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A STUDY TO ASSESS THE KNOWLEDGE OF BRADEN SCALE FOR PRESSURE ULCER AMONG ICU STAFF NURSES IN MULTISPECIALITY HOSPITALS, MUMBAI.

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ABSTRACT

"You discover yourself through the research of your work"

---Carine Roitfeld

This research was done to gauge how much people knew about Braden scale among the nurses in intensive care units in Multispecialty Hospital, Mumbai.

In this study, the intended goals to achieve were:-

1) To identify the awareness of Braden Scale for pressure ulcer among ICU staff nurses.
2) To assess the degree of expertise in regarding Braden Scale for pressure ulcer among ICUstaffnurses.
3) To find out relationship between knowledge level and demographic variables {age, qualification,clinical experience}.

In this study, the researcher used a descriptive approach with non-experimental survey design. The tool used was a structured questionnaire which was validated by nursing lecturers.
Permission taken from the Chief Nursing Officer of different hospitals to conduct study on ICUstaff nurses. A pilot research was carried out on eight staff nurses, through which the research was determined to be possible in a variety of ways. Like time, energy, resources and material. The main study was conducted on eighty

samples who were interested in study and was fulfilling the inclusive criteria by convenient sampling techniques.

In order to analyses the study, the findings revealed that the demographic variables and knowledge level was tabulated. According to this survey, the ICU staff nurses have highest 73(91.25%) knowledge about pressure ulcer formation is most likely to occur and lowest knowledge12 (15%) about warning signs of bedsores on a bony area. Overall knowledge of Regarding Braden Scale, **Bedsore and Skin care** is 444(55.50%) and ICU staff nurses have 76(95%) highest knowledge about Most relevant tool for identifying pressure ulcer and 19(23.75%)ICU staff nurses have lowest knowledge about recommended frequency for using Braden scale.
Overall knowledge of ICU staff nurses regarding **Braden Scale** is 389 (48.62%).And in the ICU staff nurses 68(85%) have highest knowledge about Time for repositioning and 16(20%) have lowest knowledge about Intake of nitrogen per day. Overall knowledge related to **Quality care** is 462(57.75%).

The degree of understanding, **2(2.50%)** ICU nurses have **inadequate** level of knowledge, **21(26.25%)** ICU staff nurses have a fair amount of knowledge, **53(66.25%)** ICU staff nurses have a sufficient degree of expertise, and 4 (5%) have exceptional knowledge.

In this study, **chi-square** was calculated to determine the relationship between ICU staff knowledge and their demographic characteristics, specific knowledge concerning age, professional qualification, clinical experience, and clinical experience in ICU, and x2 for **age in Years**= 0.941, x2 value
for **professional qualification** is 23.027, x2 value for **clinical experience as staff nurse** =4.657 and x2 value for **clinical experience as ICU staff nurse** =22.825. The table value of 0.217 indicates a significant correlation between demographic characteristics and knowledge level.
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Hence, the overall study findings revealed that the study was effective and all objectives were achieved. .

INTRODUCTION
My best work is often almost unconscious and occurs ahead of my ability to understand.
Sam Abell The most expensive and physically crippling problem of the 21st century is the pressure ulcer.
For many years, nurses have been concerned about preventing pressure ulcers. Florence Nightingale stated in 1859, If he gets bedsore, it is usually not the disease's fault but the nurse's. Others view pressure ulcers as a visible mark of caregiver sin associated with poor or 4 5 nonexistent nursing care. Many clinicians believe that pressure ulcer development is not simply the fault of nursing care but rather a failure of the entire healthcare system.

The National Pressure Ulcer Advisory Panel (NPUAP) says the incidence ranges from 0.4 percent to 38 percent in hospitals, from 2.2 percent to 23.9 percent in skilled nursing facilities, and from 0 percent to 17 percent for home health agencies give the aging population, increasingly fragmented care, and nursing shortage, Pressure ulcer occurrence will probably keep increasing. A pressure ulcer can develop within 2 to 6 hours. The key to preventing pressure ulcers is to accurately identify at-risk individuals quickly so that preventive measures implemented. Hence, it is necessary to conduct a study to evaluate nurses' understanding of pressure sores. One in nine patients admitted to the hospital can be at risk of developing a pressure ulcer. Pressure ulcers are a common problem for patients who limit the mobility and the site lies in one position for a long time. Because blood flow is restrict by the pressure of their weight on parts of their body, the result can be severe tissue damage. Unfortunately, pressure ulcers often necessitate lengthy hospital stays and surgical procedures for patients. The impact on the patient can be devastating, with prolonged management of

dressings; and some cases needing major reconstructive surgery. A vital component of providing holistic nursing care is the treatment and prevention of Pressure ulcers. Understanding the latest recent care and treatment options for people at risk of pressure ulcers is crucial.

REVIEW OF LITERATURE

"The only thing that can ever defeat you is yourself".

---Robert Stroud

Frankel Heidi, Sperry Jason, Kaplan Lewis, The American Surgeon,(2007), Pressure 1 ulcer prevalence in intensive care settings varied from 4% in Denmark to 49% in Germany, and incidence ranged from 38% to 124%, according to the review of published articles. According to the research analyzed, there was a significant variance in the prevalence and incidence of pressure ulcers in patients receiving intensive care. In the prevention and treatment of pressure ulcers, there is a gap between theory and practice that needs to be closed. Additional study is required to determine how nursing care affects the formation of pressure ulcers and the best ways to treat patients in critical care.

Eman S. M. Shahin, Theo Dassen, Ruud J.G., International Journal of Nursing Studies April (2009), this study revealed a total incidence of 3.3 %(4.5% in nephrological patients and 2.9% in surgical patients). The intensive care units received 16 patients with 21 pressure ulcers. Five pressure ulcers healed, and six new ones appeared while the patient was in the intensive care unit. The incidence of pressure ulcers is lower than in earlier studies. Some preventive measures like foam and alternating air pressure mattresses may help to decrease pressure ulcer development.
Hydrocolloid dressing may help to increase the healing rate of pressure ulcers.

Nils A. Lahmann, Jan Kottner, International Journal of Nursing Studies December 11 (2011), According to the appropriate Braden Scale items, "Friction and Shear" issues affected 7.5% of hospital patients. The prevalence of categories III/IV was 1.9%. Entirely immobile correlates with deep types III/IV pressure ulcers compared to all other Braden Scale elements. Results show a significant correlation between friction forces and superficial skin lesions and between pressure forces and deeper categories III and IV pressure ulcers, based on data from a sizable patient sample from numerous centers across Germany. It suggests that various wounds may have distinct etiologies.

Eman S.M. Shahin, Theo Dassen and Rudd J.G., Journal of Evaluation in Clinical Practice May (2008), Pressure ulcer prevention is a crucial aspect of nursing care because these lesions can become complications for patients in critical care. The purpose of the study is to evaluate the prevalence of pressure ulcers in patients receiving intensive care. 1 The results revealed a mean prevalence rate of 30% from 2002-2005, while it considerably decreased to 16.2% in 2006.
Select appropriate and applicable preventive materials/devices and nursing care measures.

Neele Nijs, Adinda Toppets, Tom Defloor, Kris Bernaerts, Journal of Clinical Nursing December (2008), In a long-term surgical intensive care unit (ICU) population, to ascertain the prevalence of pressure ulcers arising at least 48 hours after admission and risk variables for pressure ulcers grade 2-4. Pressure ulcers in grades 2-4 had a cumulative incidence of 20.1%. Various risk factors and preventative methods are linked with pressure ulcers. A new risk assessment measure for patients admitted to intensive care units is eligible to include theidentified risk variables.

Jeannette L Jefferies N.A., Jennie E. Rasco , American Association of Critical-Care Nurses October(2011), One of the most underappreciated illnesses among critically ill patients is pressure ulcers. The occurrence of pressure ulcers in hospitalized patients is on the rise even in the face of clinical practice standards and technological advancements.

There is currently no agreement on the most significant risk factors for pressure ulcers in critically sick patients, and there is no risk assessment scale specifically for these individuals. The risk variables that are typical in critically ill adults are not always included in the current risk assessment tools for pressure ulcer formation. It is necessary to establish a pressure ulcer risk assessment model for these patients, which might serve as the basis for the creation of a risk assessment tool.

