

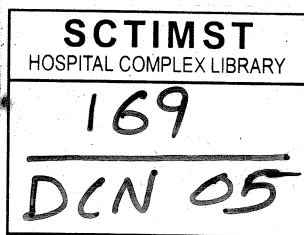
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**A STUDY TO ASSESS THE KNOWLEDGE OF
MOTHERS REGARDING THE HOME CARE
MANAGEMENT OF CHILDREN UNDERGONE
CARDIAC SURGERY IN CHWRD, SCTIMST**

PROJECT REPORT

SUBMITTED BY

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MEDICAL SCIENCE AND TECHNOLOGY**

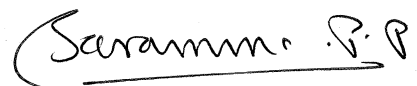
MEDICAL COLLEGE, THIRUVANANTHAPURAM

2005

CERTIFICATE

Certified that this study to Assess the knowledge of mothers regarding the homecare management of children undergone cardiac surgery is a bonafide work of RESMI P.I, at the Sree Chitra Tirunal Institute for Medical Science and Technology.

Submitted in partial fulfillment of the requirement for the Diploma in Cardiovascular and Thoracic nursing from Sree Chitra Tirunal Institute of Medical Science and Technology.



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INVESTIGATOR

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CHAPTER – I

INTRODUCTION

Background of the study

Many studies have been carried out which recognise education (especially that of mother) as an effective methodology of improving children's health and reducing mortality.

Caldwell refers to the results of two surveys that were carried out in Nigeria to arrive at the conclusion that maternal education is the single most significant determinant of Child mortality. The authors broadly concluded that economic advantages associated with education (income, water and latrine facilities, clothing, housing quality etc.) Probably accounts for about one half of the overall education – mortality association. From the data of the 17 countries, Biago and Boerma include that a lower level of maternal education can significantly elevate the risk of child mortality.

Need and importance of the study

Health education makes the mother conscious about the well being of herself and her family. It gives the basic ideas about the path of well being and also equips and encourages to increase her knowledge on the

health of her child. This helps to form the attitude to practice hygiene, equips the mothers with knowledge of scientific causes of disease and proper health behaviour and illness behaviour for preventive and curative measures. Encourages the mothers to adopt proper feeding practices. Education makes the necessary and preparing them for overcoming the barriers. Education helps the mothers to make and implement proper and timely decisions regarding their children's health.

Statement of the Problem

A study to assess the knowledge of mothers regarding the homecare management of children undergone cardiac surgery in CHWRD, SCTIMST.

Objectives

- To assess the knowledge of mother regarding homecare management.
- To identify areas which needs improvement.

Operational Definitions

Knowledge

Knowledge refers to the response of selected subjects to the questions asked by the investigators regarding homecare management of children undergone cardiac surgery.

Mothers

Mothers whose child has undergone surgery for congenital cardiac anomaly, at SCTIMST.

Homecare management

Care of child after discharge from the hospital.

Children

Children between the age of 2 – 10 yrs.

Cardiac Surgery

Congenital heart surgery

Delimitations

Only Malayalam speaking people are included in the study.

Subjects selected are only those willingly participated.

Summary

This chapter deals with the background of study, need for the study, statement of problems, objectives, hypothesis, operational definitions and delimitations.

CHAPTER II

Review of Literature

Review of literature is the key step in research process. It refers to a broad, comprehensive, in depth, systematic and critical review of scholarly publications, unpublished scholarly, print materials and audiovisual materials.

(B.Y. Basavathappa, 2001)

A review of literature is an essential activity of scientific research projects, which provides a basis for future investigation, justifies feasibility of the study, indicate constraints of data collection and helps to relate findings from one study to another with a view to establish a comprehensive body of scientific knowledge in a professional discipline from which valid and pertinent theories may be developed.

(ABDELLA FAY, 1979)

Stinson J (1995) conducted a study to examine the information needs of mothers whose infants had cardiac surgery. Thirty subjects ranked their perception of the importance and their level of understanding of 33 items in mother's information needs instrument (MINI I and II) and completed the comfort or readiness scale shortly before and after

discharge. Both times, all mothers rated most items in the MINI as “extremely important” for them to know. Because many mothers pre discharge ratings of their understanding of crucial items was low and infant safety was jeopardized, the investigator ensured that additional teaching was received. Probably related to this unplanned intervention, mother’s understanding scores and their care giving comfort levels were significantly higher post discharge. The result support the use of standardized teaching and community follow-up for mothers charged with caring for infants who are recuperating from cardiac surgery at home.

Singh D (1993) conducted a study on impact of health education pamphlets on maternal knowledge. An assessment was made of the effectiveness of distribution of health education pamphlets among mothers with infants admitted to the pediatric ward of Christian Medical College, Ludiana, India. 100 persons were in the control group and 500 mothers were in the study group. Emotionally disturbed and critically ill infants were excluded. All mothers were literate and could read and write “Gurumukhi” script in the Punjabi language. Pre or post hospitalization testing was conducted with an interval of 14 days among all mothers before the pamphlets were distributed. The intervention was an eight page pamphlet with two illustrations which presented information on childcare, cleanliness, upper resp tract infections, immunization, weaning and the advantage and proper techniques for breast feeding. Interviews were initiated when the baby’s condition has stabilized. Post test 1 was

introduced 24 hrs after the pamphlet was distributed and then again as post test 2 after 14 days. The study population included a mix of educational level ranging from college to no education. The results showed significant differences in scores between the pre and post test 1 for the study population. There were no significant differences between post test 1 and 2 scores among the study group. The average scores of the pre test between control group and the study groups were similar, however post test scores for the study group were significantly higher. The results confirm the effectiveness of using pamphlets to convey health education information and reveal that retention was constant for 2 weeks. The suggestion was made that child hospitalization is a period when mothers are particularly receptive to health education messages. Another advantage of hospital distribution of health information is the hospital information is the large visiting population of friends and relatives who can be reached.

Hutch MM (2003) conducted a study of the effectiveness of a pain management education booklet for patients of children having cardiac surgery. Parents need educations about pain so they can support their hospitalized child and manage their child's pain at home. The purpose of this study was to examine the effectiveness of a pain booklet on parental pain support to children experiencing post operative pain. A randomized, repeated measures, experimental design using a pain education booklet and a standard care comparison group used to study parents of 51

children (3 to 16 years of age) having cardiac surgery. Measurement technique used to assess differences in parental pain management included: attitudes about pain medication, child and parent pain ratings, opioids used, recovery, satisfaction and comfort in communication. Parents who were exposed to the pain assessment and management for parents education booklet pre operatively significantly increased their knowledge and attitudes toward pain medication scores from pre to post test, where as those in controlled group remained stable, post test scores were not significantly different between groups.

