



“Assess The Effectiveness Of Structured Teaching Programme On Knowledge And Practice Regarding Obstetric Emergencies Among Staff nurses At KIMS& RF, Amalapuram.”

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ABSTRACT

A study was conducted to assess the knowledge and practice regarding obstetric emergencies among staff nurses at KIMS&RF, Amalapuram.

Objectives of the Study

- To assess the knowledge and practice regarding obstetric emergencies among staff nurses.
- To evaluate the effectiveness of structured teaching programme regarding obstetric emergencies among staff nurses.
- To associate the post-test level of knowledge and practice scores regarding obstetric emergencies with selected demographic variables.

The conceptual frame work adopted for the study was **Rosenstock's& Becker's Health Belief Model**. It was modified to suit the purpose of the present study. The research design adopted for the present study was the experimental. The present study was to assess the Knowledge and practice regarding obstetric emergencies among staff nurses at KIMS & RF, Amalapuram. The study was conducted at KIMS & RF Hospital, Amalapuram. The sample of the study was 30 staff nurses. For the present study structured knowledge questionnaire and practice checklist was prepared, after validating by various experts in the field of nursing. The data collection tool consists of structured knowledge questionnaire and practice checklist to assess the knowledge and practice regarding obstetric emergencies among staff nurses. The reliability of the tool was obtained by Karl Person's correlation Coefficient method, and 'r' value obtained for knowledge and attitude was 0.78 which indicates reliability of tool. The main study was conducted at KIMS&RF, Amalapuram between 20.04. 2021 to 05.05.2021.The data obtained was analyzed

and interpreted in terms of the objectives of the study. Descriptive and inferential statistics were used for data analysis and the level of significance was set at 0.05.

KEY WORDS

1. et.al – All other
2. F - frequency
3. SD - Standard deviation
4. X^2 - chi-square
5. SE – Standard error
6. % - Percentage
7. df - Degree of freedom

INTRODUCTION

“Birth and death are not two different states, But they are different aspects of the same state there is a little reason to deplore the one there is to be pleased over the other.”

- Mahatma Gandhi

1.1 Background of the study:

In every country mother and child are constitute a major segment of the total population. Therefore a service to women during pregnancy and delivery is tremendously significant in health care delivery system (Rao K.S 2004). Pregnancy is the major exciting period of expectation and fulfillment in a women's life and its unique natural gift to women. The birth of a normal infant is the expectation of parent when pregnancy is considered, however there is threat to the fulfillment of the prospective parents dreams, resulting from the very dangerous disorders that contribute to unhealthy babies (Kildea.S, 2006).

Obstetric emergencies are life threatening medical conditions that occur in pregnancy or during or after delivery or labour and is the leading cause of maternal and perinatal mortality and morbidity. It comprises 46% of maternal mortality in worldwide (Park J.E, 2007). There are a number of illness and disorders of pregnancy that can threaten the well-being of both mother and child. Obstetric emergencies may occur during active labor, and after delivery. The obstetrics emergencies in pregnancies include ectopic pregnancy, placenta previa, placenta abruption, pre-eclampsia, eclampsia and premature rupture of membrane. Obstetrics emergencies during labour include amniotic fluid embolism, acute inversion of uterus, and rupture of uterus, placenta accerta, prolapsed umbilical cord and shoulder dystocia. And obstetric emergencies after delivery is post partum hemorrhage and shock (Dutta D.C 2004).

Many experts have produced encourage truth regarding causes, prevention and treatment of obstetrics emergencies. But in spite of their immense work, it shows that the unexperienced nurses need more skill and knowledge to handle obstetric emergencies promptly. Maternal mortality and morbidity is also common due to mostly poor management of adverse condition. It is essential that advance practice nurses to be knowledgeable and skilled in the case of women, ensuring care and enhancing the quality of women lives. Along with assessment, diagnosis and treatment various women's health conditions, advanced practice nurse can manage or co-manage treatment and follow up care (Dobson.K, 2002).

Reducing maternal and neonatal mortality and morbidity globally remains a priority for the health and development agenda, in the Sustainable Development Goals (World Health Organization, 2015). Most maternal and newborn deaths and stillbirths occur during or immediately after labour and childbirth. With an increasing number of births now occurring at a healthcare facility even in low- and middle-income settings, current strategies focus on improving the quality of care during this critical period.

The minimum care package required during pregnancy and childbirth for the management of potentially life-threatening complications is referred to as emergency obstetric care (EmOC) (World Health Organization, 2009). The components (or signal functions) of this care package were agreed by the global partners in 1997 (World Health Organization, 2009). The EmOC care package addresses the main causes of maternal death, stillbirth and early neonatal death, including obstetric haemorrhage, (pre-)eclampsia, sepsis, complications of obstructed labour, complications of miscarriage or abortion and intrapartum asphyxia (Box 1). However, the EmOC signal functions include only one for newborns (resuscitation with bag and mask), other researchers have argued for a more comprehensive set of signal functions (Emergency Obstetric and Newborn signal functions) that includes care for small and sick newborns .

