A Descriptive Study on Knowledge and Practice of Staff Nurses towards Nursing Initial Assessment in Selected Hospital at Mangaluru

Ramyashree S

Abstract: *The initial nursing assessment is the initial step of the nursing process. It involves the systematic and continuous collection, analyzing and organizing the data. Documentation and communication of the data collected, critical thinking skills are applied during the nursing process. This provides decision making and a framework to develop a plan of care for the patient incorporating evidence-based practice study was conducted to assess the knowledge and practice of the staff nurses towards nursing initial assessment in a selected hospital at Mangaluru. The sample consists of 170 staff nurses. The data was obtained by using a Questionnaire and a checklist method. The data were analyzed by using descriptive statistics such as mean, standard deviation, mean %, median, frequencies, and inferential statistics such as χ2 for finding the association between the knowledge score, practice, and demographic variable. The study revealed that 69.47 % of staff nurses had good knowledge of initial assessment whereas 28.8 % of staff nurses had average knowledge and 1.78 % of staff had poor knowledge. The study also revealed that 76.55 staff nurses are having good nursing initial assessment practice and 23.5 % are having average nursing initial assessment practice.*

Keywords: Nursing initial assessment, Practice, Knowledge

1. Introduction

Assessment is the first step to determine health status. It is the gathering of information to have all the "necessary puzzle pieces" to make a clear picture of the person's health status. The entire plan of care is based on the data collected during this initial phase, so it is mandatory to ensure that the information collected is correct, complete and organized in a way that you will begin to sense a pattern of health or illness. According to Carpentino, "Assessment is the deliberate and systematic collection of data to determine a client's current and past health status, functional status and to determine the clients present coping patterns"[1].

The initial nursing assessment is the initial step of the nursing process .It involves the systematic and continuous collection, analyzing and organizing the data. Documentation and communication of the data collected, critical thinking skills are applied during the nursing process. This provides decision making and framework to develop a plan of care for the patient incorporating evidence based practice[2].

The nursing assessment includes gathering information of the patients individual physiological, psychological, social and spiritual needs. Subjective and objective data collection are an integral part of this process. The part of the assessment includes data collection by obtaining vital signs such as temperature, respiratory rate, heart rate, blood pressure and pain level using an age or condition appropriate to pain scale . The assessment identifies current and future care needs of the patient by allowing the formation of a nursing diagnosis .the nurse recognizes normal and abnormal patients physiology and helps prioritize interventions and care. The function of the initial nursing is to identify the assessment parameters and responsibility is needed to plan and deliver appropriate individualized care to the patient.[2]

The initial nursing assessment, the first step in the five steps of the nursing process, involves the systematic and continuous collection of data; sorting, analyzing, and organizing that data; and the documentation and communication of the data collected. Critical thinking skills applied during the nursing process provide a decision-making framework to develop and guide a plan of care for the patient incorporating evidence-based practice concepts. This concept of precision education to tailor care based on an individual's unique cultural, spiritual, and physical needs, rather than a trial by error, one size fits all approach results in a more favorable outcome.[3]

Part of the assessment includes data collection by obtaining vital signs such as temperature, respiratory rate, heart rate, blood pressure, and pain level using an age or condition appropriate pain scale. The assessment identifies current and future care needs of the patient by allowing the formation of a nursing diagnosis. The nurse recognizes normal and abnormal patient physiology and helps prioritize interventions and care.[3]

Before assessment can begin the nurse must establish a professional and therapeutic mode of communication. This develops rapport and lays the foundation of a trusting, non-judgmental relationship. This will also assure that the person will be as comfortable as possible when revealing personal information. A common method of initiating therapeutic communication by the nurse is to have the nurse introduce herself or himself. The interview proceeds to asking the client how they wish to be addressed and the general nature of the topics that will be included in the interview.[4]

The therapeutic communication methods of nursing assessment takes into account developmental stage (toddler vs. the elderly), privacy, distractions, age-related impediments to communication such as sensory deficits and language, place, time, non-verbal cues. Therapeutic communication is also facilitated by avoiding the use of medical jargon and instead using common terms used by the

patient[4].

During the first part of the personal interview, the nurse carries out an analysis of the patient needs. In many cases, the client requires a focused assessment rather than a comprehensive nursing assessment of the entire bodily systems. In the focused assessment, the major complaint is assessed[4].

The patient history and interview is considered to be subjective but still of high importance when combined with objective measurements. High quality interviewing strategies include the use open ended questions. Open-ended questions are those that cannot be answered with a simple "yes" or "no" response. If the person is unable to respond, then family or caregivers will be given the opportunity to answer the questions[4].

2. Need for the Study

Nursing assessment is the first and important step in nursing process that plays vital aspects in dealing with the patient health assessment. The assessment includes an interview together with an observation of a patient throughout the assessment implementation, medical practices are required Nursing assessment includes emotional and mental assessment, physical, environmental and social issues that affects the patients health.[5]

Clear accurate and accessible documentation is an essential element of safe, quality, evidence based nursing practice. Nurses practice across settings of position levels from the bedside to the administrative office. The registered nurse and the advanced practice registered nurse are responsible and accountable for the nursing documentation that is used throughout an organization. [5]

Documentation of nurses work is critical as well as effective communication with each other and with other discipline .it is how nurses create a record of their services for use by payers the legal system, government agencies , accrediting bodies, researchers and other group and individuals directly or indirectly involved with health care .Documentation is sometimes viewed as burden and even as a distraction from patient care high quality documentation however is necessary and integral aspects of the work of registered nurses in all roll roles and settings. It is particularly important to effective documentation of nursing services. Nurses and other health care provides aim to share information about the patient and organizational function that is accurately, contemporaneous, concise, through organized and confidential. Information is communicated verbally and is written and electronic format across all settings. Written and electronic documentation are formats that provide durable and retrievable records. [5]

A study was done regarding the assessing nurses' knowledge of glass cow coma scale in emergency and outpatient department. This study was conducted in the emergency and outpatient department of tertiary medical Centre. 135 questionnaires were distributed, and all were returned culminating in a 100% respond rate. This study found that only 2.96% of nurses have good knowledge in GCS. This finding raises concerns on the importance knowledge and skill in assessing GCS. Education and age have a correlation with satisfaction towards nurses' knowledge in GCS. This indicates that mid age nurses with lower education level has higher skill and experience on using the GCS tool.[2]

It is observed that even though the staff nurses have enough knowledge regarding the initial assessment they are unable to practice it in their daily because of their busy schedule. Sometimes staff nurses have to handle so many patients at a time and they usually tend to rush during assessment. But nursing initial assessment should be practiced by the nurses properly because it helps the nurses to plan further in patient care. It also helps the nurse build a rapport and maintain a good therapeutic relationship between the patients and the nurses.[2]

Objectives
The objectives include obtaining answers to research questions or testing research hypothesis by conducting the study[6]. A researcher identifies several research aims and objectives- the specific accomplishments the researcher hopes to achieve by conducting the study. The objectives include obtaining answers to research questions or testing research hypothesis but may also encompass some broader aims like developing recommendations for changes in the knowledge and practices based on the study results. The objectives should be specific and achievable. It will provide reader with a clear criterion against which the proposed research methods can be assessed[7]. The present study is aimed at assessing knowledge and practice of staff nurses towards nursing initial assessment in selected hospital at Mangaluru.

Problem Statement
A descriptive study on knowledge and practice of staff nurses towards nursing initial assessment in selected hospital at Mangaluru.

Objectives of the Study
1) To assess the knowledge of the staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
2) To assess the practice of staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
3) To find the correlation between knowledge and practice of staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
4) To find the association between the knowledge with selected demographic variables
5) To find the association between the practice with selected demographic variables.

Operational Definition

Assess: Assess means evaluate or estimate the nature, ability, or quality of[7]. In this study it refers to the knowledge of staff nurses regarding nursing initial assessment in selected hospital at Mangaluru.

Knowledge: Knowledge is acquaintance with facts, truths, or principles, as from study or investigation; general

erudition.[7] In this study it refers to the score obtained by the staff nurses regarding nursing initial assessment in selected hospital Mangaluru.

Practice: Practice is habitual or customary performance; operation[7]. In this study it refers to do or perform nursing assessment by staff nurses working in a selected hospital at Mangaluru.

Staff Nurses: Staff nurses are a qualified nurse ranking immediately below a sister. [7]In this study it refers to a person educated and trained in nursing which includes GNM staff and graduate nursing staff.

Nursing assessment: In this study it refers to a structured physical examination allows the nurse to obtain a complete assessment of the patient .Observation / inspection , palpation , percussion , auscultation are the techniques used to gather information .

Assumptions
The study is based on the following assumptions
1) Staff nurses have some knowledge and skills regarding initial nursing assessment of the patients
2) Knowledge and practice on nursing initial assessment of patient is measurable
3) Accurate knowledge and practice of staff nurses regarding initial nursing assessment will help them identify patients conditions and have proper diagnosis

Hypothesis
All hypothesis is tested at **0.05** level of significance
H_0: There is no significant relationship between knowledge and practice of staff nurses regarding nursing initial assessment.
H_1: There will be significant relationship between the knowledge and practice of staff nurses regarding nursing initial assessment.
H_2: There will be significant association of knowledge of staff nurses regarding nursing   initial assessment with selected demographic variables.
H_3: There will be significant association of practice of staff nurses regarding nursing initial assessment with selected demographic variables.

Delimitation
1) The study is delimited to staff nurses who are having day duty.
2) Data collection period is limited to 30days

Summary
This chapter includes problem statement, objectives, operational definition, assumptions, hypothesis, conceptual framework, delimitation of the study and scope of the study. The next chapter deals about the extensive review of literature done to form the basis of the study.