Yang HL (2004) conducted a study on the effect of a systematic discharge nursing plan (SDNP) on mother's knowledge and confidence in caring for infants with congenital heart disease at home. Background and purpose: mothers who are separated from their infants due to the necessity of surgical treatment for congenital heart disease may develop lack of confidence in their ability to care for their infants with CHD and evaluated the effects of this plan and maternal knowledge and confidence in caring for their infant with CHD at home. Methods: A quasi experimental design was adopted for the study. Subjects were recruited by purposive sampling from mothers who had a hospitalized infant with CHD aged from 0 to 6 months. There were 20 mothers in the control group and 15 mothers in the interventional group. Control group subjects received current nursing instruction and were followed at the OPD after discharge of the infant from the hospital where as the intervention group completed

SDNP in addition to current nursing instruction. Evaluations of those 2 groups based on mothers knowledge of infant care and confidence to provide adequate care were conducted twice at 1 week and 1 month after the infants discharge from hospitals.

Results: There was no significant differences of improvement in knowledge at infant care score between the 2 groups. No significant relation was found between knowledge of infant care and maternal confidence.

Conclusions: This research showed that an SDNP improved maternal confidence in caring for an infant with CHD. Thus an SDNP may be a valuable part of standard clinical practices in caring for infants with CHD.

Costello A (1998) conducted a study on mothers perceptions of the care by parent program prior to hosp discharge of their preterm infants.

Purpose: This research was conducted to gain an understanding of the care by parent experience for mothers of preterm infants. Design: Phenomenologic methodology was used to explore the experiences of six mothers. Each participant slept overnight with her infant in a private hospital room. The mother assumed responsibility of her infant's care, knowing that nursing staff assistance was available if needed. Interviews were conducted on the following day and again after the infant had been

home atleast four days. Sample: The participants were six mothers of preterm infants. Main Outcome Variable: Mothers experiences as they assumed responsibility in caring for their preterm infants away from the intensive care nursery. Results: Findings revealed that the care by parent experience gives the mother an opportunity to assume full responsibility for her preterm infants care, tests the reality of care giving, helps her learn about care giving activities and her infants patterns of behaviour and confirms her readiness for independent parenting and the infants patterns of behaviour and confirms her readiness for independent parenting and the infants readiness discharge home. These findings confirm the benefits of rooming in prior to discharge of pre term infants and provide guidelines of discharge planning.

Rogers TR (1984) conducted a study in Heart surgery in infants: a preliminary assessment of maternal adaptation. Three groups of subjects were recruited and included mother of infants undergoing heart surgery, mothers of infants admitted on an emergency basis for non surgical or non terminal illness (inpatient control) and mothers of infants visiting the pediatrician for well baby checks (out patient control). Data were collected at 3 times: PRE, the day of admission; POST: the 7th day of admission or day of discharge (which ever came first); and follow up: 2 months after discharge. Relative to the other two groups, a differential attribution rate was evidenced in the inpatient control group, the heart surgery group reported greater distress at FOLLOW-UP than at any other time. The

distress that was reported involved disruption in the family environment. Results of the analysis are discussed as consistent with post traumatic stress theory.

Pye S (2003) conducted a study on parent education after New born congenital heart surgery. The moment an infant is diagnosed with congenital heart defect, parents experience a mixture of shock, disbelief, fear, anger, and often a profound sense of sadness. In the midst of these emotions they must learn to provide for the special needs of their infant. Providing parents with the knowledge and skills to care for their infant during this stressful time requires the concerted effort of multidisciplinary team who can provide clear, concise and consistent communication. Parents must understand the underlying cardiac defect and the goals and objectives of the surgical repair. In addition to normal newborn care, parents need to learn about care of the incision, nutritional support and how to safely administer prescribed medications. Potential complications and when to call their health care provider or seek emergency care are an important focus of teaching. Information about infant development, challenges specific to their infant and pragmatic strategies to support normal development are of prime interest to parents. Written reference material and a family discharge teach tool provide tangible resources for the family after discharge.

Issac PC (1980) conducted a study on teaching parents with high risk infants in home. Fourty families evaluated the effectiveness of the newborn intensive care co-ordinators teaching in helping them to adjust to caring for their high-risk infants after discharge from a newborn intensive care center. The families described the co-ordinator as an effective teacher and a trusted person who was available give emotional support and made them feel competent as parents. The families recommended that the newborn intensive care co-ordinator work with other families with similar problems.

Vandeberg KA (1999) conducted a study on what to tell parents about the developmental needs of their baby at discharge. During the transition from hospital to home and home up to the first four months from due date, pre mature infants spend less time awake, and when they are awake, they are less alert and may be more fussy. When they sleep, they sleep for shorter periods at time (shorter sleep – wake cycles) and awoken to fuss before they go back to sleep at night.

Green berg RS (1999) conducted a study on videotape increase parental knowledge about pediatric pain management. Pediatric pain management often depends on parents recognition and assessment of their child's pain and their child's pain and their beliefs as to whether the pain should be treated. Parental misconceptions concerning pain assessment

and pain management may therefore result inadequate pain treatment, particularly in patients who are too young or too developmentally handicapped to self report their pain. We hypothesized that viewing a concise, educational videotape would provide parents with instructive information that could correct misconceptions concerning pain and pain management in children. To do this, we evaluated the impact of an educational videotape on parental responses to a questionnaire about pediatric pain management. Parents of children scheduled for inpatient, post operative hospital care were studied. The effect of seeing the videotape was assessed by comparing post-pre test score differences using paired t – test. Randomization was done. All parents who viewed the videotape stated that it was informative regarding their understanding of their child's pain management. This prospective, randomized, controlled study demonstrated the effectiveness of an educational videotape in changing parental knowledge concerning post operative pediatric pain.

References:

- Stinson J, Mc Keever P; *Ped Nurs*: 1995 Feb; 10CD: 48 – 57.
- Singh D, Verma M, Katoch V, Singh T, *Indian Journal Matern Child Health*. 1993 Oct – Dec; 4(4) : 105 – 7.
- Hutch MM, Broome ME Etall; *Pain Mang Nurs*: 2003 Mar; 4(1) : 31–9
- Yang HL Etall, *Formos Med assoc*. 2004 Jan; 103(1) 47 – 52
- Costello A, Chapman J; *Neonatal Netw*. 1998 Oct; 17(17) : 37 – 42.
- Rogers TR Etall, *Child Health Care*: 1984; 13(2) : 52 – 8.
- Pye S, Green A; *Adv Neonatal Care*: 2003, Jan; 3(3) : 147 – 56.
- Issac PC; *Patient Couns Health Educ*. 1980 Zd Quart. 2(2) : 84 – 6
- Vandenberg A; *Neonatal Netw*. 1999 Feb 18(1): 57 – 9
- Greenberg RS; *Anesth Analg* 1999 Oct; 89(4): 899 – 903

CHAPTER III

RESEARCH METHODOLOGY

Introduction

Research Methodology is the way to systematically solve the research problem. It studies the steps that researcher adopts to study his problem with the logic behind.

