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# JFINPH

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Journal of Farkhanda Institute of Nursing And Public Health (JFINPH) is the official peer-reviewed research journal of Gandhara University for Nursing and Public Health institute in Peshawar, Pakistan. The journal provides a platform for original research papers and case reports about health care support, association, supervision, workforce, programs and exploration procedures of research relevant to nursing, midwifery, public health and other health-related occupations. JFINPH is the sister journal of "Journal of Gandhara Medical and Dental Sciences" a HEC-approved journal and is published on quarterly basis. In this pioneering endeavor, it aims to reinforce and support evidence-based knowledge and practice by publishing quality research in the form of systematic and other scholarly articles along with reviews, letters to editor, and case reports.

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**COVID-19; VACCINE ADMINISTRATION AND THE ROLE OF NURSES/ MIDWIVES**

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Dildar Muhammad  
Assistant Professor Nursing  
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The COVID-19 vaccine is finally available in the market and across the globe its public administration has started widely. Safe and effective administration of COVID-19 vaccine is the primary responsibility of nurses, midwives and other healthcare professionals<sup>1</sup>. Therefore, nurses and other professionals who are involved in administering vaccines must be knowledgeable, confident and competent. Nurses have main role in the administration of the COVID-19 vaccine therefore it is compulsory that nurses possess accurate knowledge and skills to administer vaccines<sup>2</sup>. Core competencies required of nurses include product knowledge, storage and handling, administration and documentation<sup>3</sup>.

Before administering vaccine training is required. Depending on the product nurses must have knowledge of the eligibility requirements, vaccination schedule and history, contraindications, precautions and clinical considerations<sup>4</sup>. Moreover, it is important to understand recommended observation time and signs and symptoms of allergic reactions and anaphylactic shock (if any). Safe administration also requires that nurses must possess accurate knowledge of storage and handling of COVID-19 vaccine including inspecting, unpacking, accounting, and storing vaccines<sup>5</sup>. Depending on the product, nurses must demonstrate the knowledge of maintaining cold chain and any protocol in case of cold chain failure. Proper monitoring of temperature and recording it are vital for safe and effective administration of COVID-19 vaccine.

Administration of vaccine is the key competency required of nurses that include infection prevention and control as well as mitigation measures. Identifying proper needle gauge and length is important in addition to best injection site based on route, age and health of the recipient<sup>6,7</sup>. Correct intramuscular injection technique is the cornerstone to prevent administration errors such as shoulder injury etc. Similarly, nurses should have the knowledge as per standard protocol of how to dispose vials, syringes, needles and other supplies<sup>8</sup>. Finally, proper documentation of vaccination is key in appropriate data systems. Evidence suggest that health care professionals including nurses and midwives are highly trusted when it comes to vaccine information therefore it is vital that nurses provide appropriate information including vaccination report card to vaccine recipient. Nurses should also be able to explain to the patient any adverse effect and what to do in such situations.

For the safe and effective administration of vaccine, it is important that nurses must self-assess themselves in the above areas and where required must improve themselves before embarking on to administer COVID-19 vaccines to public. Facilities and vaccine centers must arrange training and refresher courses for nurses and support staff involved in administration of vaccines.

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## ASSESSMENT OF SYMPTOM AND QUALITY OF LIFE IN PEDIATRIC BRAIN TUMOR SURVIVORS

Nusrat Noreen<sup>1</sup>, Rashida Manzoor<sup>2</sup>, Nazeer Ali Buriro<sup>3</sup>, Roheeda Amanullah<sup>4</sup>, Naeema Sher Akbar<sup>5</sup>

### **ABSTRACT:**

#### **OBJECTIVES:**

*The purpose of this study was to assess the relationship between quality of life and demographic variables in pediatric brain tumor survivors.*

#### **METHODOLOGY:**

*A descriptive cross-sectional study was conducted in two tertiary care hospitals of Peshawar, Khyber Pakhtunkhwa. Census method (consecutive) sampling technique was used to collect data from 100 participants using quality of life checklist and symptoms memorial assessment scale.*

#### **RESULTS:**

*The mean age of the participants was 8.71 years. Almost all participants reported symptoms such as: headache, nausea and vomiting, social life restrain, poor schooling, difficulty urination and concentration, poor attention, lack of energy, cough, feeling sadness and nervousness, dry mouth, numbness, difficulty in sleeping, diarrhea, shortness of breath, sweating and itching. Overall, majority (53%) participants had average quality of life, 35% participants had good quality of life, and only 12% participants of the study had poor quality of life.*

#### **CONCLUSION:**

*Pediatric brain tumor survivor patients experienced variety of symptoms. The quality of life among pediatric brain tumor survivor patients was not very bad, as they have reported average quality of life in this study.*

**KEYWORDS:** Pediatric, Brain Tumor, Survivors, Quality of Life, Symptoms Experiences.

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### **INTRODUCTION:**

Cancer is the major health problem

worldwide and the second leading cause of death in United States (US)<sup>1</sup>. It was reported in 2018 that 1,735,350 new cases and 609,640 deaths were believed to have resulted by cancer in United States<sup>2</sup>. It is not only the major health problem in developed countries but also approximately 70% of deaths are reported due to cancer in low-income and middle-income countries<sup>1,3</sup>. Pediatric cancers are life threatening and the condition is distressing to the children and their families at diagnosis, both during treatment and beyond<sup>4</sup>. Cancer is the leading cause of death in children more than one month of age. In the last 10 years cancer