3. Review of Literature

A literature review is an evaluative report of information found in the literature relayed to selected area of study. The review describes, summarizes, evaluates and clarifies this literature it gives a theoretical base for research and helps to determine the nature of the study. The main purpose of literature review is to convey to the readers about the work already done and the knowledge and ideas that have been already been established on a particular topic of research.[7]

The investigator conducted and extensive review of research and non-research literature through reports, thesis, journals, textbooks, training guides, manuals, electronic database (pubmed, CINHAL etc) and educational material.

The chapter deals with the review of literature which is the essential step in the development of research project. It helps to develop insight into the area of investigation and directs the researcher to develop a plan.

A descriptive study was conducted among staff nurses regarding knowledge, attitude and practices regarding pain assessment among patients with cancer in Uganda Cancer Institute. Total 67 nurses were selected to participate in the study, and they all fully completed the study, yielding a response rate of 100%. The majority of subjects were aged between 20-40 years (67.2%) with a mean age of 26 and standard deviation (SD) compared to men (38.8%), and the least had either 1-2 years or more than 20 years of experiences (19.4%). Regarding duty shifts most nurses preferred day shifts (34.3%) while the least worked evening only shifts (19.4%). Majority of nurses reported that they had received formal training on pain assessment (89.6%)[5].

A cross sectional descriptive survey was conducted in 2007 to determine the knowledge and attitude and practice of physicians and nurses towards nursing initial care in Lebanon and to assess the need and a model for service delivery using self- administer questionnaire. 1873 nurses and 1884 physicians participated in the study. The response rate was 51% for nurses and 13% for physicians. Around 93% of nurses and 69% of physicians were able to identify the goals of initial care. The majority (94% -99%) believed that terminally ill patients and their families should be informed of the diagnosis and prognosis. Only 19% of physicians routinely informed terminally ill patients about their diagnosis.[8]

A study regarding knowledge, attitude and practice of nurses toward palliative care was conducted in eastern Ethiopia in the year 2015. The study used a cross sectional descriptive survey and data was collected with the self-administered questionnaire from 197 nurses. The study received that 56%had good knowledge and 88.3% of them had favorable attitude towards palliative care. The study showed that there is no significant association between knowledge of palliative care and age, sex, and experiences of the nurses (P value> 0.05).[9]

An observational study was done in the year 2014 to identify the nurses' knowledge regarding nursing documentation. Sample consisted of 150 nurses working in two main teaching hospitals Nineveh government. More than half of items (53.97%) concerning principles, and (28.57%) of items of purposes were got level of knowledge < while the other items got moderate level of knowledge, but none of them got high level of knowledge. Educational

level of nurses had significant associations with aspects documentation.[10]

A descriptive study conducted to explore perceptions of pain and pain management by nurses and physicians who care for pediatric emergency room patients in the year 1994. A descriptive survey design using the adapted Klein premedication questionnaire explored the attitude and practices of 24 nurses and 21 physicians about children's pain in the emergency setting. The majority of nurses and physicians who care for pediatric emergency room patients would medicate children experiencing pain. Both the groups perceived pain in children the same way. There was a lack of knowledge in both groups regarding the appropriate dosages of pain medications. Nurses and physician need a stronger base regarding pain management practices[11].

A descriptive study was conducted on the year 2003 to compare the knowledge and attitude about cancer pain management among oncology and non-oncology nurses at Utah, USA. 44 oncology nurses and 303 non oncology nurses completed the study. Ferrell's Nurses' knowledge and attitudes survey method was used. Attitudes of oncology nurses were more in line with recommended practices (principles) of cancer pain management that dose of non-oncology nurses. Oncology nurses had a better understanding of recommended practices of cancer pain management than oncology nurses but still struggled with understanding the pharmacology of medications used to manage cancer pain. Nurses do not use evidence-based practice in pain management consistently. Continuing education regarding cancer pain management remains important for oncology and non-oncology nurses[12].

A quantitative assessment of patient and nurse outcomes of bedside nursing report implementation was done in the year 2014. The study used Quasi-experimental pre-and post-implementation design. Seven medical-surgical units in a large university hospital implemented a blend of recorded and bedside nursing report. Outcomes monitored included patient and nursing satisfaction, patient falls and nursing overtime and medication errors. It was found statistically significant improvements post-implementation in four patient survey items specifically impacted by the change to bedside report. However, there was a decline in nurse perception that report took a reasonable amount of time after bedside report implementation; contrary to these perceptions, there was no significant increase in nurse overtime[13].

A study was done in the year 2016 to introduce and evaluate the compliance to documentation of situation, background, assessment, recommendation (SBAR) form. 20 nurses involved in active bedside care were selected by simple random sampling. Majority of nurses were females (65%) in the age group 21-30years (80%). There was a significant association between overall audit scores and graduate nurses. Only 70% of nurses had documented plan of care. Most (76%) of nurses expressed that SBAR form was useful, but 24% nurses felt SBAR documentation was time consuming.[14]

A descriptive cross-sectional design was adopted in the year 2016 to assess the knowledge regarding assessment of high-risk neonates among staff nurses and nursing student in selected hospital at Nellore, AP. With regards to level of knowledge of staff nurses, 8(53.3%) of them had adequate knowledge, whereas in nursing students 10(66.7%) of them had moderately adequate knowledge. hence the study concluded that staff nurses have adequate knowledge regarding assessment of high-risk neonates. therefore, there was a lack of aware of practicing of identification and assessment of high-risk neonates among student nurses in selected hospitals at Nellore. Hence the study concluded that with the regards to age of staff nurses, majority 13(86.6%) of them are between 20-25 years whereas in nursing students 15 (100%) of them are between 18-19 years. With regards to gender of staff nurses, 15(100%) of them are females. With regards to level of knowledge of staff nurses, 8(53.3%) of them had adequate knowledge whereas in nursing students 10(66.7%) of them had moderate adequate knowledge.[15]

A cross sectional study was conducted in the year 2018 regarding the routine, knowledge and attitude towards nutrition and documentation of nursing staff in primary health care. The questionnaire were distributed to 1391 eligible registered nurses social and health service assistants and social health service helpers in a municipality in Denmark. The overall response rate was 32% living a total number of 449 respondents. The total of 54% eligible registered nurses, 47% of eligible social and health service assistants and 26% of eligible social and health service helpers responded to the questionnaire. Employees from all four districts were represented among the respondents and district third was strongly represented by 57% of respondents. It is however, also by far the largest district in terms of number of employees. The respond rate in nursing home was equivalent to the response rate in home care/ home nursing 52% and 48% respectively. [16]

A descriptive retrospective study was conducted by Setz V Get al67 et al to evaluate the quality of nursing records of patients treated in the medical surgical units of university of Sao Paulo. Four hundred and twenty-four records of discharged (56.1%) and expired patients (43.9%) were reviewed between November 2006 to January 2007 using three audit tools. The review mainly pertained to; demographic and background information; operation room flow sheet; nursing diagnoses, orders and progress notes; implementation of the nursing orders; medical orders; discharge and death documentation. Findings revealed that 64.7% of nursing documentation was acceptable. However, only 8.7% of nursing documentation was of good quality and 26.7% of nursing documentation was of poor quality. These findings suggested deviation of nursing practice from recommended standards. It was concluded that as there are flaws pertaining to adequacy of formal language, grammar, accuracy, clarity, brevity, identification and technical terminology, there is need for standardization of nursing records.[17]

A qualitative study was conducted to develop an instrument for initial nursing assessment. complex health care needs focus on accountability and necessity of inclusion of nurses in documenting and monitoring clinical care plan have

brought in the concept of initial nurse assessment and nursing process. a focus group design was utilized to explore and conceptualize an initial nurse assessment from that may be utilized by service hospital the study is of descriptive design with a qualitative approach and study participants were 8 clinical female nurses with professional service ranging from 1-18 years, with a median service of 7.5 years. The qualitative analysis led to the emergence of various important themes from the focus group data[18].

The quantitative correlation study was conducted in a university -affiliated, teaching hospital to examine ward nurses knowledge regarding the importance of nutritional assessment, their knowledge and perceived quality nutritional care provided in their wards. Data was collected from 415 nurses and analyzed by frequency. Most nurses appreciated the importance of nutritional assessment and recognized common misconception of nutrition care. Factors associated with lower scores on these variables included male gender, type of department and country of origin.[19]

The study was conducted on a medical surgical unit at the Midwest academic medical center. It was observed nursing activities, such as hand off, direct patient care, indirect patient care, inter professional communication and charting. Total of 79 observations with 15 registered nurses. Observation was done where nurses were seen to be multitasking as they engaged in communication and hands on tasks simultaneously It was found average nurses were multitasking. Nurses communicating with patients during medication administration, patient assessment and charting were common multi tasks: nurses also often communicated with other nurses while charting.[20]

The qualitative study was conducted to explore clinical nurse's experiences and perspectives of patient advocacy. Qualitative research was suitable for the studies on relatively new areas of knowledge. 15 nurses selected throughout purposeful sampling to participate in the study. 15 clinical nurses with an average work experience of 8 years and 3 months and mean age of 32.25 years were selected from the selected wards suitable to the larger study. The participants were selected from educational and non-educational hospitals in different provinces of Iran to gain an adequate variation in experiences and perspectives of nurses regarding patient advocacy in nursing.[21]

The study was conducted to check the consequences of falls among hospital patient are a great problem, for the patient, family and society. In Sweden almost one third of all hip fracture occurs in the hospital population. Despite this very few prevention strategies have been developed and tested. In this study, a risk assessment and recording program in relation to the risk of failing among the patients in geriatric department recording of falls was found more often in the study group but the proportion of injuries in relation to falls was higher in the control group.[22]
A thorough study was conducted to inform the re development of emergency nursing assessment framework at Sydney nursing school, to provide emergency nurses with a systematic approach to initial patient assessment. Modification to emergency nursing assessment framework

were undertaken and a new, more comprehensive assessment framework was developed titled 'HIRAID'. HIRAID is informed by current evidence, comprising of seven assessment components: History, Identification, Assessment, Intervention, Diagnostics; Reassessment and Communication.[23]

A qualitative descriptive study using the person-centered nursing framework as the context through which nursing assessments and care plans were explored. Person centered care is a approach to care that is underpinned by the mutual respect and the development of the therapeutic relationship between the patient and the nurses. Findings indicated that many nursing records were incomplete and information regarding psychological aspects pf care was infrequent. There was evidence that nurses engaged with residents and worked with their beliefs and values. However, the nursing documentation was not completed in consultation with the patients were there was little suggest that patients were involved in decision relating their care[24].