Eman S.M. Shahin, J.G. Halfens, Journal of Evaluation in Clinical Practice, March (2009), Pressure ulcers are a possible hazard for patients in intensive care, and nursing care must give accordingly. Evaluate the application of pressure ulcer 13 prevention strategies in intensive care settings and the allocation of preventative interventions for patients at risk for developing pressure ulcers. The study's findings showed that 36.5% of patients use pressure-relieving mattresses, and each individual is at risk of developing a pressure ulcer. Skin examination, moisturizing cream massages, nourishment, and mobility are the nursing interventions used, withrespective rates of 81.8%, 80.5%, 68.6%, and 56.6%.

RESEARCH METHODOLOGY

“Research is to see what everybody else are seen,And to think what nobody else has thought.”

SETTING OF THE STUDY

RESEARCH APPROACH

In order to achieve the study's goal a descriptive approach was considered themostappropriate.

RESEARCH DESIGN

This study's methodology is a non-experimental survey design.

POPULATION

Population refers to a category of people that meet the category for study established by the researcher.

In this study target population are Intensive care unit nurses of age group 20 years to 50 years at different Multispecialty Hospital, Mumbai

SAMPLE

A sample is a selected proportion of the defined population.

The subject in this study include women age group Intensive care unit nurses of age group 20 years to 50 years at Multispecialty Hospital, Mumbai.

SAMPLING TECHNIQUE

Sampling is a process of selecting a subject of population in obtaining information that represents the entire population. The sampling technique used in this in this study was convenient sampling.

Convenient sampling technique was used. The investigators selected the list of General Nursing and midwifery, Basic B.Sc. Nursing or P.B.B.Sc. Nursing or other courses ICU staff nurses working in Multispecialty Hospital, Mumbai.

SIZE

The sample size for this study is 80 ICU staff nurses.

CRITERIA FOR SAMPLE SELECTION

Inclusive Criteria

- Nurses that work in the intensive care unit and are between the ages of 20 and 50 at the Multispecialty Hospital in Mumbai.
- Intensive care unit staff nurses with a minimum of three months' experience.

Exclusive Criteria

- The study would only be conducted on the ICU staff nurses at Mumbai's MultispecialtyHospital.
- ICU staff nurses that were on duty at the time of the study.
- Less than three months of ICU experience are held by staff nurses..
- The sample size was set at 80 people.
- Nurses who were working other than Intensive care unit.
- Nurses in ICU who are not willing to participate.

Sample Size

- The sample size is considered of Intensive care unit nurses of age group 20 yearsto 50 years at Multispecialty Hospital, Mumbai

Validity

Validity refers to degree to which an instrument measures what it is supposed to measure content validity; tool was prepared and given to four experts of content validity. There suggestions were obtained and necessary modification was done.

Tools

A tool is a instrument used for collecting the data. Tool was divided into five parts.

SECTION A

The section consists in this study was demographic variable include age, professional qualification, years of clinical experience, including years spent in intensive care.

SECTION B

The section consists of awareness about Braden Scale.

SECTION C

The section consists of knowledge about Bedsore/Skin care.

SECTION D

The section consists of knowledge of Braden Scale.

SECTION E

The section consists of knowledge of Quality care.

Reliability

Reliability is the degree of consistency and dependability with which an instrument measuresthe attribute.

Pilot Study

Studies that involve a large population of subjects, seeks to answer a big or important question, or will require detailed work over a long period of time having an increased risk forfailure. It is a smaller version of the researcher's main study with increased risk of failure.

The sample sizes for pilot study was eight subjects from critical care unit in the hospital. The Multispecialty Hospital in Mumbai's Chief Nursing Officer gave the investigators written consent. The investigators explained purpose to the subject prior to the conduct of the study and consent taken. Eight subjects were taken for Questionnaire (Multiple Choice Questions) method. Each subject was given 15-30 minutes for completing the questionnaire. The pilot study helped the investigators to test the feasibility of the study. The data collectionprocess and the use of tool weretested. There was no difficulties encountered in the test and tool.

FEASIBILITY OF THE STUDY

The setting of the feasible in terms of-

- Geographical proximity
- Ethical clearance
- Administrative approval
- Availability of the subjects
- Co-Operation from the subject.

DATA COLLECTION

Prior to data collection plan was made ready. The investigator introduced themselves to the Intensive Care Unit and explanation about the study was given in the language well understood. Also spent a little time in developing rapport with themby creating an environment for the need of importance of Braden scale.
Reassurance is given to the samples about confidentiality; those willing to participate were taken. The samples were selected through convenient sampling techniques. 80 samples wereselected for the study.

Samples were made comfortable and tools were administered. Demographicdata containing age, professional qualification, clinical experience as staff, and clinical experience as ICU staff wascollected.

DATA ANALYSIS AND INTERPRETATION:

This chapter deals with the analysis and interpretation of data collected to assess the level of knowledge regarding Braden Scale among staff nurses. Data was collected from various Intensive Care Unit of Multispecialty Hospital, Mumbai. The data obtained was analysed andpresented under the following heading:

ORGANIZATION OF DATA:

The data has been tabulated and organized as follows.

Section-A

Distribution of demographic variables.

Section-B

Awareness of Braden scale and Pressure ulcer.

Section-C

Assessment of overall knowledge

- Section C (i) - Knowledge related to Bedsore and Skin care.
- Section C (ii) - Knowledge related to Braden scale.
- Section C (iii) - Knowledge related to Quality care.

Section-D

Association between the demographic elements and knowledge levels.

Demographic variable distribution.

SECTION – A

TABLE 1:- Demographic variable frequency and percentage distribution in the AGE group.
n=80

SR.NO	AGE IN YEARS	FREQUENCY	PERCENTAGE
a	20-30 years	71	**88.75%**
b	30-40 years	9	11.25%
c	40-50 years	0	0
d	≥ 50 years	0	0

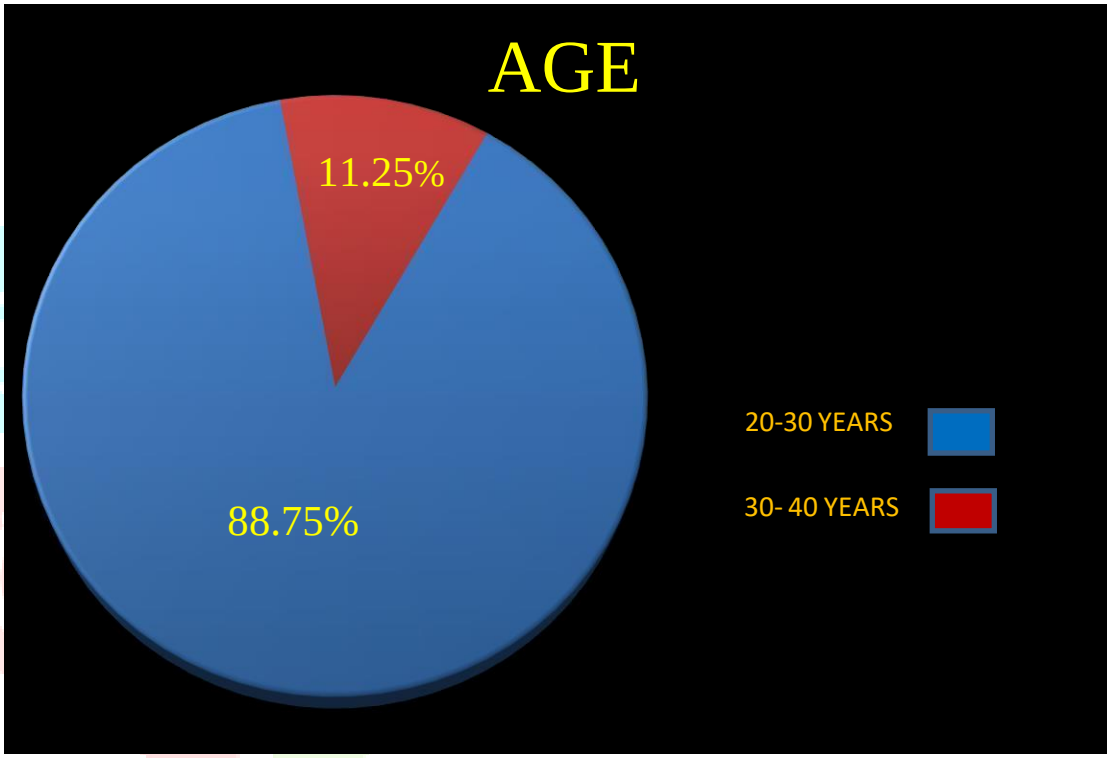

Figure 1:- Shows that regarding the age group. 71 (88.75%) staff nurses were between age group 20- 30years, 9(11.25%) staff nurses belonged to age group 30- 40 years. There are no staff nurses belonging to age group 40-50 years and more than 50 years.