incidents are almost static in females but the incident rate is declined by 02% in males<sup>5,6</sup>. Brain cancers add more to cancer statistics. The incidents of brain cancers increase in the early age (children) and decrease with the age<sup>7</sup>. In developing countries i.e. Pakistan and India, the mortality rate of pediatric brain cancer is substantially high. In Pakistan, 6.1 to 9.3 cases per 1000,000 children age between 0-14 years are diagnosed with brain tumor and out of them 90% brain tumor victims die<sup>8, 9</sup>. It is evident from the literature that behavior and dietary habits are risk factors, which lead to around one third of cancer deaths<sup>10</sup>. The severity of brain cancer depends on the type, grade and location of brain cancer. Grade 1 is the least serious and grade 4 is the most serious and danger stage of cancer. Over 70% of children with a primary central nervous system tumor used to live for 5 to 10 years following diagnosis, many cured from their disease<sup>2, 11</sup>. The survival of pediatric brain tumors patients depends on the grade and location of tumor<sup>12</sup>. Brain tumor in children appears with certain symptoms in which headache, enlarge head, nausea and vomiting, personality changes, irritability, drowsiness, seizures and coma are common. According to literature, the most common symptom that appears first is headache (41%), vomiting is estimated in 12% patients, visual difficulties, educational and behavioral problems reported in 10% brain cancer patients<sup>13</sup>. Among treatment options, the most common management is chemotherapy, the second one is the surgical removal of tumor and the third one is radiation therapy<sup>14</sup>. Surgical removal of tumor has also some severe complications in which infections, sepsis and regrowth of tumor are common<sup>15</sup>. Brain cancer badly impacts the children social, emotional, physical, psychosocial status, and quality of life. According to one study, children with brain tumors have lower health related quality of life (HRQL) than other children with cancer. Hearing loss, learning problems and balance difficulties are the main issues among these children<sup>16</sup>. There is a need of exploring the hidden issue and identify prevalence, severity and problems associated with brain tumor and their effect on quality of life.

## METHODOLOGY:

A descriptive cross-sectional study was conducted in two tertiary care hospitals of Peshawar, Khyber Pakhtunkhwa, namely, Lady Reading Hospital (LRH) and Hayatabad Medical Complex (HMC). Total of 100 pediatric brain tumor survivors were included in the study using consecutive sampling technique. Data were collected in Neurosurgical oncology unit and OPDs of the hospitals. The study was carried out from June 2019 to November 2019.

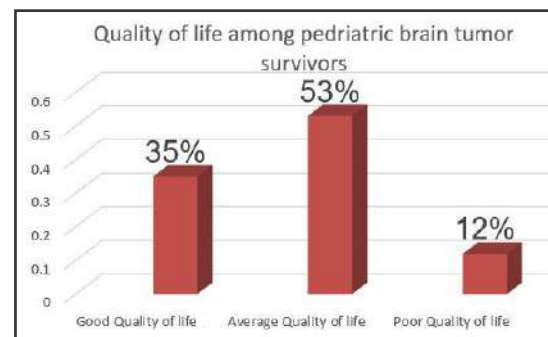
Children from birth to 18 years of age who had completed their active treatment like surgery, systemic or radiation therapy for the brain tumor participated in the study. While children undergoing palliative treatment, patients undergoing active treatment or investigation for a secondary malignancy or disease relapse were excluded from the study. Data were collected using paediatric quality scale (PedQL) scale to measure the quality of life of participants and Memorial Symptom Assessment Scale (MSAS) to identify the symptoms among brain tumour survivors. The participants who secure more than 75% marks according to the quality of life scale were considered having poor quality of life; the marks between 50%-75% were considered as average quality of life; and marks less than 50% were good quality of life. The data were collected after approval from ASRB and ethical review board. Written consent was taken from the patients before collecting the data. Permission was also sought from the Directors of both hospitals. Data were analyzed statistically through SPSS version 24.

**RESULTS:****Table 1: SocioDemographic Profile of the Participants (n=100)**

	Frequency	Percent
<b>Age</b>		
Less than 5 Years	24.0	24.0
5-10 Years	42.0	42.0
More than 10 Years	34.0	34.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
<b>Type of Cancer</b>		
Benign Cancer	55.0	55.0
Malignant Cancer	45.0	45.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
<b>Gender</b>		
Male	35.0	35.0
Female	65.0	65.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
<b>Treatment Option</b>		
Surgery	51.0	51.0
Chemotherapy	39.0	39.0
Radiotherapy	10.0	10.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
<b>Tumor Location</b>		
Supratentorium	66	66.0
Intratentorium	34	34.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
<b>Tumor Grade</b>		
Grade 1	30	30.0
Grade 2	48	48.0
Grade 3	22	22.0
<b>Total</b>	<b>100</b>	<b>100.0</b>
<b>Ventriculoperitoneal Shunt</b>		
Yes	40	40.0
No	60	60.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

**Table 2: Symptoms Assessment among Brain Tumor Survivors**

Symptoms		%
Headache, Cough, vomiting, nausea, Dry Mouth, Diarrhea, Shortness of breath	Yes	73%
	No	27%
Nervousness, difficulty in sleeping,	Yes	86%
	No	14%
Poor schooling, social life restraints	Yes	84%
	No	16%
Difficulty in concentration, poor attention,	Yes	96%
	No	4%
Pain, difficulty urination,	Yes	92%
	No	8%
Lack of energy, feeling sadness	Yes	90%
	No	10%

**Figure 1: Quality Of Life Of Brain Tumor Patients****DISCUSSION:**

A study revealed lack of energy (49.7%) and (6.3%) problem in urination<sup>19</sup>. Feeling of nervousness, worry, irritability, and sadness were reported in 35% participants. Pain, drowsiness, nausea and vomiting, cough, and lack of appetite were reported in half (50%) participants<sup>14,17,18</sup>. Similarly, another study revealed that around 60% children with brain tumor experiences similar symptoms depend on the severity and condition of the patients<sup>20</sup>. More than half of the survivors (64%) reported lack of concentration, lack of sleep, headache, lack of energy and pain<sup>13</sup>. These studies findings are coherent to our study result. In addition, another study reported most common symptoms with occurrence >40% were lack of energy, lack of

