Assess The Effectiveness Of Video Assisted Learningn On Alternative And Complementary Therapies In Term Of Knowledge And Attitude Among Staff Nurses Working In Maternity Department Of Selected Government Medical Collage Attached Hospitals Of Gujarat State

Solanki Nehal[1], H.R. Shah[2]

Postgraduate Nursing student[1], Lecturer class-II[2]

Department of Obstetrics & Gynaecological Nursing, Government College of Nursing (GINERA), Gujarat University, Ahmedabad, Gujarat-380016.

ABSTRACT

Background: Complementary and alternative therapy is a growing are of health care, worldwide. It is defined as a "broad domain of healing resources that encompasses all health system, modalities and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historical period."

Complementary and alternative therapies are harmonious with many of the values of nursing. These include a view of humans as holistic beings, an emphasis on healing, recognizes the provider- patient relationship which should focused on health promotion and illness prevention.

Both the physician and the patients have positive attitude towards complementary and alternative therapies and there has a marked increase in complementary and alternative therapies users in India. One of the largest subgroups of complementary and alternative therapies users are, women at reproductive age group and educated and employed women. Expectant mothers are keen to use complementary and alternative therapy because they provide a range of additional supporters for pregnancy and labour.

It is the happiest moment for the mother when she conceives, but it become worst moment when labour pain starts & she suffers from anxiety & nervousness. There is recent development in treatment modalities which is very helpful to the mother during labour. It helps to reduce the pain, lowers her anxiety level & make her ready for the process of labour. These treatments are other than pharmacological modalities & known as alternative & complementary therapies.

Within maternity care the use of complementary and alternative therapy is focused towards helping women to cope with discomforts of pregnancy and labour. Midwives are the professionals best placed to provide complementary and alternative therapy to pregnant, child bearing and newly delivered

mothers and their babies. Thus, as primary care givers, midwives should be aware of the range of alternative and complementary therapies that are available and should be able to advice women accordingly.

Need of the study: Alternative system of medicine is the approaches to medical diagnosis and therapy that have not been developed by use of generally accepted scientific methods. Forms of alternative therapy included acupuncture, acupressure, aroma therapy. Ayurveda etc.

Complementary and alternative therapies are increasingly used worldwide, now a days. These groups of medical therapies involve a wide variety of methods that are evolved from health-related theories and practice which have been developed outside the western bio-medical model. Many traditional systems are practiced by individual cultures throughout the world. All of the systems are focusing on holistic care of the client.

In this era the nurses have always been concerned with the client as a whole-that is with the holistic person- they are increasingly embracing holistic healing. Nurses are learning how to become "healing" nurses and seeing themselves as "healers". Now the nurses are incorporating alternative and complementary healing techniques such as Massage, Imagery, Meditation, Acupressure, Art and music therapy, Breathing exercises, Biofeedback, Reflexology, Tai-chi exercises, Therapeutic touch, Prayer Humor and others into their practice.

The care in midwifery focuses on participatory and holistic approach, that it treats birth as a natural occurrence and supports woman's choices. This encourages and motivates the client to make wise decision regarding their own care. Many women choose alternative and complementary therapies during their labour process. They expect that it will give a positive outcome towards their pregnancy and following child birth.

Material and method: Pre-experimental Approach was used with one group pre-test and post-test design. The study was conducted in the selected Government Medical College Attached Hospitals of Gujarat state the investigator used systemic random sampling techniques for selecting 40 samples. In view of the nature of the problem and accomplishment of the objectives of the study, Video Assisted Learning on Alternative and Complementary Therapies was prepared for samples. A structure knowledge questionnaires and attitude were prepared to assess the knowledge and attitude of samples. Content validity to the develop tools and Video Assisted Learning was established by 8 experts and necessary modification were made as suggested by them to checked reliability of the knowledge questionnaires and attitude Likert's rating scale by Test Retest method by using Karl Pearson's formula and the reliability of structured knowledge questionnaires was 0.96 and reliability of attitude was 0.86.

Pre-test		Post-test	
01		02	Knowledge
	X		
03		04	Attitude

Schematic diagram of one group pretest-posttest design.

Key

O1 Pretest knowledge of experimental group on Alternative and Complementary Therapies

O2 Post-test knowledge of experimental group on Alternative and Complementary

Therapies

O3 Pre-test attitude of experimental group on Alternative and Complementary Therapies

O4 Post-test attitude of experimental group on Alternative and Complementary Therapies

X Administration of video assisted learning on Alternative and Complementary Therapies

Result: Descriptive and inferential statics were used to analyse the data. The mean pre-test knowledge score was 12.47 and mean a post-test knowledge score was 19.12 and mean pre-test attitude score was 58.15 and mean post-test attitude score was 71.12. calculated 't' value for Knowledge and Attitude was statistically tested using paired test it was found significant at $0.05(t_{39}=9.77 \ t_{39}=11.79)$. There was moderately positive correlation between post-test knowledge and post-test attitude (0.70) at post-test Knowledge mean score (19.12) and post-test attitude mean score (71.12) at 0.05 level of significance.