(C.R. Kothari, 1990)

This chapter provides brief description of different steps taken to conduct the study. It includes research approach, research design, setting of the study, sample & sampling technique, criteria for sample collection, data collection, description of tools, pilot study, plan of analysis.

Statement of the problem

A study to assess the knowledge of mothers regarding the home care management of children undergone cardiac surgery in CHWRD, SCTIMST.

Objectives

- To assess the knowledge of mother regarding homecare management.
- To identify areas which needs improvement.

Research approach

To accomplish the objectives of the study, we used the descriptive approach is made quantitative by assigning scores to the responses. The aim of this study is to assess the knowledge of mothers regarding the homecare management of children undergone cardiac surgery.

Research design

Research design is the conceptual structure within which the research is conducted. It facilitates the smooth sailing of the various research operation, there by making research as efficient as possible, yielding maximum information with minimal expenditure of effort, time and money. It is concerned with a researcher plan for obtaining answer to the research questions. The research design selected for the present study was a non-experimental design.

Settings of the study

The study was conducted in “Sree Chitra Tirunal Institute for Medical Science & Technology”, Trivandrum.

The rationale for selecting this institute (SCTIMST) for this study was that the investigator was most familiar with the institution. In addition to that SCTIMST were one of the famous open heart surgery hospital all over India. Congenital heart operations were doing daily with a minimum of 2 cases per day.

Population

Mothers of children undergone cardiac surgery in CHWRD.

Samples & Sampling Techniques

Convenient sampling technique was used to select the samples for the study. Two stage sampling was used for the present study. In the first state, 5 samples were selected for the pilot study. In the second stage twenty patients were selected for the study purpose.

Criteria for sample selection

Inclusion Criteria

- Mothers who were willing to participate in this study.
- Patients who can understand and speak Malayalam.

Exclusion Criteria

Mothers of children below 2 yrs of age are excluded in this study.

Development of Data Collection Tool

Data collection tool refers to the instrument which was constructed by the investigators to obtain relevant data. In this study the researcher used the structured interview schedule to assess the knowledge of mothers regarding the home care management of children undergone cardiac

surgery. The tool was prepared by the investigators after extensive review of literature. The tools examined and content validity is tested by the experts of SCTIMST. A multiple choice questionnaire of 20 questions were prepared based on the literature.

Description of the tools

The structured interview schedule consists of mainly 3 sections. Section – A, B and C.

Section A

Deals with the demographic data

Section B

Deals with history of the patient

Section C

Consist of 20 questions regarding the homecare management of children after cardiac surgery. The total score is 45 marks and each correct answer carries '1' mark and each wrong answer carries '0' mark.

Pilot Study

The pilot study was conducted on August 2005. The aim of the pilot study was to find out the practicability and feasibility of the tool. The study was conducted among 5 samples. The sampling technique used was

convenient sampling technique. Pilot study findings revealed that the study was feasible and practicable.

Data collection procedure

Since no problem was faced during pilot study same method of data collection was used for final study. The final study took around one and half month from September to October of 2005. Researcher first introduced herself and explained the need and purpose of the study to the subjects and the subjects were made to sit comfortably and interviewed with structured tool. Total time taken for the entire procedure was 20 – 30 minutes. The samples were co-operative and no problem was encountered.

Plan of Data Analysis

The researcher decided to analyze the data in terms of frequency and percentages and to present them in form of tables, pie diagrams and bar diagrams.

Summary

This chapter deals with introduction, statement of the problem, objectives, research approach, research design, settings of the study, population, samples & sampling techniques, criteria for sample selection, development of data collection tool, description of the tools, pilot study, data collection procedure and plan of data analysis.

References

1. Basavanthappa B.Y. "Nursing Research", 1999, New Delhi, Jaypee brothers medical publishers, Page No. 225 – 260
2. Best W. John etal "Research Education", 7th edition. 1999, Prentice – Hall of India (Pvt.) Limited, Page No; 331 – 345
3. Kothari C.R "Research Methodology", methods & technology, 2nd edition, 2000. Vishwapra Kashan Publishers, Page No. 120 – 146
4. Rao Sundar, "An introduction to Biostatistics", 3rd Edition, Delhi, Prentic – Hall of India (Pvt.) Limited, Page No. 22 – 37.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

Introduction

This chapter presents the analysis and interpretation of data collected from 20 mothers of children undergone congenital heart surgery in CHWRD.

Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered. The overall aim of analysis is to organize, provide structure to and elicit meaning from research data.

Interpretation refers to the process to making sense of the results and to examining the implications of the findings with in a broader content.

The findings of the study were arranged and analysed under the following section.

Section I - Distribution of subjects according to the demographic variables.

Section II - Distribution of subjects according to the knowledge score

Section III - Distribution of subjects according to the knowledge score in different areas.

SECTION - I

Distribution of subjects according to the demographic variables

Table I

Distribution of sample according to the age group

No.	Age Group (Years)	Frequency	Percentage (%)
1.	20 - 25	6	30
2.	26 - 30	7	35
3.	31 - 35	5	25
4.	36 - 40	2	10
Total		20	100

Data presented on table 1 shows that 35% of subjects belonged to the age group of 26 - 30, 30% of subjects belonged to the age group of 20 - 25, 25% of subjects belonged to the age group of 31 - 35 and 10% of subjects belonged to the age group of 36 - 40.

Distribution of sample according to the age group

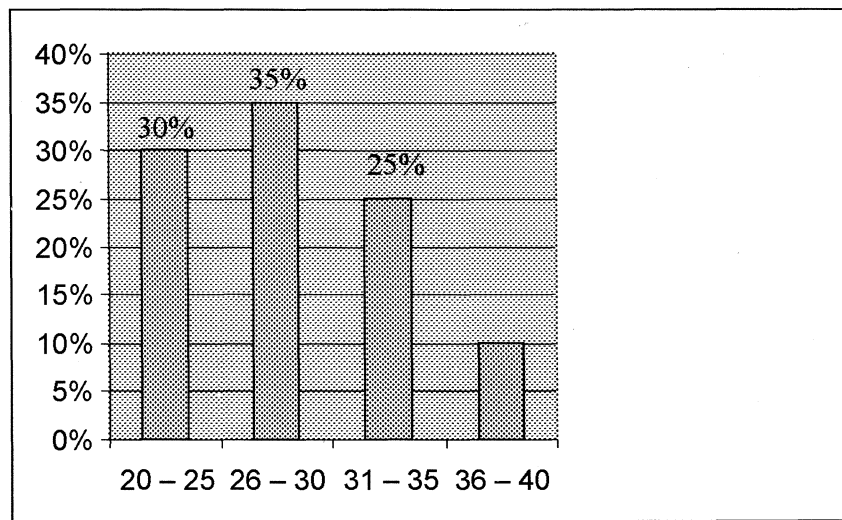


Fig. No. 1

Table 2**Distribution of sample according to the family type**

No.	Family type	Frequency	Percentage (%)
1	Joint family	13	65
2	Nuclear family	7	35
Total		20	100

Data represented on table 2 shows that 65% of subjects belonged to Joint family and 35% of subjects belonged to Nuclear family.

