"EFFECTIVENESS OF STP ON THE KNOWLEDGE REGARDING BURN IN CHILDREN & IT'S MANAGEMENT AMONG STAFF NURSES OF SELECTED HOSPITAL AT LUCKNOW".

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***Abstract*- Children are the future of every country and all societies strive to ensure their health and safety Since India's independence, continuous efforts have been made to improve the status of children. Risk factors of burns includes, according to data collected from the national burn information exchange reveal that 75% of all burn injuries result from the actions of the victim, with many of these injuries occurring in the home environment. Contact with scalding liquids is the leading cause of burn injury. Toddlers suffer more scald injuries than any other age group. Scald injuries are frequently the results in the performance of everyday tasks such as bathing, cooking, overturned coffeepots, overheated foods, liquids cooked in micro wave ovens and hot tap water have been identified as specific causes. Approximately 10% of residential fire deaths are caused by children playing with matches or other ignition sources. Additionally, faulty chimney's, flue vents, fixed heating units, fireplaces, central heating systems. Wood burning stoves, as well as human error, all have been implicated. The health professionals care effect on children health and if it is severe it can cause death. Hence the study was undertaken on the effectiveness of STP on Burn and its management for staff nurses.**

***Keywords*: Impact of smoking, Mass awareness programme.**

INTRODUCTION

Children are the future of every country and all societies strive to ensure their health and safety Since India's independence, continuous efforts have been made to improve the status of children.[2]Children are naturally curious. As soon as they are mobile, begin to explore their surroundings and play with new objects, at the same time though, they come into contact with objects that can cause severe injuries playing with fire or touching hot objects can result in burns.[3]

A burn is defined as an injury to the skin or other organic tissue caused by thermal trauma, it occurs when some or all of the cells in the skin or other tissues are destroyed by hot liquids (scalds), hot solids (contact burns), or flames (flame burns). Injuries to the skin or other organic tissue due to radiation, radioactivity, electricity, friction or contact with chemicals are also considered as burns. Children are the future of every country and all societies strive to ensure their health and safety Since India's independence, continuous efforts have been made to improve the status of children.[4]

Risk factors of burns includes, according to data collected from the national burn information exchange reveal that 75% of all burn injuries result from the actions of the victim, with many of these injuries occurring in the home environment. Contact with scalding liquids is the leading cause of burn injury. Toddlers suffer more scald injuries than any other age group. Scald injuries are frequently the results in the performance of everyday tasks such as bathing, cooking, overturned coffeepots, overheated foods, liquids cooked in micro wave ovens and hot tap water have been identified as specific causes. Approximately 10% of residential fire deaths are caused by children playing with matches or other ignition sources. Additionally faulty chimney's, flue vents, fixed heating units, fireplaces, central heating systems. Wood burning stoves, as well as human error, all have been implicated.

Burns in children under the age of five year old at higher risk of hospitalization often occur from a mixture of curiosity and awkwardness. In children under the age of four years, the level of motor development does not match the child's cognitive and intellectual development and injuries can thus occur more easily.[4]

Infants under the age of one year are in a particular category, as their mobility starts to develop and they reach out to touch objects. Scald burns are the most frequent type of burns among children under the age of six years on observation that appears to come across geographic and economic groups. Typical scald burns occur when a child pulls down a container of hot fluid, such as a cup of coffee, onto his or her face upper extremities and trunk.[3]

According to WHO data, approximately 10% of all unintentional injury deaths are due to fire related burns. Studies from high income countries suggest that smoke inhalation is the strongest determinant of mortality from burns, mostly from house fires or other conflagrations. For children over three years of age, smoke inhalation is strongly associated with mortality. Burns from fire contribute to the majority of burn related deaths in children, scalds and contact burns are an important factor in overall morbidity from burns and a significant cause of disability.[3]

