



# **A STUDY TO ASSESS THE KNOWLEDGE REGARDING PRESSURE ULCER, ATTITUDE AND PRACTICE TOWARDS THE USE OF BRADEN'S SCALE AMONG THE STAFF NURSES WORKING IN SELECTED HOSPITAL OF PATNA, BIHAR**

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## **ABSTRACT**

The Braden Scale is a standardized, evidence-based assessment tool commonly used in health care to assess and document a patient's risk for developing pressure injuries. Risk factors are rated on a scale from 1 to 4, with 1 being "completely limited" and 4 being "no impairment." The scores from the six categories are added, and the total score indicates a patient's risk for developing a pressure injury based on these ranges: Mild risk: 15-18, Moderate risk: 13-14, High risk: 10-12, Severe risk: less than 9. A pressure ulcer is a localized injury to the skin or underlying tissues, usually over a bony prominence, as a result of pressure in combination with shear or friction occluding blood flow to that area. The most common sites for pressure ulcer are sacrum, heels, elbows, hips, ankles, shoulders, back and occiput. The factors that influence the development of pressure sores are the intensity of the

pressure, the duration of the pressure exerted on the skin and the ability of the patient's tissue to tolerate it. Now it is viewed that pressure ulcers are as a result of negligence, especially in nursing care. So the prevention of pressure ulcer begins with the assessment of the knowledge of nursing personnel who provides care, identifying the client at risk and to adapt certain preventive strategies to reduce the prevalence of pressure ulcer. To assess the knowledge and practice of staff nurses regarding use of Braden's scale. To assess the attitude of staff nurses regarding use of Braden's scale. To find the relationship between knowledge and practice of staff nurses regarding pressure ulcer. To determine the effectiveness of Braden's scale regarding pressure ulcer. To find out the association between knowledge and practice of staff nurses with their selected demographic variables. Non-experimental randomized control research design was adopted. The population in this study included staff nurses of Paras HMRI hospital Patna Bihar. Size of the population consists of 40 staff nurses of Paras HMRI hospital Patna Bihar by using simple random sampling technique. The results showed that the calculated 't' value in table morning and evening shift knowledge group was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer. The results showed that the calculated 't' value in the morning and evening shift attitude group was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer. The results showed that the calculated 't' value in the pre-test and post-test knowledge was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer.

**Keywords:** Assessment, knowledge, pressure ulcer, attitude, practice, Braden's scale, staff nurses.

## **INTRODUCTION:**

The Braden Scale is a standardized, evidence-based assessment tool commonly used in health care to assess and document a patient's risk for developing pressure injuries. Risk factors are rated on a scale from 1 to 4, with 1 being "completely limited" and 4 being "no impairment." The scores from the six categories are added, and the total score indicates a patient's risk for developing a pressure injury based on these ranges: Mild risk: 15-18, Moderate risk: 13-14, High risk: 10-12, Severe risk: less than 9

A pressure ulcer is a localized injury to the skin or underlying tissues, usually over a bony prominence, as a result of pressure in combination with shear or friction occluding blood flow to that area. The most common sites for pressure ulcer are sacrum, heels, elbows, hips, ankles, shoulders, back and occiput. The factors that influence the development of pressure sores are the intensity of the pressure, the duration of the pressure exerted on the skin and the ability of the patient's tissue to tolerate it. Now it is viewed that pressure ulcers are as a result of negligence, especially in nursing care. So the prevention of pressure ulcer begins with the assessment of the knowledge of nursing personnel who provides care, identifying the client at risk and to adapt certain preventive strategies to reduce the prevalence of pressure ulcer.