Distribution of sample according to the family type

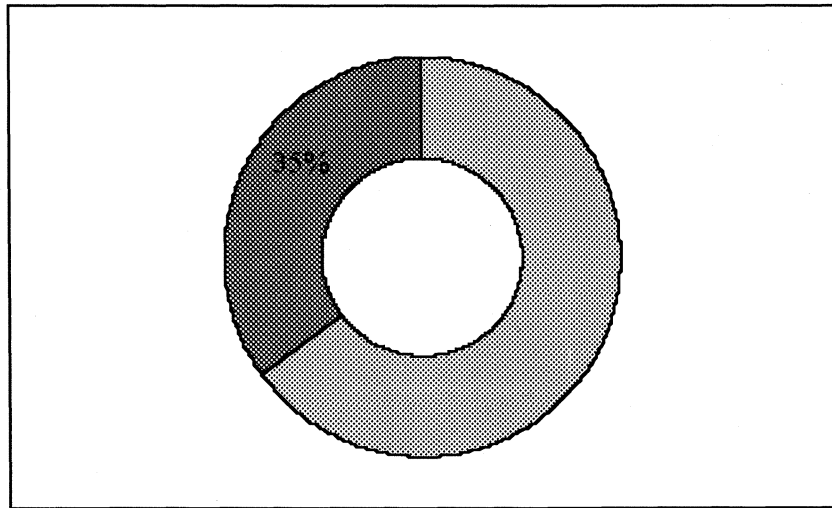


Fig. No. 2

Table 3**Distribution of sample according to the educational status**

No.	Education	Frequency	Percentage (%)
1.	Illiterate	0	0
2.	Primary School	3	15
3.	High School	6	30
4.	Higher Secondary	5	25
5.	Others	6	30
Total		20	100

Data presented on Table 3 shows that 30% of subjects belonged to High School level of education, 30% belonged to other, 25% belonged to Higher Secondary level of education and 15% belonged to Primary School level of education.

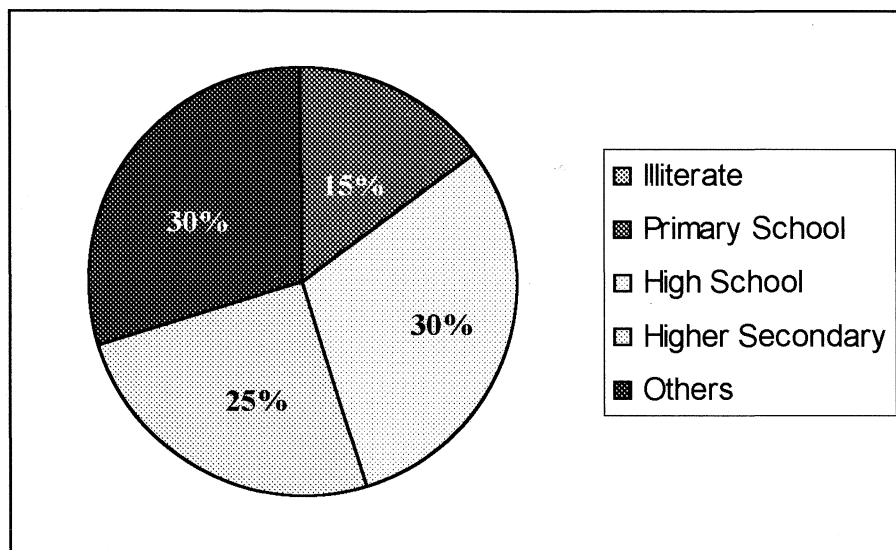
Distribution of sample according to the educational status

Fig. No. 3

Table 4**Distribution of sample according to level of knowledge score**

No.	Level of Knowledge score	Frequency	Percentage (%)
1.	Very good (40-45)	0	0
2.	Good (30-39)	2	10
3.	Fair (20-29)	12	60
4.	Poor (10-19)	6	30
5.	Very Poor (0-9)	0	0
Total		20	100

Data presented on Table 4 shows that 60% of the subjects had fair knowledge, 30% of the subjects had poor knowledge and 10% had good knowledge.

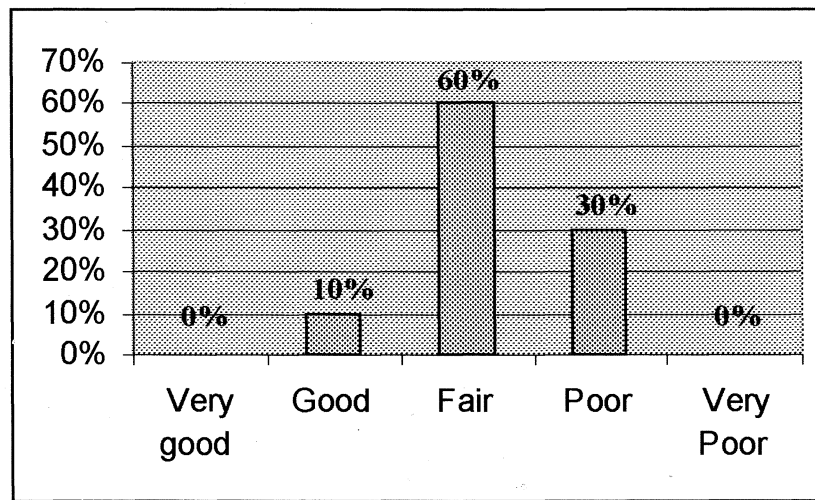
Distribution of sample according to level of knowledge score

Fig. No. 4

Table 5**Distribution of sample according to level of knowledge in different areas**

No.	Knowledge in different areas	Percentage (%)
1.	Diet	54
2.	Hygiene	53
3.	Play	72
4.	Prevention of Infection	49
5.	Medicine	37
6.	Follow up	70

Table 5 shows that the knowledge level of the samples in different areas.

