



“Study To Assess The Effectiveness Of Video Assisted Teaching Cum Live Demonstration On Knowledge And Practice Regarding Prevention Of Cauti (Catheter Associated Urinary Tract Infection) Among Staff Nurses Working In Surgical Ward At Selected Hospital Of Jabalpur (M.P.)”

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ABSTRACT-A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra bladder, ureters & kidney. As per National Healthcare Safety Network (NHSN) report UTIs are the most common type of healthcare associated infections. Among UTIs acquired in the hospital, approximately 75% are associated with a urinary catheter, the single most important predisposing factor for CAUTI is the insertion of urinary catheter. Urinary catheters are used frequently in hospitalized patients, and almost 25% of them undergo urinary catheterization during their stay in the hospital. Prevention of **catheter associated urinary tract infection (CAUTI)** is an important component of the delivery of the safe quality care. UTI is the most common hospital acquired infection, according for 40% of all the nosocomial infections (Saint et al 2008). CAUTI has been a leading cause of increased health costs & patient discomfort, in addition to the increased morbidity & mortality in hospitalised patients (Saint, et al.2008). There is immense need to develop EBP on these related measures from the day of insertion to removal of catheter. Hence this study is focused on nursing care in surgical wards among indwelling catheterised patients. The present study was humble attempt to –“pre-experimental research approach is to assess the effectiveness of video assisted teaching cum live demonstration on knowledge and practice regarding prevention of cauti (catheter associated urinary tract infection) among staff nurses working in surgical ward at selected hospital of jabalpur (m.p.)” Pre-experimental research approach (one group pre-test post-test design) is considered to be suitable to assess the effectiveness of video assisted teaching cum live demonstration in CAUTI prevention in term to assess knowledge & practice among staff nurses working in surgical ward of N.S.C.B. MCH Jabalpur (M.P). The study is conducted in the selected hospitals of Jabalpur. In the present study the target populations consist of staff nurses working in surgical ward. The sample size comprises of 60 staff nurses working in surgical ward, who fulfilled the inclusion criteria. Due to limited availability of subject as per the sampling criteria, the investigator adopted the purposive sampling technique. Data is collected with the help of tools. Tool I- Structured knowledge questionnaire comprised of two sections, Section A: Socio-Demographic variables, Section B: 30 Structure knowledge questionnaires to assess the knowledge & practice of staff nurses regarding CAUTI prevention. Tool-II: Video assisted teaching cum live demonstration on CAUTI prevention. The mean knowledge score of pre-test is 13.6 with standard deviation 6.18, the mean knowledge score of post-test is 19.6 with standard deviation 4.9. Findings revealed that there is gain in knowledge score about CAUTI prevention as compared to pre-test knowledge score after administration of video assisted teaching cum live demonstration regarding CAUTI prevention. The mean practice score of pre-test is 14.33 with standard deviation 6.08, the mean practice score of post-test is 19.16 with standard deviation 5.7. Findings revealed that there is gain in practice score about CAUTI prevention as compared to pre-test practice score after administration of video assisted teaching cum live demonstration regarding CAUTI prevention. The mean knowledge score of the pre-test was 13.66 whereas: the mean knowledge score of post-test was 19.66 with mean difference of 6 & standard deviation is 4.31. calculated ‘t’ value was 8.05 at degree of freedom 118 at the level of $p < 0.05$ which is found most significant statistically. The mean practice score of pre-test is 14.33 & the mean practice score of post –test is 19.16 with mean difference of 4.83 and standard deviation is 4.72. Calculated ‘t’ value was 5.9 at degree of freedom 118 at the level of $p < 0.05$ which is found most significant statistically.

INTRODUCTION-

The indwelling urinary catheter is an essential part of modern medical care. Unfortunately, when poorly managed, the indwelling catheter may present a hazard. Catheter associated urinary tract infection (CAUTI) is most common infection responsible for nosocomial infection. The scale of the problem is extensive; an estimated 15-255 of all hospitalised patients have a urinary catheter at some point during their stay. The risk increases directly with the duration of catheterization. A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney.