Risk assessment tools for pressure ulcers were developed more than 40 years ago and used in measuring the risk status of patients. Most of these risk assessment tools have a numerical score to score risk factors. The total scores indicate the patient's status at 'no risk', 'low risk', 'medium risk', 'high risk', or 'very high risk' (Ayel o & Braden, 2002). Several risk assessment tools have been developed, such as Norton scale, Braden scale, and Waterlow to identify individuals at risk for developing pressure ulcer and these tools assist health care professionals to gather information systematically and identify individuals at risk. A good risk assessment tool should meet basic requirements of validity and reliability. Reviewing the reliability and validity of each validated scale should always be the first step in the decision making process to select the tool to be used. Sensitivity is the percentage of individuals who were assessed as being at risk for a pressure ulcer. Specificity is the percentage of individuals who were assessed as being not at risk. Both the EPUAP (1999) and the Agency for Health Care Policy and Research

[AHCPR] (1992) encourage the use of a risk assessment tool. Norton and Braden scale are tools mentioned in the AHCPR guideline as appropriate tool to determine pressure ulcer risk assessment.

Pressure ulcer was a significant financial burden to any health care system and had adverse effects on achieving goals of care (Clark & Watts, 1994). Previous studies showed that pressure ulcers created several adverse effects, such as increased risk of infection, delayed wound healing, increased mortality, increased use of hospital resources and patient care costs, increased patients' length of hospital stay, pain and suffering, and lower quality of life.

Prevention remains the best treatment for pressure sores. The primary nursing responsibility in preventing pressure sores is by implementing pressure sore preventing strategies for those identified as being at risk. Devices such as alternating pressure mattresses, foam mattresses with adequate stiffness and thickness, wheel chair cushion. Padded commode seats, foam boots and lift sheets are useful in reducing pressure and shearing force.

The Braden scale used for predicting pressure ulcer risk is composed of six subscales intended to measure the clinical determinants of either intense or prolonged pressure (activity, Mobility, sensory perception) or tissue tolerance to pressure (nutrition, moisture, friction and shear). The sensory perception subscale measures the ability to feel and relieve discomfort. The inability to feel or recognize pressure or discomfort increases risk for pressure ulcer development. The moisture subscale measures the degree to which skin is exposed to moisture. The Braden scale is the most commonly used assessment scale worldwide.

Each category is rated on a scale of 1 to 4, excluding the 'friction and shear' category which is rated on a 1-3 scale. This combines for a possible total of 23 points, with a higher score meaning a lower risk of developing a pressure ulcer and vice versa. A score of 23 means there is no risk for developing a pressure ulcer while the lowest possible score of 6 points represents the severest risk for developing a pressure ulcer. The Braden Scale assessment score scale consists of (Very High Risk: Total Score 9 or less, High Risk: Total Score 10-12, Moderate Risk: Total Score 13-14, Mild Risk: Total Score 15-18 and No Risk: Total Score 19-23)

### **Objectives:**

- To assess the knowledge and practice of staff nurses regarding use of Braden's scale.
- To assess the attitude of staff nurses regarding use of Braden's scale.
- To find the relationship between knowledge and practice of staff nurses regarding pressure ulcer.
- To determine the effectiveness of Braden's scale regarding pressure ulcer.
- To find out the association between knowledge and practice of staff nurses with their selected demographic variables.

### **Methodology**

#### **Study design**

In this study, non-experimental randomized control research design was adopted.

#### **Study population**

The population in this study included staff nurses of Paras HMRI hospital Patna Bihar

#### **Study area**

The present study was conducted in Paras HMRI hospital Patna Bihar

## Sample size

Size of the population consists of 40 staff nurses of Paras HMRI hospital Patna Bihar.

## Sampling method

In this study simple random sampling technique is used. Simple random sampling technique is a type of probability sampling technique. In which researcher randomly selects a subset of participants from a population. Each member of the population has an equal chance of being selected.

## Inclusion criteria

- Staff nurses who are willing to participate in the study.
- Staff nurses who can understand Hindi and English

## Exclusion criteria

- Staff nurses who are not cooperative.
- Staff nurses who are physically ill.

## Data collection tool

The self-structured knowledge questionnaire was used to collect the data from staff nurses.

## Development of tool

The study tool consists of two parts -

### ***Part A : socio- demographic Performa:***

It comprised of items for obtaining personal information of staff nurses i.e. Age, gender, education, types of family, area of residence, education of father, education of mother, types of diet, last educational session attended regarding pressure ulcer.