appetite, feeling drowsy, sweating, worrying, nausea, dry mouth, pain, and lack of concentration. All these symptoms were frequent, severe and were distressing for the patients<sup>21</sup>. There is need to improve health related quality of life among children with brain tumor. Feeling of nervousness was reported among the participants of this study which is common in other parts of the world as well. The study present similar findings regarding worrying about disease process with other various studies globally<sup>22</sup>. In the present study, majority (53%) participants had average quality of life, 35% participants had good while only 12% participants of the study had poor quality of life. No association was found between quality of life and socio-demographic variables in the present study. Most of the symptoms causing poor quality of life, which is depicted from all the studies quality of life, were reported strongly associated ( $p=0.001$ ) with grading of tumor among the survivors<sup>21</sup>. Similarly, another study reported lower quality of life among pediatric brain tumor survivors. Likewise, the study conducted by Huda Abu-Saad Huijer, Knar Sagherian and Hani Tamim in Lebanon revealed good quality of life among pediatric brain tumor survival. Physiological support was reported as an important factor associated with good quality of life<sup>22</sup>. A study by Gadiraju Padmaja also supports these results<sup>23</sup>. Though variation exists in the findings of the studies but all indicate that pediatric brain tumor patients need proper social support, symptomatic treatment, psychological support and education to improve their quality of life<sup>13</sup>.

### CONCLUSION:

Pediatric brain tumor survivor patients experienced variety of symptoms but poor sleeping, lack of appetite, lack of concentration, lack of energy, sadness, and urination problem affect their daily life activities, schooling and their overall health. Ultimately, these factors affect the quality of life of patients. Pediatric brain tumor survivor patients have average quality of life across the globe. Symptomatic treatment, coping strategies, educational trainings and psychological support are recommended to improve their quality of life.

### LIMITATIONS:

The study design is cross sectional so the generalization may not be applicable for all pediatric brain survivors. Future study can be conducted to evaluate the health education approach to improve symptoms among brain tumor survivors.

**CONFLICT OF INTEREST:** None

**FUNDING SOURCES:** None

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4. **Roheeda Amanullah** - Data Acquisition; Drafting Manuscript
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## EFFECTIVENESS OF PROBLEM BASED LEARNING VERSUS LECTURE METHOD AMONG NURSING STUDENTS

Sameena Naz<sup>1</sup>, Bakhtiyar Ali Shah<sup>2</sup>, Akhter Zeb<sup>3</sup>

### **ABSTRACT:**

### **OBJECTIVES:**

*The objective of the study was to determine the effectiveness of problem-based learning (PBL) versus lecture-based learning (LBL) among nursing students of Public Sector Nursing Colleges.*

### **METHODOLOGY:**

*A quasi-experimental study was carried out in Public Sector Nursing Colleges. Overall, 69 students of 2nd semester were included in the study. Initially, data were collected using a predesigned questionnaire. Students were randomly divided into two groups; one group were subjected to the Lecture based learning while other group were subjected to Problem based Learning. Learning objective was the same for both groups. The topics was given 5 days before the test to the students. Test was taken from both the groups. Their scores on each topic was recorded in SPSS 23.0.*

### **RESULTS:**

*There was no significant difference among the participants demographic variables. The test results showed students' performance was high in problem-based learning in comparison to lecture based learning methods ( $P < 0.001$ ).*

### **CONCLUSION:**

*Students performance in PBL were higher which indicates that PBL is effective as compared to LBL.*

**KEYWORDS:** Problem Based Learning, Education, Lecture, Teaching, Learning

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### **INTRODUCTION:**

Education is the vital source for a successful life; it is comprised of two unified processes of teaching and learning<sup>1</sup>. Teaching and learning

go side by side in educational organizations since the origin of education<sup>2</sup>. Changes in the process of education occur over time. Problem-based learning (PBL) started in 1962 and became popular in all fields of education, especially in the field of Medical education<sup>3</sup>. Problem-based learning has achieved a high level of learning strategy across the globe and is used in several countries with high successes in the field of medicine, nursing and social science<sup>4</sup>. It is a process of solving the problem in a given scenario, which gives stimulus to the learner about the problem and presents new strategies to solve it<sup>5</sup>. Finding



from study conducted in the University of California shows that PBL gives more opportunities for clinical skill applications<sup>6</sup>. One study highlighted students preferred problem-based learning over lecture-based learning because it enhances motivation, gives a higher quality of education, with other advantages like better knowledge maintenance, class attractiveness, and practical use<sup>7</sup>. Moreover, students in PBL develop higher-order thinking and positive effect on their decision-making ability and establish greater satisfaction than students' in LBL. A Chinese study reveals that PBL is increasingly popular among preventive medicine<sup>8</sup>. Overall, PBL was associated with a significant increase in students' theoretical examination scores along with problem-solving skills, self-directed learning skills, and collaborative skills than LBL<sup>8</sup>. Results Chicago indicated that the level of knowledge in the PBL group was significantly higher than Lecture group<sup>9</sup>. Students' motivation was drastically higher in the PBL group and had higher motivation toward learning as compared to the lecture group<sup>10</sup>. In students' view, PBL was effective in increasing students' ability to integrate theory and practice in clinical practice<sup>11</sup>. In Pakistan majority of the educational institutes follow the traditional methods such as lecture and other strategies for teaching which leads to rote learning<sup>12</sup>. The present study aimed to determine the effectiveness of the PBL versus LBL method in nursing education of two

public institutes. The result will help to improve the teaching and learning methodologies.

### METHODOLOGY:

A quasi-experimental study was used to determine the effectiveness of problem-based learning (PBL) vs. Lecture-based learning (LBL) in nursing education. It was conducted in two public institutes of nursing in Peshawar, i.e. Institute of Nursing Sciences and the Postgraduate College of Nursing Hayatabad. A total 69 nursing students of 2<sup>nd</sup> semester were included in the study. One group was subjected to the lecture-based learning and the other group was subjected to problem-based learning method. Results are displayed in graphs, tables, with a brief description. Learning objective was the same for both groups. The topics was given 5 days before the test to the students. Test was taken from both the groups. Their scores on each topic was recorded in SPSS 23.0. Frequencies of variables in both groups were measured. A Chi-square test was applied to assess statistical significance.

### RESULTS:

A total of 69 participants were recruited from two public sector nursing colleges of Peshawar. Both males and females were included in the study. 84% were females and 16% were males.