Many times death results because of delay in reaching the casualty to appropriate medical care and low lack of knowledge regarding first aid and treatment on the contrary, if help is provided to casualty as soon as possible following the accident or injury, a life could be saved. The first aider should also have adequate knowledge and skills about what he is doing and be encouraging and reassuring to the victims. This helps lower mortality and morbidity rates, complications due to injury or delay in the treatment and

a lesser monetary burden on the casualty.[7] it is therefore desirable that all individuals have basic training and knowledge regarding first aid.[6]

NEED OF THE STUDY:

Burn injury is second leading cause of accidental death in children.[11]According to the WHO global burden of disease estimates for 2004, just over 3, 10,000 people died as a result of fire-related burns, of which 30% were under the age of 20 years. Fire related burns are the 11th leading cause of death for children between the ages of less than 5 years. Overall children are at high risk for death from burns, with a global rate of 3.9 deaths per 1, 00,000 populations. The estimated annual burn incidence in India is approximately 6-7 million per year..in India over,10,00,000people are moderately or severally burnt every year under which 1 Lakh 73 thousand children are involved. Among all people globally, infants have the highest death rates from burns. Globally nearly 96,000 children under the age of 20 years were estimated to have been fatally injured as a result of a fire related burn in 2004.[3]
The death rate in low income and middle income countries was eleven times higher than that in high income countries, 4.3 per 1, 00,000 as against 0.4 per 1, 00,000. Burns related deaths show great regional variability. Most of the deaths occur in poorer regions of the world among the WHO regions of Africa and South East Asia and the low income and middle income countries of the eastern Mediterranean region. an estimated, 1,80,000 deaths every year are cause by Burn in India[3]

Problem Statement:

"A pre-experimental study to assess effectiveness of STP on the knowledge regarding burn in children & it's management among staff nurses of selected hospital at Lucknow,U.P."

Objectives of The Study:

- To assess the Existing knowledge of staff nurse regarding burn & it's management.
- To evaluate the effectiveness of STP on knowledge of the staff nurse regarding burn & it's management.
- To find out an association between pre-test knowledge Score of staff nurses and selected demographic variable.

HYPOTHESIS:

H_1: There will be significant difference between pre-test and post-test knowledge score regarding Burn & its management in selected hospitals at Lucknow.

H_2: There will be significant association between pre-test knowledge score regarding Burn & its management with there selected socio demographic variable.

OPERATIONALDEFINITIONS:

Assess : It refers to the statistical measurement of the knowledge of nursing personnel regarding the Burn and its Management from scores based on questionnaires.

Effectiveness : It is statically measurement of difference between the pre and post-test knowledge Refers to the extent to which the STP on Burn and its management achieved desired effect in improving the knowledge of staff nurses as evidence from the gain in knowledge score.

Structured teaching programme: It is a systemically developed programme designed to improve knowledge regarding Burn and its Management. And STP also Refers to instructional method such as lecture cum discussion and teaching aids as slides, poster, designed for nurses to provide information regarding Burn and its management.

Knowledge: In this study knowledge refers to the appropriate response from the staff nurse about burn &its management through the items of Structured Questionnaire.

Burn– Burns are injuries to tissue caused by heat friction electricity radiation or chemicals.

Management– Management include medical, surgical, nursing care and rehabilitation care of a child with burn.

Staff Nurses. - In this study the staff nurse defined as a health professional (male or female) who has been working in selected hospitals at Lucknow.

ETHICAL CONSIDERATION : Prior permission was obtained from the research committee of Lucknow HospitalCollegeofNursing,Luckow,U.P.Theparticipantswereassuredofanonymityandtotalconfidentialityofinformation,and that any information obtained from them was solely for the purpose of the study.

METHODOLOGY:

RESEARCHAPPROACH: The research approach adopted or this study was an evaluative approach.

RESEARCHDESIGN: A pre-experimental research design with pre and post-test approach was used to this study.

VARIABLES:

Independent variable: Independent variable refers to structured teaching programme.