In-depth assessments of availability and coverage of EmOC have shown that in many cases the required infrastructure (including equipment and consumables) is available. However, staff may lack competency to provide all EmOC signal functions (Harvey *et al.*, 2007; Adegoke and van den Broek, 2009; Utz *et al.*, 2013). The combination of lack of knowledge and skills has been highlighted as a key reason why many beneficial evidence-based practices are still not in place (Tsu and Coffey, 2009).

Building the capacity of healthcare providers via ‘in-service’ or ‘on the job’ training has become a common approach. Such training is provided in almost all settings. Regular training is recommended and, in some cases, mandatory, to ensure continued accreditation of healthcare providers. In addition, many intervention programmes for maternal and newborn health in low- and middle-income countries (LMIC) include training of healthcare providers in EmOC as a significant component of their workplan and budgets (Nyamtema *et al.*, 2011).

Although training packages and teaching methodologies may vary there is a commonality of approach and a need for robust evaluation of the effectiveness of training (Penny and Murray, 2000; Black and Brocklehurst, 2003; van Lonkhuijzen *et al.*, 2010). In their systematic review of models of training for labour ward personnel in acute obstetric emergencies, Black and Brocklehurst highlighted the need for research, an exact description of training programmes and a clear framework for monitoring and evaluation (Black and Brocklehurst, 2003). Evaluation of the effectiveness of training is important to improve training programmes and to provide information on how these can be developed and delivered to have the desired effect (Kirkpatrick, 1996; Kirkpatrick and Kirkpatrick, 2007).

Hence the researcher intended to conduct a study to improve the knowledge and practice of staff nurses in providing care to the antenatal mothers during obstetric emergencies.

METHODOLOGY

This chapter dealt with methodology adopted for present study. It includes research approach, research design, variables, setting, population, sample, sampling technique, development and description of tool, pilot study and procedure for data collection and plan for data analysis.

In present study the investigator aims to assess the effectiveness of structured teaching programme on knowledge and practice regarding obstetric emergencies among Staff nurses in KIMS&RF, Amalapuram.

Research methodology is a way to systematically solve the research problem. It may be understood as a science of studying how research is done scientifically (Kothari, 2000).

RESEARCH APPROACH

The research approach refers to a general set of orderly disciplined procedures used to acquire dependable and useful information (Polit and Hungler, 2000). In the present study the investigator aimed to assess the effectiveness of Structured teaching programme on knowledge and practice regarding obstetric emergencies among Staff nurses in KIMS&RF, Amalapuram. The research approach selected for the study was Quantitative approach.

RESEARCH DESIGN

Research design is a blue print for the conduct of a study that maximizes control factors that could interfere with study's desired outcome. Type of design directs the selection of a population, sampling procedure, methods of measurement, data collection and plan for data analysis. The choice of research design depends upon the researcher's expertise the problem and purpose for the study and desire to generalize the findings.

The research design adapted for the present study is the pre experimental one group pre test and post test design. This design provides a comparison between a group of subjects before and after intervention. In this design only one group is taken and pre tested for level of knowledge, following the pre test the intervention of structured teaching programme will be given to the completed sample.

The effectiveness of intervention is tested with the help of post test level of knowledge conducted after 1 week. Chi-square test to associate the post level of knowledge with selected demographic variables.

DESCRIPTION OF VARIABLES:

Independent variable: The independent variable in the study is structured teaching programme regarding obstetric emergencies among Staff nurses in KIMS&RF, Amalapuram.

Dependent variable: The dependent variable is level of knowledge and practice regarding obstetric emergencies among Staff nurses in KIMS&RF, Amalapuram.

Demographic variables: It refers to particular characteristics of a population and its independent variables that cannot be manipulated.

In this study demographic variables were age in years, gender, educational qualification, work experience in maternity wards, previous knowledge and practice on obstetric emergencies and source of information.

SETTINGS OF STUDY

According to Polit and Hungler (2008) Setting refers to the physical location and condition in which data collection takes place in a study. Researchers make decisions about where to conduct a study based on the nature of the question and the type of information needed to address.

The setting for the present study was undertaken in KIMS&RF, Amalapuram.

POPULATION

Polit and Hungler (2008), specify the population is the entire set of individuals or objects having the common characteristics. The population always comprises the entire aggregate of elements in which the researcher is interested.

Population means the total subjects on which the researcher interested to do study. Population of this study included the Staff nurses working in KIMS&RF, Amalapuram.

SAMPLE

Sample is a subject of population selected to participate in a research study (Polit, 1990). In the present study sample were Staff nurses in KIMS&RF, Amalapuram who had fulfilled sample criteria were selected and included in the study.

SAMPLE SIZE

According to Polit (2008), sample size is the number of people who are participate in a study. A sample is a portion of the population that has been selected to represent the population of interest. It consists of subset of the units that comprise the population

Sample size of the study consists of 30 Staff nurses in KIMS Hospital, Amalapuram.

SAMPLING TECHNIQUE

Sampling technique is the process of selecting who are representative of the population of being studied. Purposive sampling technique was used for selecting the sample. Purposive sampling technique is one of the method of Non Probability purposive sampling.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria: Inclusion criteria are characteristics that the prospective subjects must have if they are included in the sample.

The study included:

- Staff nurses from KIMS & RF who were willing to participate in the study.
- Staff nurses from KIMS & RF who were present at the time of data collection.

- **Exclusion Criteria:** Exclusion criteria are characteristics that disqualify prospective subjects from inclusion in the study.