Distribution of sample according to level of knowledge score

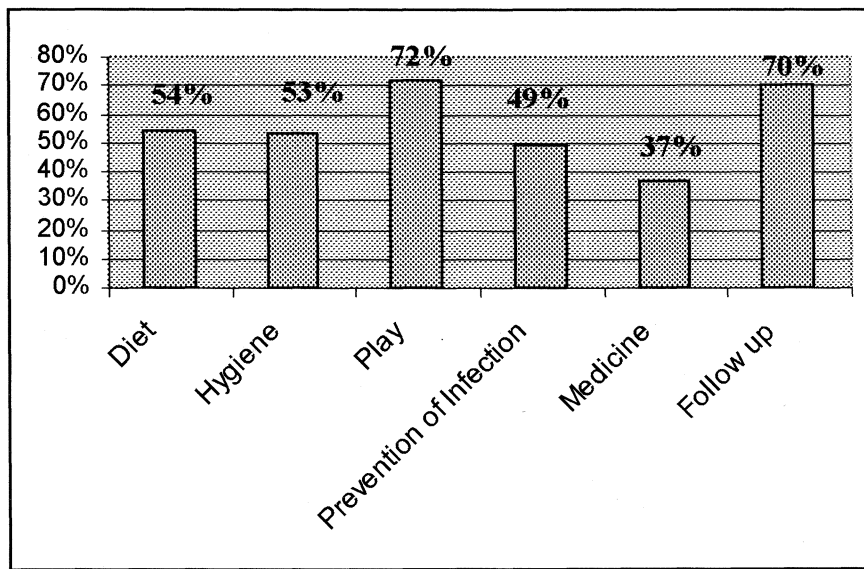


Fig. No. 5

Summary

This chapter dealt with the objectives in which the data were analyzed, distribution of samples according to demographic variables such as age, type of family, education, distribution of samples according to knowledge level, distribution of samples according to the knowledge level in different areas.

References

1. Basavanthappa B.Y, "Nursing Research", 2nd edition, 1999, New Delhi, Jaypee brothers medical publishers, page no. 225 – 260.
2. John W. Best, etal, "Research In Education", 7th edition, 1999, prentice hall of India Pvt. Limited, page no. 343 – 360.
3. Rao. Sundar, "An Introduction To Biostatistics", 3rd edition, 1992, New Delhi, Prentice hall of India Pvt. Limited, page no. 225-230.

CHAPTER V

SUMMARY, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

Maternal knowledge is the single most significant determinant in reducing child mortality.

This study was conducted with the objective, to assess the knowledge of mother regarding the home care management of children undergone cardiac surgery. The structured interview schedule was used for collecting data from twenty samples.

A review of related research literature helped the investigator to get a clear concept about the research topic undertaken, as well as to develop tools, methodology of the study and decide the plan for data analysis.

The research approach adopted for the study was descriptive approach. This study was conducted at Congenital Heart Ward. Convenient sampling technique was used to obtain samples.

Tools used for data collection was structured interview schedule comprising of three sections. Section A deals with the demographic data. Section B deals with history of the patient and Section C consist of 20

questions regarding the homecare management of children after cardiac surgery.

The prepared tool was given to experts for content validity. The pilot study was conducted among 5 samples and the pilot study findings revealed that the tool was feasible and practicable. The data collection was done on the month of September and October 2005 and was analyzed and interpreted by using statistics.

Findings of the study

- Out of 20 subjects 30% of mothers had poor knowledge regarding the homecare management of children after cardiac surgery.
- On the different aspect of knowledge subjects are having only 37% of knowledge in the aspect of prevention of infection.

Limitation

- The sample size was limited to 20.
- Only Malayalam speaking mothers are included in the study.
- Only those are willing to participate are included in the study.
- Mothers of children between the age of 2 and 10 yrs are included in the study.

Nursing Implications

Nursing Education

Teach the students regarding the homecare management of children after cardiac surgery so that they can educate the mothers to safe guard their children's health.

Nursing Service

Conduct health education programmes in the hospital and explain thoroughly regarding the homecare management with the help of a pamphlet.

Nursing Administration

Reporting the higher authorities and health agencies in health maintenance about the findings of the study so that they can take necessary actions or measures. More emphasis be given to this condition, cost effective production of materials such as charts, posters, pictures, photographs.

Nursing Research

This study was conducted with a minimum sample of 20. So the attention paid on this aspect is very less. Research can be done by conducting pre test and post test.

Recommendations

1. A similar study can be done by using a large sample size.
2. A similar study can be done by using pre test and post test.

CHAPTER VI

References

Text Books

1. Basavanthappa B.Y. "Nursing Research", 1999, New Delhi, Jaypee brothers medical publishers, Page No. 225 – 260
2. Best W. John etal "Research Education", 7th edition. 1999, Prentice – Hall of India (Pvt.) Limited, Page No; 331 – 345
3. Kothari C.R "Research Methodology", methods & technology, 2nd edition, 2000. Vishwapra Kashan Publishers, Page No. 120 – 146
4. Rao Sundar, "An introduction to Biostatistics", 3rd Edition, Delhi, Prentic – Hall of India (Pvt.) Limited, Page No. 22 – 37.

Journals

1. Stinson J, Mc Keever P; Information needs of mothers whose infants had cardiac surgery; Pediatric Nursing: 1995 Feb; 10CD: 48 – 57.
2. Singh D, Verma M, Katoch V, Singh T, Impact of health education pamphlets on maternal knowledge; Indian Journal Matern Child Health. 1993 Oct – Dec; 4(4) : 105 – 7.
3. Hutch MM, Broome ME Etal; Effectiveness of a pain management education booklet; Pain Mang Nurs: 2003 Mar; 4(1) : 31 – 9
4. Yang HL Etall, Effect of a systematic discharge nursing plan on mother's knowledge' Formos Med assoc. 2004 Jan; 103(1) 47 – 52
5. Costello A, Chapman J; Study on mothers perceptions of the care by parents program prior to hosp discharge of their pre term infants', Neonatal Netw. 1998 Oct; 17(17) : 37 – 42.
6. Rogers TR Etal, 'A study on heart surgery in infants', Child Health Care: 1984; 13(2) : 52 – 8.
7. Pye S, Green A; Adv Neonatal Care: 2003, Jan; 3(3) : 147 – 56.
8. Issac PC; "Teaching parents with high risk infants in home"; Patient Couns Health Educ. 1980 Zd Quart. 2(2) : 84 – 6
9. Vandenberg A: "Study on what to tell parents about the developmental needs of their baby at discharge"; Neonatal Netw. 1999 Feb 18(1): 57 – 9
10. Greenberg RS; "Study on videotape increased parental knowledge about pediatric pain management"; Anesth Analg 1999 Oct; 89(4): 899 – 903.