In the past, CAUTI has gained the same level of media attention as other high-profile hospital infections. Now there is a need to raise the awareness amongst healthcare professionals. Educational demonstration combines sight and sound together and thus makes the experience real, concrete and immediate. It offers opportunities of seeing and listening to the scenes and events. It can teach large number of staff at one time. It stimulates and reinforces ideas, beliefs and tendencies possessed by the onlooker. The advantages of demonstration are: the teacher illustrates the co-ordination of head, heart and hands. Video assisted teaching cum live demonstration increases the practicability and knowledge of the



staff nurses on prevention of CAUTI. Many studies show that video assisted teaching cum live demonstration is one of the important methods in teaching and learning.

It has been witnessed that the hospital acquired urinary tract epidemic occurs first hand through nurses. Thus there is immense need to develop EBP (evidenced based practices) on these related measures from the day of insertion to the day of removal of catheter. Hence this study is focused on nursing care in surgical wards among indwelling catheterised patients

In my clinical practice I also found, Care of indwelling urinary catheter is one of the major nurse's independent role which can be managed by using simple nursing measures to reduce asymptomatic CAUTI this thought motivated me to choose this topic for my research study.

NEED OF THE STUDY-

The indwelling urinary catheter is an essential part of modern medical care. Unfortunately, when poorly managed, the indwelling catheter may present a hazard. Catheter associated urinary tract infection (CAUTI) is most common infection responsible for nosocomial infection. The scale of the problem is extensive; an estimated 15-25% of all hospitalised patients have a urinary catheter at some point during their stay. The risk increases directly with the duration of catheterization. A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney.

In the past, CAUTI has gained the same level of media attention as other high-profile hospital infections. Now there is a need to raise the awareness amongst healthcare professionals. Educational demonstration combines sight and sound together and thus makes the experience real, concrete and immediate. It offers opportunities of seeing and listening to the scenes and events. It can teach large number of staff at one time. It stimulates and reinforces ideas, beliefs and tendencies possessed by the onlooker. The advantages of demonstration are: the teacher illustrates the co-ordination of head, heart and hands. Video assisted teaching cum live demonstration increases the practicability and knowledge of the staff nurses on prevention of CAUTI. Many studies show that video assisted teaching cum live demonstration is one of the important methods in teaching and learning.

OBJECTIVES OF THE STUDY ARE TO:-

- Assess the pre-test knowledge score regarding prevention of CAUTI among staff nurses working in surgical ward at selected hospitals of Jabalpur. (M.P.)
- Assess the pre-test practice score regarding prevention of CAUTI among staff nurses of surgical ward at selected hospital Jabalpur. (M.P.)
- Administer video assisted teaching cum live demonstration on prevention of CAUTI among staff nurses working in surgical ward at selected hospitals of Jabalpur. (M.P.)
- Assess the post-test knowledge score regarding prevention of CAUTI among staff nurses of surgical ward at selected hospital Jabalpur. (M.P.)
- Assess the post-test practice score regarding prevention of CAUTI among staff nurses of surgical ward at selected hospital Jabalpur. (M.P.)
- Assess the effectiveness of video assisted teaching cum live demonstration regarding prevention of CAUTI on knowledge among staff nurses of surgical ward at selected hospital Jabalpur. (M.P.)
- Assess the effectiveness of video assisted teaching cum live demonstration regarding prevention of CAUTI on practice among staff nurses of surgical ward of selected hospital Jabalpur. (M.P.)



- Find the association between post- test knowledge score with selected demographic variables regarding prevention of CAUTI among staff nurses working in surgical ward at selected hospital of Jabalpur(M.P.)
- Find the association between post- test practice score with selected demographic variables regarding prevention of CAUTI among staff nurses working in surgical ward at selected hospital of Jabalpur(M.P.)

HYPOTHESES:-

H1: There will be significant difference between pre- test and post -test knowledge score regarding prevention of CAUTI among staff nurses working in surgical ward of N.S.C.B. MCH, Jabalpur.

H2: There will be significant difference between pre-test & post-test practice score regarding prevention of CAUTI among staff nurses working in surgical ward of N.S.C.B. MCH, Jabalpur.

H3: There will be significant association between pre- test knowledge score regarding CAUTI prevention with selected demographic variables.

H4: there will be significant association between post- test practice score regarding CAUTI prevention with selected demographic variables.