The study excluded:

- Staff nurses from KIMS & RF who were absent on the particular day of data collection.
- Staff nurses from KIMS & RF who were not willing to participate in the study.

METHOD OF DATA COLLECTION:

The most important and crucial aspect of any investigation is collection of appropriate information, which provides necessary data for the study.

"It is the precise, systematic gathering of information relevant to the research purpose or specific objectives, questions or hypothesis at a study. (Nancy Burns, 2007).

Tracee and Tracee (1986) stated that the instrument selected at research should as far as possible be the vehicle that would be best obtaining the data for drawing conclusion pertinent to the study. Most important and crucial aspect of any investigation, which will provide necessary data to answer the questions in the study.

In the present study the investigator collects the data regarding demographic variables and knowledge regarding Prevention of Cervical cancer among Staff nurses by structured questionnaire.

DESCRIPTION OF TOOL:

A search of literature was made for the purpose of developing appropriate tools for assessing knowledge and practice regarding obstetric emergencies. An instrument in the form of structured interview schedule was developed to assess the knowledge with the help of selected literature from various textbooks and journals and internet and discussions with experts in the field of Obstetrics and Gynecological Nursing and Obstetrics and Gynecology.

The tool used in this study was divided into three sections:

Description of tools for data collection:

Tool for data collection is a device used to measure the concept of interest in research project that a researcher uses to collect data. In the present study tool consisted of three sections: Section – A, B and C.

Section – A: Demographic profile of sample

It contained demographic variables of cardiac patients such as age in years, gender, educational qualification, work experience in maternity wards, previous knowledge on obstretical emergencies and source of information.

Section – B: Structured Knowledge Questionnaire

It consisted of 30 questions to assess the knowledge of staff nurses regarding obstetric emergencies. The score for correct answer was "one" and for the wrong answer "zero". The minimum score was '0' the maximum score was 'one' for each question and the total score was 30. The level of Knowledge was categorized based on the scores obtained by the samples in terms of percentage as:

Below average	:	$\leq 50\%$
Moderately average	:	51 - 75%
Above average	:	$\geq 76\%$ - 100%

Section – C: Practice Checklist

It consisted of 15 items to assess the practice of staff nurses regarding obstetric emergencies. The score for the response “Yes” was “one” and for the response “No” was “zero”. The minimum score was ‘0’ the maximum score was ‘one’ for each item and the total score was 15. The level of practice was categorized based on the scores obtained by the samples in terms of percentage as:

Poor	:	$\leq 50\%$
Average	:	51 - 75%
Good	:	$\geq 76\%$ - 100%

CONTENT VALIDITY OF THE TOOL

Validity refers to the degree to which an instrument measures what is intended to measure, to obtain content validity of the tool, the prepared tool, with objectives, operational definitions and criteria check list were submitted to eight experts including five nursing personnel in the field of obstetrics and gynaecological nursing, two gynaecologists, and one expert from the field statistics. The experts were requested to give their opinion regarding accuracy, relevancy and appropriateness of the content against the criterion rating scale which had “agree”, “disagree”, “remarks”, and “suggestions”.

RELIABILITY OF THE TOOL

Reliability refers to the degree to which an assessment tool produces stable and consistent results. In this study, the reliability of the tool was computed using split half method, the Karl Pearson coefficient correlation was established by using Spearman Brown’s prophecy formula. The ‘r’ value obtained for knowledge questionnaire was 0.87 which indicated reliability of the tool.

PILOT STUDY

Pilot study is a small preliminary investigation of the same general character as a major study. Pilot study was conducted from 4. 3. 2021 to 11. 3. 2021 in order to check reliability, validity, feasibility, and practicability. Formal permission was obtained from the Nursing Superintendent, Aditya Hospital, Amalapuram. The investigator assessed the effectiveness of planned teaching programme regarding obstetric emergencies.

A sample of 5 staff nurses were selected based on the sampling criteria. After obtaining their consent pre test was conducted to assess the knowledge and practice of staff nurses regarding obstetric emergencies. On the same day planned teaching programme was administered. After one week post test was administered to assess the knowledge and practice of staff nurses regarding obstetric emergencies. The investigator did not face any problems during data collection procedure.

The data collected during pre-test and post-test was coded numerically and tabulated. A concise analysis was done using the statistics. The major finding of the study was that the planned teaching programme was effective in improving the knowledge and practice of staff nurses regarding obstetric emergencies.

DATA COLLECTION PROCEDURE

The data collection period extended from 20. 4. 2021 to 5. 5. 2021 at KIMS & RF, Amalapuram. Permission was obtained from the concerned authority prior to the data collection process. Prior to data collection the investigator familiarized himself with the Nursing Superintendent, staff nurses and explained the purpose of the study to them. Confidentiality was assured to all subjects. The investigator explained the purpose of data collection to them and their willingness to cooperate in the study was ascertained.

Using non probability purposive sampling 30 subjects were selected from KIMS & RF, Amalapuram. Pre test data was collected using the structured knowledge questionnaire and practice checklist from the sample selected for the study. After that planned teaching programme was administered regarding obstetric emergencies. On the seventh day post-test was done using the same tool by entire schedule. Staff nurses were thanked for their cooperation.