### ***Part B: knowledge questionnaire related to Braden scale:***

The Test Braden Scale is a brief, ten item instrument designed to identify staff with knowledge impairments who could benefit from knowledge, attitude and practice reduction intervention. The scale items cover self-assessed knowledge, attitude and practice impairment expressed by symptoms and cognitions which can impair performance. Rating of the participants was done on extremely or always true, highly or usually true, moderately or sometimes true, slightly or seldom true, not at all or never true.

## Data collection

A formal written permission was obtained from the Paras HMRI hospital Patna Bihar. The data was collected in the month of august 2018. 40 subjects were collected by using simple random sampling technique. The researcher introduced himself to the respondents. And explained the purpose of study to the staff nurses. After this investigator collected data on the use of Braden's scale among the staff nurses working in selected hospital of Patna Bihar by using self-structured knowledge questionnaire.

## Statistical analysis

The data analysis was done in accordance with the objectives of the study. The collected data was tabulated and analyzed by calculating frequency, percentage, Mean, median, standard deviation, chi square and paired' test. Levels of significance chosen were  $P < 0.05$ . Bar graphs pie chart, column diagrams were used to depict the findings. The data collected will be analyzed by using descriptive and inferential statistics.

## Ethical clearance and informed consent

Institution's ethical review committee's permission was taken. Written permission was obtained from the ethical committee of Paras HMRI hospital Patna Bihar. After explaining the type and purpose of study. The staff nurses had the freedom to withdraw from the study at any time without giving any reason and staff nurses concern was taken for the study.

## RESULTS

### Findings related to socio-demographic variables

#### It was founded that

- 1) Age wise distribution showed that there was no staff nurse in 18 years or below the 18 years age group, 45% staff nurses were in 18-24 years age group, 30% staff nurses were in 24-28 years age group, 25% staff nurses were in above 28 years age group.
- 2) Gender wise distribution showed that 15% staff nurses were males and 85% staff nurses were females.
- 3) Educational qualification wise distribution showed that 75% staff nurses were GNM and 25% staff nurses were BSc. And no one was MSc. Nursing
- 4) Family wise distribution showed that 40% staff nurses belong to nuclear family and 60% to joint family and no one was from extended family.
- 5) Father's Educational qualification wise distribution showed that, 5% fathers were found with no education, , 42.5% fathers had primary education, 30% fathers had secondary education, and 22.5% fathers were graduates or above.
- 6) Mother's Educational qualification wise distribution showed that, 32.5% mothers were found with no education, 37..5% mothers had primary education, 22.5% mothers had secondary education, and 5% mothers were graduates or above.
- 7) Diet wise distribution showed that 35% staff nurses were vegetarian, 60% staff nurses were non-- vegetarian and 5% staff nurses were eggetarian.
- 8) Residence Area wise distribution showed that 27.5% staff nurses were from urban Area, 52.5% staff nurses were from rural Area and 20% staff nurses were from Semi-Urban area.
- 9) Educational session wise distribution showed that 27.5% staff nurses attended any educational session and 72.5% staff nurses didn't attended any educational session.

**Findings related to the Knowledge, Attitude and Practice regarding use of Braden's scale**

- **In the present study, the knowledge of staff nurses in morning shift regarding use of Braden's scale on pressure ulcer was assessed and found that**
- In morning shift 18 staff nurses had moderate knowledge, 02 staff nurses had adequate knowledge whereas in evening shift, 17 staff nurses had moderate knowledge, 2 staff nurses had adequate knowledge and 1 staff nurse had inadequate knowledge regarding Braden's scale use.
- **Mean, SD and Mean% of knowledge regarding pressure ulcer on use of Braden's scale**

The morning shift mean score for the knowledge was 9.8 with a standard deviation of 2.65 and a mean percentage 49% whereas in evening shift mean score for the knowledge was 10 with a standard deviation of 3.04 and a mean percentage of 50.1%.

- **The practice score regarding use of Braden's scale**

In morning shift 16 staff nurses had moderate practice score and 04 staff nurses had adequate practice score whereas in evening shift, 12 staff nurses had moderate practice score and 08 staff nurses had adequate practice score regarding Braden's scale use.