Table 1 : Comparison of Problem-based learning vs Lecture Based Learning

Topics for the students	Performance of students	Lecture Method	PBL Method	Total	Chi-Square	Level of Sig
sketch the pathway of gate control theory	Poor	13	09	22	27.22	<0.05
	Fair	09	26	34		
	Good	-	11	11		
	Excellent	-	01	01		
Differentiate Between Acute and Chronic Pain	Poor	17	19	36	5.67	<0.05
	Fair	04	14	18		
	Good	01	10	11		
	Excellent	0	04	04		
Identify Factors that Aggravate Pain	Poor	12	04	16	3.37	<0.05
	Fair	10	32	42		
	Good	-	11	11		

### DISCUSSION:

Possessing knowledge is not sufficient unless

one knows how to apply it in real-life situations<sup>13</sup>. Most of the participant were female, which is like a study conducted in the

USA<sup>14</sup>. Concerning the effectiveness of the PBL experience, it was found that PBL allowed the students to learn on their own. Results of this study indicated that students learn more effectively through PBL as compared to the lecture method. A similar study carried out in Iran showed that PBL is highly preferred over LBL<sup>9</sup>. In Egypt<sup>15</sup> the results showed significant difference in PBL and LBL methods. A study conducted in Pakistan<sup>16</sup> to compare the medical student's performance in problem-based learning and lecture-based learning methods. The results showed that in comparison to lecture-based learning, the problem-based learning was more effective. A study reported that educational intervention improves the nursing critical thinking skills which help them to take health care management decisions effectively<sup>10,17</sup>. In our study, most of the students PBL scores were fair and good as compared to scores in LBL which were below the fair. The findings were consistent with other studies<sup>14,18</sup>.

#### CONCLUSION:

Students in PBL gained more knowledge shown by their higher scores, which indicates that PBL was effective as compared to LBL.

**CONFLICT OF INTEREST:** None

**FUNDING SOURCES:** None

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## FACTORS CONTRIBUTING TO BURNOUT AMONG NURSES WORKING IN EMERGENCY ROOMS

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### **ABSTRACT:**

#### **OBJECTIVES:**

*To assess the burnout among nurses working in emergency rooms of public sector hospitals and contributing factors to burnout among them.*

#### **METHODOLOGY:**

*The study included nurses (N=130) having experience of two or more years in emergency rooms, in public sector hospitals of Rawalpindi/Islamabad and Lahore. Data was collected with the help of a self-structured questionnaire. Questionnaire was validated by sample pilot study of 20 nurses and with consultancy of statistician.*

#### **RESULTS:**

*The study revealed that out of 130 participant nurses, 126 (92.92%) were found to be suffering from burnout. Among them 86 (66.15%) had mild burnout and 40 (30.76%) were with moderate burnout. Among contributory factors of burnout, work related burnout was significantly higher as compared to personal and client related burnout.*

#### **CONCLUSION:**

*Nurses working in emergency rooms showed positive results of having burnout especially work related.*

**KEYWORDS:** Nurse, Burnout, Emergency Room (ER), Stress, Duties

#### **How to cite this article:**

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### **INTRODUCTION:**

Nursing is a demanding career that involves

extensive commitment, time, and energy regarding patient care, management, and service deliveries. The unpredictable working conditions by managing critical patients with different diseases, injuries, psychological conditions often lead to burnout<sup>1</sup>. It is characterized by depletion of energies, disappointment, doubts, depersonalization, and frustration leading to loss of purpose, ideas, and energy<sup>2</sup>. The person may develop symptoms of stress including backaches, indigestion, and lower resistance. Burnout also leads to low morale, family difficulties and social problems<sup>3</sup>. Fatigue, headaches, irritability, eating issues, insomnia, emotional

unpredictability and inflexibility and relation with individuals are some prominent clinical symptoms<sup>4</sup>. High levels of burnout can negatively affect patients' satisfaction, work environment and also have an adverse influence on the performance of the individuals<sup>5,6</sup>. Burnout also disturbs the life quality of employees with higher interpersonal conflicts and antagonism leading to excessive absenteeism; high turnover rate and increase in health care cost<sup>7</sup>. The factors related to burnout have three dimensions including socio-demographic factors, work-related factors, and personal risk factors. Personal characteristics like hardiness, coping strategies, and social support can mitigate the burnout. Stress and burnout are somehow related to each other. Acute emotive response and relational stressors occurring at profession can cause it<sup>9</sup>. Nurses performing in the emergency rooms provide intensive care that necessitates the quick decision-making ability, independent working and subdues sentiments to manage job responsibilities. Moreover, trivial autonomy and less feedback may lead to the development of burnout. Nurses performing duties in risky sectors including emergency and critical care are most susceptible to burnout due to patient requirements and undefined consequences<sup>10</sup>. Many researchers have studied burnout in nurses, and most of these studies concluded that burnout scores are considerably greater among hospital nurses<sup>11,12</sup>. Studies conducted on burnout in nurses of Pakistan are insufficient. Recently, a study was carried out regarding burn out among the pediatric surgeons of Pakistan<sup>13</sup> but there are limited studies on the factors contributing to burnout in nurses working in emergency rooms of public sector hospitals in Pakistan.

## METHODOLOGY:

This was an analytical cross sectional study. In this study, sample was based on 8 hospitals, total 150 performas were distributed out of which the data was collected from nurses (N=130) working in emergency room through self-administered questionnaire. A total of 130 responses were approached through purposive sampling technique with 8% margin of error. Sample size determination was done according to Health studies 2.0.21 WHO version i.e.  $n = Z^2 P(1-P) / d^2$ . Ethical

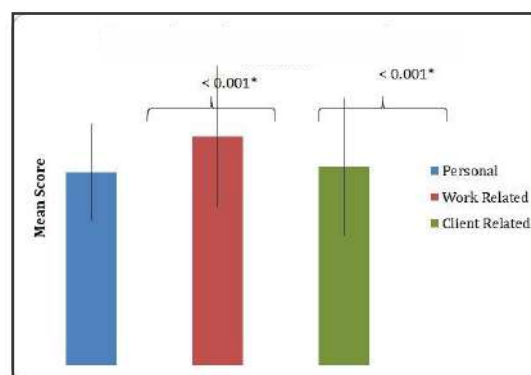
approval was taken from ethical review committee of University of Health Sciences Lahore, Punjab, Pakistan. The questionnaire comprised of two parts. The first part was the demographic profile; including marital status, gender, age, educational level, years of experience, title of work, employment sector and duty shift and rotation. Second part of the questionnaire was comprised of 19 questions related to burnout. The score ranges 25-50%, 50-75%, and score >75% would be considered as mild, moderate, and severe burnout respectively. A pilot study was conducted on 20 participants. Cronbach's Alpha was (.845) which was greater than 0.7. It indicated that instrument was reliable for data collection, to assess level of burnout among participants. Data entered and analyzed, through SPSS IBM version 21.