PLAN FOR DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data and the testing of research hypothesis using those data.

Both Descriptive and Inferential statistics were used to analyze the obtained data in order to achieve the results based on objectives of the study. Organized the data in master data sheet in a computerized form.

- Frequency and percentage distribution is used to analyze the demographic variables.
- Mean and standard deviation to assess the knowledge and practice of staff nurses regarding obstetric emergencies.
- Paired “t” test is used to know the effectiveness of planned teaching programme regarding obstetric emergencies among staff nurses.
- Chi square test is used to associate the knowledge and practice of staff nurses regarding obstetric emergencies with demographic variables.

EPILOGUE:

This chapter dealt with research approach, research design, variables, setting, population, sample, sampling technique, criteria for sample selection, method of data collection, development & description of tool, validity & reliability, pilot study, techniques of data collection & plan of data analysis

The data was entered in the master sheet for analysis and interpretation. Descriptive and inferential statistical procedures such as frequencies, percentages, mean, standard deviation, paired t-test and chi square tests were used.

Data was presented in following headings:

Section A: Frequency and percentage distribution of staff nurses according to demographic data.

Section B: Frequency and percentage distribution of pre and post test Knowledge and Practice Scores of staff nurses before and after Structured teaching programme.

Section C: Mean, Standard deviation, and paired t test for the knowledge and practice level of staff nurses in pre and post-test.

Section D: Association between post-test knowledge and practice level of staff nurses regarding obstetric emergencies with their selected demographic variables.

SECTION – A

TABLE-1

FREQUENCY AND PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR AGE IN YEARS

(N =30)

AGE IN YEARS	FREQUENCY	PERCENTAGE
a) 21-25 years	10	33.33
b) 26- 30 years	14	46.67
c) Above 31 years	6	20
TOTAL	30	100

The above table shows that out of 30 staff nurses on obstetric emergencies, majority of 14 (46.67%) were between 26-30 years, 10 (33.33%) were between 21-25 years of age, 06 (20%) were above 31 years.

FIGURE NO - 1

PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR AGE IN YEARS

(N =30)

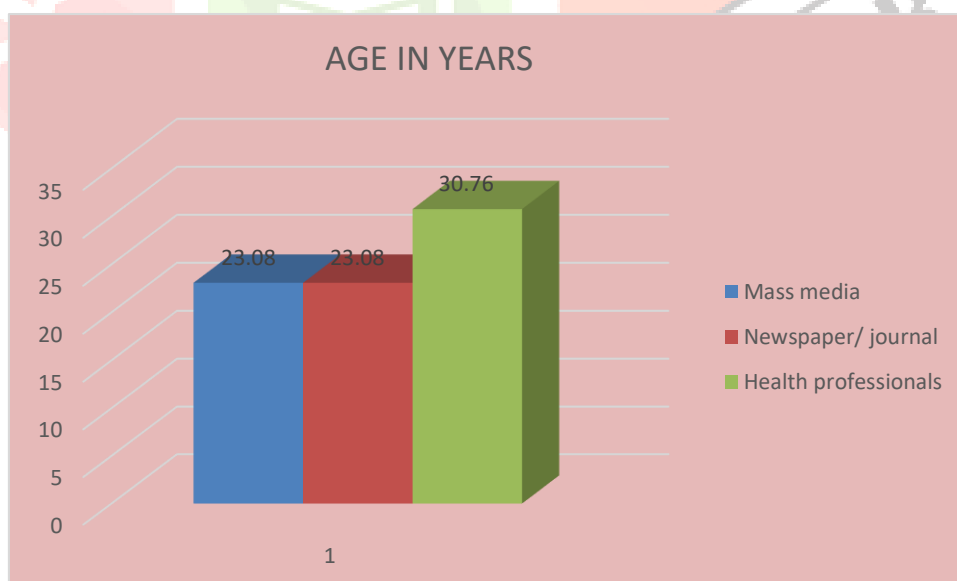


TABLE-2

FREQUENCY AND PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR GENDER

(N =30)

GENDER	FREQUENCY	PERCENTAGE
Male	10	33.33
Female	20	66.67
TOTAL	30	100.0

As shown above table shows that out of 30 selected staff nurses, 20(66.67%) were female, 10 (33.33 %) were male.

FIGURE NO -2

PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR GENDER

(N =30)