- **Mean, standard deviation and the mean percentage regarding practice score on use of Braden's scale**

The morning shift mean score for the practice was 28.4 with a standard deviation of 3.80 and a mean percentage 42.16% whereas evening shift mean score for the practice was 29.65 with a standard deviation of 7.86 and a mean percentage 48.23%.

- **The attitude score regarding use of Braden's scale**

The attitude score in morning shift regarding use of Braden's scale was assessed 12 staff nurses had moderately favourable attitude, 08 staff nurses had favourable attitude whereas in evening shift, 11 staff nurses had favourable attitude, 08 staff nurses had moderately favourable attitude and 01 staff nurse had unfavourable attitude regarding Braden's scale use.

- **Mean, SD and Mean % of attitude regarding use of Braden's scale**

The morning shift mean score for the attitude was 41.8 with a standard deviation of 6.56 and a mean percentage of 69.8% whereas evening shift mean score for the attitude was 47.4 with a standard deviation of 8.57 and a mean percentage 74.9%.

**Relationship between knowledge and practice of staff nurses regarding use of Braden's scale on pressure ulcer**

- In the present study, the correlation between the morning shift knowledge and practice regarding use of Braden's scale on pressure sore was obtained and the R-value calculated for the knowledge and practice score was 0.21 which shows that there is significant relationship between knowledge and practice.

- The correlation between the evening shift knowledge and practice regarding use of Braden's scale on pressure sore was obtained and the R-value calculated for the knowledge and practice score was 0.98 which shows that there is significant relationship between knowledge and practice.

### **Effectiveness of Braden's scale regarding pressure ulcer**

- The results showed that the calculated 't' value in table morning and evening shift knowledge group was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer.
- The results showed that the calculated 't' value in the morning and evening shift attitude group was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer.
- The results showed that the calculated 't' value in the pre-test and post-test knowledge was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer.

### **The association between the knowledge and practice score and selected demographic variables**

- There is a significant association found between age, education and type of family and knowledge among staff nurses. It was also found that there is not significant association between gender, type of diet, area of residence and knowledge among staff nurses.

## **DISCUSSION**

The purpose of the study was to assess the effectiveness of Braden's scale regarding use of Braden's scale on pressure ulcer. The Braden scale used for predicting pressure ulcer risk is composed of six subscales intended to measure the clinical determinants of either intense or prolonged pressure (activity, Mobility, sensory perception) or tissue tolerance to pressure (nutrition, moisture, friction and shear). The sensory perception subscale measures the ability to feel and relieve discomfort. The inability to feel or recognize pressure or discomfort increases risk for pressure ulcer development. The moisture subscale measures the degree to which skin is exposed to The Braden scale is the most commonly used assessment scale worldwide. The results showed that the calculated 't' value in table morning and evening shift knowledge group was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer.

### **Conclusion:**

It was found that morning and evening shift knowledge group, attitude group and practice group was statistically significant at  $P < 0.05\%$  level of significance. It can be concluded that Braden's scale was effective regarding pressure ulcer.

The results showed that the calculated 't' value in the morning and evening shift attitude group was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer.

The results showed that the calculated 't' value in the pre-test and post-test knowledge was statistically significant at  $P < 0.05\%$  level. It can be concluded that Braden's scale was effective regarding pressure ulcer.

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## DECLARATIONS

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Ethical approval: the study was carried out after obtaining approval from the Paras HMRI hospital Patna Bihar.

## REFERENCES

[1] Bergstrom, N., Braden, B. J., Laguzza, A., & Holman, V. (1987). The Braden Scale for predicting pressure sore risk. *Nursing Research*, 36(4), 205–210. - PubMed

[2] Agency for Healthcare Research and Quality. (2014). Preventing pressure ulcers in hospitals. <https://www.ahrq.gov/patientsafety/settings/hospital/resource/pressureulcer/tool/pu7b.htm>

[3] Revis, D.R., MD. Pressure Ulcers and Wound Care. Medscape Reference Drugs, Diseases & Procedures. Updated March 12, 2014. <http://emedicine.medscape.com/article/190115>

[4] Cassell, Charisse. "Pressure Ulcer Risk Assessment: The Braden Scale for Prediction Pressure Sore Risk." Health Services Advisory Group of California, Inc., n.d. Web. 25 Feb 2011. <[http://www.hsag.com/App\\_Resources/Documents/CA\\_HSAG\\_LS3\\_Risk\\_Cassell.pdf](http://www.hsag.com/App_Resources/Documents/CA_HSAG_LS3_Risk_Cassell.pdf)> Archived July 12, 2011, at the Wayback Machine.

