

A Descriptive Study To Assess Knowledge, Practice And Attitude Regarding Management Of Emergent (Resuscitative) Phase Of Burns Among DGNM I Year Students Posted At Govt.General Hospital, Karaikal

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Abstract- Descriptive study to assess Knowledge, Practice and Attitude regarding management of Emergent (Resuscitative) phase of Burns among DGNM I year students posted at Govt.General Hospital, Karaikal was conducted. The study was restricted to 100 DGNM I year nursing students posted in Govt. General Hospital, Karaikal and who is fulfilling the inclusion criteria during the period of study were selected by simple random sampling technique.

Tool-I: Structured Self-Administered Questionnaire that includes two parts; Part-A: Demographic variables and Part-B: Structured Knowledge questionnaire module with 30 closed ended question was used to assess the existing Knowledge regarding management of Emergent (Resuscitative) phase of Burns. **Tool-II:** Structured Attitude scales were used to assess level of Attitude and **Tool III:** Observational checklists were used to assess the Practice level. Majority of the studied students (60%) are under the age of 18-20 years, (80%) are female, (80%) are having educational background in GNM, (50%) clinical experience less than 1 year, (60%) are residing in urban and (75%) are having family history of professional health care workers in their home. Majority of the studied students (50%) had moderate level of knowledge and adequate practice and positive attitude regarding management of Emergent (Resuscitative) phase of Burn.

Keywords- Burn, Emergent management, Resuscitative phase.

I. INTRODUCTION

Burn injury occurs when skin is exposed to heat. There are various forms of injuries caused by burns, and the extent of the burn injury on the body surface area affects the wound morbidity and mortality of the patient. The precise site of the burn, the surrounding temperature, and the length of time the victim was exposed to the heat source all has an

impact on the severity of the injury. Burn injuries are becoming less prevalent in high-income countries, but they are still widespread in other countries; 90% of all burn cases occur in less and moderate-income regions. There are a total of 11 million injuries due to burns of all sorts annually, 180,000 of which can be fatal, according to the World Health Organization (WHO).

Burn injuries occur at various rates. The rate of deaths from burns is currently over 7 times higher in low- and middle-income countries than in high-income countries. Burns are among the leading causes of disability in adjusted life-years (DALYs) lost in low- and middle-income countries, burn accidents happen every 15 seconds (Murray,2020).

A nurse who cares for a patient with burn injury should be knowledgeable about changes that occur after a burn, as well as astute assessment skills to detect subtle changes in the patient's condition and know how to deal with patients. Providing care to the burn-injured patient is a very challenging and, ultimately, rewarding profession for a nurse. Skills needed is varied and includes comprehensive clinical assessment and monitoring, pain management, wound care and psychosocial support (El-Sayed, et al., 2019).

II. METHODOLOGY

The study was restricted to 100 DGNM I year students posted in Govt. General Hospital, Karaikal and who is fulfilling the inclusion criteria during the period of study were selected by simple random sampling technique. Structured questionnaire module with 30 closed ended questions was used to assess the existing Knowledge regarding management of Emergent (Resuscitative) phase of Burns. Structured Attitude scales were used to assess level of

Attitude and Observational checklists was used to assess the Practice level.

III. DESCRIPTION OF TOOL

Tool-I: Structured Self-Administered Questionnaire that includes two parts;

Part-A: Demographic variables and

Part-B : Knowledge regarding management of Emergent (Resuscitative) phase of Burns

5 DIMENTIONS OF KNOWLEDGE QUESTIONNAIRE

1. Resuscitation for major Burns
2. Calculation of Burns % Rule of 9
3. The Parkland Formula
4. Complications of Burns
5. Importance of Team Co-ordination

Tool-II: Structured Attitude scales to assess level of Attitude

Tool III: Observational checklists to assess the Practice level.

IV. RESULTS AND DISCUSSION

1. Demographic Data Analysis

Demographic Variable	Frequency	Percentage
Age (18-20)	60	60%
Age(21-23)	40	40%
Gender(Female)	80	80%
Gender(Male)	20	20%
Educational Background(High School)	20	20%
Educational Background(Diploma in Nursing)	80	80%
Clinical Experience(Less than 1 Year)	50	50%
Clinical Experience(1-2 Year)	30	30%
Clinical Experience(More than 2 Year)	20	20%
Place of Residence(Rural)	40	40%
Place of Residence(Urban)	60	60%
Family History of Healthcare Profession(Yes)	25	25%

Family History of Healthcare Profession(No)	75	75%
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Majority of the studied students (60%) are under the age of 18-20 yaers, (80%) are female, (80%) are having educational background in GNM, (50%) clinical experience less than 1 year, (60%) are residing in urban and (75%) are having family history of professional health care workers in their home.

1. Knowledge Level Analysis

Knowledge Level	Frequency	Percentage (%)
Poor Knowledge	25	25%
Moderate Knowledge	50	50%
Good Knowledge	25	25%

2. Practice Level Analysis

Practice Level	Frequency	Percentage (%)
Inadequate Practice	30	30%
Adequate Practice	50	50%
Excellent Practice	20	20%

3. Overall Attitude Score Analysis

Attitude Level	Score Range	Frequency	Percentage (%)
Highly Positive	81-100	25	25%
Positive	61-80	50	50%
Neutral	41-60	15	15%
Negative	21-40	7	7%
Highly Negative	0-20	3	3%

Majority of the studied students (50%) had moderate level of knowledge and adequate practice and positive attitude regarding management of Emergent (Resuscitative) phase of Burn

V. CONCLUSION AND RECOMMENDATIONS

Students' moderate knowledge and practice in burn care are hindered by negative attitudes due to educational and clinical exposure gaps. To improve competence, this study advocates for (i) Ongoing evidence-based education. (ii) Adequate hospital resources and equipment. (iii) Enhancing educational programs and clinical opportunities will foster a competent workforce, delivering high-quality burn care."

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