## RESULTS:

**Table 1: Grading Criteria for the Burnout Category & Results**

Burnout	Frequencies
No Burnout	04
Mild Burnout	86
Moderate Burnout	40
Severe Burnout	-
Total	130

Note: Here total questions were 19 and each having 5 marks, then total score rate is 95



**Figure 1: Comparison of Mean Score among Burnout Domains**

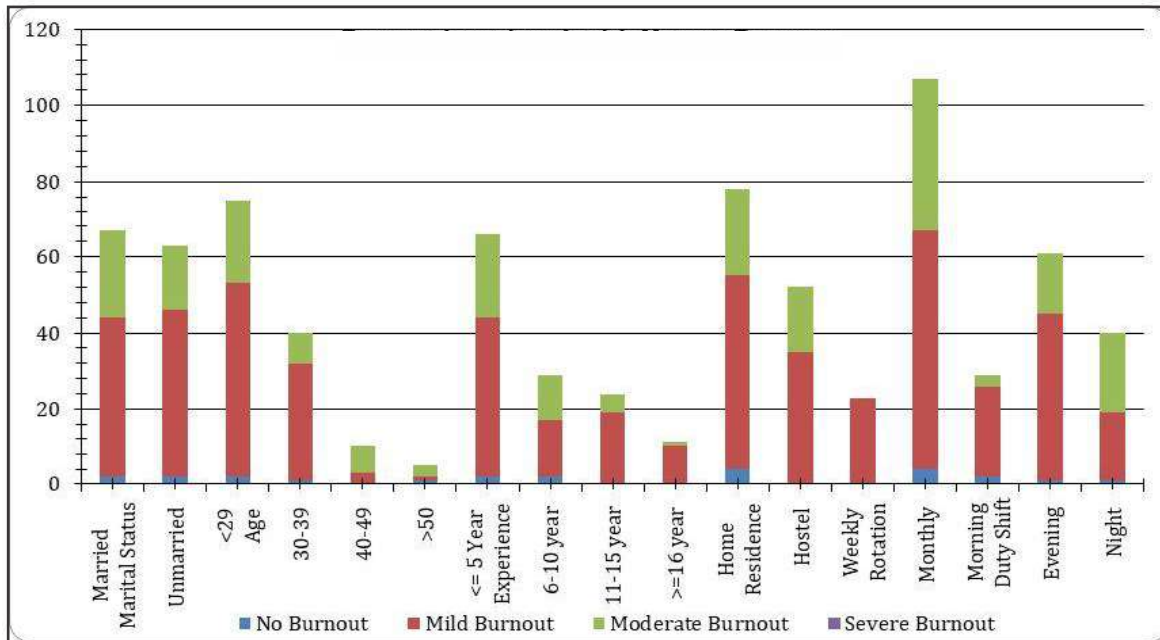


Figure 2: Factors Associated with Nurses Burnout

## DISCUSSION:

In this study, burnout was assessed among nurses working in emergency rooms. Out of 130 respondents, 92% participants were analyzed as individuals suffering from burnout. 86 participants were categorized as having mild burnout (68.25%) and 40 (31.74%) were with moderate burnout. The results were congruent to the findings which showed that emergency nurses have higher level of burnout as compared to nurses working in medical units<sup>14</sup>. Another study concluded the same results that nurses were found vulnerable to burnout, but emergency room nurses were more prone to burnout<sup>15</sup>. Age of nurses had significant relationship with personal burnout and work related burnout in our study. The study results of Kelly et al agreed to our results that younger age and working in high complex or critical areas are predisposing factors for burnout<sup>16</sup>. Other studies also revealed similar results that nurses having age less than 35 experienced higher levels of burnout<sup>17</sup>. In this study, experience has an insignificant relationship with personal, work-related burnout and the client related burnout. Another study noted that years of work and the rank of the nurse in the organization have positive association with the level of burnout<sup>18</sup>. The mean personal and work related burnout scored were higher in

married as compared to single. Marital status is correlated with client related burnout. Another study showed similar results and concluded that married nurses have higher levels of burnout compared to single nurses<sup>19</sup>. But it is contradicted by another study; researcher seems that there is no distinguishable difference in burnout among married and unmarried nurses<sup>19</sup>. Whereas Kelly et al in 2011 proposed that among nurses being single and childless are predisposing factors for burnout<sup>16</sup>. No relationship of type of residence was found with personal burnout, work related burnout and client related burnout in this study. Whereas, a study finds out that nurses having difficulty in childcare and in doing house chores, health problems of the nurse herself or her children, economic hardships and difficulties encountered in transportation are factors that attribute to burnout<sup>20</sup>. Duty shift has significant relationship with personal burnout, work-related burnout and client related burnout in this study. Other findings confirmed that nurses working in emergency have more burnout especially those who worked in long shifts or night shifts as compared to those at day shifts<sup>20</sup>. Another study on burnout concluded that insufficient opportunities to rest and regenerate depleted



energy aggravate the exhausting impact of demand/resource imbalances<sup>21</sup>. Therefore, burnout may be caused by above-mentioned reasons. It can be alleviated by eliminating and controlling of these contributing factors of burnout.