[5] Al About AM, Manna B. StatPearls [Internet]. StatPearls Publishing; Treasure Island (FL): Oct 17, 2022. Wound Pressure Injury Management. [PubMed]

[6] <https://www.qualitynet.org/dcs/ContentServer?cid=1098482996140&pagename=Medqic%2FMQTools%2FToolTemplate&c=MQTools>

[7] European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Pressure ulcer prevention: quick reference guide. Washington, DC: National Pressure Ulcer Advisory Panel; 2009. Accessed January 6, 2011.

[8] Russo CA, Steiner C, Spector W. Hospitalizations Related to Pressure Ulcers among Adults 18 Years and Older, 2006. HCUP Statistical Brief 64. Rockville, MD: Agency for Healthcare Research and Quality; December 2008. Available at: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb64.pdf>. Accessed January 6, 2012.

[9] Owens D, Lohr KN, Atkins D, et al. AHRQ Series Paper 5: Grading the strength of a body of evidence when comparing medical interventions—Agency for Healthcare Research and Quality and the Effective Health Care Program. *J Clin Epidemiol* 2010; 63(5):513-23. PMID: 19595577.

[10] Bandle, B. , Ward, K. , Min, S. J. , Drake, C. , McIlvennan, C. K. , Kao, D. , & Wald, H. L. (2017). Can Braden Score predict outcomes for hospitalized heart failure patients? *Journal of the American Geriatrics Society*, 65(6), 1328–1332. 10.1111/jgs.14801 - DOI - PubMed

[11] Bergstrom, N., Demuth, P. J., & Braden, B. J. (1987). A clinical trial of the Braden Scale for predicting pressure sore risk. *The Nursing Clinics of North America*, 22(2), 417–428. - PubMed

[12] U.S. National Library of Medicine, Initials. (2009, May 20). 2009aa Braden scale source information. Retrieved from [https://www.nlm.nih.gov/research/umls/sourcereleasedocs/2009AA/LNC\\_BRADEN](https://www.nlm.nih.gov/research/umls/sourcereleasedocs/2009AA/LNC_BRADEN)

**TABLE-1**

N=20+20

S. No.	Demographic Variables	Morning Shift		Evening Shift	
		Frequency	%	Frequency	%
1	Age in years				
	18 or below	0		0	
	18-24	6	15	12	30
	24-28	7	17.5	5	12.5
	28Above	7	17.5	3	7.5
2	Gender				
	Male	5	12.5	1	2.5
	Female	15	37.5	19	47.5
3	Education				
	GNM	14	35	16	40
	BSc./Post BSc.	6	15	4	10
	MSc.				
4	Type of Family				
	Nuclear	8	20	8	20
	Joint	12	30	12	30
	Extended				
5	Father Education				
	No found education	1	2.5	1	2.5
	Primary education	13	32.5	4	10
	Secondary education	3	7.5	9	22.5
	Graduate or above	3	7.5	6	15
6	Mother Education				
	No found education	9	22.5	4	10
	Primary education	8	20	7	17.5
	Secondary education	3	7.5	6	15
	Graduate or above			2	5
7	Type of Diet				
	Vegetarian	6	15	8	20

	Non-Vegetarian Vegetarian Eggetarian	12 2	30 5	12 0	30 0
8	Area of Residence				
	Urban	6	15	5	12.5
	<b>Rural</b>	11	27.5	10	25
	Semi-Urban	3	7.5	5	12.5
9	Last Educational Session Attended				
	Yes	3	7.5	8	20
	No	17	42.5	12	30