TABLE 2:- Distribution by frequency and percentage of the demographic factors used in PROFESSIONAL QUALIFICATION.

SR.NO	PROFESSIONAL QUALIFICATION	FREQUENCY	PERCENTAGE
a	GNM	41	**51.25%**
b	P.B. BSc Nursing	3	3.75%
c	Basic BSc Nursing	36	45%
d	Other Courses	0	0

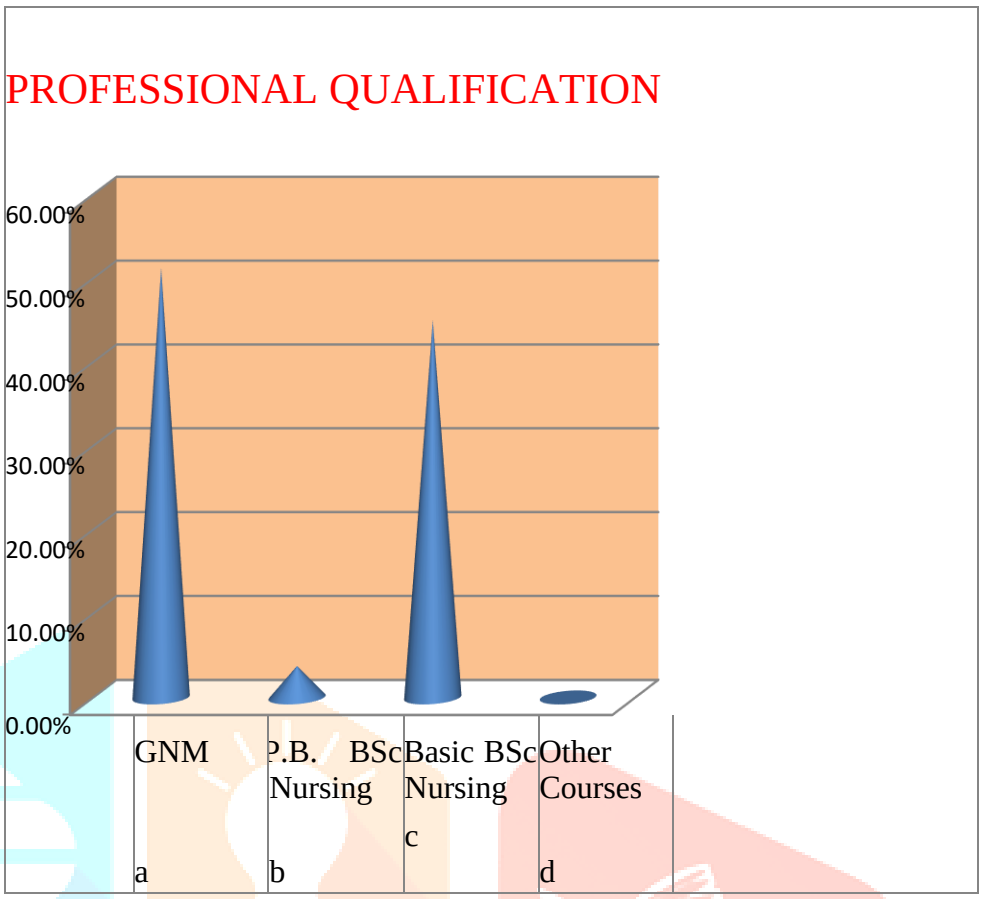

Figure 2:-Depicts that in professional qualification status, majority of critical care unit staff nurses are GNM-41 (**51.25%),** Basic BSc Nursing- 36(45%) and P.B BSc Nursing- 3(3.75%). None of the Critical care unit staff nurses have done any other courses.

TABLE 3:- Demographic variable frequency and percentage distribution in CLINICAL EXPERIENCE.

SR.NO	CLINICAL EXPERIENCE	FREQUENCY	PERCENTAGE
a	3 months to 1 year	22	27.50%
b	1 to 3 years	34	**42.50%**
c	3 to 6 years	14	17.50%
d	>6 years	10	12.50%

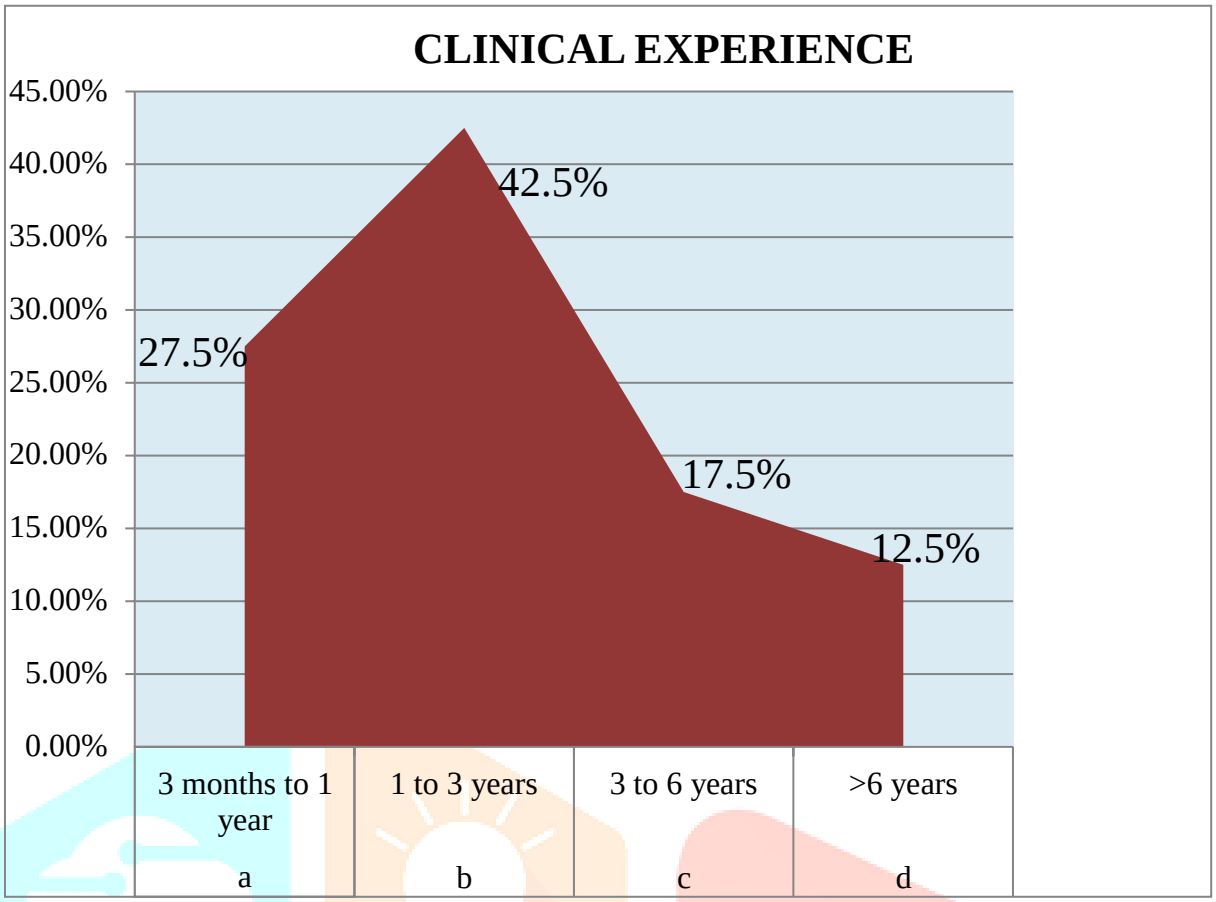

Figure 3:- The figure shows that,**34(42.5%)** nurses have 1 to 3 years clinical experience,22(25.5%) nurses have 3 months to 1 year clinical experience,14(17.5%) nurses have 3 to 6 years experiences, 10(12.5 %) nurses have more than 6 yearsexperiences.

equency and percentage distribution of demographic variables in CLINICAL EXPERIENCE IN INTENSIVE CARE UNIT.