In the association there was no significance association between pre-test knowledge score with demographic variable and there was significance association between pre-test attitude with demographic variable. There was significance association between pre-test attitude score and Total Clinical Experience of Samples calculated value of chi square (9.37) was more than table value (7.82) and degree of freedom (3). There was significance association between pre-test attitude score and Maternity Department Experience of Samples calculated value of chi square (12.38) was more than table value (7.82) and degree of freedom (3).

Conclusion: There was significant increase in the knowledge and attitude of the staff nurses working in Maternity Department selected Government Medical College Attached Hospitals of Gujarat state after administrating of the Video Assisted Learning on Alternative and Complementary Therapies hence it is concluded that Video Assisted Learning was effective in improving the Knowledge and Attitude of the Staff Nurses Working in Maternity Department in Selected Government Medical College Attached Hospitals of Gujarat state.

Key words: Alternative and complimentary therapies in term of knowledge and attitude among staff nurses working in maternity department of selected government medical collage attached hospitals of Gujarat state.

I. INTRODUCTION

"Health has been declared as a fundamental human right."

As per WHO "Health is a state of complete physical, mental, social and spiritual wellbeing and not merely an absence of any disease or infirmity." This definition focuses on all aspects of health. As the process of life moves on, a person is exposed to lots of illness and infirmities where comes the importance of therapeutic intervention. The modern healthcare system focuses on the holistic care of the clients. However conventional therapies such as Allopathic, Western and Midstream, where been proved as less helpful in alleviating some illness including severe pain, fatigue, anxiety, insomnia and headache. In this context we could utilize the help of complementary and alternative therapies.

These are in excess of 200 therapies that are complementary or alternative to main stream health care system. In Dec 2000, committee science and technology in UK, classified most commonly used complementary and alternative therapies into 3 groups.

Group I: This group has been named as alternative therapies. It consists of those therapies that are professionally organized with good standards, basic and ongoing education, national, statutory or voluntary self-regulation and disciplinary course of practice. These are Homeopathy, herbal medicine, Acupuncture, Osteopathy and Chiropractic.

Group II: This group is classifying as those therapies which are considered to be complementary to other forms of health care. It includes Aroma therapy, Reflexology, Massage, Hypnosis therapy, Counselling, Stress management, Yoga, Meditation and Healing.

Group-III: This group consist of mainly two system.

a) Traditional system such as traditional Chinese medicine, Ayurvedic medicine, Tibetan medicine, Naturopathy etc.

b) Other alternative including crystal therapy, Drowsing etc.

Most of these therapies were developed outside the midstream of conventional biomedical approaches, and are generally available without medical authorization. Furthermore, many of these modalities are similar to autonomous nursing interventions such as touch, massage, stress management, and activities to facilitate coping.

II.   MATERIAL AND METHODS

One group pre-test post-test design was used. Approval of institutional Ethical committee and Medical Superintendent of selected Government Hospitals of Gujarat State was obtained prior to the conduction of the study. 40 staff nurses were selected as a sample from the maternity department by Simple Random Sapling technique. The data collection was carried out in the month of November-December 2019.

Structured Knowledge Questionnaire and Likert Attitude scale was administered to each study samples. The subjects were clarifying about intension and need of the study and written consent was obtained. The obtained data were analysed by descriptive and inferential statistics.

III.   RESULTS

40 staff nurses were participated in the study for final analysis.

TABLE 1: Frequency and Percentage wise distribution of demographic data of the samples.

(N=40)

Sr. no.	Demographic data	Frequency (f)	Percentage (%)
1	Age group		
	a. 21-30 years	23	57.5%
	b. 31-40 years	06	15%
	c. Above 40 years	11	27.5%
2	Professional Qualification		
	a. GNM	30	75%
	b. Basic B.Sc. (N)	10	25%
	c. Post basic B.Sc.(N)	00	00
	d. NPM	00	00
	e. M.sc (N)	00	00
3	Total clinical experience		
	a. Less than 1 year	02	05%
	b. 1-5 year	22	55%
	c. 6-10 year	05	12.5%
	d. Above 10 year	11	27.5%
4	Year of experience in Maternity Department		
	a. Less than 1 year	06	15%
	b. 1-5 year	24	60%
	c. 6-10 year	03	7.5%
	d. Above 10 year	07	17.5%

Table 1 shows that out of 40 samples under study, 23 (57.5%) belongs 21 to 30 years age, 06 (15%) belongs 32-40 years age, 11 (27.5%) belongs Above 40 years age.

