



KNOWLEDGE OF STAFF NURSES REGARDING SELECTED ALTERNATIVE AND CONTEMPORARY THERAPIES ON REDUCTION OF PAIN DURING FIRST STAGE OF LABOUR

Nursing

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ABSTRACT

A women experiences great pain during labor. A midwife is the ideal person to assist the woman in this crucial period, combining her skills and knowledge with abundant humanity the main goal of alternative and complementary therapies to reduce labor pain it is safe and acceptable to women. Objectives: (i) to assess the knowledge of staff nurses regarding selected alternative and contemporary therapies on reduction of pain during first stage of labor. Methods: A Quantitative Non-experimental study with Purposive sampling technique is used for the sample. Study was conducted on 60 samples. A structured questionnaire schedule include two section 1) Demographic profile 2) Knowledge of staff nurses regarding alternative and complementary therapies on reduction of labor pain was used for data collection and the data were analyzed using descriptive statistics. Results: Results revealed that 52 (86.7%) staff nurses had inadequate knowledge regarding alternative therapies of reduction of labor pain during first stage of labor, 8 (13.3%) of them had moderately adequate knowledge and none of them had adequate knowledge.

KEYWORDS

Knowledge of staff nurses, alternative and complementary therapies, labour pain

Introduction:

The process of giving birth to new life, the mother has to undergo enormous pain. Labor pain is an unpleasant, complex, highly individualized phenomenon with both sensory and emotional components. Pain relief is the way in which women feel that they have coped with pain during labor. It is an essential part in good obstetric care. This involves the use of pharmacological and non-pharmacological or alternative methods of pain relief. Alternative and contemporary therapies are simple, safe and inexpensive. Different alternative and contemporary modalities used are: continuous labor support, hydrotherapy, intra-dermal water blocks, positioning and movement, touch and massage, acupressure, acupuncture, hypnosis, trans-cutaneous electric nerve stimulation, aromatherapy, hot and cold application, breathing and relaxation, music, audio analgesia, birth balls etc. In clinical areas alternative modalities are not used to relieve pain during labor in many of our hospitals due to limited resources available and lack of awareness.

Review of Literature: A study was conducted across United States on nursing students and faculty member's knowledge of experience with and attitudes towards complementary or alternative therapies. The study was designed to describe and compare the knowledge, experience and attitude of nursing faculty and student's. The results revealed that 85% of the participants desired more education about complementary and alternative medicine. Faculty and nursing students expressed positive attitude towards generating complementary therapy into undergraduate nursing curriculum and nursing practice.

Problem definition: A study to assess knowledge of staff nurses regarding selected alternative and complementary therapies on reduction of labor pain during first stage of labor in selected hospital of Haryana.

Research approach: In this study, Quantitative (Non-experimental) research approach was used.

Research design: The research design for the study was descriptive survey design.

Research setting: The research study was conducted in the civil hospital of Gurugram, Haryana.

Population

In the study the population consists of all staff nurses working in gynecology and obstetrics departments of various hospitals.

Sample: The present study was conducted among 60 staff nurses working in gynecology and obstetrics department of civil hospital.

Sampling technique: In this study, non-probability purposive sampling technique was used for selection of samples.

Criteria for sample selection

Inclusion criteria

1. Staff nurses who are willing to participate in this study.
2. Staff nurses who are available during the period of data collection.

Exclusion criteria

Staff nurses working in gynecology and obstetrics department other than the department.

Data collection instruments

Tool: It consists of structured questionnaire schedule which has two sections:

Section-A: Demographic profile.

Section-B: Knowledge of staff nurses regarding alternative and complementary therapies on reduction of labor pain.

Section A: Frequency and percentage distribution of demographic variables.

Table 1: Frequency and percentage distribution of demographic variables
N=60

S.NO	Sample characteristics	Frequency	Percentage (%)
1.	Age (in years)		
1.1	18-20	2	3.3
1.2	21-30	38	63.3
1.3	31-40	15	25
1.4	More than 50 years	5	8.3
2.	Education		
2.1	GNM	28	46.6
2.2	B.SC Nursing	19	31.6
2.3	Post basic Nursing	13	21.6
2.4	M.sc Nursing or above	0	0
3.	Experience in years		
3.1	0-1 years	24	40
3.2	2-3years	19	31.6
3.3	4-5 years	15	25
3.4	More than 5 years	2	3.3

Section B: Finding related to knowledge of staff nurses regarding alternative and complementary therapies on reduction of labor pain during first stage of labor.

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Knowledge level	Frequency	Percent
Inadequate knowledge	52	86.7
Moderately adequate knowledge	8	13.3

Adequate knowledge	0	0.0
Total	60	100

Table 2: Distribution of respondents according knowledge scores.

Table 2 show that majority of nurses 52(86.7%) of them have inadequate knowledge, 8(13.3%) of them have moderate knowledge and none of the staff nurses (0%) have adequate knowledge.

