ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 10| Issue: 2| February 2024|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

A COMPARATIVE STUDY TO ASSESS THE EFFECTIVENESS OF SUMAG DRESSING AND COLD COMPRESS ON REDUCING INTRAVENOUS INFILTRATION AMONG PATIENTS ADMITTED IN MEDICAL AND SURGICAL WARD OF NETAJI SUBHASH CHANDRA BOSE MEDICAL COLLEGE, JABALPUR

Rekha Singh[1]
[1]*Associate Professor, Medical Surgical Nursing (Cardio-Vascular and Thoracic Nursing) Govt. Nursing College GMH Rewa (MP)*

ABSTRACT

This comparative study aims to assess the effectiveness of Sumag dressing and cold compress in reducing intravenous infiltration among patients admitted to the medical and surgical wards of Netaji Subhash Chandra Bose Medical College, Jabalpur. Thrombophlebitis, characterized by inflammation and clot formation in veins, poses a risk during intravenous therapy. Peripheral intravenous devices (PIV) are commonly used in hospitalized patients, yet complications like hematoma, phlebitis, and infections may arise. The study addresses the need to explore interventions for reducing intravenous infiltration, a common issue in medical therapy.

Objectives of the study include assessing the extent of intravenous infiltration using the Infusion Nurse's Society Infiltration Scale, administering Sumag dressing to one group, applying cold compress to another, and comparing their effectiveness. Additionally, the study aims to examine the association between intravenous infiltration scores and selected socio-demographic variables.

Assumptions consider patients on intravenous therapy at risk for infiltration, with the hypothesis predicting a significant difference in the effectiveness of Sumag dressing and cold compress. Furthermore, the study anticipates a significant association between intravenous infiltration and socio-demographic variables. The findings may contribute valuable insights to enhance the management of intravenous therapy complications, ultimately improving patient outcomes.

INTRODUCTION

"Don't let yesterday take up too much of today."-will Rogers

Introduction

Thrombophlebitis is an inflammation of the walls of the veins, often accompanied by the formation of a clot. When a clot develops initially in the veins as a result of stasis or hypercoagulability,but without inflammation, the process is referred to as phlebothrombosis.

Peripheral intravenous device (PIV)/catheters are the most commonly used intravenous device in hospitalized patientss. They are primarily used for therapeutic purposes such as administration of medications, fluids and/or blood products as well as blood sampling. PIV's are usually considered a low risk; however it can be associated with complications such as hematoma, phlebitis, pain and infections.

Need for the study

Intravenous infusion has become an indispensable component in medical therapy. It is used to correct electrolyte imbalances, to deliver medications, for blood transfusion or as fluid replacement to correct dehydration. In spite of its therapeutic effects the most frequently encountered problems are infiltration and extravasations. Unfortunately, they are so common, that they are sometimes overlooked or not addressed as soon as they should be, or else they can produce debilitating effects. **(Anumol k. V. 2010)**

Title of the study

"A comparative study to assess the effectiveness of sumag dressing and cold compress on reducing intravenous infiltration among patients admitted in medical and surgical ward of Netaji Subhash Chandra Bose medical college, Jabalpur"

Objectives

The objectives of the study were to:

1. Assess extent of Intravenous infiltration in Group-I and group –II by Infusion nurse's society infiltration scale among patients admitted in medical and surgical ward of N.S.C.B. medical college, Jabalpur.
2. Administer sumag dressing for reducing Intravenous infiltration to group- I patients admitted in medical and surgical ward of N.S.C.B. medical college, Jabalpur.
3. Administer cold compress for reducing Intravenous infiltration to group- II admitted in medical and surgical ward of N.S.C.B. medical college, Jabalpur.
4. Assess extent of Intravenous infiltration after intervention in group –I and group –II among patients

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 10| Issue: 2| February 2024|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

admitted in medical and surgical ward of N.S.C.B. medical college, Jabalpur.

5. Compare the effectiveness of sumag dressing & cold compress for reducing Intravenous infiltration among patients admitted in medical and surgical ward of N.S.C.B. medical college, Jabalpur.
6. Find out the association between Intravenous infiltrations score with their selected socio demographic variables.

Assumption

1. Patients on intravenous therapy are at risk for developing infiltration.
2. Sumag dressing and cold compress respectively reduces intravenous infiltration & pain.