APPENDIX - A

സമ്മതപത്രം

രോഗിയുടെ അസുഖവുമായി ബന്ധപ്പെടുത്തിയും അറിവു പരിശോധിക്കുന്നതിനായും എന്നോടു കൂറുള്ള ചോദ്യങ്ങൾ ചോദിക്കുന്നതിലും അതിലെ പോരായ്മകൾ എന്നെ പറഞ്ഞു മനസ്സിലാക്കിത്തരുന്നതിനും ഞാൻ പൂർണ്ണമായി സമ്മതിക്കുന്നു. ഇത് ഒരു പഠനത്തിന്റെ ഭാഗമാണ് അതായത് “ഹൃദയശസ്ത്രക്രിയ കഴിഞ്ഞ കുട്ടികൾക്കുള്ള വീട്ടിലെ പരിചരണ രീതിയും ഇതിലെ പോരായ്മകളെ മനസ്സിലാക്കാനും” ഉള്ള ഈ പഠനത്തിനു വേണ്ടി ഞാൻ സഹകരിച്ചു കൊള്ളാമെന്നും സമ്മതിക്കുന്നു.

തീയതി:

അമ്മയുടെ ഒപ്പ്:

സ്ഥലം:

പേര്:

APPENDIX B

- A. Structured interview schedule to assess the knowledge of mothers regarding the home care management of children undergone cardiac surgery.

Section A

Socio Demographic Data

Name of the Child :

Age :

Diagnosis :

Name of the Mother :

1. Age:

1. 20 – 25 yrs

2. 26 – 30 yrs

3. 31 – 35 yrs

4. 36 – 40 yrs

2. Family Type:

1. Joint

2. Nuclear

3. Educational Status:

1. Illiterate
2. Primary School
3. High School
4. Higher Secondary
5. Others

4. Occupation:

1. Private Employee
2. Govt. Employee
3. Professional
4. Self Employed
5. Unemployed

5. Income

1. Above poverty line
2. Below poverty line
3. High income group

SECTION B

6. Is your marriage a consanguineous one?
1. Yes
 2. No
7. Any infection during first 3 months of pregnancy.
1. Yes
 2. No
8. Any family members having the history of heart disease.
1. Yes If yes who?
 2. No
9. When did you came to know that your child is having cardiac problem?
1. From birth onwards
 2. After 1 week of birth
 3. After 1 month of birth
 4. Others
10. Type of surgery done for the child
1. Emergency
 2. Elective
11. Is it a curative surgery or palliative?
1. Curative
 2. Palliative

SECTION C

Listen the questions carefully and answer the most appropriate one.

Each correct answer carries 1 mark

Each wrong answer carries 0 mark

Total Score: 45

12. Which type of food needs to be given after going home?
1. Only fluids
 2. Semi solid foods
 3. All foods
 4. Don't know
13. How much amount of water to be given to your child daily?
1. As per instruction of doctor
 2. According to the demand of the child
 3. Lots of water
 4. Five glasses
 5. Don't know
14. Which type of fluids you can give to your child after surgery?
1. Milk
 2. Water
 3. All fluids
 4. Don't know

15. How frequently child need bathing?

1. Bath once in a week
2. Bath once in two days
3. Bath daily
4. Don't know

16. Which type of dress is good for your child after surgery.

1. Polyster
2. Woolen
3. Cotton
4. All types
5. Don't Know

17. The points to be remembered to prevent infection

1. Prevent close contact of baby with infected person
2. Hands of baby and the care giver should be cleaned and nails should be cut off.
3. Before food the wound should be covered with clean towel.
4. The bed given should be cleaned and ironed
5. All the above
6. Don't know

18. Do you allow your child to play after surgery.

1. Yes
2. No

19. Which type of play actives can be promoted to the child after surgery?
1. Allow the child to play with in room.
 2. All play actives can be promoted
 3. Do not allow the child to play
 4. Don't know
20. Which is the favourable position to sleep for the child after surgery?
1. Prone position
 2. Supine position
 3. Any position which the child feels comfortable
 4. Don't know
21. How can you prevent wound infection?
1. Bath regularly
 2. By keeping it open
 3. By using clean, washed and ironed dresses
 4. All the above
22. After surgery how long the child is to be kept away from crowdy places
1. One week
 2. One month
 3. Three month
 4. Whenever needed
 5. Don't know

23. How will you detect infection?

1. Fever
2. Intermittent cough with productive sputum
3. Increased pulse rate
4. All the above
5. Don't know

24. How will you detect wound infection?

1. Redness around the incision area
2. Itching around the incision site
3. Oozing from the site
4. All the above
5. Don't know

25. What will you do if there is any wound infection

1. Consult a nearby doctor
2. Allow the wound to heal by itself
3. Don't know

26. At which time you should give medicine to the child.

1. Any time to the day
2. After food
3. Before sleeping
4. According to the time prescribed by the doctor
5. Don't know

27. Can you give medicine again if your child vomits after taking medicine?
1. Yes
 2. No
 3. Don't know
28. In which way you can give tablets to your child?
1. By powdering the tablet to your child
 2. By diluting with milk
 3. By swallowing the tablet
 4. All the above
29. What are the things to be checked while your child is on diuretics?
1. Measure intake of the child
 2. Measure urine output
 3. Check for dehydration
 4. All the above
 5. Don't know
30. When the bay should be brought for follow up
1. When child is ill
 2. According to doctor's order
 3. After one year
 4. Both 1 and 2
 5. Don't know

31. In which all instances you need to consult your doctor immediately.

1. Fever, Dyspnea, Restlessness
2. If there is any edema / pus collection in surgical site
3. Reduced urine output, edema, abdominal distension
4. All the above
5. Don't know

B.ചോദ്യവലി
SECTION - A

കുട്ടിയുടെ പേര് :

വയസ്സ് :

അമ്മയുടെ പേര് :

1. അമ്മയുടെ വയസ്സ്

- | | |
|--|--|
| a. 20-25 yrs. <input type="checkbox"/> | b. 26-30 yrs. <input type="checkbox"/> |
| c. 31-35 yrs. <input type="checkbox"/> | d. 36-40 yrs. <input type="checkbox"/> |

2. ഏതുതരം കുടുംബമാണ് നിങ്ങളുടേത്?