## CONCLUSION:

Emergency room nurses have mild to moderate burnout and work related factors are significantly related to burnout. There is also significant relationship of age, experience, duty shift and marital status with level of burnout.

**CONFLICT OF INTEREST:** None

**FUNDING SOURCES:** None

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## PARENTS SATISFACTION REGARDING THEIR CHILD WITH NURSING CARE IN TERTIARY HOSPITALS, PESHAWAR

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### **ABSTRACT:**

#### **OBJECTIVES:**

*To study the satisfaction of parents regarding their child with nursing care in government tertiary care hospitals in Peshawar, KPK.*

#### **METHODOLOGY:**

*A cross sectional study was done in three tertiary care hospitals in Peshawar District, KPK. Data was collected from 306 participants as a convenient sample size. Parents of children admitted in three units consisting of Pediatric Ward, Pediatric Intensive Care Unit (ICU) and Pediatric High Dependency Unit (HDU) for at least 2 days in these units were included. Whereas, those who have stayed less than 2 days were excluded. Data was collected from 306 participants through a structured questionnaire. Informed consent was taken from the participants. The data was recorded and analyzed on SPSS version 20.0.*

#### **RESULTS:**

*The result of this study shows more satisfaction from parents toward nursing care provided to their child. But in some areas i.e. providing informational care and following hygienic conditions, the parents' satisfaction was not positive.*

#### **CONCLUSION:**

*Parents as well as patient satisfaction are the key factors in relation to nursing care. Our study's finding show great satisfaction toward nursing care.*

**KEYWORDS:** *Intensive Care Unit (ICU), High Dependency Unit (HDU), Parents' Satisfaction, Children, Nursing Care*

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#### **INTRODUCTION:**

Parents' satisfaction with nursing care provided to their children is very important. Nurses and other health professionals should know the importance of support needed for the parents and to provide quality care for their children. Nurses should be aware of how to bridge the gap and communicate with parents through their knowledge and skills to support parental role. Access to information can make parents feel more comfortable, reduce

helplessness, and provide them a sense to control the situation<sup>1</sup>. Better nurse/patient ratio, nurse involvement in decision making, and positive doctor-nurse relations are also associated with improved patient outcomes, including reduction in further complications, mortality, and better parents' satisfaction<sup>2</sup>. The attitude and approach of the nurses are important factors, which enable them to treat children as human being, and not just a case, with sympathy, respect, and empathy and by staff who are interested in providing holistic care<sup>3</sup>. Parents and nurses are at the forefront of a hospitalized child's care and to understand the views of parents and nurses in the provision of holistic care to patient. Parents and children have a unique bond of relationship, which makes parental involvement much important to provide the holistic care to admitted child in pediatrics unit<sup>4</sup>. Patient satisfaction levels is a crucial part to measure the quality of care, especially for children who has difficulty in speaking, so parent's level of satisfaction should be taken into consideration<sup>5</sup>. Parents' satisfaction is generally accepted as a vital indicator of the quality and effectiveness of care<sup>6</sup>. The quality of care based on nursing care deficiencies was also explored and indicated that a significant relationship existed between quality care and parents of patient safety ratings. The creation and maintenance of trust is essential to increase the benefits of the relationship between nurses and parents of hospitalized

children<sup>7</sup>. Nurses are the front-line personnel who care for patients on a daily basis. Nurses can play an important role in ensuring patient safety in every unit of hospital<sup>3</sup>. The results of a study reported the assessment of parental satisfaction with nursing care was good. Enough resources are also one of the factors to provide better quality care<sup>9</sup>.

#### METHODOLOGY:

A cross sectional quantitative study design was used to find out the satisfaction level of parents in three government tertiary care hospitals in Peshawar district, Khyber Pakhtunkhwa from February to April 2020. The convenience sampling method was used and total 306 participants were recruited. Parents of children admitted in three units consisting of Pediatric Ward, Pediatric ICU and Pediatric HDU for at least 2 days in these units were included. Whereas, those who have stayed less than 02 days were excluded. Data was collected from 306 participants through a structured questionnaire. The questionnaire consisted of 20 questions based on various aspects of nursing care. The satisfaction level was graded to follow the Likert scale as; Never-1, Sometimes-2, Usually-3, and Always-4. Approval to carried out the study was taken from the hospital director. Informed consent was obtained from all participants. Data was processed and analyzed using the SPSS version 20.

#### RESULTS:

Table 1: Demographic Data (in Percentage)

Gender	Male	61	19.9%
	Female	245	80.1%
Age	25 to 30 years	143	46.7%
	31 to 35 years	133	43.5%
	36 to 40 years	29	09.5%
	41 and above	01	0.3%
Ward	Pediatric General ward	265	86.6%
	ICU	08	02.6%
	HDU	33	10.8%
Parents	Father	61	19.9%
	Mother	245	80.1%
Residence	Urban	121	39.5%
	Rural	185	60.5%

Table 2: Overall Results (Variables 1 to 20)

Serial No.	Questions	Participants Responses			
		Never N (%)	Sometimes N (%)	Usually N (%)	Always N (%)
1	Nurses listen carefully to your concerns	05 (1.6)	28 (9.2)	63 (20.6)	210 (68.6)
2	They provide effective nursing care during every procedure to your child	06 (2.0)	16 (5.2)	70 (22.9)	214 (69.9)
3	Nurses provides informational care to you	37 (12.1)	71 (23.2)	70 (22.9)	128 (41.8)
4	Behavior of nursing staff	13 (4.2)	15 (4.9)	67 (21.9)	211 (69)
5	Overall quality of care of the nursing staff	15 (4.9)	18 (5.9)	73 (23.9)	200 (65.4)
6	The nurses follow the hygienic conditions	93 (30.4)	108 (35.3)	31 (10.1)	74 (24.2)
7	Give medications on time	12 (3.9)	26 (8.5)	107 (35.0)	161 (52.6)
8	Nurse communicate doctor's messages with you regarding your child health status	06 (2.0)	40 (13.1)	74 (24.2)	186 (60.8)
9	I am satisfied from overall hospital care	05 (1.6)	15 (4.9)	61 (19.9)	225 (73.5)
10	Your child receives satisfactory treatment	03 (1.0)	15 (4.9)	56 (18.3)	232 (75.8)
11	Positive work climate and cooperation among staff members	02 (0.7)	10 (3.3)	38 (12.4)	256 (83.7)