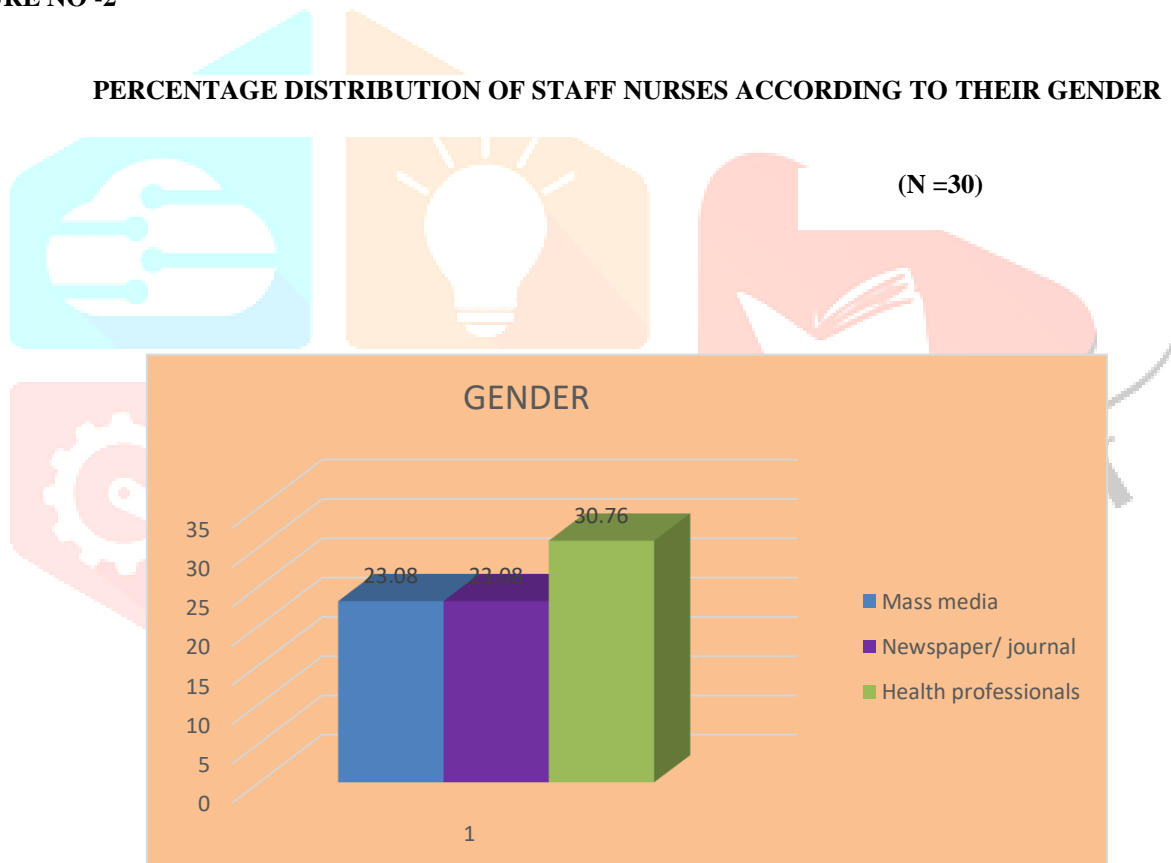


TABLE-3

**FREQUENCY AND PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR
EDUCATIONAL QUALIFICATION**

(N =30)

EDUCATIONAL QUALIFICATION	FREQUENCY	PERCENTAGE
GNM	13	43.33
B.Sc(N)	17	56.67
M.Sc(N)	0	0
TOTAL	30	100.0

Regarding the educational qualification of the staff nurses, majority of 17(56.67%) were studied B.Sc(N), 13(43.33%) were GNM, and none of the were studied M.Sc(N).

TABLE-4

**FREQUENCY AND PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR WORK
EXPERIENCE IN MATERNITY WARDS**

(N =30)

WORK EXPERIENCE IN MATERNITY WARDS	FREQUENCY	PERCENTAGE
1-5 years	15	50
6-10 years	11	36.66
Above 11 years	4	13.34
TOTAL	30	100.0

View of the work experience in the maternity wards, majority of 15 (50%) were having 1-5 years, 11(36.66%) were having 6-10 years and least was 4(13.34%) were having above 11 years.

FIGURE NO - 3

PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR WORK EXPERIENCE IN MATERNITY WARDS

(N =30)

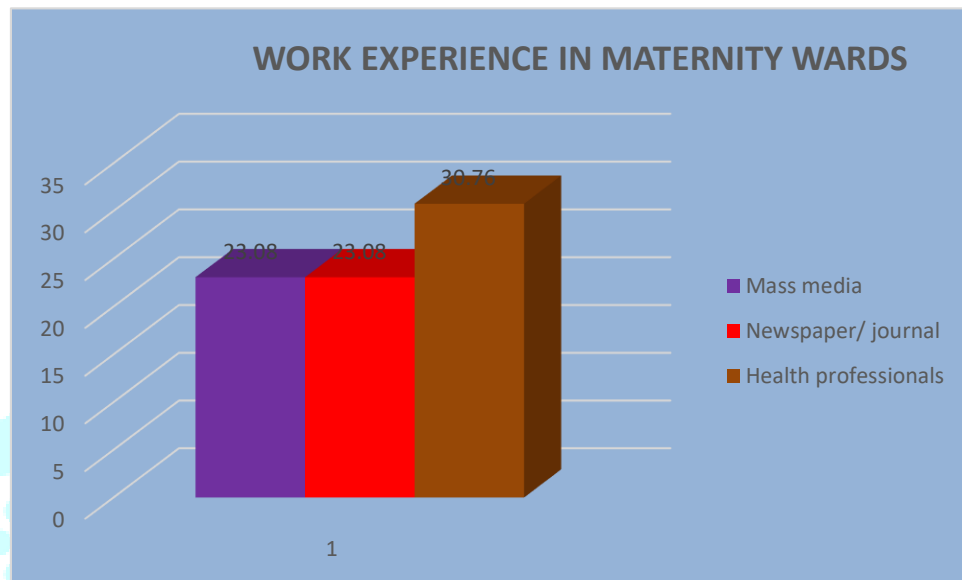


TABLE-5

FREQUENCY AND PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR PREVIOUS KNOWLEDGE ON OBSTETRIC EMERGENCIES

(N =30)

PREVIOUS KNOWLEDGE ON OBSTETRIC EMERGENCIES	FREQUENCY	PERCENTAGE
Yes	13	43.33
No	17	56.67
TOTAL	30	100.0

The above table represents that previous knowledge on obstetric emergencies, majority of 17(56.67%) were not having knowledge and 13 (43.33%) were having knowledge.