Dependent variable : Knowledge of staff nurses regarding Burn and its Management is the dependent variable.

RESEARCH SETTING: This study was under taken in Integral Hospital, at Lucknow.

POPULATION: Population for the study were the staff nurses working in Integral Hospital at Lucknow, U.P..

SAMPLE: Sample comprises of 60 staff nurses working from Integral hospital at Lucknow.

SAMPLING TECHNIQUE: 60 samples was selected by using convenient sampling technique.

SAMPLING CRITERIA:

Inclusion criteria:-

- Nurses who were working in burn unit.
- Nurses who were willing to participate.
- Nurses who had not attended any similar intervention under 6 month.

Exclusion criteria:

- Staff nurse who were not available during data collection
- Staff who had attended the same programme in last 6 month.

DESCRIPTION OF THE TOOL :The instruments used in this study consisted of two sections.

SECTION A: Socio-demographic variable included age, gender, education qualification, total clinical experience, total experience and any additional information received regarding Burn and its Management.

SECTION B: It includes structured knowledge questionnaire. It consisted of 30 items divided into 4 sections. all the items were multiple choice questions,A score value of 1 was allotted to each correct response. Thus there were 30 maximum obtainable scores. The level of knowledge was categorized based on the scores obtained

REVIEW OF LITERATURE

A study was conducted by **kai- Hung A Wang, Ching Shing A. Lai, Sin Dawa Lin.** (2010) a five year retrospective review of 157 pediatric patients admitted in burn centre of Kaohsiung medical university hospital (Kaohsiung Taiwan)was undertaken to identify the incidence, mechanism and agent of pediatric burns. The highest incidence of pediatric burns was in children aged 6 years (57.3%) followed 14 years (31.8%). Scald burns (75.2%) made up the major cause of this injury and was dominant in each age group compared to non-scald burns the kitchen area (57.3%) and living room (29.9%) accounted for the most frequent places where pediatric burns occurred. Among the agents of scalds, hot drinks (49.2%) and soup (32.2%) were the two leading causes. There were more pediatric burns reported in cold seasons (32.2%).[12]

A study was conducted by **Vijay Krishnamoorthy, Ramesh Ramaiah, Sanjay M Bhananker**. (2012) Management of burn injuries requires intensive medical therapy for multi organ dysfunction failure, and aggressive surgical therapies to prevent sepsis and secondary complication. In addition pain management throughout this period is vital. This review highlights the major components of burn care, stressing the patho physiologic consequences of burn injuries, circulatory and respiratory care, surgical management and pain management of these often critically ill patients.[20]

A study was conducted by **Machmet Heberal, A. Ebro Sakaliogh Abali and Hamdi Karakayali.** (2010) the aim of this studies it to review the current approaches available for modern trends in fluid management for major burn patients. Appropriate fluid management of major burns directly improves the survival rates of burn patients. Despite the vast arrays of experiences, there are still controversies regarding the best type of fluid management in major burns in the first 24 hours after injury. Ongoing studies are focused on the growing concerns that burn patients are being over or under fluid resuscitated.[22]

A retrospective study was conducted by **Rimmer, Ruth; Weigand,Shannon: Foster,Kevin N;Wadsworth, Michelle M; Jacober,Katie. e.tal** (2008) in Arizona Burn Canter to identity scald demographics and aetiologies to determine burn prevention knowledge in the target community.124 patients were admitted for scald burns aged 0-5 years, demographics included male (52%), female (48%) with a mean age of 1.7 years. Main aetiologies of scald burns included hot water (25%), soup (24%), and coffee or tea (21%). Pulling hot substance from stove (24%), from countertop (13%), and having liquid spilled on them (13%) typically while caregiver was cooking. Scalds occurred in the kitchen (83%) and mainly in child's home (94%). Mother was primary caregiver (78%). Scalds (43%) usually occurred during year's first quarter ($P < 0.001$). Focus group participants (85%) reported receiving no prior burn prevention education and preferred to receive prevention instruction in small groups through established community agencies. Results suggest that culturally sensitive, bilingual scald prevention education is needed to create awareness of the frequency, severity, and danger associated with paediatric scalds.[29]