A study was conducted based on evidenced based practice. Based on the quality and safety education for nurse's competencies, the thirty seven item appraisal of nursing practice covers person-centered care, team-work and collaboration, evidence-based practice, safety, informatics, professionalism, and overall satisfaction. Interrater reliability and internal consistency reliability were generally acceptable. Scores increased significantly for nurses as they moved through a nurse residency programme[25].

A study was conducted to assess the capability of the risk assessment and prediction tool and other pre-operative variables to determine expected disposition prior to surgery in heterogeneous neurosurgical cohort through observational study. Patient above 50 years or above undergoing elective neuro- surgery were enrolled. Higher risk assessment and prediction tool score significantly predicted home disposition ($p<0.001$). A grading scale utilizing this variable had superior discriminatory power between skilled nursing facility and home rehab discharge when compared with risk assessment and prediction tool score alone ($p=0.004$).[26]

4. Methodology

Research methodology is the systematic way of doing the research to solve the problem. The research methodology organizes the components of the study in a way that is most likely to lead to valid answers to the sub problems that has been posted. Research methodology is the specific procedures or techniques used to identify, select, process, and analyze information about a topic. In a research paper, the methodology section allows the reader to critically evaluate a study's overall validity and reliability. It also indicates the general pattern for organizing procedures for the development of the tool, pilot study and the procedure for data collection and plan for data analysis.[7]

In this chapter the methodology adopted for the study such as research approach, research designs, variables, setting of the study, population, samples and sampling technique, sampling criteria, development and description of the tool, content validity and reliability of the tool, pilot study, data

collection procedures and plan for data analysis.

Research approach
Research approach indicates the problem for conducting the study, the choice of appropriate approach depends on the purpose of the study.[6] The research approach use by the investigators for this study was quantitative approach as the main objectives of the study was to determine the knowledge and practice of staff nurses regarding the nursing initial assessment and it usually involves collecting and converting data into numerical form so that statistical calculations can be drawn.
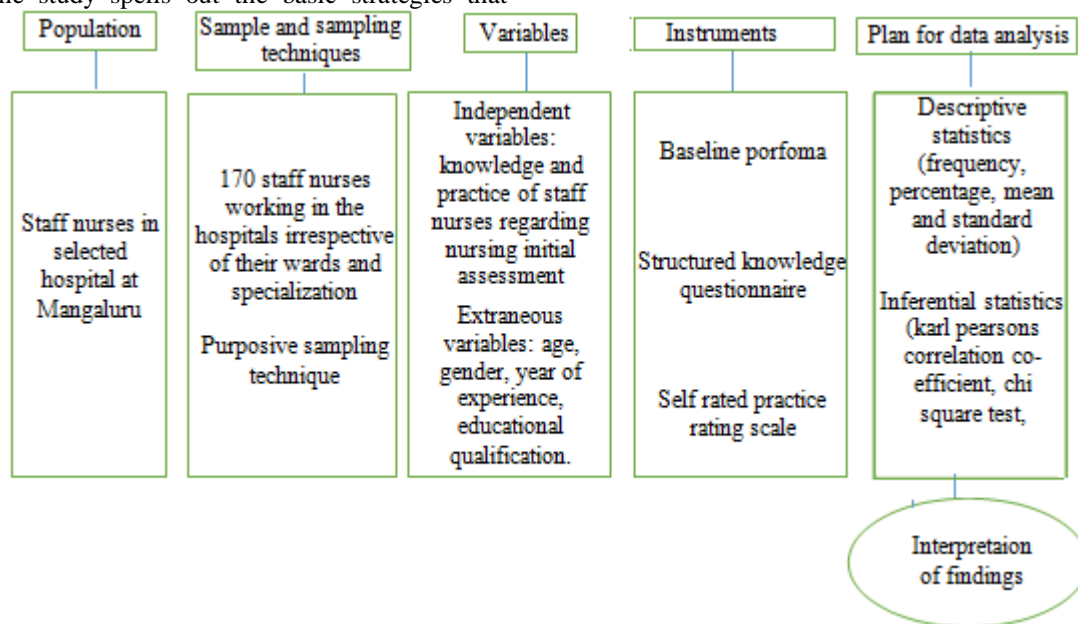
Research design
Research design is the framework of the methods and techniques chosen by the researcher to combine various components of research in a reasonably logical manner so that the research problem is efficiently handled. Research design of the study spells out the basic strategies that researchers adopt to develop evidence that is accurate and interpretable. The investigator has used the non-experimental descriptive correlational research design in order to study the variables in the research study[7]. The non-experimental descriptive correlational research design was used to observe, describe and document aspects of a situation as it naturally occurs and sometimes to serve as a point for the hypothesis generation or theory development.[7]

The study designs comprised of identifying the level of knowledge and practice of staff nurses on nursing initial assessment by administering a structured knowledge questionnaire and self- rated practice rating scale and finding out the relationship between the knowledge and practice on nursing initial assessment.

The schematic representation of the design is depicted in fig:

Variables under the study
A variable is any aspect of a theory that can vary or change as part of the interaction within the theory. A variable is a concept that has measurable changing attributes. Variables are qualities, properties or characteristics of person, things, or situation that change or vary[7].

Independent variables
In this study the key variables are the knowledge and practice of staff nurses regarding nursing initial assessment.

Extraneous variables
Extraneous variables are the factors that are not the part of the study but may affect the measurement of the of the study variables[27]. The extraneous variables in the current study are age, religion, type of family, marital status , educational qualification, place of work, year of clinical experience.

Setting of the study
The study setting can be seen as the physical, social, and cultural site in which the researcher conducts the study[6]. The setting is where the population or the portion of it that is being studied is located and where the study is carried out. The present study was conducted in the Father Muller Medical College Hospital at Mangalore. It is a multispecialty hospital with 1250 beds. It is a teaching institute with a research Centre that offers both under graduate and post graduate courses in various specialties. The hospital has a well-equipped wards, ICUs and specialties where there are good amount of nurses available with good knowledge and skills.

Population
Population refers to the entire set of individuals or objects that possesses specific characteristics that the researcher is interested in the study2[7].

The population in this study comprises of the staff nurses working at Father Muller Medical College Hospital, Mangaluru at the time of data collection.

Sample and sample size
A smaller part of the population selected in such a way that the individual in the sample represents (as nearly as possible) the characteristics of the population2[7].

In this study 170 staff nurses fulfilled the sampling criteria

were selected for the study.

Sampling technique
Sampling is the process of selecting a portion of the population to obtain data regarding a problem.[27] A purposive sampling was used to select the samples for the study.

In purposive sampling the researcher based on the knowledge and expertise of the subjects, selects and handpicks the elements of the study that are thought to best represent the phenomenon being studied. The researcher intended to select the subjects who fulfilled the sampling criteria.

Criteria for sample selection Inclusion criteria
- Staff nurses who are present during the data collection
- Staff Nurses willing to participate in the study

Exclusion criteria
- Staff nurses who are not present during the data collection
- Staff Nurses who are working in critical care units and operation theatre.
- Staff nurses who are on night duty.

Data collection instruments
Data collection tools or instruments are devices used by the researcher to collect data to understand the variables or phenomena in the study.[6] In this study, the investigator has prepared and used the baseline proforma, structured knowledge questionnaire, self-rated practice rating scale to collect the information pertaining to the staff nurses.

Selection and development of the tool
Tools are procedure or the instruments used by the researcher to measure the key variables in the research problem. The tool was prepared on the basis of the objectives of the study. The following steps were adopted prior to the development of the tool:
- Review of literature from – books, journals, magazines, research studies- this provided adequate content area for the tool development.
- Internet search such as pubmed, CINAHL, COCHRANE, MEDLINE.
- Consultation and discussion with research guide, nursing experts.
- Personal experience and discussion with acquaintances.
- Development of the blueprint.
- Preparation of the first draft.
- Construction of the baseline proforma, structured knowledge questionnaire, self-rated rating scale.
- Content validation
- Checking for the reliability.
- Pre testing of the tool.
- Preparation of the final draft.

Preparation of the first draft of the tool Preparation of the blueprint:
A blueprint was prepared which showed the distribution of items according to the content areas.
1) General identification of patient problems -23.3%
2) Initial assessment on cardiac system – 10%
3) Initial assessment on respiratory system -26.6%

4) Knowledge on clinical parameters – 23.3%
5) Knowledge on procedures – 16.8%

Development of the tool:
In order to conduct this study, three tools were prepared.

Baseline proforma:
The baseline proforma consisted of the data such as age, gender, educational qualification, year of experience. Place of work and year of working in the particular ward. The respondents had to tick against the given option below.

Development of the structured knowledge questionnaire on nursing initial assessment:
The knowledge questionnaire consisted of 30 questions with the 4 options given to each questions. The respondents are instructed to place a tick mark against the appropriate answer. The right answer will be allotted with 1 mark and the wrong answer will be allotted with 0 mark.

