Together DVT and PE are known as VTE - a dangerous, potentially deadly medical condition^[4].

Venous thromboembolism is a serious cause of patient morbidity and mortality in hospitals that is highly preventable which includes deep vein thrombosis and pulmonary embolism. Education on patient regarding VTE prevention can promote early ambulation and encourages self-assessment and self-reporting of VTE clinical signs and symptoms^[5].

Deep vein thrombosis usually occurs in the leg. It usually develop in a deep vein, a larger vein that runs through the muscles of the calf and thigh. It can cause pain and swelling in the leg may lead to complication such as pulmonary embolism^[6].

DVT a common lethal disease which leads to severe morbidity with poor quality of life and even sudden death related to PE. In DVT the prevention is more important and cost effective than treatment, because if once DVT is develop, it can only be cured at higher expenses rate. Since the treatment for DVT is not always satisfactory, the prevention of DVT is most essential. Prevention of DVT is essential approach to reduce death from PE and morbidity from DVT. Prevention mainly decreases the length of hospital stay, focus on improving the quality of life, decreases rehabilitation time and decreases economic burden^[7].

Objectives

1. To assess the knowledge of Staff Nurses regarding Deep Vein Thrombosis.

2. To determine the effectiveness of Educational interventional programme on knowledge of Staff Nurses regarding Deep Vein Thrombosis.
3. To find out the association between pretest knowledge score with selected socio-demographic variables.

Materials and Methods

A Quantitative approach with Pre-Experimental Research design was used for the study to assess Knowledge regarding deep vein thrombosis among staff nurses. The study was conducted in surgical ward. Forty staff nurses were Convenience selected from the population. The sample of the study was having less then or 5 years of experience. Knowledge Questionnaire was used to measure knowledge regarding deep vein thrombosis. Ethical committee permission was obtained from the concerning authority and informed consent was taken from the study subject after explaining about the study.

Results

Table 1: Frequency (f) and percentage (%) distribution of demographic variables of staff nurses N=40

S. No	Socio Demographic Variables	Frequency(f)	Percentage (%)	
1.	Age	Below 25 years	12	30
		26- 30 years	17	42.5
		31-35 years	11	27.5
2.	Religion	Hindu	35	87.5
		Other	5	12.5
3.	Professional Education Status	GNM	26	65
		BSc Nursing	14	35
4.	Marital Status	Married	22	55
		Unmarried	18	45
5.	Area of Residence	Urban	29	72.5
		Rural	11	27.5
6.	Areas of Clinical Experience	Surgical Unit	17	42.5
		Medical Unit	10	25
		Ortho Unit	8	20
		Other	5	12.5
7.	Working Experience	2-3 years	19	47.5
		4-5 years	21	52.5
8.	Have you ever Attended any Workshop related to DVT	No	40	100
9.	Currently Working Unit	Male surgical unit	21	52.5
		Female Surgical unit	19	47.5
10.	Have you ever taken care of Patient with Diagnosis of DVT	Yes	14	35
		No	26	65

Table No. 1 Depicts that majority (42.5%) of staff nurses were between the age of 26-30 years, Majority (87.5%) of staff nurses were Hindu, majority (65%) of staff nurses were having their professional education status i.e. GNM, majority (55%) of staff nurses were married, majority (72.5%) of staff nurses were belong to urban area, majority (42.5%) of staff nurses were having surgical unit

experience, majority (52.5%) of staff nurses were having 4-5 years of working experience, majority (100%)of staff nurses were never attended any workshop related to DVT, majority (52.5%)of staff nurses were currently work in male surgical unit, majority(65%)of the staff nurses were never care of patient with DVT.

Table 2: Effectiveness of Educational interventional programme on knowledge regarding DVT among Staff nurses. N=40

S. No	Score level	Pre-test knowledge score	Post-test knowledge score
1.	0-13 Poor	8(20%)	0(0%)
2.	14-26 Average	24(60%)	16(40%)
3.	27-40 Good	8(20%)	24(60%)

Table:2 depict that Majority 60% of the Staff nurses were having Average knowledge, 20% of the staff nurses were having poor and good Knowledge, after giving educational interventional programme Majority of the staff nurses 60%

were having good Knowledge and 40% of the Staff nurses were having average knowledge.

Table 3: Comparison of the pretest and posttest knowledge score regarding DVT among staff nurses. N=40

S. No	Score level	Mean \pm SD	t value	p value
1	Pre-test knowledge score	18.9 \pm 6.5	11.03	0.001**
2	Post-test knowledge score	27.0 \pm 4.3		

**Highly Significant at $p < 0.001$

The data presented in table 3 showed that in Pre-test the mean score was 18.9 and after educational intervention programme the mean score was increase to 27.0. t value is 11.03 and p value is significant at the level of 0.05. It can be interpreted there was a significant mean difference between the pretest knowledge score and posttest knowledge score.

There was no significant association between the pretest knowledge score with selected Socio demographic variables.

Discussion

Majority of the Staff nurses 60% were having Average knowledge, 20% of the staff nurses were having poor and good Knowledge, after giving educational interventional programme Majority of the staff nurses 60% were having good Knowledge and 40% of the Staff nurses were having average knowledge.

The main outcome of the study depicts that in Pre-test the mean score was 18.9 and after educational intervention programme the mean score was increase to 27.0. t value is 11.03 and p value is significant at the level of 0.05. It can be interpreted there was a significant mean difference between the pretest knowledge score and posttest knowledge score. These study findings were consistent with study on knowledge of clinical nurses regarding DVT, Result shows that level of knowledge of clinical nurses was inadequate 20 (66.7%) and the existing practice level was inadequate among 14 (46.7%) clinical nurses. Level of education (B.sc and G.N.M) was associated knowledge and practice level among clinical nurses level of education was associated with knowledge and practice level among clinical nurse regarding deep vein thrombosis. Thus study concluded that effective teaching programme can improve the knowledge of staff nurses^[8].

Conclusion

The implementation of educational intervention programme on DVT has a positive effect among staff nurses. The importance of educational intervention programme must be sensitized to all the Staff nurses. It can be concluded that there is a need to increase the awareness of DVT, individual, risk factors and triggering events so that we can reduce the number of patient's death from DVT every year and prevent its complications.

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