A descriptive study was conducted by **Banu Karaoz** (2010) among 130 families in Milas, Turkey, who have children ages 0 to 14 years. Among the 130 families, a total of 53 children (40.8%) experienced a burn event. Twenty-seven subjects (51%) had treated the burn with inappropriate remedies including yogurt, toothpaste, tomato paste, ice, raw egg whites, or sliced potato. of the 28 subjects (52.8%) who had applied cold water to the burn site, 21 patients (39.6%) applied only cold water and 7 patients (13.2%) used another substance along with cold water. In addition, 13 subjects (24.5%) applied ice directly on the skin at the time of the burn. Excluding the subjects who had treated their burns with only cold water or with only ice, raw egg whites were the most commonly used agent, both alone ($n = 3$) or accompanied by cold water or ice ($n = 6$) in a total of 11 subjects (21%) who applied eggs. Based on these observations, it is suggested that educational programs emphasizing first-aid application of only cold water to burn injuries would be helpful in reducing morbidity and mortality rates. A nationwide educational program is needed to ensure that young burn victims receive appropriate first aid and to reduce the use of inappropriate home remedies and burn morbidity.[34]

Epidemiological study was conducted by **Veeramma Ss,Srinivasan S,Vartak Am.An**(2007) of 500 Paediatric burn patients admitted in Burn and plastic surgery unit of B.J wadia hospital, Mumbai, India over a period of 6 years (2000-2005) was reviewed from medical records. Age, sex, demographic distribution, seasonal variation, TBSA involved, type and place of burn injury. Parental occupation, family size, first aid and mortality rate were studied. The median age group of patients was 3.44 years. The majority of 24% of burns occulted in children between 1 to 2 years of age group. Male to female sex ratio was 1.38%.Burn injury occurred predominantly during winter. Most common type of burn was scalds which occurred mainly are domestic circumstances. Mortality rate was 10.4%. The maximum number of deaths occurred in the age group of 1-2 years. A tense and focused burn prevention campaign to educate the general population about dangerous biological factors will decreases the incidence of Paediatric burns. It is important to educate parents, make them aware of the potential danger of the home environment and how to prevent common burn accidents.[42]

RESULTS

A total of 60 patients with Management of burn in nursery among nursing personnel

Section-1: Description of socio-demographic characteristics of samples

Table-1: Frequencyandpercentagedistributionofselecteddemographicvariables

S.No	VARIABLES	FREQUENCY	FREQUENCY PERCENTAGE
1	**AGE**		
	21-25	23	38.3%
	26-30	14	23.3%
	31-35	11	18.3%
	35 and above	12	20%
2	**GENDER**		
	Male	31	51.7%
	Female	29	48.3%
3	**EDUCATION QUALIFICATION**		
	G.N.M.	26	43.3%
	B.Sc. nursing	12	20%
	Post B.Sc. nursing	19	31.7%
	M.Sc. nursing	3	5%
4.	**TOTAL CLINICAL EXPERIENCE (IN YEARS)**		
	1-2	27	45%
	3-4	20	33.33%
	5-7	10	16.7%
	7 and above	3	5%
5.	**TOTAL EXPERIENCE IN BURN UNIT (IN YEARS)**		
	0-1	19	31.7%
	2-3	23	38.3%
	4-5	13	21.7%
	5 and above	5	8.3%
6	**ANY OTHER INFORMATION RELATED TO NICU CARE (conferences seminars, workshop)**		
	Yes	22	36.7%
	No	38	63.3%

Table 1 shows the number and percentage of the distribution of the subjects

1. Based on this 38.3% (23) were distributed in 21-25Years of age,23.3%(14) were distributed in 26-30 years, 18.3 %(11) were distributed in 31- 35Years, and 20 % (12) were distributed in 35 and above yrs. of age.