“Conceptual framework is a theoretical approach of the study of problem that is scientifically based and emphasizes the selection and classification of its concept. A conceptual framework states functional relationship between events and is not limited to statistical relationship.”
(Wood & Haber, 2003)

The study was designed to elicit the effectiveness of video assisted teaching program cum live demonstration to improve knowledge and practice of staff nurses working in surgical ward regarding CAUTI prevention. The conceptual model for study was based on General system theory by Ludwig Von Bertalanffy (1980).

ONE GROUP PRETEST AND POSTTEST PRE-EXPERIMENTAL RESEARCH DESIGN: -

The research design selected for the present study was one group pre-test –post test experimental design in nature.

Table 1:- One group pre-test and post-test pre- experimental research design-

GROUP	PRE-TEST	INTERVENTION	POST-TEST
Experimental Group	Q1	X	Q2

Schematic presentation of one group pre-test post-test control group design

Q1:- Pre- test knowledge & practice.

X :- intervention (video assisted teaching cum live demonstration)

Q2:- Post- test knowledge & practice.

VARIABLES-

Independent variable

“Independent variable is a variable that stands alone and is not dependent on any other.”
(Polit & Hunger, 2005)

In this study the independent variable is video assisted teaching cum live demonstration.



Dependent variable

"The variable is characteristics that appear/disappear as a result of an independent variable."

In this dependent variable is knowledge and practice of staff nurses regarding prevention of CAUTI.

Demographic variables- it include Age, Qualification, Experience, Marital status & previous knowledge of staff nurses.

SETTING

"Setting is the physical location and condition in which the data collection takes place in a study."
(Polit & Hungler, 2005)

The study will be conducted in the Netaji subhash Chandra bose medical college & hospital at Jabalpur.

POPULATION-

"Population is the entire aggregation of the cases that meet a designed set of criteria. The research specifies the broad Population (target population) as well as the population that is available for the study (accessible population) ."

(Polit & Hungler, 2005)

Target population-In the study the target population consists of staff nurses working in surgical ward.

Accessible population- The accessible population is staff nurses working in surgical ward of Netaji Subhash Chandra Bose medical college & hospital, at Jabalpur.

SAMPLE-

A sample is a subset of a population selected to participate in the research study.

(Polit & Hungler, 2005)

In this study the sample comprises staff nurses working in surgical ward of Netaji Subhash Chandra Bose medical college & hospital at Jabalpur

SAMPLE SIZE -

In this study the sample size comprises of 60 staff nurses working in surgical ward of N.S.C.B. MCH at Jabalpur, M.P.

SAMPLING TECHNIQUE-

"Sampling is a process of selecting a portion of the population to obtain data regarding a problem."

Non-probability purposive sampling technique is used in this study. 60 samples were chosen by purposive sampling technique from Netaji Subhash Chandra Bose Medical college & Hospital Jabalpur M.P.

SAMPLE SELECTION CRITERIA

The sample selection criteria used by the researcher included the following criteria-

Inclusion criteria

- Female Staff nurses of surgical ward who are willing to participate in study.
- Female Staff nurses of surgical ward who are present during the data collection.

Exclusion criteria

- Staff nurses having experience of less than 2 yrs./ no experience.
- Male staff nurses.

DEVELOPMENT AND DESCRIPTION OF TOOL

"Data collection is the procedures and instruments used by the researcher to observe or measure the key variable in the research problem."

(Polit & Hungler, 2005)

Scoring: the total score is of 30 marks. The scoring is based on the following categorization:

- Score 1 is given for the correct answer.
- Score 0 is given for the wrong answer.

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Knowledge is graded from poor knowledge to good knowledge based on scores.

- Poor = 1-10
- Average = 11-20
- Good = 21-30

Practice is graded from poor practice to good practice based on scores.

- Poor = 1-10
- Average = 11-20
- Good = 21-30

DATA COLLECTION PROCEDURE-

Main study is conducted at N.S.C.B.MCH Jabalpur after taking permission from Dean of medical college and Head of the department (surgery) The data collection period extended from 30/08 /19 to 12/09/19, after taking informed & written consent from participants .