Research Hypothesis

H_1- There will be a significant difference between effectiveness of sumag dressing & cold compress in reducing Intravenous infiltration among patientss admitted in medical and surgical ward.

H_2-There will be significant association between Intravenous infiltration with their selected socio demographic variables.

Conceptual Framework

Aims of the present study are to assess the effectiveness of sumag dressing and cold compress for reducing intravenous infiltration. The conceptual framework of this study is based on **Imogene king's** goal attainment model. Each individual is a personal system. Interpersonal systems are formed by human being interaction and transaction.

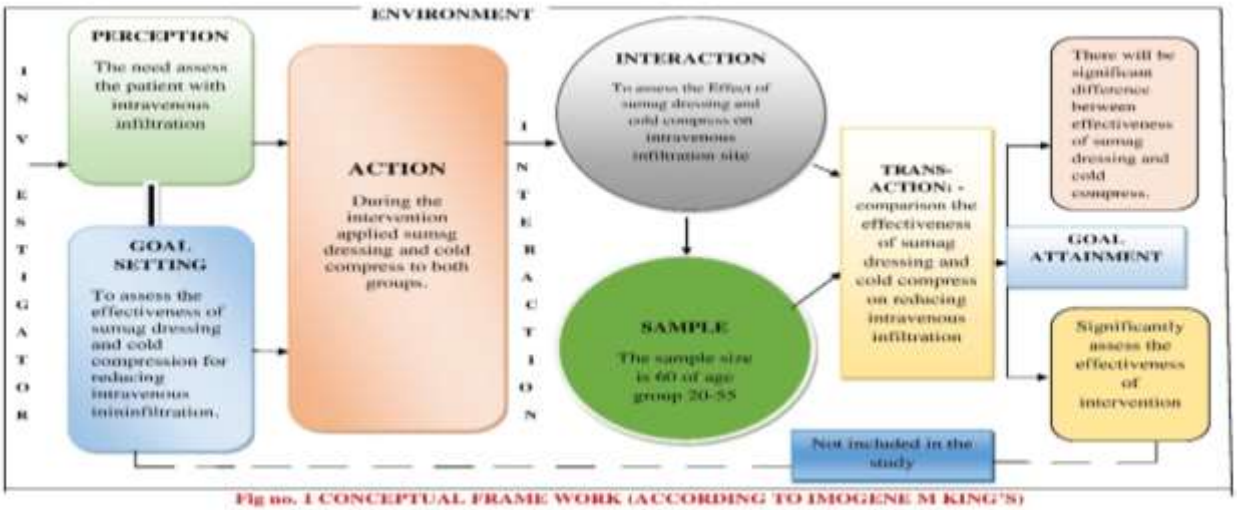


Fig no. 1 CONCEPTUAL FRAME WORK (ACCORDING TO IMOGENE M KING'S)

REVIEW OF LITERATURE

Many studies of similar area were not profound but the researcher has reviewed available studies to analyze the problem.

- Review of Literature related to intravenous infiltration.
- Review of Literature related to measures to reduce intravenous infiltration.
- Review of Literature related to effects of cold compress and sumag dressing.

RESEARCH METHODOLOGY

Kerlinger (1923)—stated that researcher usually has a choice of research design, methods of data collection and type of analysis. All these must be congruent and appropriate to research problem.

Methodology includes a research approach, research design, description of setting, population, samples and sampling techniques, pilot study and procedure for data collection and plan for data analysis.

Research Approach

A research approach tells the researcher, the way to collect the data and analyze them. It is the overall plan or blue print to collect data and how to analyze them. It is the overall plan of the study. (**Polit & hungler, 2005)**

The choice of research approach constitutes one of the major decisions, which must be made in conducting a research study. In view of the objectives of the present study quantitative comparative research approach is considered to be suitable.

Research Design

A research design is the overall plan for addressing research questions or for testing the research hypothesis, including specification for enhancing the integrity of the study**.**

(Polit & hungler,2005)

A researcher overall plan for obtaining answers to the research question or for testing the research is referred to as research design.

In the present study investigator has adopted a quasi experimental research design.

The use of experimental group in the design helps the researcher to determine whether or not the independent variable had made a change in the experimental group.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 10| Issue: 2| February 2024|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

The samples were 60 patients. 30 patients in group 1 and 30 patients in group 2, effectiveness is assessed by using infusion nurses society infiltration scale for samples and results are analyzed

Table 1:
Quasi Experimental Research Design

Group	Observation	Intervention
Group 1	O_1	X_1
Group II	O_2	X_2

Setting is the physical location and condition in which the data collection takes place in study.(Polit & Hungler, 2005)
The study was conducted in Netaji Shubhas Chandra Bose Medical College and Hospital at Jabalpur.