FIGURE NO - 4

PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO THEIR SOURCE OF INFORMATION

(N=30)

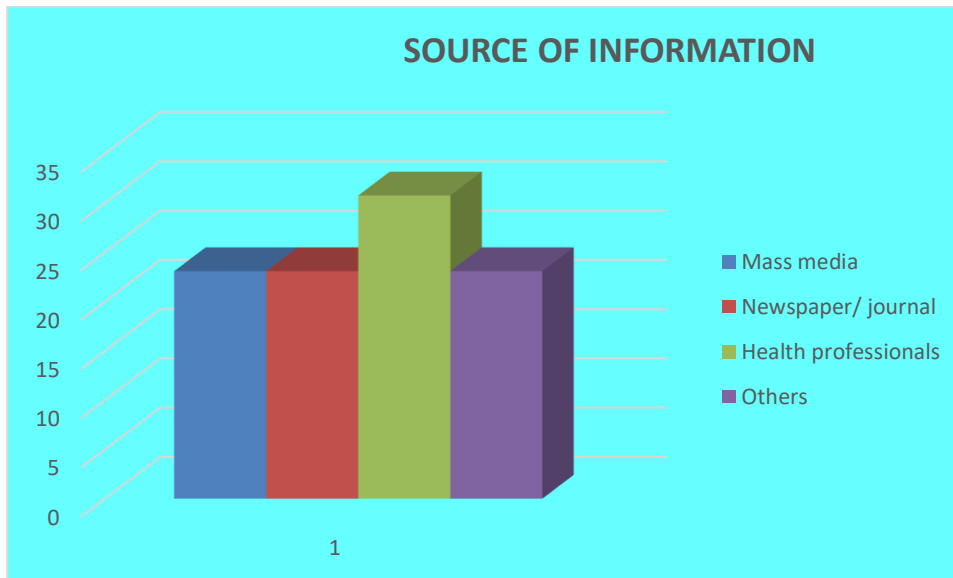


TABLE – 7

FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE AND POST TEST KNOWLEDGE SCORES OF STAFF NURSES BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME

(N=30)

Level of Knowledge	Pre test		Post test	
	Frequency	Percent	Frequency	Percent
Inadequate knowledge	09	30.0	0	0.0
Moderately adequate knowledge	21	70.0	12	40.0
Adequate knowledge	0	0.0	18	60.0
Total	30	100.0	30	100.0

From the above table in total 30 staff nurses, in pre-test 09(30.0%) were having inadequate knowledge, 21(70.0%) were having Moderately adequate knowledge, none of them having Adequate knowledge.

Whereas in post-test none of them were having Inadequate knowledge, 12(20.0%) were having Moderately Adequate knowledge and 18(60.0%) were having Adequate knowledge. Hence, we conclude that after administration of structured teaching programme, staff nurses having improved their knowledge scores.

FIGURE NO – 5

FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE AND POST TEST KNOWLEDGE SCORES OF STAFF NURSES BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME

(N=30)

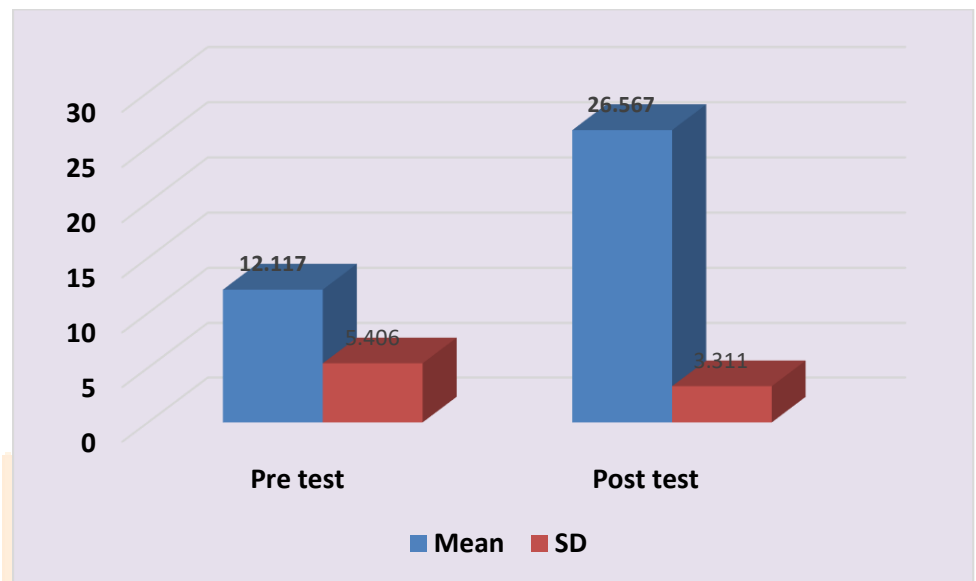


TABLE – 8

FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE AND POST TEST PRACTICE SCORES OF STAFF NURSES BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME

(N=30)

Level of Practice	Pre test		Post test	
	Frequency	Percent	Frequency	Percent
Good	0	0	21	70
Average	12	40	9	30
Poor	18	60	0	0
Total	30	100.0	30	100.0

From the above table in total 30 staff nurses, in pre-test 18(60.0%) were having poor practice, 12(40.0%) were having average practice, none of them having good practice with regard to obstetric emergencies.