A total of 60 samples are selected as participants through purposive sampling i.e. 60 samples of staff nurses who fulfilled the inclusion criteria. The purpose of study was explained, self -introduction was given to the participants . The investigator assured confidentiality of the reply and findings. Pre-test was conducted to assess knowledge and practice before implementation of video assisted teaching cum live demonstration to the samples, after intervention post-test was conducted with the same tools .

Implementation of video-assisted teaching program

Researcher introduced the topic & video-assisted teaching given to staff nurses through LCD projector at lecture hall ,at NSCB medical college, Jabalpur. The video assisted teaching programme implemented for 15 samples at a time. Total samples covered after 4 rounds of teaching sessions. The video assisted teaching programme dealt with Definition of CAUTI, Type of catheter, indications, Contraindications, Complication of untreated CAUTI and its prevention strategies in four folds as mentioned below-

- Reduced unnecessary catheter use.
- Timely removal of catheter.
- Catheter care and its maintenance.
- Education & training.

Live demonstration on Catheterization and its care performed at surgical ward in 6 rounds i.e. 10 samples at a time .The

live demonstration process comprised of-

Aseptic technique of catheter insertion.

Review the need of catheter care & its replacement.

Emptying & handling of catheter care.

DATA ANALYSIS

Data analysis is planned based on objectives and hypothesis stated in the study by using descriptive and inferential statistics.

1. Descriptive statistics:

Descriptive statistics is useful for summarizing empirical information and inferential statistics which is based on the laws of probability, provides a means for drawing conclusion.

- Frequency and percentage distribution is used to analyse the socio-demo graphical variables.
- Mean, mean percentage and standard deviation is used to analyse the level of knowledge & practice on prevention of CAUTI .

2. Inferential statistics



- Paired t' test is used to find out the effectiveness of video-assisted teaching program.
- Chi-square is used to find out the association between knowledge and with selected socio-demographic variables.
- Chi-square is used to find out the association between practice and with selected socio-demographic variables..

SECTION I -FREQUENCY AND PERCENTAGE DISTRIBUTION OF STAFF NURSES ACCORDING TO SOCIO-DEMOGRAPHIC VARIABLES-

TABLE 3: FREQUENCY , PERCENTAGE DISTRIBUTION OF STAFF NURSES WORKING IN SURGICAL WARD ACCORDING TO THEIR AGE - N=6

S. NO.	Variables (Age)	Frequency	Percentage
1	22-28 years	20	33.33%
2	29-35 years	29	48.33%
3	36-42 years	08	13.33%
4	43-49 years	03	05%
	Total	60	100

TABLE 4: FREQUENCY ,PERCENTAGE DISTRIBUTION OF STAFF NURSES WORKING IN SURGICAL WARD ACCORDING TO THEIR QUALIFICATION- N= 60

S. NO.	Variables (qualification)	Frequency	Percentage
1	G.N.M.Nursing	28	46.66%
2	P.B.B.Sc.Nursing	20	33.33%
3	B.Sc.Nursing	07	11.66%
4	M.Sc.Nursing	05	8.33%



	Total	60	100
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TABLE 5: FREQUENCY , PERCENTAGE DISTRIBUTION OF STAFF NURSES WORKING IN SURGICAL WARD ACCORDING TO THEIR EXPERIENCE N=60

S. NO.	Variables (experience)	Frequency	Percentage
1	2-6 years	19	31.66%
2	7-11 years	29	48.33%
3	12- 16 years	10	16.66%
4	>16 years	02	3.33%
	Total	60	100

TABLE 6: FREQUENCY , PERCENTAGE DISTRIBUTION OF STAFF NURSES WORKING IN SURGICAL WARD ACCORDING TO THEIR MARITAL STATUS- N=60

S. NO.	Variables (Marital status)	Frequency	Percentage
1	Married	30	50%
2	Bachelor	22	36.66%
3	Widow	07	11.66%
4	Divorcee	01	1.66%
	Total	60	100



**TABLE 7: FREQUENCY , PERCENTAGE DISTRIBUTION OF STAFF NURSES WORKING IN SURGICAL WARD
ACCORDING TO THEIR PREVIOUS KNOWLEDGE-**