As regards to Professional qualification of samples, 30 (75%) were GNM ,10 (25%) were Basic B.Sc.(N), 00 (00%) were Post Basic B.Sc.(N), 00 (00%) were NPM, 00 (00%) were M.Sc. (N).

As regard to Total clinical experience of samples, were 02 (05%) Less than 1 year, 22 (55%) were 1-5 year, 05 (12.5%) were 6-10 year, 11 (27.5%) were Above 10 year.

As regard to Total experience in Maternity Department of samples, 06 (15%) were Less than 1 year, 24 (60%) were 1-5 year, 03 (7.5%) were 6-10 year, 07(17.5%) were Above 10 year.

TABLE 2: Frequency and percentage wise distribution of the samples based on Knowledge.

(N=40)

Level of Knowledge	Classification of score	Pre-test		Post test	
		Frequency	Percentage (%)	Frequency	Percentage (%)
Poor	0-8	10	25	00	00
Average	9-16	29	72.5	09	22.5
Good	17-25	01	2.5	31	77.5
Total		40	100	40	100

Table 2 shows that among 40 samples, in pretest 10(25%) samples had poor knowledge and 29(72.5%) samples had average knowledge and 1(2.5%) had good knowledge in pre-test. In post-test 0(0%) samples had poor knowledge and 9(22.5%) samples had average knowledge and 31(77.5%) had good knowledge in post-test regarding Alternative and Complementary therapies.

TABLE 3: Frequency and percentage wise distribution of the samples based on Likert's Attitude Scale.

(N=40)

Level of Attitude	Classification of score	Pre-test		Post test	
		Frequency	Percentage (%)	Frequency	Percentage (%)
Negative	20-64	38	95	04	10
Positive	65-100	02	5	36	90
Total		40	100	40	100

Table 3: shows that 38(95%) samples had negative Attitude and 2(5%) samples had positive attitude in Pretest and 4(10%) samples had negative attitude and 36(90%) samples had positive attitude in posttest regarding Alternative and Complementary Therapies.

TABLE 4: Correlation between Post-test Knowledge Mean Score and Post-test Attitude Mean Score of the samples.   **(N=40)**

Posttest Knowledge Mean Score	Posttest Attitude Mean Score	Number of samples	Correlation coefficient (r)	Inference
19.12	71.12	40	0.70	Significant Moderate positive correlation of 0.05 level of significant

Table 4: shows that correlation between knowledge mean score and attitude mean score by Karl Person formula which is 0.70.

It concluded by investigator that it is moderately positive correlation between knowledge mean score and attitude mean score on Alternative and Complementary Therapies among Staff nurses working in Maternity department.

IV. DISCUSSION

In pre-test maximum score was 25 and pre-test obtained score was 499 and mean score was 12.47 with 49.88 mean percentage and post-test maximum score was 25 obtained score was 765 and mean score was 19.12 with 76.48 mean percentage and mean difference between pre-test and post-test was 6.65 and mean percentage gain between pre-test and post-test was 26.6%. that mean pre-test knowledge score was 12.47 while mean post-test knowledge score was 19.12. Hence the difference of mean between pre and post-test knowledge score was 6.65. The Standard Deviation of pre-test was 3.52 and post-test was 2.62. The calculated t value is 9.77 at 39 degree of freedom with 0.05 level of significance.

Table shows that calculated t value (t=9.77) was greater than tabulated t value (t=2.02) which was statically proved. This indicated that the difference obtained in pre-test and post-test knowledge score was a real difference and not by a chance. Hence research hypothesis H1 was accepted.

In correlation between Post-test knowledge mean score and Post-test attitude mean score by Karl Person formula which is 0.70.

It concluded by investigator that t is moderately correlation between knowledge mean score and attitude mean score on Alternative and Complementary Therapies among Staff nurses working in Maternity department.

In the association there was no significance association between pre-test knowledge score with demographic variable and there was significance association between pre-test attitude score with Total Experience and Year of Experience in Maternity Department. There was significance association between pre-test Attitude score and Total Clinical Experience of Samples calculated value of chi square (12.38) was more than table value (7.82) and degree of freedom (3). There was significance association between pre-test Attitude score and Year of Experience in Maternity Department of Samples calculated value of chi square (12.38) was more than table value (7.82) and degree of freedom (3).

Hence It was proved that the Video Assisted Learning was effective in increasing Knowledge and Attitude Among Staff Nurses Working in Maternity Department in Selected Government Medical College Attached Hospitals of Gujarat State.