Development of self-rated practice checklist:
The practice checklist consisted of 30 questions listed with the yes or no. The respondents were instructed to place a tick mark in the appropriate in the column. The yes answer is allotted with 2 mark and the no answer will be allotted with 1 mark.

Testing of the tool

Developing the criteria for the checklist:
A criteria for the checklist was prepared by the investigator for establishing the content validity for each item regarding its accuracy, relevance and appropriateness. The checklist was developed with agree, disagree and remarks.

Content validity
Validity refers to the degree to which an instrument measures what is supposed to be measuring[6]. To ensure the content validity, the prepared instrument along with the problem statement, objectives, hypotheses, operational definition, blueprint and criteria were submitted to 7 experts in the different fields of nursing. Based on their suggestions the tool was modified. The first draft of the baseline proforma consisted of 7 questions after the suggestion the questions were reduced to 5 questions.

The first draft of the structured knowledge questionnaire had 30 questions. The experts suggested to change system wise questions and frame them according to knowledge and practice of initial assessment only. It was suggested to change some grammatical errors. It was also suggested to keep the questions either in the question form or in the statement form. The extra questions were asked to delete because questions were repeated. The suggestions were accepted, and some items were deleted. Thus, the final questionnaire consisted of 20 questions. The first draft of the self-rated practice checklist consisted of 30 questions. The experts suggested to keep the questions either as positive statements or as negative statements. It was also suggested to include only the items which were appropriate to our problem statement and objectives. It was suggested to change the grammatical error. It was also suggested to change the checklist into the rating scale. The suggestion was

accepted, and changes were made. The checklist was changed into the rating scale. Some of the questions were removed. Thus, the final tool consisted of 15 questions.

Reliability of the tool
The reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring[6]. In order to establish the reliability of the tool, the investigator administered the structured knowledge questionnaire and self-rated practice rating scale to 17 of the staff nurses working in a particular ward at Father Muller Medical College Hospital, Mangaluru. To find the internal consistency of the structured knowledge questionnaire, split half method was used, and it was found to be 0.70. Hence the structured Knowledge questionnaire was found to be reliable.

The internal consistency of the self-rated practice rating scale was obtained by test retest method. Karl Pearson's correlation coefficient formula was used to check the reliability of the tool and the r value was found to be 0.7. Hence the self-rated practice rating scale was found reliable.

Pretesting of the tool
Pretesting is the trial administration of a newly developed instrument to identify the flaws or to assess time requirements. The investigator administered the structured knowledge questionnaire, self-rated practice rating scale to 17 staff nurses working at father muller medical college hospital. They took 30 minutes to read and complete the set of questions given to them. It was found that staff nurses were able to answer all the questions given to them.

Description of the final tool
The final consisted of:

Baseline proforma

The baseline proforma consisted of data such as age, gender, educational qualification, place of work and years of experience.

Tool 1: Structured knowledge questionnaire to assess the knowledge of staff nurses towards nursing initial assessment:

This tool consisted of 20 questions covering the following areas:
1) Baseline proforma– 30 %
2) Clinical parameters – 35 %
3) Obstetrics and gynecology - 20 %
4) Mini mental status examination – 15 %-

The items had options where the respondents were instructed to place a tick mark below the options which was appropriate to them. Each correct answer scored 1 and a wrong answer scored 0 mark. The maximum score was 20.

Tool 2: Self-rated rating scale:
Practice was categorized into admission and initial assessment practices. The items had responses as always, sometimes and never. Always was allotted with the marks 3, sometimes was allotted as 2 and never was allotted as 1. The maximum score was 45 and the minimum score was 15.

Pilot study
Pilot study is the small version or trial run of the major study. Its function is to obtain information for improving the projects for assessing its feasibility. The principal focus is the assessment of the adequacy of measurements.

The investigator conducted the pilot study in the Father Muller Medical College Hospital. Investigator explained the need of study and obtained a formal permission from the director of the Father Muller Medical College Hospital. The pilot study was conducted on 17 staff nurses working in the wards in the hospital. The sample were selected using purposive sampling and those who met the sampling criteria. The investigator explained the purpose of the study and assured them that confidentiality will be maintained. A written consent was obtained from them prior to the administration of the tool. The respondents had taken 30 minutes to complete the structured knowledge questionnaire and self-rated practice rating scale. The result of showed 77% of the staff nurses had good knowledge regarding the nursing initial assessment and about 85% of staff nurses had well skilled practice on nursing initial assessment. There is a weak positive correlation between the knowledge and practice of the staff nurses regarding the nursing initial assessment (r=0.174). The Fischer exact test was done to show the association between the demographic variables and knowledge and practice and it was found there is association between the demographic variables and practice but there is no association between demographic variables and knowledge. The data was collected was analyzed using descriptive and inferential statistics. Thus, the study was found to be feasible and practical. After the pilot study the investigator proceeded with the main study.

Data collection process Data collection
Ethical clearance was obtained from the ethical committee of father muller medical college hospital before conducting the study. The investigator obtained written permission from the hospital administrator. The main study was conducted at father muller medical college hospital, Mangaluru. The data collection was carried in the general, semiprivate and private wards. The purpose of the study was to know the knowledge and practice of the nurses in the hospital. A written consent was obtained, and confidentiality was assured. The staff nurses were available in the hospitals. The staff nurses were given the baseline proforma, knowledge questionnaire and the self-rated practice rating scale. The average time taken to complete the tool was 30 minutes. The obtained data was compiled and analyzed in the SPSS version 16.

Plan for analysis
Analysis is a process of organizing and synthesizing the data in such a way the research questions can be answered and hypothesis tested. The data obtained will be entered in the master sheet and analyzed using both descriptive and inferential statistics in SPSS 16.

The data will be presented in figures and tables:
Section 1: Baseline characteristics.
Section 2: The knowledge regarding nursing initial assessment among staff nurses. Section 3: The practice regarding nursing initial assessment among staff nurses.
Section 4: Correlation between knowledge and practice

regarding nursing initial assessment among staff nurses.
Section 5: Association of knowledge on nursing initial assessment with selected demographic variables.
Section 6: Association of practice on nursing initial assessment with selected demographic variables.

Summary

This chapter has dealt with the research approach and design, variables, setting, population, sample and sample size, sampling technique, data collection instruments and development of the tool, reliability of the tool, testing of the tool, description of the final tool, pilot study, data collection process and plan for data analysis.

5. Results

This chapter presents the data collected from 170 staff nurses regarding their knowledge and practices of nursing initial assessment in a selected hospital Mangaluru. The collected data is tabulated in the master sheet and analyzed and interpreted in the light of the objectives and hypotheses of the study using descriptive and inferential statistics.

Objectives of the Study

1) To assess the knowledge of the staff nurses towards nursing initial assessment.
2) To assess the practice of staff nurses towards nursing initial assessment.
3) To find the correlation between knowledge and practice of staff nurses towards nursing initial assessment.
4) To find the association between the knowledge with selected demographic variables
5) To find the association between the practice with selected demographic variables.

Hypothesis

All hypothesis is tested at **0.05** level of significance
H_0: There is no significant relationship between the knowledge and practice of staff nurses regarding nursing initial assessment.
H_1: There will be significant relationship between the knowledge and practice of staff nurses regarding nursing initial assessment.
H_2: There will be significant association of knowledge of staff nurses regarding nursing initial assessment with selected demographic variables.
H_3: There will be significant association of practice of staff nurses regarding nursing initial assessment with selected demographic variables.

Organization of findings

The analysis and interpretation of data are organized and presented under the following headings
Section 1: Baseline characteristics.
Section 2: Knowledge regarding nursing initial assessment among staff nurses. Section 3: Practice regarding nursing initial assessment among staff nurses.
Section 4: Correlation between knowledge and practice regarding nursing initial assessment among staff nurses.
Section 5: Association of knowledge on nursing initial assessment with selected demographic variables.
Section 6: Association of practice on nursing initial assessment with selected demographic variables.

Section I: Baseline characteristics

The section deals with the description of baseline characteristics of subjects and is explained in frequency and percentage using table 1.

Table 1: Frequency and percentage distribution of subjects according to their baseline characteristics, n=170

S. No	Variable	(f)	(%)	Mean±SD
1	Age in years			
	20-25	111	65.29	25.07±3.1
	26-30	50	29.41	
	31-35	7	4.11	
	>35	2	1.17	
2	Gender			
	a) Male	8	4.7	
	b) Female	162	95.29	
3	Educational qualification			
	a) GNM	40	23.52	
	b) BSc nursing	115	67.64	
	c) PBBSc nursing	14	8.23	
	d) MSc nursing	1	0.5	
4	Place of work			
	a) General ward	138	81.17	
	b) High density unit	3	1.76	
	c) Private ward	29	17.05	
5	Year of clinical experience			
	a) Less than 1 year	58	34.11	
	b) 2-5 years	99	58.23	
	c) 6-10 years	11	6.47	
	d) Above 11 years	2	1.17	

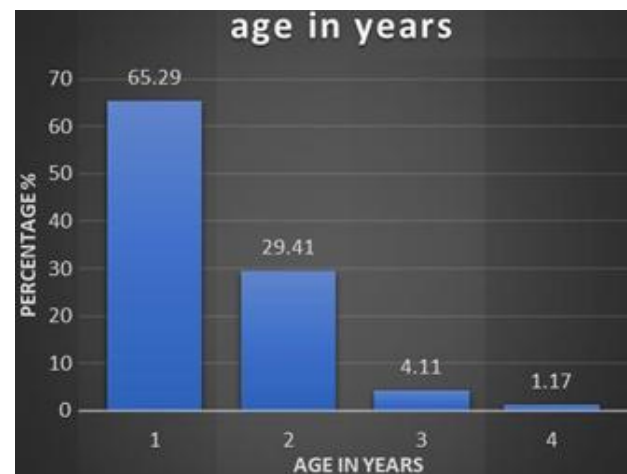The data presented in Table 1 reveals the following findings:

Figure 2: Bar Diagram Representing Distribution of Subjects According to Age

Most of the staff nurses 111(46%) are in the age group 20-25 years and very few (1.17%) are of the age group 30 years above.
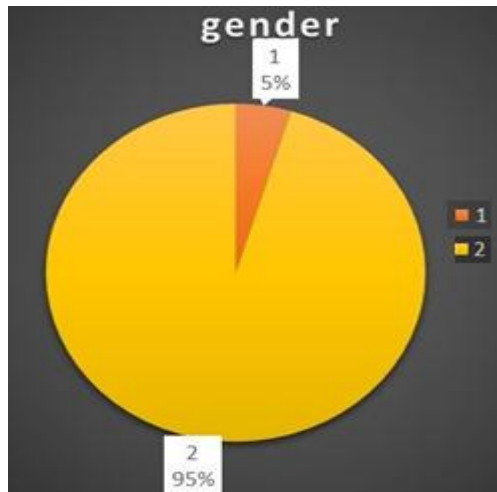
Gender

Figure 3: Pie Diagram That Shows the Subjects According to Gender Majority of staff nurses 162(95.29%) are female and only 8(4.70%) are males. **Educational qualification**
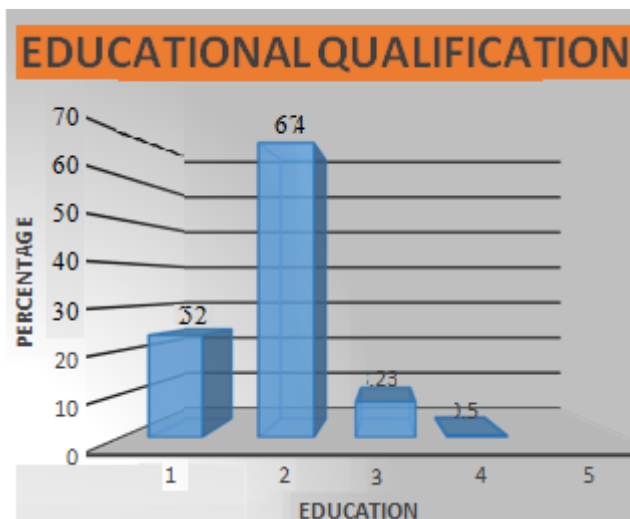

Figure 4: Bar Diagram Representing Subjects According to Educational Qualification

The data on educational status shows that 115(67.64%) subjects had basic BSc nursing and 1(0.5%) are having MSc nursing.
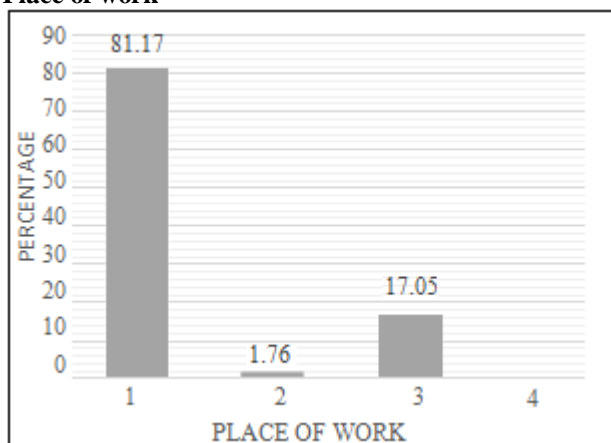
Place of work

Figure 5: Bar Diagram Representing Distribution of Subjects According to Place of Work

Majority of subjects 138(81.17%) were working in general ward whereas 3(1.76%) are working in high density units.
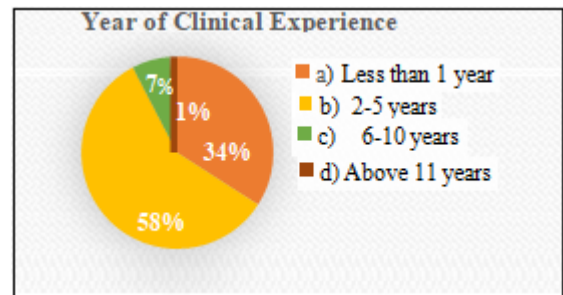
Year of clinical experience

Figure 6: Pie Diagram That Shows Subjects According to Year of Clinical Experience

Majority of staff nurses are having 99(58.23%) 2-5 years of clinical experience and 2(1.17%) are having above 11 years.

Section 2: Knowledge towards nursing initial assessment among staff nurses.
A structured knowledge questionnaire was constructed by the investigator to determine the knowledge level of 170 staff nurses regarding nursing initial assessment.

Table 2: Grading the knowledge of the staff nurses, n=170

Knowledge score	Grading	Frequency	Percentage
0-9	Poor	3	1.78
10-14	Average	49	28.82
15-20	Good	118	69.41

Max score=20

Data in table 2 reveals that 118(69.47%) staff nurses had good knowledge on initial assessment whereas few had 3(1.78%) poor knowledge on initial assessment

Table 3: Mean, Standard Deviation and Mean Percentage of Knowledge Score of staff nurses towards nursing initial assessment, n=170

Mean± Standard Deviation	Mean percentage (%)
15.32±2.44	76.6

Max. Score: 20

Table 4: Area wise mean, mean percentage, SD and maximum score of knowledge score of staff nurses towards nursing initial assessment, n=170

S. No.	Area	Maximum Score	Mean ±SD	Mean %
1.	Baseline Proforma	6	3.88±1.29	64.67
2.	Clinical parameters	7	6.02±1.314	86.0
3.	Obstetric gynecology	4	3.51±0.73	87.75
4.	Mini mental status examination	3	1.9±0.98	63.33

Section 3: Practice towards nursing initial assessment among staff nurses.
A self-reported checklist constructed by the investigator to determine the practice of 170 staff nurses regarding nursing initial assessment, n=170

Practice score	Grading	Frequency	Percentage
Poor	15-25	0	0
Average	26-35	40	23.5
Good	36-45	130	76.5

Min score=15
max score=45

Data in the table reveals that 130(76.5%) of staff nurses are having good practice and 40(23.5%) are having average practice.

Table 5: Mean, Standard Deviation and Mean Percentage of practice Score of staff nurses towards nursing initial assessment, n=170

Mean± Standard Deviation	Mean percentage (%)
38.10±3.66	84.66

Min. Score: 15
Max. Score: 45

Table 6: Area wise mean, mean percentage, SD and maximum score of practice score of staff nurses towards nursing initial assessment, n=170

S No.	Area	Maximum Score	Mean ±SD	Mean %
1.	Admission procedure practice	15	13.41±1.6	29.8
2.	Basic procedure practice	40	24.6±2.79	54.66

Section 4: Correlation between knowledge and practice towards nursing initial assessment among staff nurses.

This section deals with the correlation between knowledge and practice on nursing initial assessment among staff nurses.
n=170

Variables	r value	P value
Knowledge Practice	0.173	0.024

Data from the above table reveals that the calculated r value is 0.173 and p value is 0.024 which is significant at 0.05 level of significant. There is a weak positive correlation between the knowledge and practice of staff nurses regarding nursing initial assessment. Thus, research hypothesis is accepted, and null hypothesis is rejected.

Section 5: Association of knowledge on nursing initial assessment with selected demographic variables.

This section deals with the findings of association between knowledge score on nursing initial assessment with selected demographic variables. The number of subjects who had high and low knowledge score were identified and grouped according to the demographic variables such as age, gender, educational qualification, place of work and year of clinical experience.

To test the association between knowledge on nursing initial assessment with selected demographic variables the following null hypotheses were formulated.

H_0: There is no significant association of knowledge on nursing initial assessment with selected demographic variables.

Table 7:
n=170

S. NO	Variable	Knowledge level <16	Knowledge level ≥16	Df	x^2	P
1	**Age in years**					
	20-25	56	55	3	0.795 (fisher exact)	0.072
	26-30	24	26			
	31-35	2	5			
	>35	1	1			
2	**Gender**					
	a) Male	5	3	1	0.489 (fisher exact)	0.21
	b) Female	78	84			
3	**Educational qualification**					
	a) GNM	21	19	3	0.649 (fisher exact)	0.105
	b) BSc nursing	6	2			
	c) PBBSc nursing	8	6			
	d) MSc nursing	1	0			
4	**Place of work**					
	a) General ward	63	75	2	0.229 (fisher exact)	0.021
	b) High density unit	2	1			
	c) Private ward	18	11			
5	**Year of clinical experience**					
	a) Less than 1 year	28	30	3	0.145 (fisher exact)	0.075
	b) 2-5 years	52	47			
	c) 6-10 years	2	9			
	d) Above 11 years	1	1			

Summary: The table shows that there is no association between knowledge on nursing initial assessment with selected demographic variables of the staff nurses. Thus, null hypothesis is accepted, and research hypothesis is rejected.

Section 6: Association of practice on nursing initial assessment with selected demographic variables.

This section deals with the finding of association between practice on nursing initial assessment with selected demographic variables. The number of subjects who had good and average score were identified and grouped according to the demographic variables such as age, gender, educational qualification, place of work, and year of clinical experience.

To test the association of practice on nursing initial assessment with the selected demographic variables the following null hypotheses were formulated.

H_3: There is no significant association of practice on nursing initial assessment with selected demographic variables.

