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A Quasi Experimental Study To Assess The Effectiveness Of Labour Protocol On Knowledge And Practice Among Nurses In Selected Hospitals Of Ludhiana, Punjab.

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ABSTRACT:

The impact of a labor protocol on nurses' knowledge and delivery techniques was evaluated in this study. The study involved 60 staff nurses who were split into two groups: the experimental group was trained using lectures and materials, while the control group went about their daily lives as usual. The experimental group exhibited good practices at a rate of 86.67%, compared to 63.33% in the control group, and 93.3% of them had acceptable knowledge, compared to 36.7% in the latter group. According to the research, moms who receive high-quality nursing care during labor have a safer birth and experience fewer problems.

KEYWORDS: knowledge, practice, intervention, Labour, protocol and staff nurses.

INTRODUCTION:

The final stage of pregnancy, labor, has significant physical, psychological, social, and emotional significance for the mother. Doctors aren't the only medical experts in the delivery room who are essential to the mother and baby's health and safety. In addition to helping the doctor during labor, nurses are essential to the delivery and care of newborns. To guarantee a smooth labor process that results in the delivery of a healthy baby and mother through the prudent use of labor protocol, nurses should get sufficient training about nursing care throughout labor.

The labor protocol offers instructions on how to handle laboring mothers. By giving precise criteria, it is believed that nurses would be more efficient and that high-quality, evidence-based nursing care will be provided during labor. The procedure should be applied flexibly and is not meant to take the place of medical advice, which is always advised. But in order to maintain consistency and prevent misunderstandings, there should be as few departures from the procedure as possible.

Methodology:

A posttest-only, quasi-experimental design was used. The local ethics committee's ethical approval was acquired. The experimental group consisted of the staff nurses from Krishna Hospital, whereas the control group consisted of the nurses from AIMS Basi Hospital. Sixty staff nurses were chosen using the purposive sample method. The nurses gave their informed permission. The study included nurses with 0-3, 3-6, 6_9, and >9 years of experience who worked in maternity wards and labor rooms and who had any of the following educational backgrounds: Diploma in Nursing, P.B.B.Sc(N), or B.Sc(N). Additionally, nurses who were willing to participate were included. The research did not include nurses who had previously completed a labor protocol training program. Following sample selection, the samples' demographic characteristics were evaluated in terms of age, education, and years of experience (maternity ward and labor room), as well as the information source and position held.

The experimental group received the intervention simultaneously, which consisted of a 45-minute lecture and discussion on various elements of labor and nursing care during labor. A brochure on the use of labor protocol for reinforcement was given along with a demonstration of its use. The control group did what they were told in the hospital. A systematic knowledge questionnaire was used to evaluate knowledge one week after the test. Using the observation checklist, a single participatory observation was conducted to evaluate labor procedure practice. The researcher studied two staff nurses each day.

RESULTS:

Sixty percent of the 60 nurses were between the ages of 26 and 30. Seventy-two percent were diploma nurses, sixty percent had three to six years of experience in a maternity hospital or labor room, thirty-three percent learned from periodicals, and fifty percent were junior staff members in both the experimental and control groups. Through the use of the chi square test, the homogeneity of samples between the experimental and control groups was determined, demonstrating that there was no discernible difference between the two groups.

Fig 1: Percentage distribution of the overall posttest level of knowledge regarding labour protocol among nurses in the experimental and control group.

In the experimental group, 93.3% of nurses had adequate knowledge and 6.7% had moderately adequate knowledge of labor protocol, according to the overall posttest level of knowledge. In the control group, 36.7% of nurses had adequate knowledge and 63.3% had moderately adequate knowledge. The results show that nurses in the experimental group had a higher level of knowledge than those in the control group after the procedure was administered. Therefore, it was discovered that the labor protocol was successful in improving nurses' expertise.

Fig .2 Percentage distribution of the overall posttest level of practice regarding labour protocol among nurses in the experimental and control group

In the experimental group, 86.67% of nurses had good practice and 13.33% had average practice regarding labor protocol, according to the overall post-test level of practice. In contrast, 63.33% of nurses in the control group had good practice and 36.67% had average practice. The experimental group's level of practice significantly outperformed the control group on the evaluation of the total posttest level of practice. Therefore, it was determined that the labor protocol was successful in improving nurses' practice.

In terms of knowledge, the Experimental Group's total posttest mean score was 21.43 with S. D. 2.565, whereas the Control Group's was 19.03 with S. D. 2.57. The computed "t" value was 3.565, indicating great statistical significance at the $p < 0.001$ level, while the mean difference was 2.4. Regarding the practice, the experimental group's posttest mean score was 40.93 with SD 3.42, whereas the control group's was 38.20 with SD 3.74. The computed "t" value was 2.950, indicating a moderate degree of significance at $p<0.01$, while the mean difference was 2.73. SPSS version 17 is the statistical program utilized.

The experimental group saw a mean score of 21.43 on the posttest for knowledge and 40.93 with a standard deviation of 3.42 for practice. A moderately positive connection between knowledge and practice was found with a computed "r" value of 0.581, which is statistically significant at the $p<0.01$ level. This clearly shows that staff nurses' practice level grows as their understanding of labor protocol increases.

DISCUSSION:

The purpose of this study was to demonstrate the impact of labor protocol on nurses' knowledge and practice. The results were comparable to those of the pre-experimental study on the impact of labor protocol on Orissan nurses' knowledge and practice by Ekvan et al. (2010) 8. The mean knowledge scores on the pretest (x1=15.08) and post-test (x2=31.2) differed in a very significant way. Following the methodology, the mean knowledge score was 32.3 and the mean practice score was 31.1. The posttest knowledge and practice scores showed a substantial positive connection (r = 0.9757). According to the opinion survey, 90% of the participants fully accepted the protocol. Additionally, Sidra Nausheen et al. (2010) did a cross-sectional research on the knowledge and abilities of 100 trainees who attended the workshop about labor and partograph. Only 14 trainees had a pre-test score of more than 80%, and 86 trainees received a post-test score of more than 80%, according to the questionnaire survey used to evaluate the development in knowledge. Three trainees had scores of greater than 80% on the skills assessment during the pre-training review, while 97 trainees received scores of greater than 80% on the post-training review.

The study found a significant improvement in nurses' knowledge of labour protocol, with a 't' value of 3.565 ($p<0.001$), indicating a notable difference between the experimental and control groups. Additionally, the improvement in practice levels showed a 't' value of 2.950 ($p<0.005$), also highlighting a significant difference.

Further research with a larger sample could enhance validity and generalizability. Future studies could assess the impact of labour protocol on maternal and fetal outcomes and incorporate training for nurses in maternity and labour settings.

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