**Table -1** Demographic Characteristics of Sample**TABLE-2**

<b>N=20+20</b>			
<b>Level of Education</b>	<b>Score</b>	<b>No. of Respondents</b>	
		<b>Morning Shift</b>	<b>Evening Shift</b>
<b>Inadequate</b>	<5	0	1
<b>Moderate</b>	6-12	18	17
<b>Adequate</b>	>12	2	2

**Table-2** knowledge score on pressure ulcer regarding use of Braden's scale among the staff nurses**TABLE-3**

<b>Domain</b>	<b>Morning Shift</b>			<b>Evening Shift</b>		
	<b>Mea n</b>	<b>SD</b>	<b>Mean%</b>	<b>Mea n</b>	<b>SD</b>	<b>Mean%</b>
<b>Knowledge</b>	<b>9.8</b>	<b>2.6 5</b>	<b>49.0</b>	<b>10</b>	<b>3.04</b>	<b>50.1</b>

**Table-3** Mean, SD and Mean% of knowledge regarding pressure ulcer on use of Braden's scale among the staff nurses.

**TABLE-4**

		<b>N=20+20</b>	
<b>Level of Practice</b>	<b>Score</b>	<b>No. of Respondents</b>	
		<b>Morning Shift</b>	<b>Evening Shift</b>
<b>Inadequate</b>	<b>0-15</b>	0	0
<b>Moderate</b>	<b>16-30</b>	16	12
<b>Adequate</b>	<b>Above 30</b>	4	8

**Table-4** practice score regarding use of Braden's scale among the staff nurses.

**TABLE-5**

	<b>Morning Shift</b>			<b>Evening Shift</b>		
	<b>Mean</b>	<b>SD</b>	<b>Mean%</b>	<b>Mean</b>	<b>SD</b>	<b>Mean%</b>
<b>Practice</b>	28.4	3.80	42.16	29.65	7.86	48.23

**Table-5** Mean, standard deviation and the mean percentage regarding practice score on use of Braden's scale

**TABLE-6**

		<b>N = 20+20</b>	
<b>Level of Attitude</b>	<b>Score</b>	<b>No. of Respondents</b>	
		<b>Morning Shift</b>	<b>Evening Shift</b>
<b>Unfavourable Attitude</b>	<b>0-29</b>	0	1
<b>Moderately Favourable Attitude</b>	<b>30-44</b>	12	8
<b>Favourable Attitude</b>	<b>&gt;45</b>	8	11

**Table-6** Attitude score regarding use of Braden's scale among the staff nurses.**TABLE-7**

	Morning Shift			Evening Shift		
	Mean	SD	Mean%	Mean	SD	Mean%
Practice	41.8	6.56	69.8	47.4	8.57	74.9

**Table-7** Mean, SD and Mean % of attitude regarding use of Braden's scale among the staff nurses.**TABLE-8**

Domain (Moring Shift)	Mean	SD	Mean Difference %	R-Value
Knowledge	9.8	2.65	18.81	0.21 (S)
Practice	28.4	3.80		

S- significant at 0.05 level

**Table-8** Relationship between knowledge and practice of staff nurses regarding pressure Sore. (Morning Shift)**TABLE-9**

Domain (Evening Shift)	Mean	SD	Mean Difference %	R-Value
Knowledge	10	3.04	14.68	0.98 (S)
Practice	29.65	7.86		

S- significant at 0.05 level

**Table-9** Relationship between knowledge and practice of staff nurses regarding pressure sore. (Evening Shift)

TABLE-10

N=30

Basis	Morning Shift		Evening Shift		Mean Difference	't'- value
	Mean	SD	Mean	SD		
Knowledge	9.8	2.65	10	3.04	5.73	2.82

(\*-P&lt;0.05, significant and \*\*-P&lt;0.01 &amp; \*\*\*-P&lt;0.0001. Highly

significant)

Table-10 Effectiveness of Braden's scale regarding pressure ulcer.