SR.NO	L EXPERIENCEIN ICU	FREQUENCY	PERCENTAGE
a	3 months to 1 year	28	35%
b	1 to 3 years	31	**38.75%**
c	3 to 6 years	12	15%
d	>6 years	9	11.25%

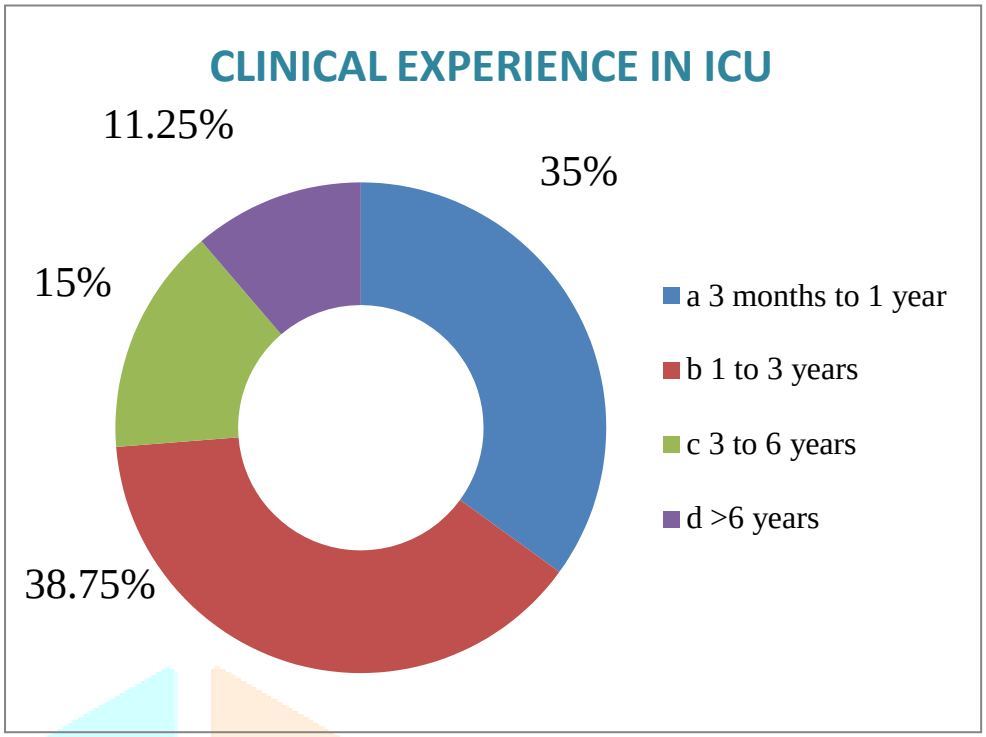

Figure 4:- This figure shows that **31(38.75%)** staff nurses are having 1 to 3 years of clinical experience in ICU, 28(35%) staff nurses are having 3 months to 1 years of clinical experience in ICU, 12(15%) staff nurses are having 3 to 6 years of clinical experience in ICU, 9(11.25%) staff nurses are having above 6 years of clinical experience in ICU.

SECTION B

TABLE 5:- Frequency and percentage distribution of AWARENESS OF PRESSURE ULCER AND BRADEN SCALE

SR. NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1)	**Handled bedsore patients in ICU**		
a	Yes	80	100%
b	No	0	0
2)	**Treated bedsore anytime**		
a	Yes	80	100%
b	No	0	0
3)	**Attended skin care/pressure sore conference/ workshop**		
a	Yes	34	42.50%
b	No	**46**	**57.50%**
4)	**Braden Scale a skin assessment tool**		
a	Yes	75	93.75%
b	No	5	6.25%

5)	**Used Braden Scale anytime during duty**		
a	Yes	61	76.25%
b	No	19	23.75%

AWARNESS OF PRESSURE SORE & BRADEN SCALE

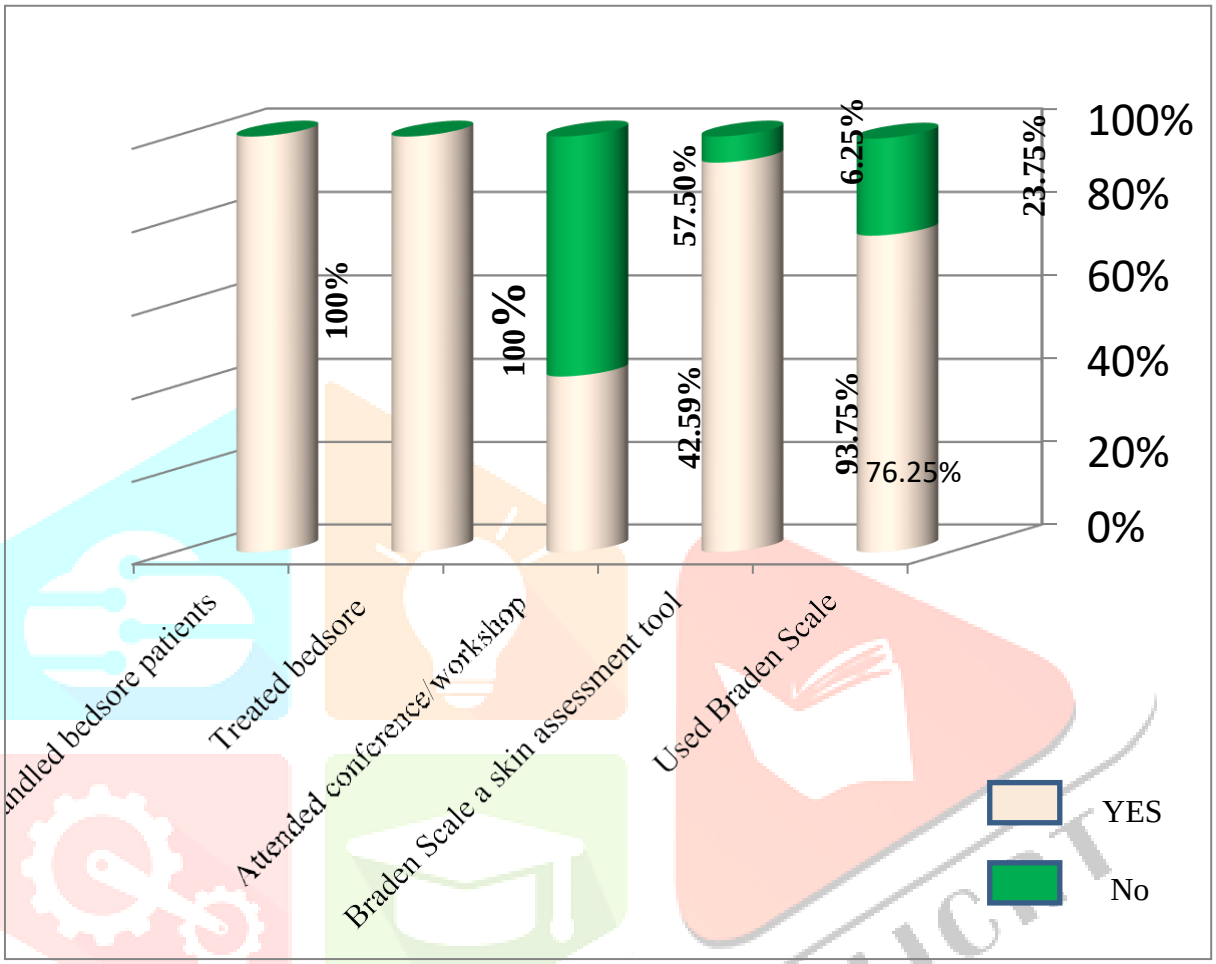

Figure 5:-

This figure shows that:-

80(100%) staff nurses handled bedsore patients.80(100%) staff nurses treated bedsores.

34(42.50%) staff nurses attended conferences/workshop regarding skin care/bedsore and 46(57.50%) staff nurses not attended conferences/workshop regarding skin care/bedsore.

75(93.75%) staff nurses know that Braden scale a skin assessment tool and 5(6.25%) staff nurses do not know Braden scale a skin assessment tool.

61(76.25%) staff nurses using Braden Scale during duty hours and 19(23.75%) staff nurses doesn't use Braden scale during duty hours.

LEVEL OF KNOWLEDGE

SECTION C

TABLE 6:- Frequency and percentage distribution of LEVEL OF KNOWLEDGE.