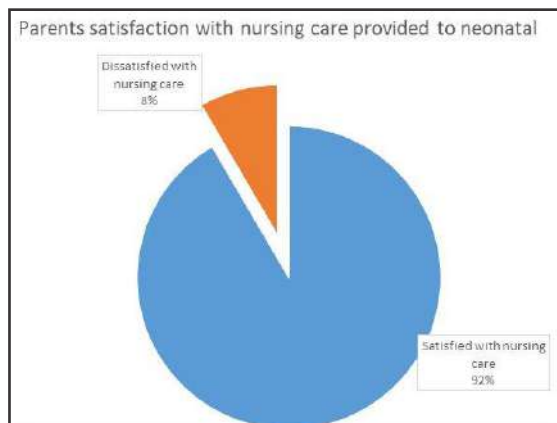


Figure 1 : showing satisfaction of the parents with nursing care

## DISCUSSION:

The satisfaction of the parents of those children admitted in pediatric wards in three teaching hospitals of Peshawar was studied. Charge nurse is the principal healthcare provider for the neonatal patients admitted in the ICU and HDU. They have greater

responsibilities for giving the effective care to infants, listening to their parents concerns and providing information care to them along with health status of their children. These factors contribute in the parent's satisfaction regarding the services and nursing staff<sup>10,11,12</sup>. Similarly, in our study, parents scores were high on the questions such as active listening of the nurses, effective care, behavior, and overall quality of nursing care but they reported that 35.5% of the nursing staff doesn't follow the hygienic conditions. To minimize chances of infection, following hygienic conditions is very important before and after performing procedure. Due to work burden, shortage of staff, and lack of facilities, proper hygienic conditions are not practiced in hospitals. A study conducted in Jordan<sup>13</sup>, reported that ninety per cent of the parents perceived that nursing staff show negligence in the care of their children and didn't listen to parents' concerns. Similarly, another study result showed that the parents were less satisfied from the nursing care provided to their six-year-old children

admitted in emergency units<sup>14,15</sup>. This study also reported that duration of hospitalization, gender and age were not associated with the satisfaction of the parents. In our study, the results showed that most of the participants were satisfied with nursing care provided to their child. Patient satisfaction with nursing care is a definitive determinant of quality of healthcare in the hospital<sup>16</sup>. An integrative review was conducted and reported that several countries (United Kingdom, United States of America, Australia, Canada, Israel, Netherland, and South Africa) showed parents satisfaction with nursing care provided to their infants<sup>17</sup>. In USA<sup>18</sup>, parents were highly satisfied from the nurses performing duties in the emergency care units of neonatal.

### CONCLUSION:

This study concluded that the majority of the parents were satisfied with the overall care provided by nurses except hand washing and the provision of information for which responses were not satisfactory. The remaining variable got more than 50% (positive) score.

**CONFLICT OF INTEREST:** None

**FUNDING SOURCES:** None

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## PERCEPTION OF STUDENT NURSES REGARDING CHARACTERISTICS OF AN EFFECTIVE CLINICAL INSTRUCTOR: A CROSS-SECTIONAL STUDY

Amanullah Khan<sup>1</sup>, Sehrish Naz<sup>2</sup>, Nishat Begum<sup>3</sup>

### **ABSTRACT:**

#### **OBJECTIVES:**

*This study was conducted to explore the perception of student nurses regarding characteristics of effective clinical instructor that can boost student's learning.*

#### **METHODOLOGY:**

*A descriptive cross-sectional study design was used to carry out to find out the student's perception regarding characteristics of effective clinical instructor. For this purpose, a structured questionnaire was used for data collection. Participants of the study were undergraduate student nurses enrolled in BSc.N Post R.N, BSc.N Generic and Diploma nursing educational programs. Total 250 students' responses were recorded from different institutes of nursing, Peshawar. Ethical approval was taken from Khyber Medical University, Peshawar. SPSS version 22.0 was used for data analysis.*

#### **RESULTS:**

*The results showed that all the characteristics of professional competency was important for the instructors. Perceived good communication skills was marked high in personal characteristic of the instructors (52%). The instructors should evaluate the students objectively (72%) had increased responses under the category of relationship with students.*

#### **CONCLUSION:**

*For a good instructor, professional competency, personal characteristics, and relationship with students should be effective. The instructors should have to polish their skills.*

**KEYWORDS:** Clinical Instructor, Clinical Teaching, Perception, Student Nurses, Characteristics, Effective Clinical Instructor

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### **INTRODUCTION:**

In almost all countries of the world, nurses constitute the biggest part of the health care

services<sup>1</sup>. According to the World Health Organization, there are 19.3 million nurses and midwives working globally<sup>2</sup>. Clinical teaching is a process in which planned activities are performed in a working area in order to boost the factual learning and attitudes of the learners and make them able to easily perform technical work related to their profession<sup>3</sup>. According to Niederriter, Eyth and Thoman, clinical teaching is a mean to translate theory into practice and due attention is paid toward polishing technical skills and affective capabilities of the learners