TABLE-11

Basis	Morning Shift		Evening Shift		Mean Difference	't'- value
	Mean	SD	Mean	SD		
Attitude	41.8	6.56	47.4	8.57	5.6	3.25

(\*-P&lt;0.05, significant and \*\*-P&lt;0.01 &amp; \*\*\*-P&lt;0.0001. Highly significant)

Table-11 Area wise findings of pre-test and post-test knowledge scores of experimental group.

TABLE-12

N=60

S.No	Demographic variables	No	%	Level of knowledge				Chi square
				Above Median		Below Median		
				No.	%	No.	%	
I	Age (In Years}							
	a. 18 years or below	7	17.5	4	16.67	3	18.75	8.75
	b. 18-24	15	37.5	11	45.83	4	25	Df3
	c. 24-28	12	30	6	25.00	6	37.5	

	d. Above 28	6	15	3	12.5 0	3	18.7 5	
	<b>Result</b>							S
2	<b>Gender</b>							
	a. Male	6	15	2	8.33	4	25	<b>3.67</b>
	b. Female	34	85	22	83.3 3	12	75	Df1
	<b>Result</b>							<b>N.S</b>
3	<b>Education</b>							
	a. <b>GNM</b>	20	50	14	58.3 3	6	37.5	<b>8.94</b>
	b. BSc.	17	42. 5	9	37.5	8	50	Df2
	c. M Sc.	3	7.5	1	4.17	2	12.5	
	<b>Result</b>							S
4	<b>Area of Residence</b>							
	a. Urban	5	12. 5	2	8.33	3	18.7 5	<b>5.87</b>
	b. Rural	20	50.0	14	53.8 8	6	37.5	Df2
	c. Semi-Urban	15	37.5	8	33.3 3	7	43.7 5	
	<b>Result</b>							<b>N.S</b>
5	<b>Type of Diet</b>							
	a. Vegetarian	12	30	10	41.6 7	2	12.5	<b>4.33</b>
	b. Non- Vegetarian	20	50	12	50.0	8	50	Df2
	c. E ggeta rian	8	20	2	8.33	6	37.5	
	<b>Result</b>							<b>N.S</b>
6	<b>Type of Family</b>							
	a. Nuclear	28	70	20	83.3 3	8	50	<b>4.58</b>
	b. Joint	12	30	4	16.6 7	8	50	Df1
	<b>Result</b>							S

N.S- Not Significant

S-Significant at  $p < 0.05$  level

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**Table-12.** Findings related to the association between knowledge of staff nurses with their selected demographic variables.

**Table 13**

S.No	Demographic variables	No	%	Level of Practice		Chi square
				Above Median	Below Median	
				No.	No.	
1	<b>Age (In Years)</b>					
	e. 18 years or below	7	17.5	6	1	<b>8.34</b>
	f. 18-24	15	37.5	13	2	Df3
	g. 24-28	12	30	8	4	
	h. Above 28	6	15	3	3	
	<b>Result</b>					S
2	<b>Gender</b>					
	c. Male	6	15	4	2	<b>3.74</b>
	d. Female	34	85	22	12	Df1
	<b>Result</b>					<b>N.S</b>
3	<b>Education</b>					
	d. <b>GNM</b>	20	50	14	6	<b>7.39</b>
	e. BSc.	17	42.5	9	8	Df2
	f. MSc.	3	7.5	1	2	
	<b>Result</b>					S
4	<b>Area of Residence</b>					
	d. Urban	5	12.5	2	3	<b>6.87</b>
	e. Rural	20	50.0	16	4	Df2
	f. Semi-Urban	15	37.5	7	8	
	<b>Result</b>					<b>N.S</b>
5	<b>Type of Diet</b>					
	d. Vegetarian	12	30	11	1	<b>6.33</b>
	e. Non- Vegetarian	20	50	13	7	Df2
	f. Eggetarian	8	20	2	6	
	<b>Result</b>					<b>N.S</b>
6	<b>Type of Family</b>					
	a. Nuclear	28	70	20	8	<b>1.58</b>
	b. Joint	12	30	4	8	Df1
	<b>Result</b>					<b>N.S</b>

N.S- Not Significant

S-Significant at p&lt;0.05 level

**Table-13** Findings related to the association between practice of staff nurses with their selected demographic variables.