SR.NO	LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE
a	Inadequate	2	2.50%
b	Moderate	21	26.25%
c	Adequate	53	**66.25%**
d	Excellent	4	5%

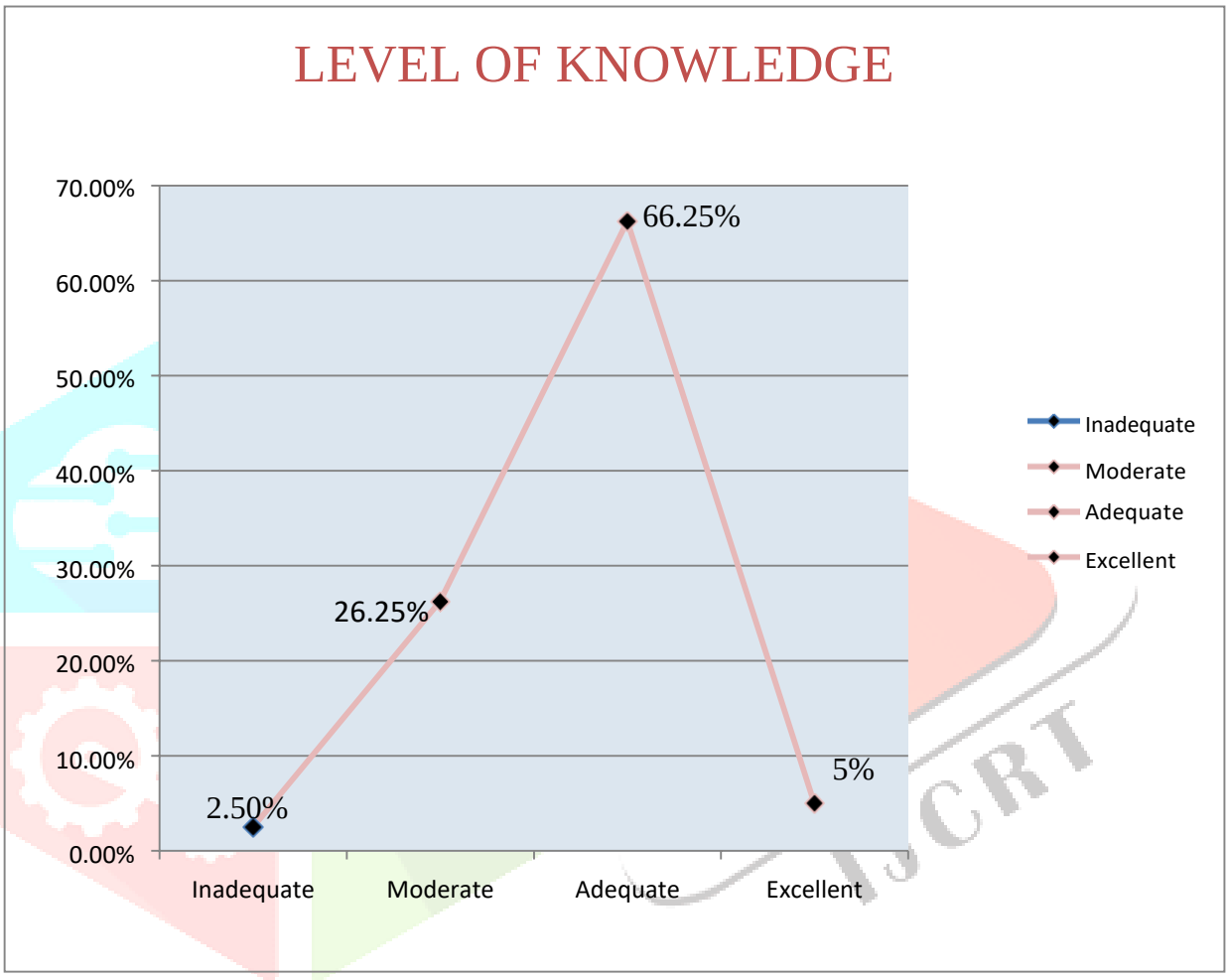

Figure 6:- This figure shows that 2(2.50%) ICU staff nurses have inadequate level of knowledge, 21(26.25%) ICU staff nurse have moderate level of knowledge, **53(66.25%)** ICU staff nurses have **adequate** level of knowledge and 4(5%) ICU staff nurses have excellent

KNOWLEDGE OF BEDSORE/SKINCARE

TABLE 7:- Frequency and percentage distribution of KNOWLEDGE RELATED TO SKIN CARE/ BEDSORE.

SR.NO	QUESTIONS	FREQUENCY	PERCENTAGE
1)	Dermis is referred as	18	22.50%

2)	In younger adults, epidermal turnover takes around	32	40%
3)	Abnormal skin condition on inspection related to Bedsore	36	45%
4))	Bony prominence at high risk in side lying position	38	47.50%
5)	Common occurrence of pressure ulcer in the body	51	63.75%
6)	Common part of the body does 95% Bedsores occur	70	**87.50%**
7)	Greatest risk for development of pressure ulcer	73	**91.25%**
8)	Partial thickness ulcers shows evidence of healing	53	66.25%
9)	Criteria for assessment of pressure ulcer	61	76.25%
10)	Warning signs of bedsores on a bony area	12	15%

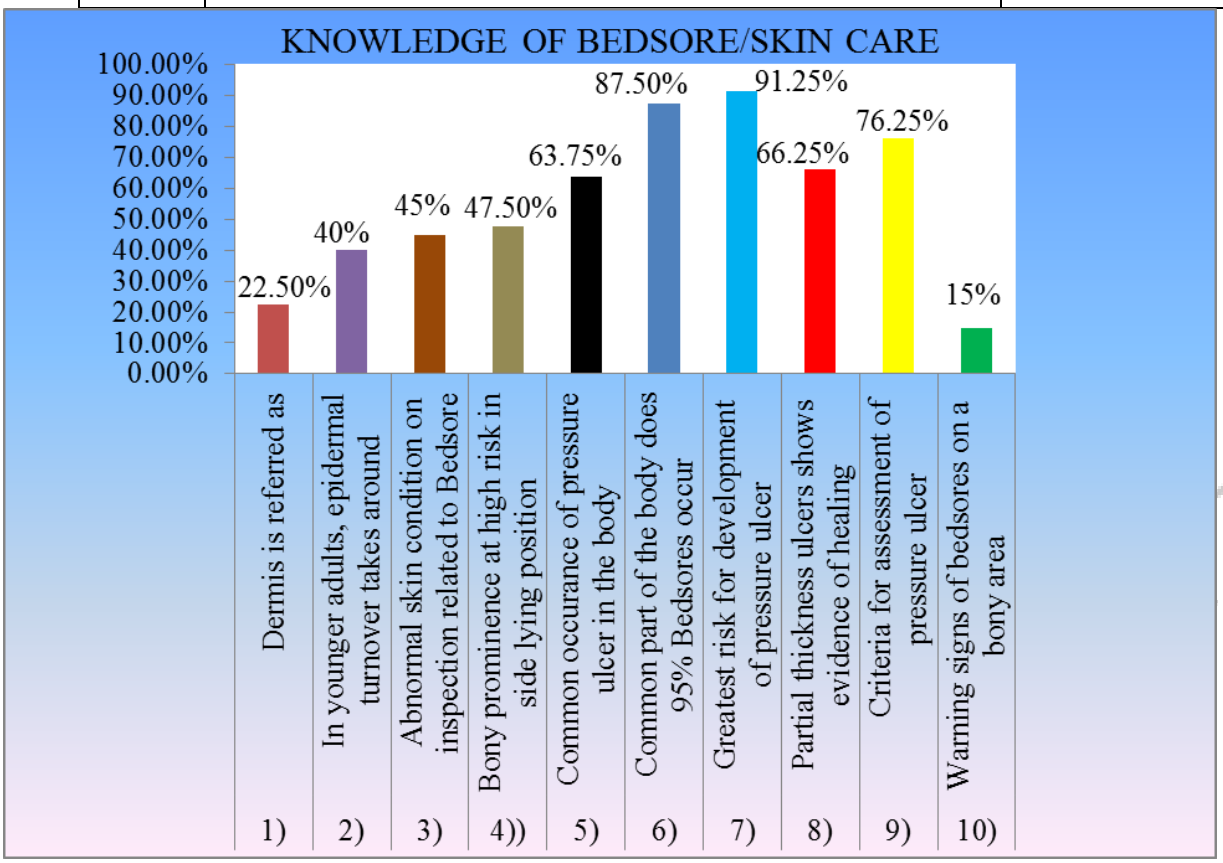

Figure 7:- This figure shows that ICU staff nurses have 73(91.25%) knowledge about the greatest risk for development of pressure ulcer and 12(15%) knowledge about warning signs of bedsores on a bony area. Overall knowledge of ICU staff nurses regarding Bedsore and Skin care is 444(55.50%).

KNOWLEDGE RELATED TO BRADEN SCALE

TABLE 8:- Frequency and percentage distribution of KNOWLEDGE RELATED TOBRADEN SCALE.

