MESSAGE

It is a matter of extreme joy that our Department of Nursing is going to publish a News Letter “Nursing – News Views” from 24th of July, 2013 onwards. This publication will not only keep us updated with the latest trends in the field of Nursing but will also provide us the various problems and prospects as regards Nursing profession.

Nursing is a profession that every human requires from time immemorial till date and it will grow in manifold for days to come. From the time of Florence Nightingale, our sisters are being adored and honoured by the society boundlessly. It’s a profession, which is noble, prestigious and graceful. Further, we must remember the fact that our motto is “Service to Man is Service to God” and how it can be fully implemented by our sisters for the good of the poor, through this News Letter, we need to impart. I pray and wish the Newsletter a great success.

Dated: July 17, 2013

( Swami Satyadevananda)
Secretary

Ramakrishna Mission Seva Pratishthan
(A General Hospital Recognised by M.C.I., West Bengal University of Health Sciences & National Board of Examinations for Post-Graduate Teaching and Research)
99, Sarat Bose Road, Kolkata - 700 026
(A Branch Centre of Ramakrishna Mission, P.O. Belur Math, Dist. Howrah, West Bengal 711202)
Quarterly News Letter for Promoting Excellence in Nursing

Chief Advisor
Srimat Swami Satyadevananda, Secretary
Ramakrishna Mission Seva Pratishthan, Kolkata.

Editorial Board
Ms. Sikha Banerjee, M.SC (N)
Nursing Superintendent, R.K.M.S.P

Ms. Bharati Chatterjee, M.SC (N)
Principal, Ma Sarada College Of Nursing, R.K.M.S.P

Ms. Sujata Sengupta, M.SC (N)
Vice Principal, Ma Sarada College Of Nursing, R.K.M.S.P

Editor
Ms. Madhuchanda Guhathakurta, M.SC (N)
Principal, School Of Nursing, R.K.M.S.P

Co-Editor
Ms. Nupurkana Dutta
Dy. Nursing Superintendent, R.K.M.S.P

Ms. Suchanda Sikdar, M.SC (N)
Lecturer, Ma Sarada College Of Nursing, R.K.M.S.P

Ms. Senjuti Mallick, B.SC (N)
Tutor, School Of Nursing, R.K.M.S.P

Editorial Address:
Office of Nursing Superintendent,
Ramakrishna Mission Seva Pratishthan
99 Sarat Bose Road, Kolkata-700 026
Phone No. - (033) 2475-3636

Research publication is done with due permission from the researcher. Articles published with references from books and websites.
Number 1, July-October, 2013.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Research Study on Patient’s Satisfaction in OPD-Services</td>
<td>4</td>
</tr>
<tr>
<td>2. Milieu - Therapy</td>
<td>6</td>
</tr>
<tr>
<td>3. Breast-Feeding Information Retrieval</td>
<td>7</td>
</tr>
<tr>
<td>4. World Health Day Theme</td>
<td>8</td>
</tr>
<tr>
<td>5. Natural Pain Relief Option In Labour</td>
<td>9</td>
</tr>
<tr>
<td>6. International Nurse’s Day Theme2013</td>
<td>10</td>
</tr>
<tr>
<td>7. Kangaroo – Care</td>
<td>11</td>
</tr>
<tr>
<td>8. What’s in a Cigarette?</td>
<td>12</td>
</tr>
<tr>
<td>10. Attention — Nedle Stick Injury</td>
<td>14</td>
</tr>
</tbody>
</table>
Research Study on Patient Satisfaction in OPD Seminar

Ms. Sikha Banerjee
Nursing Superintendent, RKMSP

“Patient don’t care how much you know until they know how much you care”

Patient satisfaction is a subjective judgment of quality care. It is very important to improve patient satisfaction levels, especially in today’s competitive health care Environment. As a member of health care team, the nurse needs to find the gap & act to bridge the gap to meet the goal of providing satisfaction to the client.

A research study done in OPD to see effectiveness of planned discussion for nurses working in OPD to improve satisfaction level of client attending OPD of Ramakrishna Mission Seva Pratisthan.

Abstract:

Evaluative study to find the effectiveness of planned discussion on patient satisfaction with nursing staff working in OPD in a selected hospital R.K.M.S.P in Kolkata, west Bengal was conducted by Sikha Banerjee the investigator.

Objective of the study were:

1. To determine patient satisfaction with the Nursing care received in a selected OPD in terms of followings:
   1.1 Information & communication & areas of nursing care.
   1.2 To find the patient satisfaction with nurses behavior.
   1.3 To determine patient satisfaction with the behavior of other team member.
   1.4 To identify patient satisfaction with the environmental factors of OPD.
2. To find association between patient satisfaction and selected demographic variables.
3. To find the mean difference of patient satisfaction score between prior to and after planned Discussion program.