Table 3: Mean, Mean percentage and standard deviation for the knowledge of staff nurses

Sl. No.	Knowledge aspects	No. of Items	Max Score	Mean	Mean %	Median	SD
1	General information about labour	9	9	5.53	61.44	6	1.478
2	General information regarding labour pain	3	3	1.57	52.33	2	0.927
3	Alternative and contemporary modalities	2	2	0.38	19	0	0.666
4	Aromatherapy	6	6	1.97	32.83	2	0.901
5	Massages	5	5	1.13	22.6	1	1.033
6	Breathing exercises	5	5	1.85	37	2	0.954
7	Intra-dermal water blocks	5	5	2.05	41	2	1.080
8	Hydrotherapy	5	5	2.48	49.6	2.5	1.142
Overall		40	40	16.97	40.42	18	3.773

The table 3 shows the mean, mean percentage and standard deviation of knowledge scores in various aspects. The mean, mean percentage and SD in the area of general information about labour is 5.53, 61.44% and 1.478 respectively. The scores in the area of general information regarding labour pain are 1.57, 52.33 and 0.927, in the areas of alternative and contemporary modalities are 0.38, 19 and 0.666, in the area of aromatherapy are 1.97, 32.83 and 0.901, in the area of massages the scores are 1.13, 22.6 and 1.033, in the area of breathing exercises the score are 1.85, 37 and 0.954, in the area of intra-dermal water blocks 2.05, 41 and 1.080 and the scores of hydrotherapy are 2.48, 49.6 and 1.142. The overall mean, mean percentage and SD are 16.97, 40.42 and 3.773 respectively.

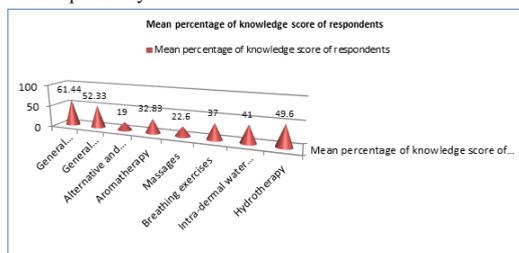


Fig 1 shows that mean percentage of knowledge score of staff nurses regarding general information about labour(61.44), General information regarding labour pain (52.33), Alternative and contemporary modalities (19), Aromatherapy (32.83), Massages (22.6), Breathing exercises (37), Intra-dermal water blocks (41) and Hydrotherapy was (49.6).

Discussion:

In the study the knowledge score shows that majority of the samples 52 (86.7%) had inadequate knowledge regarding alternative modalities of reduction of labor pain during first stage of labor, 8 (13.3%) of them had moderately adequate knowledge and none of them had adequate knowledge.

The findings of this study are consistent with an evaluative study done to assess the knowledge of staff nurses in selected hospitals, Bangalore on alternative and contemporary modalities of pain relief during first stage of labour. The samples were selected by random sampling and the data were collected using structured questionnaire. The result showed that the mean post-test knowledge scores (36.18%) was found to be significantly higher than their mean pre-test knowledge score (23.14%) as evident from 't' value.

Conclusion

In this study knowledge regarding alternative and contemporary

modalities on reduction of labor pain during first stage of labor was assessed which includes various aspects like, general information about labour and labour pain, aromatherapy, massages, breathing exercises, intra-dermal water blocks and hydrotherapy. The knowledge score shows that majority of the samples 52 (86.7%) had inadequate knowledge regarding alternative modalities of reduction of labor pain during first stage of labor, 8 (13.3%) of them had moderately adequate knowledge and none of them had adequate knowledge.

Future scope

A study can be replicated on a large scale to generalize the findings. A similar study can be conducted to find the differences in the knowledge level of the staff nurses on the basis of various institutional settings such as government and private institutions and a similar study can be conducted to find differences the knowledge level of the nursing students as well as the nursing staffs.

References:

1. Comfort measures during labour. Child birth connections. Available from: URL: <http://www.childbirthconnection.org/>
2. April Bolding, Penny Simkin. Update on non-pharmacological approaches to relieve pain and prevent suffering. British journal of obstetrics and gynaecology. 2004;49(6):pg 489-504
3. Expectant mothers guide. Nativiti women's health and birth centre Houston. Available at: www.expectantmothersguide.com
4. Myra Glajchen, Maulyn Bookbinder. Journal of pain and symptom management. 2001 april;21(4):307-16.
5. Jayalakshmi S, Venkatesan L, Jamuna N. Effectiveness of olive oil massage upon low back pain of parturient mothers in the first stage of labour. Nightingale nursing times 2008;October (7):48
6. Brown ST, Douglas C, Flood PLA. Women's evaluation of intra-partum non-pharmacological pain relief methods used during labour. Journal on perinatal education 2001;10(3): 1-3