2. The data presented shows that 51.7% (31) of subjects were males and 48.3%(29) were females

3. Based on educational qualification 43.3% (26) were GNM, 20% (12) were BSc staffs, 31.7 % (19) were post BSc, and 5 % (3) post graduate staff nurses during the study.

4. Based on the total clinical experience most of subjects 45%(27) were distributed between1-2yrs,33.33% (20) were distributed between 3-4yrs, 16.7%(10) were distributed between 5-7yrs.and 5%(3) had more than 7 yrs. Of experience.

5. Based on the experience in Burn Unit majority of subjects 31.7% (19) were distributed between <1 yr., 38.3% (23) were distributed between 2-3yrs, 21.7%(13) were distributed between 4-5yrs.and 8.3% (5) had >5 yrs. of experience in neonatal unit.

6. Based on the data majority of subjects 63.3 %(38) not received and attended any Burn and burn Management, conference, workshop, seminar, programme and very few of them 36.7% (22) had attended Burn and burn Management conference, workshop, seminar.

SECTION II

Percentage distribution of overall knowledge level and knowledge in Specific areas related to Burn and Burn Management among staff nurses in pre- test

Table 2Percentage distribution of overall knowledge level N=60

S.NO	Level of Knowledge	% of score	Pre test		Post test	
			Frequency	Frequency %	Frequency	Frequency %
1.	Poor	0-40	3	5	0	0
2	Average	41-60	57	95	0	0
3.	Good	61-74	0	0	19	31.6
4.	Very good	75 and above	0	0	41	68.33

The level of knowledge was classified in four aspects includes poor (0-40%), average (41-60), good (61-74) and very good (75 and above).The data of table no. 2.1 shows that in pre -test majority of the subjects 95% (57) had average knowledge and 5% (3) subjects had poor knowledge about the topic, and none was found in category of good and very good. Data present above: revels that in the assessment of post-test knowledge of staff nurse, majority 68.33 % (41) of subject had very good knowledge while 31.6%(19) of them had good knowledge about the topic and none were found to be average and poor in knowledge.

Table3AspectwiseknowledgeeffectivenessofStructuredTeachingProgramme N=60

S. NO	AREA	MAXIMUM SCORE	MEANSCORE	MEAN %	S. D
1	QUESTIONS RELATED TO INTRODUCTION DEFINATION AND EPIDEMIOLOGY OF BURN	6	3.050	50.83%	.9816
2	QUESTIONS RELATED TO CAUSES AND CLASSIFICATION OF BURN	6	2.8833	48.05%	.95831
3	QUESTION RELATED TO ESTIMATION OF BODY SURFACE AREA FOR BURNAND CALCULATION OF BURN	4	2.1167	52.91%	.84556
4	QUESTION RELATED TO CARE AND MANAGEMENT	14	7.0667	50.47%	1.10264
	OVERALL	**30**	**15.1167**	**50.38%**	**3.88811**

Table no. 3 depicted area wise mean, mean %, standard deviation and overall score in pre- test knowledge scores of staff nurses

comprising of Four sections on Burn and its Management, the first section involves introduction definition and epidemiology of burn data shows that maximum score allotted for this section was 6and mean score, mean% and SD were consequently 3.050, 50.83%, and .9816.In section 2 i.e. Causes and classification of burn the maximum score allotted was 6 and mean score, mean%, and SD were 2.8833, 48.05%, and .95831respectively. Section 3 estimation of body surface area for burn and calculation of burn with maximum score of 4, the mean score, mean% and SD were consequently 2.1167, 52.91% and.84556.Section 4 care and management of Burn with maximum score of 14, mean, mean% and SD were 7.0667,50.47%, and 1.10264respectively.

Finally overall maximum score was of 30 and overall mean score, mean%, and SD were 15.1167, 50.38% and 3.88811consequently.