- | | |
|--|--|
| a. കൂട്ടു കുടുംബം <input type="checkbox"/> | b. അണുകുടുംബം <input type="checkbox"/> |
|--|--|

3. വിദ്യാഭ്യാസ യോഗ്യത

- | | |
|--|---|
| a. നിരക്ഷരൻ <input type="checkbox"/> | b. പ്രാഥമിക വിദ്യാഭ്യാസം <input type="checkbox"/> |
| c. ഹൈസ്കൂൾ <input type="checkbox"/> | d. ഹയർ സെക്കൻഡറി <input type="checkbox"/> |
| e. മറ്റു വിദ്യാഭ്യാസം <input type="checkbox"/> | |

4. ജോലി

- | | |
|--|--|
| a. പ്രൈവറ്റ് ജോലി <input type="checkbox"/> | b. ഗവൺമെന്റ് ജോലി <input type="checkbox"/> |
| c. പ്രഷണൽ <input type="checkbox"/> | d. സ്വയം തൊഴിൽ <input type="checkbox"/> |
| e. ജോലിയില്ല <input type="checkbox"/> | |

5. വരുമാനം

- | | |
|--|---|
| a. ദാരിദ്ര രേഖയ്ക്ക് താഴെ <input type="checkbox"/> | b. പ്രാഥമിക വിദ്യാഭ്യാസം <input type="checkbox"/> |
| c. ഹൈസ്കൂൾ <input type="checkbox"/> | d. ഹയർ സെക്കൻഡറി <input type="checkbox"/> |
| e. മറ്റു വിദ്യാഭ്യാസം <input type="checkbox"/> | |

SECTION - B

- 6. നിങ്ങളുടെ ജീവിതപങ്കാളി രക്തബന്ധത്തിൽ നിന്നുള്ളതാണോ?
 - a. ആണ്
 - b. അല്ല

- 7. ഗർഭകാലത്തിന്റെ ആദ്യത്തെ മൂന്നുമാസത്തിൽ എന്തെങ്കിലും അണുബാധയുണ്ടായിട്ടുണ്ടോ?
 - a. ഉണ്ട്
 - b. ഇല്ല

- 8. കുടുംബത്തിൽ ആർക്കെങ്കിലും ഹൃദ്രോഗം ഉണ്ടായിരുന്നുവോ?
 - a. ഇല്ല
 - b. ഉണ്ട്
 - c. ഉണ്ടെങ്കിൽ ആർക്ക്?

- 9. എന്നു മുതലാണ് നിങ്ങളുടെ കുട്ടിയിൽ രോഗലക്ഷണങ്ങൾ കണ്ടുതുടങ്ങിയത്?
 - a. ജനനം മുതൽ
 - b. ഒരാഴ്ചക്കു ശേഷം
 - c. ഒരു മാസത്തിനു ശേഷം
 - c. മറ്റൊഴ്ചയെങ്കിലും

- 10. ഏതുതരം സർജറിയാണ് കുട്ടിക്ക് ചെയ്തത്?
 - a. മുൻകുട്ടി തീരുമാനിച്ചത്
 - b. ധൃതിയിൽ തീരുമാനിച്ചത്

- 11. ഈ ഓപ്പറേഷൻ രോഗലക്ഷണം കുറയ്ക്കുവാൻ വേണ്ടിയാണോ അതോ പൂർണ്ണമായി ഭേദപ്പെടുന്നതാണോ?
 - a. രോഗലക്ഷണം കുറയ്ക്കുവാൻ വേണ്ടി ചെയ്തത്
 - b. പൂർണ്ണമായി ഭേദപ്പെടുന്ന ഓപ്പറേഷൻ

SECTION - C

ചോദ്യം നന്നായി കേട്ടതിനു ശേഷം ഉത്തരം പറയുക.

ഓരോ ശരിയുത്തരത്തിനും ഒരു മാർക്ക് ഓരോ തെറ്റുത്തരത്തിനും '0' മാർക്ക്

ആകെ മാർക്ക് :45

12. എന്തുതരം ആഹാരമാണ് കുഞ്ഞിനെ വീട്ടിൽ കൊണ്ടു പോയതിനുശേഷം കൊടുക്കാവുന്നത് ?

- a. ദ്രാവകങ്ങൾ
- b. അർത്ഥ വരാവസ്ഥയിലുള്ളവ
- c. എല്ലാ ഭക്ഷണങ്ങളും
- d. അറിയത്തില്ല

13. ഒരു ദിവസം നിങ്ങളുടെ കുട്ടിക്ക് എന്തുമാത്രം വെള്ളം കൊടുക്കാം ?

- a. ഡോക്ടറുടെ നിർദ്ദേശ പ്രകാരം
- b. കുട്ടിയുടെ ആവശ്യാനുസരണം
- c. ധാരാളം വെള്ളം കൊടുക്കണം
- d. അഞ്ചു സ്റ്റാസ് വരെ
- e. അറിയത്തില്ല

14. ശസ്ത്രക്രിയയ്ക്കു ശേഷം ഏതെല്ലാം തരത്തിലുള്ള വെള്ളം കുടിക്കാൻ കൊടുക്കാം?

- a. പാൽ
- b. തിളച്ചിചുറിയ വെള്ളം
- c. എല്ലാതരത്തിലുള്ള വെള്ളവും
- d. അറിയത്തില്ല

15. കുഞ്ഞിനെ എത്ര തവണ കുളിപ്പിക്കണം

- a. ആഴ്ചയിലൊരിക്കൽ
- b. രണ്ടുദിവസത്തിലൊരിക്കൽ
- c. ദിവസവും
- d. അറിയത്തില്ല

16. ഏതുതരം വസ്ത്രമാണ് ശസ്ത്രക്രിയയ്ക്കു ശേഷം കുട്ടികൾക്ക് നന്ന് ?

- a. പോളിസ്റ്റർ
- b. കമ്പിളി വസ്ത്രം
- c. കോട്ടൺ വസ്ത്രം
- d. എല്ലാത്തരത്തിലുള്ള തുണികളും
- e. അറിയത്തില്ല

17. അണുബാധയുണ്ടാകാതിരിക്കാൻ ശ്രദ്ധിക്കേണ്ട കാര്യങ്ങൾ എന്തെല്ലാം ?

- a. രോഗമുള്ളവർ കുട്ടിയെ സമീപിക്കാതിരിക്കുക
- b. കുഞ്ഞും കുഞ്ഞിനെ പരിചരിക്കുന്നയാളും കൈകൾ വൃത്തിയാക്കി കഴുകുകയും നഖങ്ങൾ വെട്ടുകയും ചെയ്യണം
- c. ആഹാരത്തിനു മുൻപ് മുറിവ് വൃത്തിയുള്ള തുണിയുപയോഗിച്ച് സംരക്ഷിക്കണം.
- d. കിടക്കവിരി വൃത്തിയുള്ളതും തേച്ചുതുടായിരിക്കണം
- e. മുകളിൽ പറഞ്ഞവയെല്ലാം
- f. അറിയത്തില്ല

18. നിങ്ങളുടെ കുഞ്ഞിനെ ശസ്ത്രക്രിയയ്ക്കു ശേഷം കളിക്കാൻ അനുവദിക്കാമോ ?

- a. അനുവദിക്കും
- b. ഇല്ല

19. ശസ്ത്രക്രിയയ്ക്കു ശേഷം കുഞ്ഞിനെ ഏതെല്ലാം കളികൾ കളിക്കാൻ അനുവദിക്കാം ?