SR.NO	QUESTIONS	FREQUENCY	PERCENTAGE
1)	Most relevant tool for identifying pressure ulcer	76	95%
2)	Founder of Braden Scale	26	32.50%
3)	Year of Braden Scale discovered	30	37.50%
4)	Parameters of Braden Scale	58	72.50%
5)	Number of parameters present in Braden Scale	29	36.25%
6)	Total score of Braden Scale	20	25%
7)	Time for assessment of Braden Scale	66	82.50%
8)	Recommended frequency for using Braden Scale	19	23.75%
9)	Score at which a patient is at risk of Pressure ulcer	24	30%
10)	Score range for friction and shear	40	50%

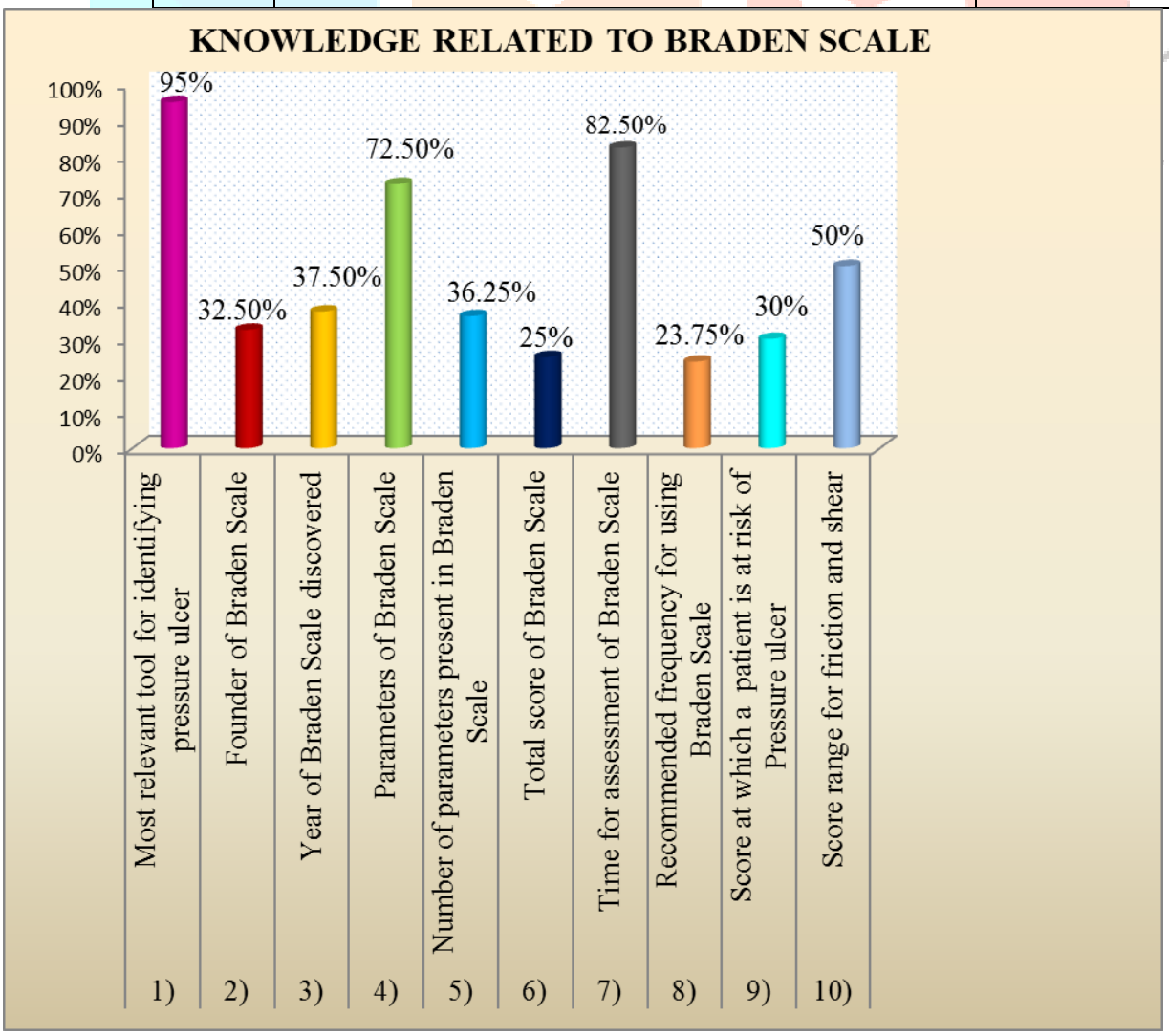

Figure 8:- This figure shows that ICU staff nurses have 76(95%) knowledge about Most relevant tool for identifying pressure ulcer. 19(23.75%) ICU staff nurses have knowledge about Recommended frequency for using Braden scale. Overall knowledge of ICU staff nurses regarding Braden Scale is 389 (48.62%).

KNOWLEDGE RELATED TO QUALITY CARE

d percentage distribution of KNOWLEDGE RELATED TOQUALITY CARE.

SR.NO	QUESTIONS	FREQUENCY	PERCENTAGE
1)	First step for treatment of Bedsore	67	83.75%
2)	Stages in which wound care is given	32	40%
3)	Intake of nitrogen per day	16	20%
4)	Time for repositioning	68	85%
5)	Appropriate cleansing agent for skin	48	60%
6)	Position that relieves pressure on sacrum &trochanter	26	32.50%
7)	Intake of protein per day for adults	32	40%
8)	Indications of wound infections	60	75%
9)	Factors influencing wound healing	57	71.25%
10)	Agents used for skin care	57	71.25%

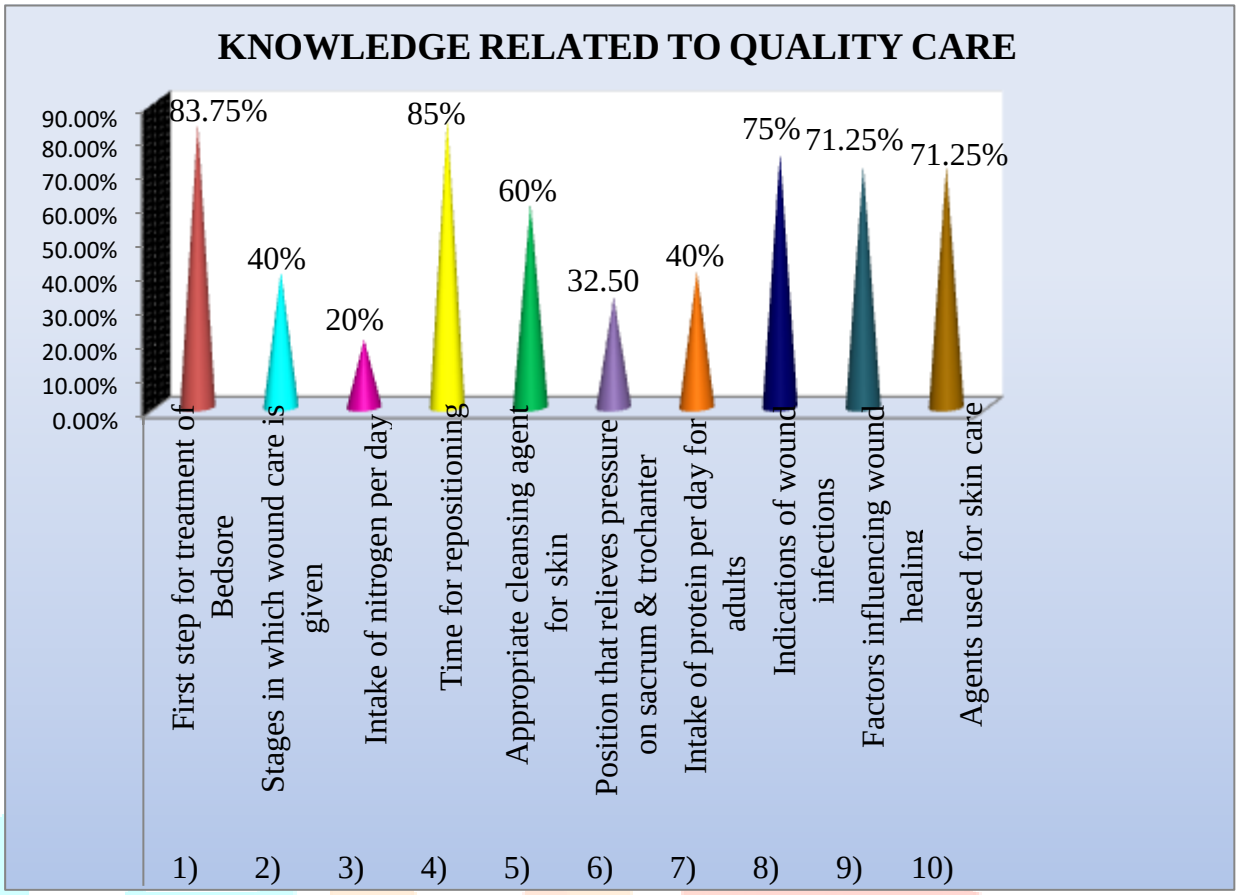

Figure 9:- This figure shows that ICU staff nurses 68(85%) have knowledge about Time for repositioning and 16(20%) have knowledge about Intake of nitrogen per day. Overall knowledge related to Quality care is 462(57.75%)

ssment of item wise knowledge score on Braden Scale amongIntensive Care Unit staff nurses.