Whereas in post-test none of them were none of them having poor practice 9 (30.0%) were having average practice and 21 (70.0%) were having good practice. Hence, we conclude that after administration of structured teaching programme, staff nurses having improved their practice scores.

SECTION – B

**FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE AND POST TEST KNOWLEDGE AND PRACTICE
SCORES OF STAFF NURSES BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME**

It dealt with the categorization of staff nurses knowledge into three groups such as Inadequate knowledge, moderate adequate knowledge and adequate knowledge; and practice scores in to good, average and poor based on the scores obtained in pre-test and post-test.

TABLE – 9

**MEAN, STANDARD DEVIATION, AND PAIRED “t” TEST FOR THE KNOWLEDGE AND PRACTICE
SCORES OF STAFF NURSES IN PRE AND POST TEST**

(N=30)

Knowledge Scores		Mean	Std. Deviation	t- Value	P=value
Overall Knowledge	Pre test	12.117	5.406	23.1	0.000
	Post test	26.567	3.311		

Table value=2.021 at Df=29 p=0.00<0.05

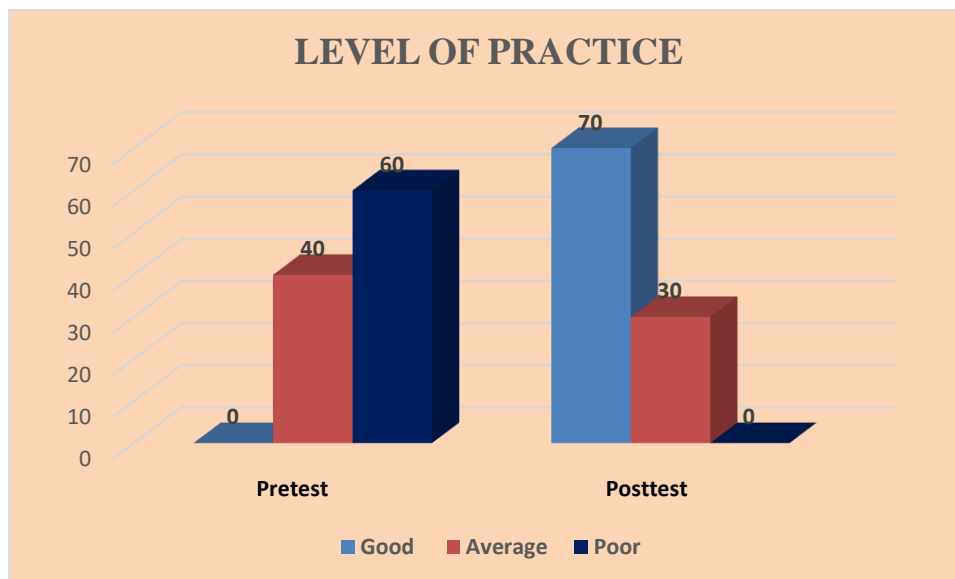
The above table shows that knowledge scores of the mean and S.D, in Overall Knowledge scores shows that pre-test mean is 12.117 and SD is 5.406 and corresponding post mean is 26.567 and SD is 3.311 Hence the calculated ‘t’ value 23.10 is greater than tabulated ‘t’ value 2.021 at $p < 0.05$. It proves that there is a significant difference between pre- test and post-test Knowledge levels at $p < 0.05$.

From the above table we observed that before administration of STP staff nurses having 40.3% knowledge and practice after the STP administration 88.5% knowledge and practice having. Hence STP is more effective among staff nurses on obstetric emergencies.

FIGURE NO – 6

FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE AND POST TEST PRACTICE SCORES OF STAFF NURSES BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME

(N=30)



SECTION - D

ASSOCIATION BETWEEN POST-TEST KNOWLEDGE AND PRACTICE LEVEL OF STAFF NURSES REGARDING OBSTETRIC EMERGENCIES WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

TABLE –10

ASSOCIATION BETWEEN POST TEST KNOWLEDGE AND PRACTICE SCORES AMONG STAFF NURSES WITH AGE IN YEARS

(N=30)

Age in years	Post test Knowledge Level						Total	S/NS
	Inadequate (<=50%)		Moderate adequate (51%-75%)		Adequate (>75%)			
	F	%	F	%	F	%	F	S*
21-25	0	0.0%	2	73.3%	8	26.7%	10	
26-30	0	0.0%	11	7.7%	3	92.3%	14	
Above 31	0	0.0%	1	0.0%	5	100.0%	6	
Total	0	0.0%	14	20.0%	16	80.0%	30	
Calculated value=10.75, df=2, p=0.004625								

The above data analysis table describes that calculated χ^2 value (10.75) is greater than the table value (5.99) at 2 degrees of freedom 0.05 level of significance. Hence there was a significant **association** between age in years with post-test knowledge level among staff nurses on obstetric emergencies.