- a. കുഞ്ഞിനെ മുറിക്കുള്ളിൽ ഇരുന്ന് കളിക്കാൻ അനുവദിക്കാം.

- b. എല്ലാം കളികളും കളിക്കാൻ അനുവദിക്കാം
- c. കുട്ടിയെ കളിക്കാൻ അനുവദിക്കില്ല
- d. അറിയത്തില്ല

20. ശസ്ത്രക്രിയയ്ക്കു ശേഷം ഏതു രീതിയിലാണ് കുട്ടിയെ കിടത്തേണ്ടത്

- a. മലർത്തി കിടത്തുക
- b. കമിഴ്ത്തി കിടത്തുക
- c. കുഞ്ഞിന് ഇഷ്ടമുള്ള ഏതു രീതിയിലും കിടത്താം
- d. അറിയത്തില്ല

21. ഏതു വിധത്തിൽ മുറിവിൽ രോഗാണുബാധയുണ്ടാകാതെ സംരക്ഷിക്കാം ?

- a. ദിവസവും കുളിക്കുക
- b. മുറിവ് തുറന്നു വയ്ക്കുക
- c. വൃത്തിയുള്ളതും തേയ്ച്ചതുമായ വസ്ത്രമുപയോഗിക്കുക
- d. മുകളിൽ പറഞ്ഞവയെല്ലാം

22. ശസ്ത്രക്രിയയ്ക്കു ശേഷം കുട്ടിയെ എത്രനാൾ ആൾ തിരക്കിൽ നിന്നു മാറ്റിനിർത്തണം.

- a. ഒരാഴ്ചക്കാലം
- b. ഒരു മാസം വരെ
- c. മൂന്നു മാസം വരെ
- d. ആവശ്യമുള്ളപ്പോഴെല്ലാം
- d. അറിയത്തില്ല

23. കുഞ്ഞിന് രോഗാണുബാധയുണ്ടായെന്ന് നിങ്ങൾ എങ്ങനെ തിരിച്ചറിയും ?

- a. പനി വന്നാൽ
- b. ഇടവിട്ടുള്ള ചുമയും ക്ഷവവും
- c. നാഡിയിടൂപ്പ് കൂടുന്നതിലൂടെ
- d. മുകളിൽ പറഞ്ഞവയെല്ലാം വന്നാൽ
- e. അറിയത്തില്ല

24. കുഞ്ഞിന്റെ മുറിവിൽ രോഗാണുബാധയുണ്ടായെന്ന് നിങ്ങൾ എങ്ങനെ തിരിച്ചറിയും ?

- a. മുറിവിന് ചുറ്റും ചുവപ്പു നിറം കണ്ടാൽ
- b. മുറിവിന് ചുറ്റും ചൊരിച്ചിൽ ഉണ്ടെങ്കിൽ
- c. മുറിവിൽ നിന്നും ദ്രാവകം ഒഴുകിവന്നാൽ
- d. മുകളിൽ പറഞ്ഞവയെല്ലാം
- e. അറിയത്തില്ല

25. മുറിവിൽ എന്തെങ്കിലും രോഗാണുബാധയുണ്ടായാൽ നിങ്ങൾ എന്തുചെയ്യും ?

- a. അടുത്തുള്ള ഡോക്ടറെ കാണിക്കും
- b. മുറിവ് തനിയെ ഉണങ്ങാൻ അനുവദിക്കും
- c. അറിയത്തില്ല

26. ഏതു സമയമാണ് കുട്ടിക്ക് മരുന്നു കൊടുക്കാൻ നല്ലത് ?

- a. പകൽ സമയം
- b. ആഹാരത്തിനു ശേഷം
- c. ഉറങ്ങുന്നതിന് മുമ്പ്
- a. ഡോക്ടർ നിർദ്ദേശിച്ച സമയമനുസരിച്ച്

27. നിങ്ങളുടെ കുട്ടി മരുന്ന് കഴിച്ചതിനു ശേഷം ചർദ്ദിക്കുകയാണെങ്കിൽ നിങ്ങൾ വീണ്ടും മരുന്നു കൊടുക്കുമോ ?

- a. കൊടുക്കും
- b. ഇല്ല
- c. അറിയത്തില്ല

28. ഏതെല്ലാം തരത്തിൽ നിങ്ങൾക്ക് കുഞ്ഞുങ്ങൾക്ക് ഗുളിക കൊടുക്കാം ?

- a. ഗുളിക പൊടിച്ചു വെള്ളത്തിൽ ചാലിച്ചു കൊടുക്കാം
- b. പാലിൽ ചാലിച്ചു കൊടുക്കാം
- c. ഗുളിക വിഴുങ്ങാൻ കൊടുക്കാം
- d. മുകളിൽ പറഞ്ഞ രീതിയിലെല്ലാം കൊടുക്കാം

29. നിങ്ങളുടെ കുഞ്ഞിന് മൂത്രം പോകാനുള്ള മരുന്ന് കൊടുക്കുകയാണെങ്കിൽ എന്തൊക്കെ കാര്യങ്ങൾ ശ്രദ്ധിക്കണം

- a. കുട്ടിക്ക് കുടിക്കാൻ കൊടുക്കുന്ന വെള്ളം അളന്നു കൊടുക്കണം
- b. മൂത്രം അളന്നു കളയണം
- c. ശരീരത്തിന്റെ ജലാംശ നഷ്ടം ശ്രദ്ധിക്കണം
- d. മുകളിൽ പറഞ്ഞവയെല്ലാം
- e. അറിയത്തില്ല

30. ശസ്ത്രക്രിയയ്ക്കു ശേഷം കുട്ടിയെ എപ്പോഴാണ് ആശുപത്രിയിൽ കൊണ്ടുവരേണ്ടത്?

- a. കുട്ടിക്ക് വഴുതാകുമ്പോൾ
- b. ഡോക്ടറുടെ നിർദ്ദേശപ്രകാരം
- c. ഒരു വർഷം കഴിഞ്ഞ്
- d. A യും B യും
- e. അറിയത്തില്ല

31. ഏതൊക്കെ സാഹചര്യത്തിലാണ് നിങ്ങൾ ഡോക്ടറെ ഉടനെ സമീപിക്കേണ്ടത്?

- a. പനി, ശ്വാസം മുട്ടൽ, അസ്വസ്ഥത, എന്നിവ വന്നാൽ
- b. ശസ്ത്രക്രിയ ചെയ്ത ഭാഗത്ത് നീരോ, പഴിപ്പോ കണ്ടാൽ
- c. മൂത്രത്തിന്റെ അളവ് തീരെ കുറയുക, നീർവീക്കം, വയറിന് അസ്വസ്ഥത
- d. മുകളിൽ പറഞ്ഞവയെല്ലാം
- e. അറിയത്തില്ല