Table no. 4 shows Mean, mean% and standard deviation of post-test knowledge scores

N=60

S.N	AREA	MAXIMUM SCORE	MEAN SCORE	MEAN %	S. D
1	QUESTIONS RELATED TO INTRODUCTION DEFINITION AND EPIDEMIOLOGY OF BURN	6	4.9333	82.22%	.88042
2	QUESTIONS RELATED TO CAUSES AND CLASSIFICATION OF BURN	6	4.9833	83.05%	.85354
3	QUESTION RELATED TO ESTIMATION OF BODY SURFACE AREA FOR BURNAND CALCULATION OF BURN	4	3.3333	83.33%	.72875
4	QUESTION RELATED TO CARE AND MANAGEMENT	14	11.5667	82.61%	1.59837
	OVERALL	**30**	**24.8166**	**82.72%**	**4.06108**

Table: 4 depicted area wise mean, mean %, standard deviation and overall score in post- test knowledge scores of staff nurses in first section which involves introduction definition and epidemiology of burn with the maximum score of 6 in this mean score, mean% and SD were consequently 4.9333, 82.22% , and .88042. In section 2 i.e. Causes and classification of burn with the maximum of 6, the mean score, mean%, and SD were 4.9833, 83.05%, and .85354respectively. Section 3 estimation of body surface area for burn and calculation of burn with maximum score of 4, the mean score, mean% and SD were consequently 3.3333, 83.33% and .72875and in section 4 care and management of Burn with maximum score of 14, mean, mean% and SD were 11.5667, 82.61%, and1.59837respectively. Finally overall maximum score was of 30 and overall mean score, mean%, and SD were 24.8166, 82.72% and 4.06108 consequently.

SECTION III

Effectiveness of structured teaching programme among staff nurses on Burn and burn management knowledge by comparing the pre-test and post-test assessment

Table 5 : Area wise effectiveness of STP

N=60

S.No.	Area	Score	Pre-test (x)	Post- test (y)	Effectiveness (y-x)

			Mean	Mean%	S.D.	Mean	Mean%	S.D	Mean	Mean%	S.D
1.	QUESTIONS RELATED TO INTRODUCTION DEFINATION AND EPIDEMIOLOGY OF BURN	6	3.050	50.83%	.9816	4.9333	82.22%	.88042	1.8833	31.39%	0.1011
2.	QUESTIONS RELATED TO CAUSES AND CLASSIFICATION OF BURN	6	2.883	48.05%	.95831	4.9833	83.05%	.85354	2.1	35%	0.1022
3.	QUESTION RELATED TO ESTIMATION OF BODY SURFACE AREA FOR BURNAND CALCULATION OF BURN	4	2.116	52.91%	.84556	3.3333	83.33%	.72875	1.2166	30.42%	0.1168
4.	QUESTION RELATED TO CARE AND MANAGEMENT	14	7.066	50.47%	1.1026	11.566	82.61%	1.5983	4.5	32.14%	0.4957
	Overall	30	15.11	50.38%	3.8881	24.816	82.72%	4.0610	9.6999	32.34%	0.17297

Table no. 5describes that overall findings revels that the mean% of post -test knowledge score was more compare to the mean% of the pre- test knowledge score. The effectiveness of STP was observed in all the areas suggesting that it was effective in increasing the knowledge of staff nurses regarding Burn and its management.

Table6 Significance difference between pre-test and post-test knowledge scores

N=60

S.n	Score	Mean	S.D	Std. error	Mean difference	D.F	't'table	
							Calculated value	Tabulated value
1	Pre-test	15.1167	3.88811	0.75	9.6999	59	4.6884	2.0010
2	Post - test	24.8166	4.06108					

Table: 6 describe the comparison of knowledge score Burn and burn management before and after intervention. The post-test mean score was significantly higher than the pre- test mean score. The tabulated value of 't' score at 0.05% level of significance and 59 degrees of freedom is 2.0010 and the table value was less than the calculated' value (4.6884)which represents the significant gain in knowledge through the structured Teaching Program. Thus it suggests that the STP has been effective in increasing the knowledge of staff nurses Burn and burn management. ($p<0.05$ HS)