V. CONCLUSION

Study concluded that staff nurses working in maternity department improve their knowledge and attitude regarding on alternative and complementary therapies on the staff nurses working in maternity department of selected government medical collage attached hospitals.

Conflict of Interest: The authors declare that there is no conflict of interests regarding the publication of this manuscript.

Source of Funding: Researcher have used own finance to complete research study.

Ethical Clearance: Approval of Institutional Ethical committee and Medical Superintendents of selected Government medical collage attached hospitals of Gujarat State was obtained prior to the conduction of the study. Privacy and confidentiality of collected information were ensured throughout the process.

VI. REFERENCES

BOOKS

1. Basvanthappa B.T. "Nursing Research", 2nd Edition: New Delhi, Jaypee Brothers; Medical Publishers (p) Ltd.2007.

2. Basvanthappa B.T. "Community Health Nursing", 2nd Edition; New Delhi, Jaypee Brother Medical Publishers (p) Ltd.2008.

3. Bhaskar Nima, "Midwifery and Obstetrical Nursing", 2 Edkion; Banglore, EMMESS Medical Publishers 2013.

4. Dawn C.S. "TEXTBOOK OF OBSTETRICS, NEONATOLOGY & REPRODUCTIVE & CHILD HEALTH EDUCATION", 16th Edition; Calcutta, Dawn Books Publications 2004

5. Denise T. Polit Hungler," Essential of nursing research method, appraisal and utilization". 8th Edition; New York; Lippincott 2007.

6. Doshi Haresh U. "COMPANION FOR OBSTETRICS & GYNEC PRACTICAL EXAMINATION", 14th Edition; Ahmedabad, ARIHANT PUBLISHERS 2012.

7. Dutta D.C, "TEXT BOOK OF OBTETRICS", 8th Edition; Calcutta, New Central Book Agency (p) Ltd. 2015.

8. Gulani K.K. "COMMUNITY HEALTH NURSING (Principles & Practice)", 2nd Edition; Kumar Publishing House (p) Ltd. 2017

9. Jacob Annamma "A COMPREHENSIVE TEXT BOOK OF MIDWIFERY & GYNECOLOGICAL NURSING", 3rd Edition: New Delhi, Jaypee Brothers Medical Publishers (p) Ltd. 2012.

10. Mosby's "Pocket Dictionary of Medicine, Nursing & Health Professions", 5t Edition; New Delhi, Elsevier Publication 2007.

11. Myles "TEXT BOOK FOR MIDWIVES", Fourteenth Edition: Philadelphia. Elsevier publisher. 2009

12. Navdeep Kaur Brar: "Textbook of Advanced Nursing Practice". 1s edition, Jaypee brothers medical publishers, new Delhi: 2015.

13. Park K: Preventive & social medicine. 20% edition, Jaypee brothers medical publishers Ltd, New Delhi, 2008.

14. Sharma J.B. "MIDWIFERY AND GYNAECOLOGICAL NURSING", 1 Edition; New Delhi, Published by AVICHAL PUBLISHING COMPANY.2015.

15. Sharma S.K. "NURSING RESEARCH AND STATISTICS", 2nd Edition; New Delhi, Reed Elsevier India (p) Ltd. 2014.

16. Shebeer P Basheer: A Concise Text Book of Advanced Nursing Practice, 2nd edition, emmess medical publishers, Bangalore

JOURNALS

1. International journal of Pharma and Bio sciences (volume 2. issue 1. Jan-Mar-2011 Dr. Manoj V K Yadav

2. International journal of obstetrics and gynaecology. 2007 January 2991)

3African Journal of reproductive Health.2010; 12(1)

4. Internal Journal of Science and Research 2013

RELATED TO PUBLISHED STUDY

1. Knowledge and attitude regarding non-pharmacological management of pain during labour: Nursing students' perspective (Anjali Tiwari)

2. Effectiveness of music therapy on anxiety and physiological parameters among antenatal mothers with pregnancy induced hypertension (Jyoti, Molly Babu, Sarita Shokanda)

3. A study to assess the effectiveness of Yoga to reduce minor ailments among antenatal mothers in selected hospitals of Bhilai (Priyanka Shrivastava)

4. Effectiveness of music therapy on pain level of primigravida mothers during first stage of labour in selected maternity hospitals at metropolitan city (Shweta Naik)

WEBSITES

1. https://www.slidshare.net/mobile/AncyAbraham2/alternative-and-complementary-methods-during-labour
2. https://www.artofiliving.org/in-en/voga/yoga-for-woman/voga-and-pregnaney.
3. tuja wellness Published on Nov 18,2013 https://youtu.be/Ro60u6GjpQE
4. Ceci Jane Published on Sep 21.2015 https://youtu.be/uvvvuE2WWrBls4