SR.NO	KNOWLEDGE	FREQUENCY OF SCORES	PERCENTAGE
1.	Bedsore/Skin care	444	55.50%
2.	**Braden Scale**	**389**	**48.62%**
3.	Quality Care	462	57.75%

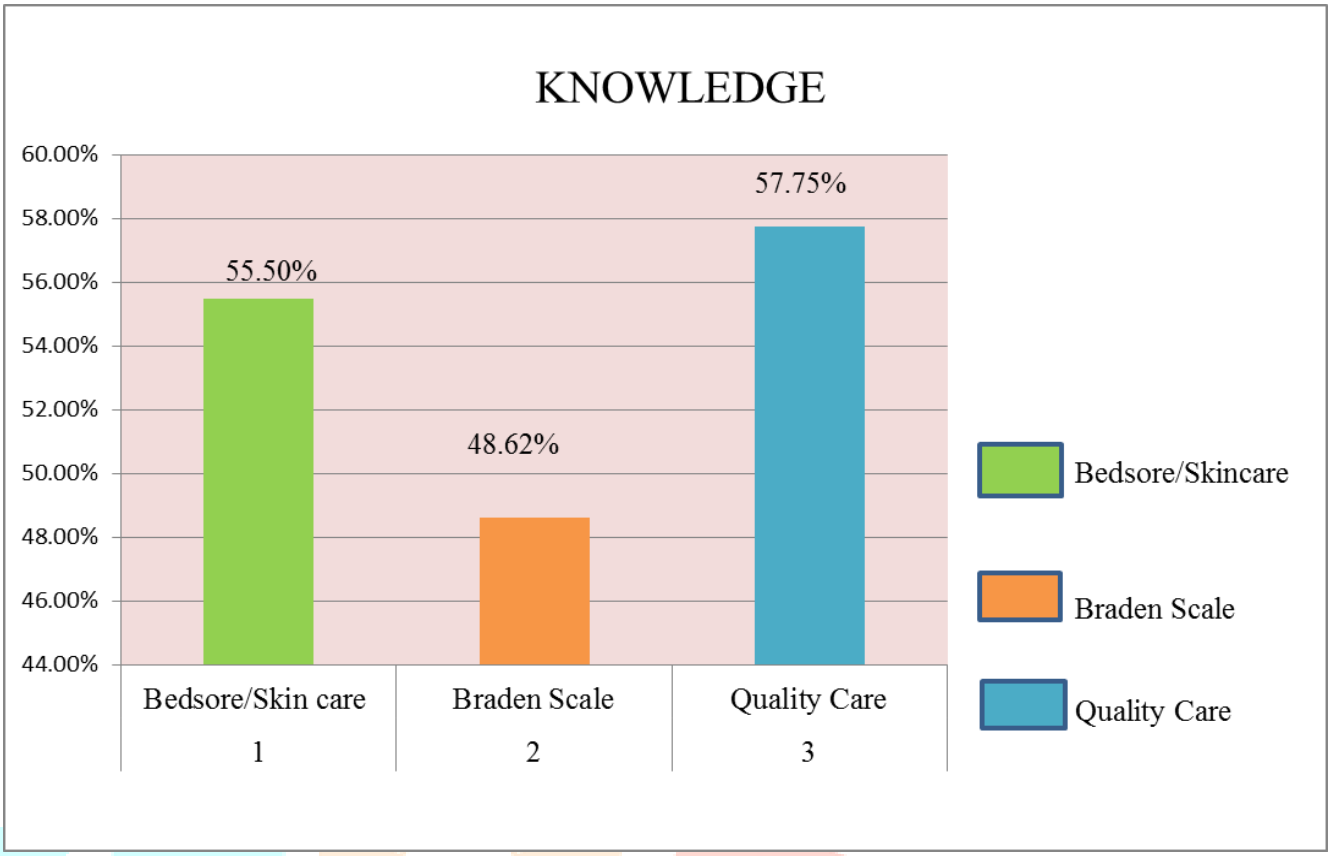

Figure 10:- This figure shows that with a total score of 444(55.50%) have knowledge about Bedsore and Skin care, a score of 389(48.62%) have knowledge about Braden Scale, Score of 462(57.75%) have knowledge about Quality Care.

SECTION IV:- Association between the level of knowledge and demographic variables.

TABLE NO.11:- Association between the level of knowledge of Braden scale among ICU staff nurses with their selected demographic variables.

Sr. No	Demographic variables	Inadequate		Moderate		Adequate		Excellent		Total value	Table value	X^2	Inference
		F	P	F	P	F	P	F	P				
1	**Age in years**												
A	20-30years	2	2.81	18	25.35	47	66.19	4	5.63	100	0.217	0.941	SIGNIFICANT
B	30-40years	0	0	2	22.22	7	77.77	0	0				
C	40-50years	0	0	0	0	0	0	0	0				
D	>50years	0	0	0	0	0	0	0	0				
2	**Professional qualification**												
A	GNM	2	4.87	10	24.39	27	65.85	2	4.87	100	0.217	23.027	SIGNIFICANT
B	P. B. BSc nursing	0	0	0	0	3	100	0	0				
C	Basic BSc Nursing	0	0	11	30.55	23	63.88	2	5.55				
D	Other courses	0	0	0	0	0	0	0	0				
3	**Clinical experience as staff**												
A	3 months-1year	0	0	4	18.18	16	72.72	2	9.09	100	0.217	4.657	SIGNIFICANT
B	1-3years	0	0	9	26.47	24	70.58	1	2.94				
C	3-6years	0	0	3	21.42	8	57.14	1	7.14				
D	>6years	0	0	4	40	6	60	0	0				
4	Clinical experience in ICU												
A	3 months-1year	0	0	7	25	20	71.42	1	3.57	100	0.217	22.825	SIGNIFICANT
B	1-3years	0	0	8	25.80	22	70.96	1	3.22				
C	3-6years	2	22.22	3	25	6	50	1	8.33				
D	>6years	0	0	7	77.77	2	22.22	1	0				

TABLE NO.11:- shows that chi-square was calculated to find out the association between the level of knowledge of ICU staff nurses with their selected demographic variables.

Significant association is found between the level of knowledge with their age, professional qualification, years of experience as staff nurse and years of experience as ICU staff nurse

SUMMARY AND RECOMMENDATON:

This chapter deals with the subject characteristics and objective of study. The aim of the study was to assess the knowledge regarding Braden Scale among Intensive Care Unit Staff Nurses at different Multispecialty Hospitals, Mumbai.

PROBLEM STATEMENT:

"To assess the knowledge of Braden Scale for pressure ulcer among ICU staff nurses" in different Multispecialty Hospitals, Mumbai.

OBJECTIVES OF THE STUDY:

1. To identify the awareness of Braden Scale for pressure ulcer among ICU staff nurses. The study shows that

80(100%) staff nurses handled bedsore patients.80(100%) staff nurses treated bedsores.34(42.50%) staff nurses attended conferences/workshop regarding skin care/bedsore and 46(57.50%) staff nurses not attended conferences/workshop regarding skin care/bedsore.75(93.75%) staff nurses know that Braden scale a skin assessment tool and 5(6.25%) staff nurses doesn't know Braden scale a skin assessment tool.61(76.25%) staff nurses using Braden Scale during duty hours and 19(23.75%) staff nurses doesn't use Braden scale during duty hours.

2. To assess the level of knowledge regarding Braden Scale for pressure ulcer amongICU staff nurses.

In this study, 2(2.50%) ICU staff nurses have inadequate level of knowledge, 21(26.25%) ICU staff nurse have moderate level of knowledge, 53(66.25%) ICU staff nurses have adequate level of knowledge and 4(5%) ICU staff nurses have excellent level of knowledge.

a. To assess the knowledge of Bedsore/ Skin care.

