

SUMMARY

This chapter provides an overview of the study and its significant findings and presents recommendations based on the current study findings.

Intestinal obstruction is a common pediatric surgical problem, which continues to present a challenge to the health care providers. Clinical presentation may be typical or may vary with age and signs and symptoms may be vague and inconclusive. Management of this problem may range from non operative to traditional surgical intervention. Nursing implication include counseling, patient and family education, pre and postoperative care (*Borkowshi, 2004*).

The study aimed to assess nurses' knowledge regarding pre and post operative care provided for children with intestinal obstruction. And to evaluate nurses' practice during pre and post operative periods provided for children with intestinal obstruction.

A descriptive study was used; the study was conducted in pediatric surgical department belonging to Benha Specialized Pediatric Hospital. The subjects consisted of all available nurses (56) working in these setting regardless their age, qualification, years of experience in work place, they were responsible for direct or indirect care for children having intestinal obstruction during pre and postoperative periods.

Two tools were used to collect the required data. It included a questionnaire sheet and observational checklists.

Questionnaire sheet (Appendix I):-

Part (1): Socio-demographic data of the participated in the

present study, it was contain 8 items related to nurses' age, level of education, job title, nurses' experience in children department, nurses' experience in children surgical department, training courses and number of courses.

Part (2):

It involved items to assess nurses' knowledge about intestinal obstruction. It was included 8 items related to definition, causes, signs and symptoms, complications, signs and symptoms of peritonitis, symptoms of shock and diagnostic evaluation of children with IO.

Part (3):

It pertinent to preoperative knowledge related to practice. It included 34 questions related to definition of preoperative care, importance of preoperative care, basic nursing care and importance of measuring vital signs, diseases that prevent surgery and laboratory tests. It also included knowledge related to immediate post operative care and the days following the surgery, monitoring airways, check child's level of consciousness, measuring vital signs, observe bleeding, checking input-output and report any complications etc..

Tools two:

Observation checklists (Appendix II)

It consisted of six observational checklists to assess nurses' level of practice. It was included items related to care provided for children with IO during pre and post operative periods, such as general pre-operative nursing care, it included 16 items. General post operative nursing care involved 15 items. Nineteen items related to wound care, 13 items concerned with administration of IV infusion and medication, hand washing involved 12 items. Finally, 7 items were pertinent to psychological support for child

Scoring system

(A) Scoring system for knowledge of the participated nurses in the present study was designed as follows:

- 1) Knowledge about IO. It contains 9 questions the scoring process of it was: 3 for complete answer, two answers take 2, one answer takes 1.
- 2) Nurses' knowledge about meaning of nursing care before surgery. It contains 8 questions, scored as following: 3 for complete answer, two answers take 2 and one answer takes 1.
- 3) Nurses' knowledge related to nursing care practice immediately after surgery. It contains 9 questions scored as the following: if correct answer takes 1, if not takes 0.
- 4) Nurses' knowledge related to nursing care practice in the days following the surgery. It contains 14 questions scored as the following: complete answer take 3, two answers take 2, and one answer takes 1.

The total score of nurses' knowledge were divided into three levels:-

- Above ($\geq 75\%$) considered good
- Score between (50% – less than 75%) considered fair
- Less than 50 % was considered poor.

(B) Scoring system for observational checklist that composed of:

- 1) Nursing practice about general pre-operative nursing care 16 items.
- 2) Nursing practice about general post operative nursing care 15 items.
- 3) Nursing practice about wound care 19 items.
- 4) Nursing practice about administration of IV infusion and medication 13 items.
- 5) Nursing practice about hand washing 12 items.
- 6) Nursing practice about psychological support for child 7 items.
- 7) The participant was assigned (1) if their performance was done correctly; assigned (0) if not done.

The total scores of nurses' performance were divided into three levels:-

Score above ($\geq 75\%$) was considered good

Score between (50% – less than 75%) was considered fair

Less than 50% was considered poor.

(II)-Operational design:

Review of current and past local and international literature related to the research task was made so as to be oriented with relevant research articles, magazines and websites. It was done at Benha Specialized Children Hospital; hence this review was helpful in developing the data collection tools used.

A pilot study was performed to test the tools for data collection; the purpose of the study was explained to each nurse before starting.

The study has shown the following results:

The highest percentage (62.5%) of nurses their age ranged from 20 to less than 30 years old, 66.1% were graduated from diploma secondary school of nursing with experience 7years (60.7%), and 67.9% of them attended training programs. The relatively high percentage of nurses (42.1%) attended only one training course.

Percentage distribution of nurses in relation to their total knowledge, nearly two thirds (66.1%) of nurses had poor level of knowledge regarding to information about disease, preoperative care, and immediate care after surgery and general observation and caring in day following surgery.

Percentage distribution of nurses in relation to their total practice, more than two thirds (67.9%) of nurses had poor level of practice regarding to pre-operative care, post-operative care, wound care, IV infusion care, hand washing and psychological support for children and their families.

The present study proved that, there was statistical significant correlation between nurses' knowledge and nurses' performance. The present study indicated that poor knowledge scores of nurses negatively influenced their performance.

Comparison between mean scores of nurses according to age group, the nurses' age from 20 to less than 30 had the highest mean scores of knowledge and performance. Comparison between mean scores of nurses' performance and knowledge according to nurses' level of education, nurses who hold bachelor degree in nursing had the highest, mean scores of knowledge and performance.

Comparison between mean scores of nurses' practice and knowledge according to nurses' job title, nurses who were head nurses in nursing had the highest, mean scores of knowledge and performance. Comparison between mean scores of nurses' practice and knowledge according to their training, nurses who were trained had the highest mean scores of knowledge and performance.

The study concluded based on the current study findings, it was concluded that, nearly two thirds of nurses who participated in the study had poor level of knowledge and performance regarding to nursing care of children with intestinal obstruction. Actually observed nursing care given to children with intestinal obstruction in the pre and postoperative periods, cannot enable nurses to provide comprehensive care for those children. Moreover, the study findings concluded that, there was statistically significant correlation between nurses' level of knowledge and performance and their sociodemographic characteristics.

The study recommended for nurses working in pediatric surgical ward continuous educational programs, in job training and in-service

training courses which emphasize on the actual practice. Based on scientific data such training programs should cover the deficits in knowledge and the incompetent level of practice which had their impact on the actual care rendered for children having intestinal obstruction.