N= 60

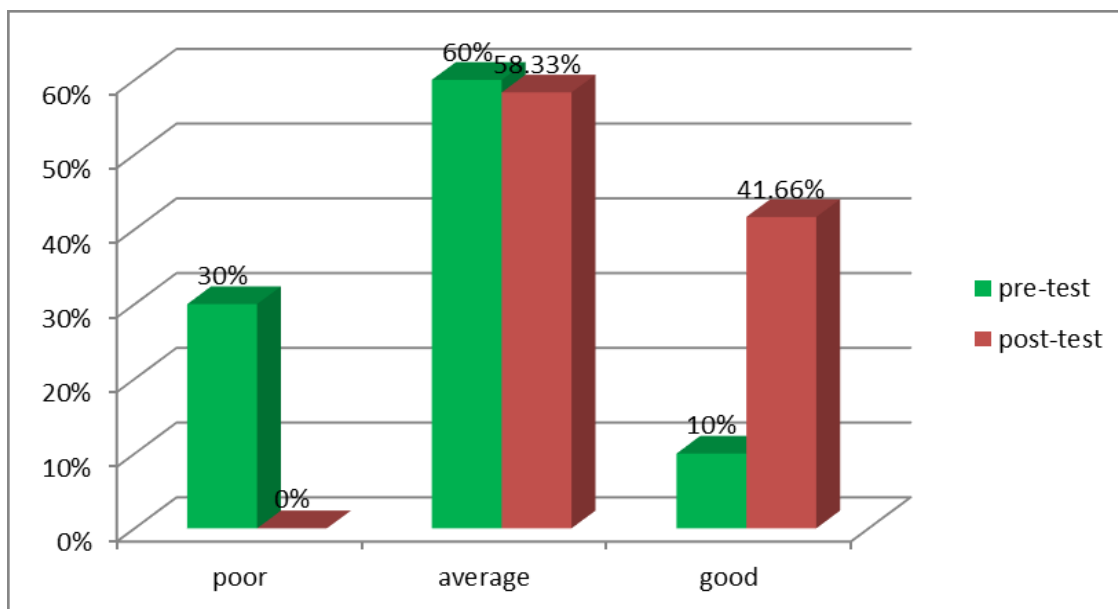
S.No.	Variable knowledge	(previous	Frequency	percentage
1	Yes		44	73.33%
2	No		16	26.66%
	Total		60	100

SECTION II (A): GRADE WISE DISTRIBUTION OF PRE & POST TEST KNOWLEDGE SCORE REGARDING CAUTI PREVENTION AMONG STAFF NURSES WORKING IN SURGICAL WARDS.

**TABLE 8: GRADE WISE DISTRIBUTIONS OF FREQUENCY, PERCENTAGE, MEAN AND STANDARD DEVIATION
OF PRE AND POST TEST KNOWLEDGE SCORE.**

N= 60

S.NO.	TEST	GRADE	RANGE	FREQ.(F)	%	MEAN	S.D.
01	PRE- TEST	POOR	1-10	18	30%	13.6	6.18
		AVERAGE	11-20	36	60%		
		GOOD	21-30	06	10%		
02	POST- TEST	POOR	1-10	00	00%	19.6	4.9
		AVERAGE	11-20	35	58.33%		
		GOOD	21-30	25	41.66%		