The Study attempted to examine the following hypotheses at 0.05 level of significance.

H1: Patient satisfaction score after planned discussion program will be significantly higher than the patient satisfaction score prior to the planned discussion program as evident from structure interview schedule at 0.05 level of significance.

H2: There will be significant association patient between patient satisfaction score with selected demographic variable.

Independent variable was a planned discussion program related to patient satisfaction related to communication, nurses behavior, doctors’ behavior, environment factors. Which is the indicator of quality care.

Dependent Variable- Patient satisfaction on quality care received in OPD. The conceptual frame

Work of study was based on input, Process, output model.

The research design adapting one group pretest posttest.
Design- Data were collected adapting non probability sampling. The sample consisted of 150 patients attending in OPD. The Tools included in study were

Tool I – The demographic data to know the sample characteristics.

Tool II – Structured questionnaire on satisfaction score the care of OPD patient’s was prepared on the basis of review of literature and experts opinion. Six experts established content validity of the planned discussion on patient satisfaction.

The significant findings of the study were: ‘t’ value of df 148 is 3.36 which crosses the table value of ‘t’ (1.98)

There is significant difference between patient satisfaction score after planned discussion program than prior to discussion program at 0.05 level of significant.
A scientific structuring of the environment in order to effect behavioural changes and to improve the psychological health and functioning of the individual (Skinner, 1979). It is considered therapeutic for mentally deprived where the client learns adaptive interactions and relationship skill and that can be generalized to other aspects of his or her life with autonomy. The programme within the milieu therapy includes structured meeting, work therapy, monetary reward. The client can choose the type of work and involve themselves in variety of activities. The nurse participating in the setting should emphasize on the therapeutic physical environment e.g. to display art work and pictures, colour, sound, texture, temperature and odour etc. She should take interest in developing communication pattern like fan pattern, chain pattern, ring pattern, wheel pattern and all channel patterns for all the clients.
Breast-Feeding Information Retrieval

Ms. Amrita Bhattacharjee
Clinical Instructor, School of Nursing

Bottle fills his stomach but breastfeeding fills his soul”.
— Diane Wiessinger

The scientific findings concerning breastfeeding and the mother-child relationship during this special time.

Two commonly told stories about breast milk are that (1) it has very little iron and (2) it lacks vitamin D. But the fact is that breast milk does contain sufficient amounts of both nutrients, providing the mother with a balanced diet and boost her daily caloric intake to about 3,500cals. Babies fed on substitutes get anemic around six months of age if they don't receive supplemental iron. This is not true of breastfed infants. A study shows that a group of babies in Japan were totally breastfed for two years without any difficulties.

WORLD HEALTH DAY THEME 2013

HYPERTENSION

Student Nurses of School of Nursing conducted “A Survey Among Patient Who Attended OPD” of Ramakrishna Mission Seva Pratishthan including children (6 - 12 years) on 06-04-2013.

Findings :
Known case of Hypertension — 11.48%
Newly Identified Hypertension — 9.48%
Water immersion in labour offers significant benefits for the labouring woman, including pain relief, relaxation and comfort. Showers are also great, as women can remain upright and direct the shower head at your lower back if you have back pain. Andrew Davidson is an Obstetrician at John Flynn Hospital in Queensland who says that around 40% of women at the hospital use water immersion for labour, birth satisfaction very high.

Environment

The environment in which a woman gives birth can help with relaxation, hence pain relief and comfort.

- Turn the lights off or down. Bring familiar objects from home if in hospital, like pillows, blankets and other things that have her smell on it – the smells of familiarity, safety and home.
- Music – favourite CD’s for different moods are great, from uplifting to soothing sounds, music can groove some pain away!
- Keep it quiet. Avoid talking unnecessarily when things get serious and asking her lots of questions.

Aromatherapy

Aromatherapy in labour has many great uses. If women are giving birth in hospital, it can provide a nice smell to mask the smell of the hospital, enabling them to relax a little more. Approximately one third of labouring women experience severe lower back pain during labour.
The Millennium Development Goals (MDGs) are eight international development goals that were officially established following the Millennium Summit of the United Nations in 2000, following the adoption of the United Nations Millennium Declaration. The MDGs consist of eight goals, backed up by 18 targets, and beneath that a set of indicators to measure the targets. The targets are quantitative, global and time bound – the aim was to achieve all the MDGs by 2015, taking 1990 levels as the baseline for progress.