instead of merely increasing factual information<sup>4</sup>. The job of the clinical teacher is to enable learners to shoulder the responsibilities of a professional nurse in a prescribed span of time<sup>4</sup>. Nurses wanting in basic required skills are likely to jeopardize effectiveness of a health care providing team and may simultaneously reduce effectiveness of nursing interventions. There are many studies that are suggestive of the fact that effective behaviors of a clinical instructor are closely related to effective clinical teaching that leads to enhanced learning capacity of the learners at bed side<sup>5</sup>. Several studies are of the opinion that clinical teaching is a valuable tool used to bridge the theoretical knowledge and clinical skills in a practical profession like nursing. Effective clinical teaching is directly related to the quality of professional skills that the student nurses receive during their training period. If the clinical teaching is effective, in turn, it will ingrain good quality of knowledge, skills, and attitudes in the student nurses who will provide safe and effective nursing services to their clients, families and communities. It will also increase their interpersonal communication and relationship abilities with others<sup>6,7</sup>. Girija et al, pointed out three main functions of a clinical teacher that are important for making the clinical learning of the student nurses easier<sup>8</sup>. These functions include role modeling, clinical supervision, and instructional leadership. In addition, they also explain the most important attributes of clinical teacher as professional competencies, interactions with students and personal qualities<sup>8</sup>. Lundberg KM elucidated that clinical teaching is a way to translate theoretical knowledge into practical performance<sup>9</sup>. Paying due attention to the importance of effective clinical teaching, many research studies have been done so far, to find out how the clinical teaching can be improved by knowing about perception of student nurses regarding characteristics of effective clinical teacher<sup>9</sup>. Effective clinical teaching is a mean to produce professional nurses who would possess optimum level of theoretical knowledge and practical skills. It is of utmost importance for hiring and development of the clinical instructors to have valid knowledge about the behaviors and characteristics of an effective clinical teacher that increase or decrease the learning abilities

of the student nurses.

## METHODOLOGY:

A cross sectional descriptive study design was employed. The sample of this study was selected through convenient sampling technique, consisting of two hundred and fifty participants (n=250), recruited from various nursing educational programs from different nursing colleges of Peshawar. Duration of the study was four months from February to June 2020. Students of seventh and eight semester of the generic BSN and third and fourth year of diploma program were included in this study. Exclusion criterion was students who attended less than three clinical sessions during their study tenure. A self-administered instrument adopted and modified from Effective Clinical Instructor Characteristics Inventory (ECICI) developed by Girija et al, was used for data collection<sup>8</sup>. The Cronbach's Alpha coefficient demonstrating the reliability of the instrument was 0.87. The questionnaire items were related to the professional competence, relationship with students and personal characteristics of the clinical instructor, respectively. A five-point Likert scale was used. Ethical approval was taken from Institutional Review Board of Khyber Medical University Peshawar. informed consent was obtained from all the participants. Confidentiality and anonymity of participants were maintained. The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 22. Descriptive statistics were used to identify student's perception regarding characteristics of effective clinical instructor.

## RESULTS:

Table 1: Demographic Information

Age	20-25 years	26-30 years	31-35 years	>36 years	Total
	131 (52.4%)	95 (38%)	18 (7.2%)	08 (2.4%)	250
Gender	Male	Female			250
	52 (20.8%)	198 (79.2%)			
Educational Program	Post RN BSc.N	Generic BSc.N	Diploma in Nursing		
	146 (58.4%)	56 (22.4%)	48 (19.2%)	250	
Previous Clinical Experience	Yes	No			250
	139 (39.6%)	111 (44.4%)			



Figure 1. Characteristics Related to the Category of Professional Competence

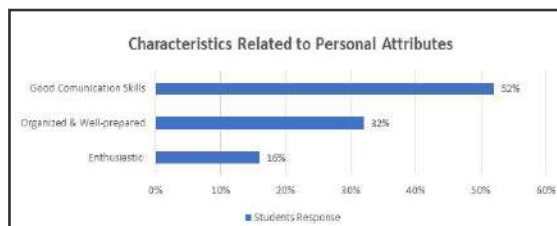


Figure 2: Characteristics Related to the Category of Personal Attributes

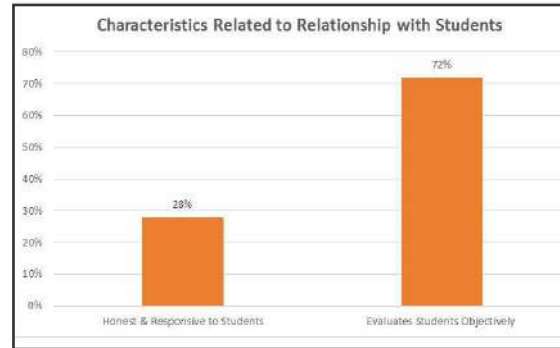


Figure 3: Characteristics Related to the Category of Relationship with Students

## DISCUSSION:

The findings of this study clearly show that most of the characteristics reported by student nurses belong to category of professional competence. These findings are supporting the work of INGRAssIA<sup>10</sup> and Kotzabassaki et al<sup>11</sup>, in which the category of professional competence had received highest rating from the participating students. The findings of this study are also partly in line with the study conducted by Girija et al<sup>8</sup>, in Oman, in which they found that the professional competence was the highest rated theme of most important characteristics as perceived by the students, followed by the theme of relationship with students, whereas the findings of this study show that the second highly rated category is Personal Attributes. Studies done in the field of radiography also revealed that the students gave over all highest scores to the professional competence, followed by category of interpersonal relationships<sup>12</sup>. Similarly, the findings of two studies conducted by Emery<sup>13</sup> and Jarski, Kulig, and Olson<sup>14</sup> in the field of physical therapy, are in support of the findings of the current study. The results of other studies carried out in athletic training programs, revealed that relationship with students was rated as the most important characteristic, by the participants of these studies<sup>15</sup>. Other most rated attributes of effective clinical instructor include, being able to communicate knowledge and skills to students for safe practices, demonstrates good communication skills and being honest and direct with students. These findings of current study are in line with the study of Talwar and Weilin<sup>16</sup>, in which the researchers found that



participants gave more importance to characteristics of being honest with students, having good communication skills and ability to give constructive feedback. However, these findings don't agree with the results of study where rapport was given the highest score by the participants<sup>17</sup>. Other highly rated characteristic in this study are that clinical instructor is organized, well prepared and demonstrates enthusiasm for teaching. These findings are also supported by work of other researchers, who agree that these qualities are fundamental for effectiveness of a clinical instructor<sup>18</sup>.

### CONCLUSION:

For a good instructor, professional competency, personal characteristics, and relationship with students should be effective. The instructors should have to polish their skills.

**CONFLICT OF INTEREST:** None

**FUNDING SOURCES:** None

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