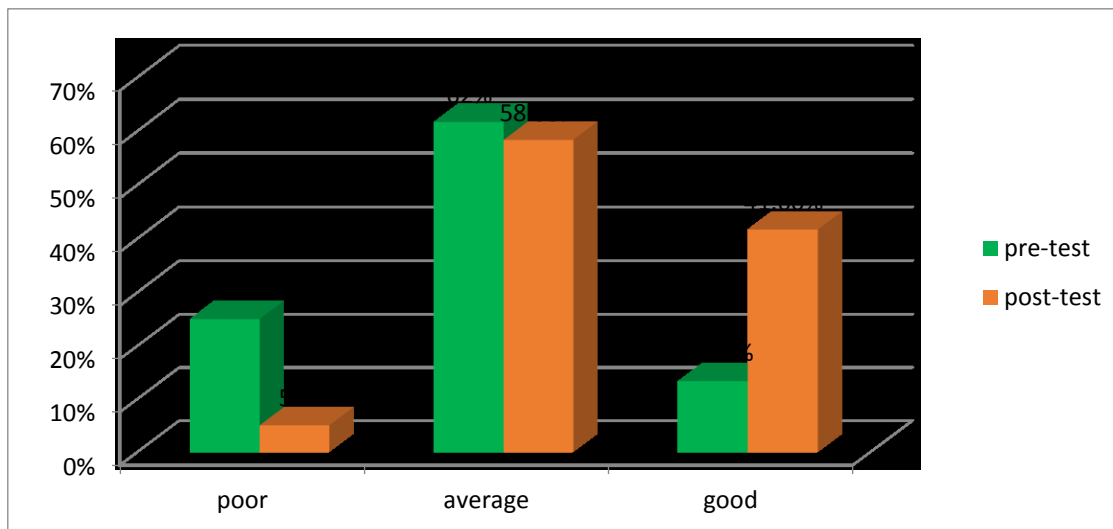


SECTION II (B): GRADE WISE DISTRIBUTION OF PRE & POST TEST PRACTICE SCORE REGARDING CAUTI PREVENTION AMONG STAFF NURSES IN SURGICAL WARD.

TABLE 9: GRADE WISE DISTRIBUTIONS OF FREQUENCY, PERCENTAGE, MEAN AND STANDARD DEVIATION OF PRE AND POST TEST PRACTICE SCORE.

N= 60

S.NO.	TEST	GRADE	RANGE	FREQ.(F)	%	MEAN	S.D.
01	PRE-TEST	POOR	1-10	15	25%	14.33	6.08
		AVERAGE	11-20	37	61.66%		
		GOOD	21-30	08	13.33%		
02	POST-TEST	POOR	1-10	03	05%	19.16	5.7
		AVERAGE	11-20	32	53.33%		
		GOOD	21-30	25	41.66%		



SECTION III - ANALYSIS OF EFFECTIVENESS OF VIDEO ASSISTED TEACHING CUM LIVE DEMONSTRATION REGARDING CAUTI PREVENTION –

TABLE- 10 :-SIGNIFICANCE DIFFERENCE BETWEEN PRE AND POST TEST KNOWLEDGE SCORE REGARDING CAUTI PREVENTION AMONG STAFF NURSES BY USING ‘t’ TEST- N=60

S.NO.	TEST	MEAN	MEAN DIFFERENCE	Sd	SEd	‘t’ value	P Value
01	Pre-test	13.66	6	4.31	0.745	8.05	t= 8.5
02	Post-test	19.66					P=0.05 most significant at df =118 P=1.98

TABLE- 11 :-SIGNIFICANCE DIFFERENCE BETWEEN PRE AND POST TEST PRACTICE SCORE REGARDING CAUTI PREVENTION AMONG STAFF NURSES BY USING ‘t’ TEST- N=60

S.NO.	TEST	MEAN	MEAN DIFFERENCE	Sd	SEd	‘t’ value	P Value
01	Pre-test	14.33					t= 5.9



02	Post-test	19.16	4.83	4.72	0.816	5.9	P=0.05 most significant at df =118 P=1.98
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SECTION-IV (A): ASSOCIATION OF SELECTED SOCIO-DEMOGRAPHIC VARIABLES WITH POST-TEST KNOWLEDGE SCORE REGARDING CAUTI PREVENTION AMONG STAFF NURSES IN SURGICAL WARD-

TABLE- 12 : ASSOCIATION BETWEEN AGE OF STAFF NURSES WITH THEIR POSTTEST KNOWLEDGE SCORE REGARDING CAUTI PREVENTION. N=60

S.No.	Variable(Age)	Poor	Average	Good	Total	Chi square	Significance
a.	22-28 years	0	11	09	20	27.58	$\chi^2 = 27.58$
b.	29-35 years	0	17	12	29		p<0.05 most significant at 6 df
c.	36-42 years	0	05	03	08		p=12.59
d.	43-49 years	0	02	01	03		

TABLE-13: ASSOCIATION BETWEEN QUALIFICATION OF STAFF NURSES WITH THEIR POST-TEST KNOWLEDGE SCORE REGARDING CAUTI PREVENTION. N=60