I Goal 1: Eradicate extreme poverty and hunger
I Goal 2: Achieve universal primary education
I Goal 3: Promote gender equality and empower women
I Goal 4: Reduce child mortality
I Goal 5: Improve maternal health
I Goal 6: Combat HIV/AIDS, malaria and other diseases
I Goal 7: Ensure environmental sustainability
I Goal 8: Develop a global partnership for development

Three goals numbers 4, 5 and 6 – are specifically related to health, and their achievement is closely linked to the other goals including those focused on poverty, hunger, gender equality and women’s empowerment.

CLOSING THE GAP: Nurses are often the only health professionals accessible to many people in their lifetime and across the care continuum, and so are particularly well placed and innovative in reaching underserved and disadvantaged populations. The International Council of Nurses (ICN) has made a significant contribution towards achievement of the MDG. ICN has been actively engaged in influencing policies and programme globally and has participated in decision making forums as well as international meetings and events.

The MDGs have provided a clear global focus for action and resource allocation. In the run-up to 2015, nurses are encouraged to break through barriers and challenges to deliver the MDGs and meet the health needs of the poorest, most marginalised and underserved communities in the world.

(Web : www.inc.ch)
Where there is no warmer switch over to kangaroo mother care for L.B.W. Neonates.
What's in a Cigarette?

Ms. Madhuchanda Guhathakurta  
Principal, School of Nursing

There are approximately 600 ingredients in cigarettes. When burned, they create more than 4,000 chemicals. At least 50 of these chemicals are known to cause cancer, and many are poisonous.

Many of these chemicals are also found in consumer products, but these products have warning labels. While the public is warned about the danger of the poisons in these products, there is no such warning for the toxins in tobacco smoke.

Here are a few of the chemicals in tobacco smoke, and other places they are found:

- Cadmium Carbon Monoxide – released in car exhaust fumes active.
- Carbon Monoxide – released in car exhaust fumes component in battery acid.
- Formaldehyde – embalming fluid
- Hexamine – found in barbecue lighter fluid
- Lead – used in batteries
- Naphthalene – an ingredient in moth balls
- Methanol – a main component in rocket fuel
- Nicotine – used as insecticide
- Tar – material for paving roads
- Toluene - used to manufacture paint

- Acetone – found in nail polish remover
- Acetic Acid – an ingredient in hair dye
- Ammonia – a common household cleaner
- Arsenic – used in rat poison
- Benzene – found in rubber cement
- Butane – used in lighter fluid
Ms. Monika Chakraborty, 32 yrs. old female whose father was Indian and mother was German by birth admitted in RKMSP hospital in January 2013, as a known case of Phenylketonuria with malnutrition and severe mental retardation.

Phenylketonuria (PKU) is an in born error of metabolism this is an inherited traits. In this disorder, Phenylalanine is not metabolism to Phenylalanine hydroxylase. Her PKU was detected during infancy and from this she was on successful medical nutrition therapy which was the basic treatment of this disorder. Low Phenylalanine foods and supplement were the only dietary treatment of this disease. Low Phenylalanine supplements were given by German Govt. They came back in India after her mother died and she has lost help from German. Low Phenylalanine foods and supplement are not available in our country and she was taking normal diet without any restriction.

For these she was more mentally retarded, malnourished with severe complications. Her dietary treatment was started from January 2013 where she was admitted in our hospital.

After dietary counseling we gave her very low protein diet (Low in Phenylalanine). Milk and meat were totally excluded from her diet.

Carbohydrate from variety of sources like white bread, rice, sago, sucrose, different kind of vegetables and fruits were given to her.

High fat was given to increase the energy of the patients. Fat was provided from different sources like butter, oils and medium chain triglycerides (MCT) as supplementary nutrition.

Her condition was gradually improved and during discharge she was stable on diet as well as on medicines.
Accidental Exposure To HIV Needle Stick Injury NACO* Protocol
Ms. Bharati Chaterjee
Principal of Ma Sarada College of Nursing

1. Crisis management — Remain CALM
2. Dispose the needle appropriately
3. Do not squeeze or suck
4. Wash the exposed site thoroughly with soap and running water, do not scrub.
5. Do not use antiseptic or skin washes.
6. Report to appropriate authority
7. Get evaluated for PEP (Post Exposure Prophylaxis) and baseline testing for HIV
8. PEP should be started within 2 hours of exposure and not later than 72 hours.
9. PEP must be taken for 4 weeks (28 days)
10. Follow up HIV testing - 6 weeks - 3 months - 6 months
11. Follow up counseling and care.

INFORM DOCTOR IF PREGNANT OR BREAST FEEDING

* National Aids Control Organisation