TABLE –11

ASSOCIATION BETWEEN POST TEST KNOWLEDGE SCORES AMONG STAFF NURSES WITH GENDER

(N=30)

Gender	Post test Knowledge and practice Level						Total	S/NS
	Inadequate (<=50%)		Moderate adequate (51%-75%)		Adequate (>75%)			
	F	%	S*	%	F	%	F	S*
Male	0	0.0%	8	20.7%	2	79.3%	10	
Female	0	0.0%	2	0.0%	18	100.0%	20	
Total	0	0.0%	10	20.0%	20	80.0%	30	
Calculated value=14.7, df=1, p=0.000126								

The above data analysis table explains that calculated χ^2 value (14.7) is more than the table value (3.84) at 1 degrees of freedom 0.05 level of significance. Hence there was significant **association** between Gender with post-test knowledge level among staff nurses on obstetric emergencies.

TABLE –12

ASSOCIATION BETWEEN POST TEST KNOWLEDGE SCORES AMONG STAFF NURSES WITH EDUCATIONAL QUALIFICATION

(N=30)

Educational Qualification	Post test Knowledge and practice Level						Total	S/NS
	Inadequate (<=50%)		Moderate adequate (51%-75%)		Adequate (>75%)			
	F	%	S*	%	F	%	F	S*
GNM	0	0.0%	1	7.7%	12	92.3%	13	S*
B.Sc(N)	0	0.0%	11	42.1%	8	57.9%	17	
M.Sc(N)	-	-	-	-	-	-	-	
Total	0	0.0%	12	20.0%	2	80.0%	30	
Calculated value=8.3001, df=1, p=0.0039								

From the above data analysis table, we observed that the calculated χ^2 value (8.3) is greater than the table value (3.84) at 1 degrees of freedom 0.05 level of significance. Hence there was a significant **association** between educational qualification with post-test knowledge level among staff nurses on obstetric emergencies.

TABLE -13

ASSOCIATION BETWEEN POST TEST KNOWLEDGE SCORES AMONG STAFF NURSES WITH WORK EXPERIENCE IN MATERNITY WARDS

(N=30)

Work experience in maternity wards	Post test Knowledge and practice Level						Total	S/NS
	Inadequate (<=50%)		Moderate adequate (51%-75%)		Adequate (>75%)			
	F	%	F	%	F	%	F	
1-5 years	0	0.0%	10	15.8%	5	84.2%	15	NS
6-10 years	0	0.0%	9	44.4%	2	55.6%	11	
Above 11 years	0	0.0%	1	21.7%	3	78.3%	4	
Total	0	0.0%	20	20.0%	10	80.0%	30	
Calculated value= 4.2614, df=2, p=0.118								

The above data analysis table shows that the calculated χ^2 value (4.2614) is less than the table value (5.84) at 3 degrees of freedom 0.05 level of significance. Hence there was no significant association between work experience in maternity wards with post-test knowledge level among staff nurses on obstetric emergencies.

TABLE -14

ASSOCIATION BETWEEN POST TEST KNOWLEDGE SCORES AMONG STAFF NURSES WITH PREVIOUS KNOWLEDGE ON OBSTETRIC EMERGENCIES

(N=30)

Previous knowledge on obstetric emergencies	Post test Knowledge and practice Level						Total	S/NS
	Inadequate (<=50%)		Moderate adequate (51%-75%)		Adequate (>75%)			
	F	%	NS	%	F	%	F	
Yes	0	0.0%	2	15.4%	11	84.6%	13	NS
No	0	0.0%	10	29.2%	7	70.8%	17	
Total	0	0.0%	12	20.0%	18	80.0%	30	
Calculated value=5.79, df=1, p=0.016								

The above data analysis table shows that the calculated χ^2 value (5.79) is less than the table value (3.84) at 1 degrees of freedom 0.05 level of significance. Hence there was significant **association** between Previous knowledge on obstetric emergencies with post-test knowledge and practice level among staff nurses on obstetric emergencies.

TABLE –15

ASSOCIATION BETWEEN POST TEST KNOWLEDGE AND PRACTICE SCORES AMONG STAFF NURSES THE SOURCE OF INFORMATION

(N=13)

Source of information	Post test Knowledge and practice Level						Total
	Inadequate (<=50%)		Moderate adequate (51%-75%)		Adequate (>75%)		
	F	%	F	%	F	%	F
Mass media	0	0.0%	1	18.2%	2	81.8%	3
Newspaper/Journals	0	0.0%	2	15.4%	1	84.6%	3
Health Professionals	0	0.0%	2	57.1%	2	42.9%	4
Others	0	0.0%	1	0.0%	2	100.0%	3
Total	0	0.0%	6	20.0%	7	80.0%	13
Calculated value=0.9286, df=3, p=0.818 (NS)							

As shown above data analysis we observed that the calculated χ^2 value (0.92) is less than the table value (7.815) at 3 degrees of freedom 0.05 level of significance. Hence there was no significant association between Source of information with post-test knowledge and practice level among staff nurses on obstetric emergencies.

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