S.No.	Variable (Qualification)	Poor	Average	Good	Total	Chi square	Significance
a.	G.N.M. Nursing	0	16	12	28	23.84	$\chi^2 = 23.84$
b.	P.B.B.ScNursing	0	13	07	20		p<0.05 significant at 6 df
c.	B.Sc.Nursing	0	04	03	07		p=12.59



d.	M.Sc. Nursing	0	02	03	05	
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TABLE-14 : ASSOCIATION BETWEEN EXPERIENCE OF STAFF NURSES WITH THEIR POST-TEST KNOWLEDGE SCORE REGARDING CAUTI PREVENTION-

N=60

S.No.	Variable (Experience)	Poor	Average	Good	Total	Chi square	Significance
a.	2-6 years	0	11	08	19	27.04	$\chi^2 = 27.04$ $p < 0.05$ most significant at 6 df $p = 12.59$
b.	7-11 years	0	17	12	29		
c.	12-16 years	0	05	05	10		
d.	>16 years	0	02	0	02		

TABLE-15: ASSOCIATION BETWEEN MARITAL STATUS OF STAFF NURSES WITH THEIR POST-TEST KNOWLEDGE SCORE REGARDING CAUTI PREVENTION
N=60

S.No.	Variable (Experience)	Poor	Average	Good	Total	Chi square	Significance
a.	Married	0	18	12	30	35.58	$\chi^2 = 35.58$ $p < 0.05$ most significant at 6 df $p = 12.59$
b.	Bachelor	0	11	11	22		
c.	Widow	0	05	02	07		
d.	Divorce	0	01	0	01		

TABLE-16 : ASSOCIATION BETWEEN PREVIOUS KNOWLEDGE OF STAFF NURSES WITH THEIR POST-TEST KNOWLEDGE SCORE REGARDING CAUTI PREVENTION-
N=60



S.No.	Previous Knowledge	Poor	Average	Good	Total	Chi-square	significant
1.	Yes	0	29	15	44	13.06	$\chi^2 = 13.06$
2.	No	0	06	10	16		$p < 0.05$ most significant at 2df $p = 5.99$

SECTION IV (B): ASSOCIATION OF SELECTED SOCIO-DEMOGRAPHIC VARIABLES WITH POST-TEST PRACTICE SCORE REGARDING CAUTI PREVENTION AMONG STAFF NURSES IN SURGICAL WARD-

TABLE-17 : ASSOCIATION BETWEEN AGE OF STAFF NURSES WITH THEIR POST-TEST PRACTICE SCORE REGARDING CAUTI PREVENTION
N= 60

S.No.	Variable(Age)	Poor	Average	Good	Total	Chi square	Significance
a.	22-28 years	0	11	09	20	27.58	$\chi^2 = 27.58$
b.	29-35 years	2	15	12	29		$p < 0.05$ most significant at 6 df
c.	36-42 years	1	04	03	08		$p = 12.59$
d.	43-49 years	0	02	01	03		

TABLE-18 : ASSOCIATION BETWEEN QUALIFICATION OF STAFF NURSES WITH THEIR POST-TEST PRACTICE SCORE REGARDING CAUTI PREVENTION-
N=60

S.No.	Variable (Qualification)	Poor	Average	Good	Total	Chi square	Significance
a.	G.N.M.Nursing	2	17	09	28		



b.	P.B.B.ScNursing	1	10	09	20	23.84	$\chi^2 = 23.84$ $p < 0.05$ significant at 6 df $p = 12.59$
c.	B.Sc.Nursing	0	04	03	07		
d.	M.Sc. Nursing	0	01	04	05		

TABLE-19 : ASSOCIATION BETWEEN EXPERIENCE OF STAFF NURSES WITH THEIR POST-TEST PRACTICE SCORE REGARDING CAUTI PREVENTION

S.No.	Variable (Experience)	Poor	Average	Good	Total	Chi square	Significance
a.	2-6 years	1	08	10	19	27.04	$\chi^2 = 27.04$ $p < 0.05$ most significant at 6 df $p = 12.59$
b.	7-11 years	1	18	10	29		
c.	12-16 years	1	06	03	10		
d.	>16 years	0	0	02	02		

TABLE- 20: ASSOCIATION BETWEEN MARITAL STATUS OF STAFF NURSES WITH THEIR POST –TEST PRACTICE SCORE REGARDING CAUTI PREVENTION.