Table 8: Chi-square test showing the association between practice on nursing initial assessment with selected demographic variables, n=170

S. NO	Variable	Practice on nursing initial assessment <=38	Practice on nursing initial assessment ≥38	Df	x^2	P
1	**Age in years**					
	20-25	58	53	3	0.184 (fisher exact)	0.11
	26-30	30	20			
	31-35	6	1			
	>35	2	0			
2	**Gender**					
	a) Male	5	3	1	1.00 (fisher exact)	0.271
	b) Female	91	71			
3	**Educational qualification**					

	a) GNM	19	21	3	0.243 (fisher exact)	0.051
	b) BSc nursing	67	48			
	c) PBBSc nursing	10	4			
	d) MSc nursing	0	1			
4	**Place of work**					
	a) General ward	85	53	2	0.001 (fisher exact)	0.001*
	b) High density unit	3	0			
	c) Private ward	8	21			
5	**Year of clinical experience**					
	a) Less than 1 year	32	26	3	0.520 (fisher exact)	0.057
	b) 2-5 years	54	45			
	c) 6-10 years	11	3			
	d) Above 11 years	2	0			

Data in the table shows that there is no association between practices on nursing initial assessment with the selected demographic variables (age of staff nurses, gender, educational qualification, place of work, year of clinical experiences).Hence the null hypotheses (H03) was accepted research hypotheses (H3) was rejected and we conclude that there is no significant association between practice on nursing initial assessment with selected baseline variables.

Summary: The table shows that there is no association between practice on nursing initial assessment with the selected demographic variables but there is an association of practice with area of working (0.001). Hence the null hypothesis was rejected, and research hypothesis was accepted.

6. Discussion

This chapter presents major findings of the study discussed with reference and in relation to similar studies conducted by other researchers. The aim of the study was on knowledge and practice of staff nurses towards nursing initial assessment in selected hospital Mangalore. Quality assessment tool was conducted to collect data and the obtained data was analyzed using descriptive and inferential statistics.

Objectives of the Study
1) To assess the knowledge of the staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
2) To assess the practice of staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
3) To find the correlation between knowledge and practice of staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
4) To find the association between the knowledge with selected demographic variables
5) To find the association between the practice with selected demographic variables.

Major Findings of the study Section 1: Baseline characteristics
The study shows that age in years [65.29%] were with age group 20-25, Gender [95.29%] were females, educational qualification [67.64%] were P.B.BSc, place of work [81.17%] were from general ward and year of clinical experience [58.23%] were 2-5 years.

Study on knowledge and practice of staff nurses towards nursing initial assessment among 170 subjects, the study result reveals that [65.29%] of subject belongs 20-25.

Section 2: Knowledge regarding nursing initial assessment among staff nurses.

Knowledge score grading frequency percentage: 0-9 poor, 10-14 average, 15-20 good [69.41%] belongs to good category.

Areas were
a) Baseline proforma
b) Clinical parameters
c) Obstetric gynecology
d) Mini mental status

Section 3: Practice regarding nursing initial assessment among staff nurses
In the present study shows mean percentage was high in the practice score [76.5] was good that is grading 36-45 and the least [0] practice score was poor that is grading 15-25 and [23.5] practice score was average that grading 26-35 .minimum score was 15 and maximum score 45. Documentation of practice is an essential component of nursing process. It is the tangible evidence of the cognition and skill of the professional nurse practicing nursing. It is a statement of accountability and responsibility by the nurse. The legalistic environment in which today's nurse practices nursing emphasizes the importance of good documentation in the patients' medical records.

Section 4: Correlation between knowledge and practice towards nursing initial assessment among staff nurses
In the present study shows There were variables that is knowledge and practice r value is 0.173 and p value is 0.024 which is significant at 0.05 level of significant there is a weak correlation between knowledge and practice of staff nurses regarding nursing initial assessment. Compared to a study related to study motives and career choices of dental students, this study found that more students had become familiar with the concept of through community courses and had more knowledge in this field. Since the community dentistry department provides the issue related in the form of theoretical classes and workshops in the Isfahan Dental School, the higher knowledge of students in Isfahan compared to other colleges is justifiable. It seems that students more familiar with the use of evidenced based practice in their educational curriculum can be effective in enhancing knowledge, attitude, and evidence-based practices. The results of the present study showed a significant correlation between the four assessed domains that seem perfectly logical because an increase in a person's knowledge of evidenced based practice will be accompanied by increased levels of his skill and practice.

Section 5: Association of knowledge on nursing initial assessment with selected demographic variables.
In the present study shows that there is no association between knowledge on nursing initial assessment with selected demographic variables of the staff nurses. Thus, null hypothesis is accepted, and research hypothesis is rejected. The aim of the study was to determine nurse's knowledge

and practice on the initial management of acute poisoning among adult casualties seen at automated external defibrillator, knowledge and practice on the initial Management of Poisoning. The mean general knowledge score for nurses according to their professional qualifications, trainings on courses related to emergency care and automated external defibrillator experience was measured. Those nurses with higher qualifications had higher mean scores than the ones with lower professional qualifications. Further, those who had done courses or trainings related to emergency care like basic life support, advanced cardiac life support, advanced trauma life support, nursing and certified clinical nurse scored higher than those who had not done these courses.

7. Conclusion

The main purpose of the study was to assess the knowledge and practice among the staff nurses regarding initial assessment form. This chapter deals with the conclusion based with conclusions based on findings of the study. The conclusions drawn were

Implications to Nursing
The investigator has drawn the following implications from the study which was of vital concern for nursing practice nursing administration nursing education and recommendations for nursing research.

Nursing Education
The health care delivery system at present puts more emphasis on knowledge and practice regarding the initial assessment of client through holistic approach based on mutual respect and cooperation the nurses should be well educated regarding initial assessment. So that the nurses will improve their knowledge and practice and skills.

Nursing Pratice
Nurses play a vital and major role in the health care delivery system. Nurses have great responsibilities for the assessing the client so the initial assessment of the client should be done it can be used to provide holistic care and health promotion of the clients in the hospital.

Nursing Administration
Today there is increase in demand for quality care policies and its execution of quality nursing care based on research findings they can take initiatives in conducting health education regarding different coping strategies and the various relaxation techniques in the wards and clinics.

Administration can recommend for availability of structured set up in hospital to enhance the relaxation techniques emotional support counseling section etc.

Nursing Research
The finding of this study can be disseminated to clinical nursing student nurses through websites, literature, journals etc. Emphasis should be laid on research in the area of non-pharmacological measures of pain management, reducing stress and promote sleep and improve psychological physical and social wellbeing the generalization of the study result can be made by further replication of the study in various

setting and larger population.

8. Limitations of the Study

- The present study was limited to a relatively small sample size that limited the generalization of the result.
- The study is confined to knowledge and practice among the staff nurses regarding initial assessment form.

9. Recommendations and Suggestions

- A similar study can be replicated on larger samples for making broader generalization.
- A similar study can be carried out in different settings.
- A descriptive study can be conducted on initial assessment and other methods of assessment.

10. Summary

This chapter was dealt with various nursing implications of the study the limitations which the investigator experienced in the study the experience of investigators during the study helped to give suggestions and recommendations for further studies. Obtaining a concise and effective health history and physical exam takes practice. It is not enough to simply ask questions and perform a physical exam. As the patient's nurse, you must critically analyze all of the data you have obtained, synthesize the data into relevant problem focuses, and identify a plan of care for your patient based upon this synthesis. As the plan of care is being carried out, reassessments must occur on a periodic basis. The frequency of reassessments is unique to each patient based upon their diagnosis. The ability of the nurse to efficiently and effectively obtain the health history and physical exam will ensure that appropriate plan of care will be enacted for all patients.

Objectives
1) To assess the knowledge of the staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
2) To assess the practice of staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
3) To find the correlation between knowledge and practice of staff nurses towards nursing initial assessment in a selected hospital at Mangaluru.
4) To find the association between the knowledge with selected demographic variables
5) To find the association between the practice with selected demographic variables.

Hypotheses
H_0: There will be no significant relationship between the knowledge and practice of staff nurses towards nursing initial assessment.
H_1: There will be significant relationship between the knowledge and practice of staff nurses towards nursing initial assessment.
H_2: There will be significant association of knowledge of staff nurses towards nursing initial assessment with selected demographic variables.
H_3: There will be significant association of practice of staff

nurses towards nursing initial assessment with selected demographic variables.

Assumptions

The study is based on the following assumptions:
1) Staff nurses have some knowledge and skills regarding initial nursing assessment of the patients.
2) Knowledge and practice on nursing initial assessment of patient is measurable.
3) Accurate knowledge and practice of staff nurses regarding initial nursing assessment will help them identify patient's conditions and have proper diagnosis.

Variables

Age, Gender, Educational qualification, place of work, Years of experience were the extraneous variables. The researcher used descriptive survey approach to assess the knowledge and practice of staff nurses towards nursing initial assessment in selected hospital at Mangalore. Based on the purpose of the study, research approach and variables to studied and descriptive design was selected for the study. It comprises of staff nurses with the age group of 20-25,26-30, 31-35, >35 place of working general ward ,high density unit, and private ward. Sample consists of 170 staff nurses who meet the inclusion criteria and purposive sampling techniques were used for the selection of a sample
The following tools were used to collect data

Tool 1: Baseline proforma

Tool 2: Knowledge questionnaire on initial assessment

Tool 3: Rating scale of practices on initial assessment

11. Findings of the Study

Maximum of the subjects (65.29%) belonged to the age group of 20–25 years, (29.41%) belonged to the age group of 26-30– years of whereas (95.29) where females. Majority of subjects (69.41%) had good knowledge (28.82%) subjects had average knowledge and (1.78) subjects has poor knowledge. (76.5%) had good practice (23.5%) had a average practice (0%) poor practice. Knowledge in the area of initial assessment (64.67%), Clinical parameters (86.0%) Obstetric gynaecology (87.75%) was higher than the mean percentage of knowledge. Mini mental status examination (63.33%). Practice in the area of Admission procedure practice (29.8%) and initial assessment practice (54.66%) had a good practice regarding initial assessment practice.