In this study, ICU staff nurses have 73(91.25%) knowledge about the greatest risk for development of pressure ulcer and 12(15%) knowledge about warning signs of bedsores on a bony area. Overall knowledge of ICU staff nurses regarding Bedsore and Skin care is 444(55.50%).

b. To assess the knowledge of Braden scale.

In this study, ICU staff nurses have 76(95%) knowledge about Most relevant tool for identifying pressure ulcer. 19(23.75%) ICU staff nurses have knowledge about Recommended frequency for using Braden scale. Overall knowledge of ICU staff nurses regarding Braden Scale is 389 (48.62%).

c. To assess the knowledge of Quality care.

In this study, ICU staff nurses 68(85%) have knowledge about Time for repositioning and 16(20%) have knowledge about Intake of nitrogen per day.Overall knowledge related to Quality care is 462(57.75%).

3. To find out association between the level of knowledge and demographic variables {Age, qualification, clinical experience}.

The correlation between ICU staff members' degree of knowledge and their demographic variables—

their age, professional qualification, clinical experience, and clinical experience in ICU—is 0.941, x^2 value for **professional qualification** is 23.
027, x^2 value for **clinical experience as staff nurse** =4.657 and x^2 value for **clinical experience as ICU staff nurse** =22.825.The table value of 0.217 indicates a significant correlation between demographic characteristics and knowledge level.

DISTRIBUTION OF SAMPLE CHARACTERISTICS:

SECTION A

Regarding the age group 71 (88.75%) staff nurses belonged age group 20- 30years, 9(11.25%) staff nurses belonged to age group 30- 40 years. There are no staff nurses belonging to age group 40-50 years and more than 50 years.

In professional qualification status, majority of intensive care unit staff nurses have completed GNM-41 (51.25%), Basic BSc Nursing- 36(45%) and P.B BSc Nursing- 3(3.75%). None of the intensive care unit staff nurses have done any other courses.

According to years of experience as staff, 34(42.5%) staff nurses have 1 to 3 years clinical experience, 22(25.5%) staff nurses have 3 months to 1 year clinical experience,14(17.5%) staff nurses have 3 to 6 years experiences, 10(12.5 %) staff nurses have more than 6 years experiences.

According to years of experience as ICU staff, 31(38.75%) staff nurses have 1 to 3 years of clinical experience in ICU, 28(35%) staff nurses are having 3 months to 1 years of clinical experience in ICU, 12(15%) staff nurses are having 3 to 6 years of clinical experience in ICU, 9(11.25%) staff nurses are having above 6 years of clinical experience in ICU.

SECTION B

This section shows the frequency and percentage of awareness of staff.

In this study, 80(100%) staff nurses handled bedsore patients. 80(100%) staff nurses treated bedsores. 34(42.50%) staff nurses attended conferences/workshop regarding skin care/bedsore and 46(57.50%) staff nurses not attended conferences/workshop regarding skin care/bedsore. 75(93.75%) staff nurses know that Braden scale a skin assessment tool and 5(6.25%) staff nurses doesn't know Braden scale a skin assessment tool. 61(76.25%) staff nurses using Braden Scale during duty hours and 19(23.75%) staff nurses do not use Bradenscale during duty hours.

SECTION C

This section shows the frequency and percentage of knowledge related to pressure sore/skin care.

In this study, 2(2.50%) ICU staff nurses have inadequate level of knowledge, 21(26.25%) ICU staff nurse have moderate level of knowledge, 53(66.25%) ICU staff nurses have adequate level of knowledge and 4(5%) ICU staff nurses have excellent level of knowledge.

SECTION D

This section shows the frequency and percentage of knowledge related to Braden scale.

In this study, ICU staff nurses have 76(95%) highest knowledge about Most relevant tool for identifying pressure ulcer and19(23.75%) ICU staff nurses have less knowledge about Recommended frequency for using

Braden scale. Overall knowledge of ICU staff nurses regarding Braden Scale is 389 (48.62%).

SECTION E

This section shows the frequency and percentage of knowledge related to Quality care.

In this study, ICU staff nurses 68(85%) have highest knowledge about Time for repositioning and 16(20%) have less knowledge about Intake of nitrogen per day. Overall knowledge related to Quality care is 462(57.75%).

SUMMARY, IMPLICATIONS, RECOMMENDATIONS ANDLIMITATIONS.

"The axe forgets but the tree remembers".

---African Proverb

SUMMARY OF THE STUDY

- The study was done to assess the knowledge of the staff nurses working in intensive care unit regarding the Braden Scale in different Multispecialty Hospitals, Mumbai.
- The research study design used for the study was a non-experimental survey design.
- The research approach used for this study was a descriptive approach which was conducted in different Multispecialty Hospitals, Mumbai.
- The sample size was 80 ICU staff nurses working in different Multispecialty Hospitals, Mumbai. The sample was selected by convenient sampling method.
- Structured questionnaire was used to measure level of knowledge of Braden scale.
- The investigators took nine to complete the study.
- The study was conducted in ICU staff nurses working in different MultispecialtyHospitals, Mumbai.

MAJOR FINDING OF THE STUDY

The result of the study shows that as per the distribution of demographic characteristics of ICU staff nurses.

AGE:

Regarding the age group 71 (88.75%) ICU staff nurses were between age group 20- 30years, 9(11.25%) ICU staff nurses belonged to age group 30- 40 years. There are no ICU staff nurses belonging to age group 40-50 years and more than 50 years.

PROFESSIONAL QUALIFICATION

Depicts that in professional qualification status, majority of intensive care unit staff nurses are GNM- 41

(51.25%), Basic BSc Nursing- 36(45%) and P.B BSc Nursing-3(3.75%). None of the intensive care unit staff nurses have done any other courses.

CLINICAL EXPERIENCE

Shows that 34 (42.5%) ICU staff nurses have 1 to 3 years clinical experience, 22(25.5%) ICU staff nurses have 3 months to 1 year clinical experience, 14(17.5%) staff nurses have 3 to 6 years experiences, 10(12.5 %) ICU nurses have more than 6 year's experiences.

CLINICAL EXPERIENCE IN ICU

Shows that 31(38.75%) nurses are having 1 to 3 years of clinical experience in ICU, 28(35%) nurses are having 3 months to 1 years of clinical experience in ICU, 12(15%) staff nurses are having 3 to 6 years of clinical experience in ICU, 9(11.25%) nurses are having above 6 years of clinical experience in ICU.

GENERAL QUESTIONS

With a total score of 444(55.50%) have knowledge about Bedsore and Skin care, a score of 389(48.62%) have knowledge about Braden Scale, Score of 462(57.75%) have knowledge about Quality Care.

CONCLUSION:

The present study assessed the level of knowledge regarding Braden scale among ICU nurses of different Multispecialty Hospitals, Mumbai. 80 ICU staff nurses were selectedon convenient sampling method and who were fulfilling the inclusive criteria.

Based on statistical finding, it is evidenced that, 2(2.50%) ICU nurses have inadequate level of knowledge, 21(26.25%) ICU nurse have moderate level of knowledge, 53(66.25%) ICU nurses have adequate level of knowledge and 4(5%) ICUstaff nurses haveexcellent level of knowledge.

IMPLICATION:

1. IMPLICATION FOR SERVICES:

The nurses as educators can provide knowledge on Braden scale among ICU nurses by providing health talk, micro teaching and encourage themtoshare this knowledge to all known people in health care team.

2. IMPLICATION FOR ADMIISTRATION:

The nurse educator can include recent information in in-service education for ICU nurses regarding Braden scale.

3. IMPLICATION FOR ADMINISTRATION:

The nurse administrator can encourage the ICU nurses to increase the number of workshop on care of pressure sore and braden scale with recent information leading to an in-service education to all ICU staff nurses.

4. IMPLICATION FOR RESEARCH:

The study's findings may serve to increase the body of professional knowledge in the field of science, which may then be used as a foundation for future research.

Additionally, this can be used to examine the ICU staff's understanding of the Bradenscale.

RECOMMENDATIONS:

1. A similar study can be conducted on a large scale setting with a large samplesize.
2. It is possible to conduct a thorough investigation into the Braden scaleknowledge of ICU staff nurses.
3. A comparative study can be done between areas of ICU such as general ICUand special ICU.
4. This study can be used for the further study of Braden scale and care ofpressure sore.

LIMITATION:

1. The study could only be conducted on ICU nurses employed by several MultispecialtyHospitals in Mumbai.

2. The ICU nurses who are available at the time of study.

3. The study is limited only to the ICU nurses.

4. The study is limited for nurses having minimum three months ofexperience in ICU.

5. The sample size was limited to eighty sample.