N=60

S.No.	Variable (Experience)	Poor	Average	Good	Total	Chi square	Significance
a.	Married	02	17	11	30	35.58	$\chi^2 = 35.58$ $p < 0.05$ most significant at 6 df $p = 12.59$
b.	Bachelor	01	11	10	22		
c.	Widow	0	03	04	07		



d.	Divorce	0	01	0	01	
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TABLE-21 : ASSOCIATION OF DEMOGRAPHIC VARIABLE PREVIOUS KNOWLEDGE OF STAFF NURSES WITH THEIR POST-TEST PRACTICE SCORE REGARDING CAUTI PREVENTION- N= 60

S.No.	Previous Knowledge	Poor	Average	Good	Total	Chi-square	significant
1.	Yes	0	29	15	44	13.06	$\chi^2 = 13.06$
2.	No	0	06	10	16		$p < 0.05$ most significant at 62df $p = 12.59$

CONCLUSION

The study is conducted with the objectives to assess the effectiveness of video assisted teaching cum live demonstration on CAUTI prevention among staff nurses working in selected Hospital of Jabalpur (M.P.). In the present study researcher is assessing the knowledge and practice of staff nurses working in surgical ward on CAUTI prevention in selected hospital of Jabalpur (M.P.). The sample consisted of 60 staff nurses working in surgical ward. Pre-test is conducted to assess the knowledge of staff nurses working in surgical ward through structured questionnaire and practice is assessed through observation checklist. Findings revealed that post test of samples had more knowledge score and practice score regarding CAUTI prevention as compared to pre-test knowledge score and practice score before administration of self video on CAUTI prevention this shows video assisted teaching cum live demonstration on CAUTI prevention is effective in increasing the knowledge and practice of staff nurses working in surgical ward at the level of ($p < 0.05$).

BIBLIOGRAPHY

- Bernard, M. S., Hunter, K. F., & Moore, K. N. (2012). A review of the literature on CAUTI: A patient safety problem. *American Journal of Infection Control*, 40(8), 783-790. <https://doi.org/10.1016/j.ajic.2012.01.003>
- Carter, E. J., Krein, S. L., & Saint, S. (2018). A qualitative study on nurse perceptions of CAUTI prevention in acute care settings. *Journal of Nursing Care Quality*, 33(1), 40-46. <https://doi.org/10.1097/NCQ.0000000000000261>
- Chenoweth, C. E., & Saint, S. (2013). Urinary tract infections. *Infectious Disease Clinics of North America*, 27(1), 21-40. <https://doi.org/10.1016/j.idc.2012.09.003>
- Drekonja, D. M., Kuskowski, M. A., & Johnson, J. R. (2010). Institutional variability in CAUTI rates: Understanding risk factors. *Clinical Infectious Diseases*, 50(1), 1-7. <https://doi.org/10.1086/648107>



- Fakih, M. G., Gould, C. V., & Krein, S. L. (2014). Reducing inappropriate urinary catheter use: A qualitative study on barriers and strategies. *American Journal of Infection Control*, 42(6), 653-657. <https://doi.org/10.1016/j.ajic.2014.03.013>
- Garcia, R. (2019). A review of evidence-based guidelines for CAUTI prevention. *The Journal of Hospital Infection*, 101(4), 365-372. <https://doi.org/10.1016/j.jhin.2018.11.008>
- Meddings, J., Rogers, M. A. M., & Saint, S. (2013). Reducing catheter-associated urinary tract infections: A meta-analysis of intervention strategies. *The American Journal of Medicine*, 126(6), 557-564. <https://doi.org/10.1016/j.amjmed.2012.09.023>
- Mody, L., Greene, M. T., & Saint, S. (2017). A tailored intervention to prevent CAUTI in nursing homes. *JAMA Internal Medicine*, 177(9), 1322-1328. <https://doi.org/10.1001/jamainternmed.2017.1689>
- Saint, S., Greene, M. T., & Krein, S. L. (2016). A program to prevent catheter-associated urinary tract infection in acute care hospitals. *New England Journal of Medicine*, 374(22), 2111-2119. <https://doi.org/10.1056/NEJMoa1504906>
- Zingg, W., Muters, N. T., & Harbarth, S. (2019). Education and training in infection prevention and control. *Journal of Hospital Infection*, 103(4), 363-368. <https://doi.org/10.1016/j.jhin.2019.04.012>