There is a positive correlation (r=0.173) between level of knowledge and practice on initial assessment among staff nurses.

Fisher exact value computed between the knowledge level and selected variables like age in years (df=0.795), gender (df=0.489), educational qualification (Df=0.649) place of work (df=0.229) year of clinical experience (df=0.145).

12. Summary

This Chapter dealt with the summary of the present study. The present study was informative and enriching for the investigator. The respondents were very cooperative for the study. The present study was a new learning experience for the investigator. The constant directions, Encouragement, Suggestions and valuable corrections, Hospital management contributed their maximum for the fruitful completion of the study

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Annexure-1
Letter Requesting Permission To Conduct The Pretesting Reliability Pilot Study And Main Study

From,
IIIrd yr. B.Sc Nursing students Group no- 10
Father Muller College of Nursing Kankanady, Mangaluru

To,
The Administrator
Father Muller Charitable Institution Mangalore-575002

Subject: Request for permission to conduct research study Respected Rev Father,

I have selected the below mentioned topic for my dissertation to be submitted in Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka, as a requirement for the award of Bachelor of science in degree in nursing. **Topic: "A descriptive study on knowledge and practice of staff nurses towards nursing initial assessment in selected hospital at Mangaluru".**
I am interested in conducting this study in general ward, private ward, high density units of your esteemed Institutions. I assured that this study will not cause any inconvenience to the normal routine of the wards purpose.
Kindly permit me to conduct the study and do the needful. Thanking you

Place: Mangalore   Yours sincerely,
Date: Ms. Litty Thomas
Ms. Littymol John Ms.Lolita Dsouza
Ms. Loycee Lolita Mascarenhas Ms. Maria Jyothi Mascarenhas

Annexure 2
Letter granting ethical clearance

FATHER MULLER INSTITUTIONAL ETHICS COMMITTEE (FMIEC)

Father Muller Research Centre, Indoor Stadium and Parking Complex,
Kankanady, Mangalore - 575 002
Phone: 0824-2238327   Email: fmciiec@fathermuller.in

Dr. Shalini Shenoy
Chairperson
Mobile : 9845497072
Email : shenoyshalini@gmail.com

Dr. Shivashankara A.R.
Member Secretary
Mobile : 9880146133
Email : arshiva72@gmail.com

FMIEC/CCM/24/2019   Date:11.03.2019

Protocol Title: A descriptive study on knowledge and practice of staff nurses towards nursing initial assessment in selected hospital at Mangalore.	
Protocol No: 51/19	
Principal Investigator : Ms. Loycee Lolita Mascarenhas, **Co Investigators :** Ms. Littymol John, Ms. Lolita D'Souza, Ms. Litty Thomas, Ms. Maria Jyothi Mascarenhas **Guide :** Mrs Ramyashree S	
Name & Address of Institution : Father Muller College of Nursing Kankanady, Mangaluru – 575002	
New review: Exempt review ✓ Expedited review Full review	
Review of Revised Submission: Nil	
Date of review: 09.03.2019	
Date of previous review, if revised application: Nil	
Decision of the Ethics Committee: > **Approved ✓** > Approved with suggestions > Revision/ Resubmission > Rejected	
Suggestions /Reasons/Remarks: Nil	
Recommended for a period of : One Year	

Please note:
> Inform Ethics Committee immediately in case of any adverse events and serious adverse events.
> Inform Ethics Committee in case of any change of study procedure, site and investigator.
> This permission is only for a period mentioned above. Annual report to be submitted to Ethics Committee, and renewal of approval has to be requested.
> Members of Ethics committee have right to monitor the study with prior intimation

Dr. Shivashankara A R
Member Secretary
Father Muller Institutional Ethics Committee

Annexure 3
Letter granting permission to conduct research study

FATHER MULLER MEDICAL COLLEGE HOSPITAL

ADM/FMMCH/132/2019   18.03.2019

To,

Ms Loycee Lolita Mascarenhas & group
III year B.Sc.Nursing
FMCON
MANGALURU

Dear Ms Loycee,

      Ref: Your letter dated 01.03.2019
      Sub: Permission to conduct the Research Study

In response to your letter, I am happy to permit you to conduct a study in our Father Muller Medical College Hospital, on the topic **"A descriptive study on knowledge and practice of staff nurses towards nursing initial assessment in our hospital".**

You will conduct this study in the month of May, 2019 to July 2019 by interviewing the required number of nurses. You are bound to keep the confidentiality of all the information gathered and to be used only for your study purpose.

You may proceed with your research study without disturbing the routine work of the Ward/ Department and Hospital. For further help you may contact Chief Nursing Officer.

With regards,

Fr Rudolph Ravi D'Sa
ADMINISTRATOR

cc to:
Sr Jacintha D'Souza – Principal, FMCON- for information
Chief Nursing Officer – to do the needful
File

rd/ld

Annexure 4

Letter requesting opinion of experts to validate the tool

From,

Ms. Loycee Lolita Mascarenhas IIIrd year B.Sc (N)
Father Muller College of Nursing To,
Subject: Request for experts opinion and suggestions to establish content validity of the research tool.
Respected Sir/Madam,

I Ms. Loycee Lolita Mascarenhas and group from III year B.Sc (N) students of Father Muller college of nursing have selected the following topic for our dissertation to be submitted to Rajiv Gandhi university in the partial fulfilment for the requirement for award of bachelor of science in nursing.

TOPIC: A DESCRIPTIVE STUDY ON KNOWLEDGE AND PRACTICE OF STAFF NURSES TOWARDS NURSING INITIAL ASSESSMENT IN SELECTED HOSPITAL AT MANGALURU.

Objective of the study
1) Socio demographic proforma
2) Questionnaire
3) Checklist

We humbly request you to go through the items and give your suggestions and opinions to develop the content validity of the tool. Kindly suggest modification, additions and deletions, if any in the remark column.
Thanking you in anticipation.

Place: Mangalore   Yours faithfully,

Date: Loycee Mascarenhas and Group

Annexure 5
Letter of acceptance form for tool validation

Name:
Designation:
Name of the Institute:

Statement of acceptance/non acceptance

I give my acceptance/ non acceptance to validate the tool.

Topic: a descriptive study on knowledge and pracitice and pracitice of staff nurses towards nursing initial assessment in selected hospital at mangaluru.

Place:
Signature
Date:

Annexure 6
Content validation certificate

I hereby certify that I have validated the tool of Ms. Loycee Lolita Mascarenhas and group, III year B.Sc (N) students, Father Muller College of Nursing who is undertaking the following study

TOPIC: "A DESCRIPTIVE STUDY ON KNOWLEDGE AND PRACTICE OF STAFF NURSES TOWARDS NURSING INITIAL ASSESSMENT AT SELECTED HOSPITAL AT MANGALURU".

Signature of the expert Designation and Address

Place: Date:

Annexure 7
Criteria checklist for validation of the tool

Instruction: Review the items in the tool and give your valuable suggestions regarding accuracy, relevance and appropriateness of the content. Kindly place the tick mark the appropriate column. If there are any suggestions or comments please mention in the remark column.

Tooli: Socio Demograhic Proforma

Question no :	Agree	Disagree	Remarks
1			
2			
3			
4			
5			
6			
7			

Tool 2: Questionnaire

Question no	Agree	Disagree	remark
1			
2			
3			
4			
5			
6			
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Tool III: Checklist

Question no	Agree	Disagree	Remark
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4			
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Annexure 8
List of validators

1) Ms. Darryl Aranha
   Deputy chief nursing officer Father Muller college of nursing

2) Mrs. Victoria D'Almeida
   Prof, HOD of MSN dept & vice principal Father muller college of nursing

3) Sr. Deepa
   Associate prof & HOD of nursing foundation Father muller college of nursing

4) Mrs. Preethi Fernandes
   Assistant prof , dept of MSN Father muller college of nursing

5) Mrs. Sandra Saldanha Lecturer , dept of CHN
   Father muller college of nursing

6) Mrs. Precilla D'silva Lecturer , dept of OBG
   Father muller college of nursing

Annexure 9
Subject Information Sheet and Informed Consent Form

Title of the Study: A descriptive study on knowledge and practice of staff nurses towards nursing initial assessment in selected hospital at Mangalore.

Names of Researchers/Investigators:
Ms. Litty Thomas Ms. Littymol John Ms. Lolita Dsouza
Ms. Loycee Lolita Mascarenhas Ms. Maria Jyothi Mascarenhas

Name of Organization:
Father Muller College of Nursing, Kankanady, Mangalore

Name of Sponsor (Grant agency):
This Research is a Self-funded study.

Name of Project and Version:
A descriptive study on knowledge and practice of staff nurses towards nursing initial assessment in selected hospital at Mangalore. This study is Undergraduate study of Father Muller College of Nursing

This Informed Consent Form has two parts:
- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you agree to participate) You will be given a copy of the full Informed Consent

Form

Introduction

We, Ms. Litty Thomas, Ms. Littymol John, Ms. Lolita Dsouza, Ms. Loycee Lolita Mascarenhas, Ms. Maria Jyothi Mascarenhas the third year students of Father Muller College of Nursing are conducting a study on knowledge and practice of staff nurses towards nursing initial assessment in selected hospital at Mangalore inviting you to participate in our research. If you do not understand some of the words and concepts, we will explain them as we go and you may ask questions now or later. You can talk to anyone whom you feel comfortable about the research and you can take time to reflect on whether you want to participate.

Purpose:

By doing this study we will come to know the knowledge and practice of the staff nurses regarding the initial assessment.

Type of Research Intervention:

The researcher will administer knowledge questionnaire on nursing initial assessment among staff nurses and information will be collected from the subjects.

Selection of Participants:

Staff nurses will be selected as the participants for this study.