SECTION IV

Table 7 Association between the knowledge of staff nurses on Burn and burn Management with selected demographic variables

S.No	variable	Chi square χ^2		d.f	Level of Significance
		Calculated value	Tabulated value		
1	**AGE** 22-25 26-30 31-35 35 and above	1.1749	16.9	9	0.05 (S)
2	**GENDER** Male Female	0.4249	7.81	3	0.05 (S)
3	**EDUCATION QUALIFICATION** GNM BSC POST BSC MSC	1.1889	16.9	9	0.05 (S)
4	**TOTAL CLINICALEXPERIENCE(IN YEARS)** 1-2 3-4 5-7 7 and above	7.07	16.9	9	0.05 (S)
5	**TOTAL EXPERIENCE IN BURN UNIT(IN YEARS)** <1 2-3 4-5 5 and above	6.6037	16.9	9	0.05S
6	**ANYADDITIONALINFORMATION RECEIVED(conferences seminars, workshop)** Yes No	0.0149	7.81	3	0.05S

N=60

Table no: 7 The above shows that the obtained chi- square values of variables of age, gender, education qualification, total clinical experience, total clinical experience in Burn unit, so there is significant association between the knowledge scores and these variables at the0.05level of significance**.** Hence the hypothesis is accepted. The obtained chi-square value of variable of additional information received was less than the tabulated value hence the hypothesis is accepted.

NURSINGIMPLICATION

The scientific and medical inventions help to improve theon Burn and burn management practice, requiring the staff nurses to be updated with knowledge. Staff development programmes through continuous education and training, teaching and learning materials like structured teaching programme (STP) are major factors in shaping the future of the profession of nursing services. The findings of the study have several implications for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE

The study shows various degrees of deficiency in the Burn and burn management knowledge among the staff nurses. The study reveals that the correction of deficiency needs to be an ongoing process. It highlights the need for special attention in providing additional and up-to-date information on Burn and burn management which is the basic life support for the high risk neonates.

NURSING EDUCATION

Staff nurses should be encouraged to participate in specialized courses regarding Burn and burn management there should be individualized teaching and on-going feedback on their performance. Special classes and in service education programmes should be conducted. The structured teaching programme act as a good teaching and learning material. More emphasis should be given to periodic development and updating of the STP. The curriculum of undergraduate and postgraduate nursing should detail out on the Burn and burn management

NURSING ADMINISTRATION

This highlights the need for nursing administrators to use performance appraisal, nursing audit, guidelines and updating of nursing standards. Clinical expertise and experience are helpful for the staff nurses to assess what is really the best evidence for neonatal care. The nurse administrators should try to update the knowledge of the staff nurses regarding Burn and burn management and to develop appropriate teaching strategies which help in providing quality care.

NURSING RESEARCH

This is only an initial investigation into the area of nurse's knowledge on Burn and burn management. There is a lot of scope for exploring this area. Extensive research into the factors affecting nurse's knowledge,Burn and burn management practice of the staff nurses and care of children on Wound care and vital supports, can be conducted. Use of research findings should become part of the quality assurance evaluation to enhance the profession as a whole.

SUMMARY:

This chapter dealt with the findings of the study, implications of the study in the fields of nursing education, nursing practice, nursing administration and nursing research. It also deal with the limitations and recommendations for the study.

CONCLUSION

The main aim of the study was to assess the effectiveness of structured teaching programme on Burn and its management among the staff nurses of selected hospital at Lucknow, U.P. Teaching was given through the STP which included introduction and definition, epidemiology of Burn and its management causes and classification of burn, estimation of TBA for burn and calculation of burn, care and management. Guidelines this helped the staff nurses to gain knowledge in Burn and burn management.

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