Voluntary Participation:

Your participation in this research is entirely voluntary .it is your choice whether to participate or not. You are free to discontinue the study at any time and for any reason. You can ask any doubts related to the study at any time to the researcher.

Procedure

- This study will include demographic proforma, to elicit the personal information about the subjects.
- Structured knowledge questionnaire and checklist is used to assess the knowledge and practice of the staff nurses regarding nursing initial assessment.
- Ethical clearance will be obtained from father muller college institutional ethics committee.
- Written permission will be obtained from Chief Nursing officer and administrator of Father Muller Medical College Hospital.
- Written information sheets will be produced before the subjects and all queries regarding the study will be explained before obtaining the consent from them.

Duration:

Minimum of 45minutes of time is given to each participant.

Risks and Discomforts:

The study does not involve any actual/ potential risks to you. Privacy and confidentiality of the study participants will be ensured. The result of the study may be published for scientific purpose or to scientific groups and confidentially will be maintained.

Benefits:

The study helps to improve the knowledge and practice of staff nurses regarding initial nursing assessment.

Reimbursements:

During the study the participants will not be entitled to any compensation or reimbursements.

Confidentiality:

Privacy and confidentiality of the study participants will be ensured. The result of the study may be published for scientific purpose or to scientific groups. However, you will not be identified and confidentially will be maintained.

Sharing of Research Findings:

The data obtained from you will be combined with the data from the other subjects who are in this study. The published results will not include your name or any other information that would personally identify you in any way.

Right to refuse or withdraw:

You have the right to withdraw from the study.

Whom to Contact

Ms. Loycee Lolita Mascarenhas 9980688891/8310695639
Email: angel.llm0298@gmail.com
Mrs. Ramyashree S

7349426322

Email:ramyaashwath@fathermuller.in

This research project is reviewed and approved by Father Muller Charitable Institutions Ethics Committee, Kankanady, Mangalore. This is a committee whose task it is to make sure that research participants are protected from harm.

The contact details of ethics committee are as follows:

Dr. Shivashankara A.R, Member Secretary,
Father Muller Charitable Institutional Ethics Committee, Kankanady, MANGALORE-02.
Phone : 08242238399; 9880146133.Mail : **FMCIIEC@FATHERMULLER.IN**; **ARSHIVA72@GMAIL.COM**.

Dr. Shalini Shenoy,
Chairperson of Father Muller Charitable Institutional Ethics Committee, Professor of Microbiology,
Kasturba Medical College, Mangalore -01. Phone:9845497072. Mail: shenoyshalini@gmail.com

Informed Consent
I have read and understood the information/ it has been read to me and explained in an understandable language about the research project: **A Descriptive study on knowledge and practice of staff nurses towards nursing initial assessment in a selected hospital at Mangalore**. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.
Code of Participant_____

Signature of Participant _____

Date _____

Day/month/year

Statement by the researcher /person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the procedures to be done:

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Name of Researcher/person taking the consent_____
Signature of Researcher /person taking the consent_____

Date _____
Day/month/year

<div align="center">

Annexure 10
Blueprint

</div>

Blueprint of the questionnaire on knowledge on nursing initial assessment

S No	Areas	Knowledge	Frequency	%
1	baseline proforma	1-6	6	30
2	clinical parameters	7-13	7	35
3	Obstetric Gynecology	14-17	4	20
4	mini mental status examination	18-20	3	15
	Total		20	100

Scoring
Good: 15-20
Average: 10-14
Poor: 0-9

Blue print of the rating scale on practice of nurses on nursing initial assessment

S no	Areas	Items	Frequency	Percentage (%)
1	Admission Procedure practices	1-5	5	25%
2	Basic procedures practices	6-15	15	75%
	Total	1-20	20	100%

Scoring:
Maximum score: 45
Minimum score:15

Annexure 11
Baseline proforma

Socio Demographic Proforma

Instructions: This section seeks information about you and your family. Kindly read the following questions and give appropriate information

1) **Age in years**.-------------
2) Gender
a.   Male (   )
b.   Female (   )
3) Educational Qualification.
a.   GNM. (   )
b.   BSc nursing (   )
c.   P.B.BSc Nursing(   )
d.   MSc Nursing (   )
e. Additional qualification if any specify
4)   Place of work
a) General ward(   )
b) High density unit(   )
c)Private ward (   )
5) Years of clinic experience
a) Less than 1year ( )
b)   2-5years (   )
c)   6-10 years (   )
d)   Above 11 years (   )

Annexure 12
Structured knowledge questionnaire on nursing initial assessment Subject code :

Instructions: Please fill your response to all the items given below by placing a (☐) mark against the appropriate answer.

1) How long is the nursing initial assessment done?
   a)   5-15 minutes
   b)   16-30 minutes
   c)   31-45 minutes
   d)   46-60 minutes

2) **Which of the following is not typically a part of the initial nursing assessment?**
   a)   Collection of the data
   b)   Sorting of data
   c)   Documentation of data
   d)   Formulating a medical diagnosis

3) What do you mean by the primary language in the nursing initial assessment form?
   a) Language which patient knows
   b) Language which patient speaks
   c) Language which nurse speaks
   d) Language which doctor speaks

4) What do you mean by medication reconciliation?
   a) Medication which patient is taking before admission
   b) Medication which patient is allergic
   c) Medication which patient takes after admission
   d) Medication which patient should continue after discharge

5) What can clubbing of nails indicate?
   a) Hypoxia
   b) Diabetes Mellitus
   c) Hypovolemia
   d) Syphilis

6) When is the anthropometric measurement checked?
   a) Children Above 10 years
   b) Below 5-10 years
   c) Above 5 years
   d) 0-5 years

7) How is BMI calculated?
   a) Weight in kgs/height in m^2
   b) Height in m^2/weight in kgs
   c) Weight in gms/height in cm^2
   d) Weight in kgs/height in cm^2

8) What is the normal pulse rate in adults?
   a) 50-70 bpm
   b) 80-100bpm
   c) 100-130bpm
   d) 60-100bpm

9) What is the normal respiratory rate in adults?
   a) 10-30breaths/min
   b) 40-60 breaths/min
   c) 50-60 breaths/min
   d) 16-24 breaths/min

10) What is the normal time for capillary refill in adults?
   a) Less than or equal to 2 seconds
   b) Less than or equal to 3 seconds
   c) Greater than 3 seconds
   d) Greater than 2 seconds

11) When do we consider a person severely malnourished?
   a) BMI is below 22.5
   b) BMI is below18.5
   c) BMI is 19.5
   d) BMI is 20.5

12) What is the normal GCS score?
   a) 8-9
   b) Less than 3
   c) 9-12
   d) Greater than 13

13) What is the normal random blood glucose level in an adult?
   a) 70-130mg/dl
   b) 60-160mg/dl

c) 60-100mg/dl
d) 75-100mg/dl

14) What do you mean by EDD?
   a) Expected Delivery Date
   b) Expired Date of Drug
   c) Estimated Dosage of Drug
   d) Emotional Deprivation Disorder

15) What is POG?
   a) Period of Gestation
   b) Paediatric Oncology Group
   c) atient Oriented Goal
   d) Patients of Gynaecology

16) What is FHS?
   a) Family History of Schizophrenia
   b) Fetal heart sound
   c) Family History of Seizure
   d) Floppy Head Syndrome

17) What does P stands for in obstetrical score
   a) Para
   b) Peri
   c) post
   d) Pregnancy

18) When do we check MMSE?
   a) When patient is oriented
   b) When patient is unconscious
   c) When patient is psychiatric
   d) When patient is old

19) Which of the following is the main consideration in the psychosocial nursing assessment?
   a) Health and emotional needs
   b) Religious belief
   c) Assisting in the formulation of a medical diagnosis
   d) Financial background of the patient

20) What is euthymia associated with?
   a) Slurred speech
   b) Depression
   c) Bipolar disorder
   d) Mercy killing

Annexure 13

Self-rated rating scale on practice of staff nurses on nursing initial assessment Subject code

Instructions: Please read every question carefully and place √ mark against the practice that your following in the ward.

S No	Content	Always	Sometimes	Never
1	I will take consent from the patient during the admission.			
2	I will do the initial assessment system wise.			
3	I can do the initial assessment at nurse's counter.			
4	I will compulsorily check all the vitals during initial assessment.			
5	I will identify whether the patients present diagnosis is affected by patient's past history.			
6	I can give more importance to the treatment of patient than initial assessment.			
7	I can skip explaining the ward routines during busy schedule.			
8	I can do the nursing initial assessment even when the patient is not accompanied by the bystander.			
9	I will ask the patient about the medication's reconciliation during initial assessment.			
10	I will give psychological support to the patient during the initial assessment.			

11	I will explain patient rights to the patient during initial assessment.			
12	I will explain the hospital policies to the patient.			
13	I will implement planned nursing interventions every time.			
14	I will do psychological assessment of an unconscious patient.			
15	I may allow the patient to keep their valuable with them during the admission.			

Annexure 14
Statistical formula used for the study

1) Mean : $\bar{x} = \dfrac{\sum x}{n}$

2) Standard deviation : $\sigma = \sqrt{\sum \dfrac{(x-\bar{x})^2}{n}}$

3) Chi-square test: $x^2 = \dfrac{n[ad-bc]^2}{(a+b)(c+d)(a+d)(b+d)}$

4) Split half method: $r = \dfrac{\sum(x-\bar{x})(y-\bar{y})}{\sqrt{\sum(x-\bar{x})^2}\,\sqrt{\sum(y-\bar{y})^2}}$

5) Test retest method: $r = \dfrac{N\Sigma xy - (\Sigma x)(\Sigma y)}{\sqrt{(N\Sigma x^2 - (\Sigma x)^2)[N\Sigma y^2 - (\Sigma y)^2]}}$