Population includes patients with sign and symptoms of intravenous infiltration admitted in medical and surgical ward of Netaji Shubhas Chandra Bose Medical College and Hospital at Jabalpur.

In this study the sample comprises patients with sign and symptoms of intravenous infiltration admitted in medical and surgical ward of Netaji Shubhas Chandra Bose Medical College and Hospital at Jabalpur, who fulfilled the Inclusion criteria.

Sample Size
In this study the sample size comprises of 60 patients (30 patients in sumag dressing group -I and 30 patients in cold compress group- II) who are having intravenous infiltration as assessed by Infusion nurses society infiltration scale.

Sampling Technique
Sampling is a process of selecting a portion of the population to obtain data regarding a problem.
The samples for the study will be selected by convenient sampling technique.

Data was collected with the help of structured multiple questionnaire which contains
The instrument selected in a research should be as far as possible the vehicle that would best obtain data for drawing conclusion pertinent to the study. The tool acts as an instrument to assess and collect data from the respondents of the study.
The tools selected for the study were:
Infusion Nurses Society Infiltration Scale.
Description of the tool
The tools consist of three sections:
Section A: A demographic Performa (Interview Schedule) to assess the characteristics of the patients include such as Age, Gender.

Section B: A Socio-demographic variables according to clinical condition to assess the characteristics of the patients include such as Duration of Intravenous therapy, Type of disease, Site of Intravenous infusion, No. of times Intravenous cannulation done, Duration of admission in the hospital.

Section C: infusion nurses society infiltration scale – The infusion nurses society infiltration scale developed by Michelle Berreth, RN, CRNI, CPP, Nancy Delisio, RN, at Infusion Nurses Society, Norwood, MA 02062, USA.

Pilot study is a small-scale study or the trail run of the major study. It is not the same as a small- scale study. The purpose of the pilot study is not so much to test research Hypothesis but rather to test protocols, data collection instrument, sample recruitment strategies and other aspects of a study in preparation for a large study. The purpose of pilot study is two folds: it helps to find the feasibility, improvement and a modification in the research plan before the main study is attempted. Hence pilot study was carried out to test the methodology planned for the main study. The pilot study was conducted in **Seth Govind Das Hospital Jabalpur** from 13/04/18 to 15/04/18. Data for pilot study were collected from 10 patients by convenient sampling technique.

The permission was obtained from the director of hospital prior to the study. The purpose of the study was explained to the subject. The observation of sample and intravenous infiltration was taken on 13/04/18 & after that apply the application of sumag dressing group 1 patients and cold compress group 2 patients for the intervention. On fourth day 16/04/18 Data analysis was done using Karl Pearson correlation coefficient split half technique. The pilot study helped the investigator to visualize practical problems that could be encountered while conducting main study

DATA ANALYSIS AND INTERPRETATION

Organization and presentation of data:
Data was collected and entered in a master sheet for the statistical analysis. It was interpreted using descriptive and inferential statistical. The data are organized and presented under the following section.
Section I
This section deals with analysis of socio demographic variables data of group I sumag dressing, and group II cold compress.
Section I –(A): This section deals with analysis of the socio demographic variables data of 30sample group I sumag dressing.
Section I –(B): This section deals with analysis of the socio demographic variables data of 30sample group I cold compress.
Section II-: This section deal with the distribution of samples of group I sumag dressing and group II cold compress as per grading of intravenous infiltration score during 1to 3days .
Section II (A): This section deal with the distribution of samples of group I sumag dressing as per grading of intravenous infiltration score during 1to 3days.
Section II (B): This section deals with the distribution of samples of group II cold compress as per grading of intravenous infiltration score during 1to 3days.
Section III This section deal with the distribution of sample Mean and SD of group I sumag dressing and group II cold compress.
Section III (A): This section deals with the distribution of sample as per Mean and SD of infiltration score of sumag dressing group I.
Section III (B): This section deals with the distribution of sample Mean and SD of group II cold compress.
Section IV- This section deals with the comparison of Mean difference Scores of among sample between group I sumag dressing and group II cold compress.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 10| Issue: 2| February 2024|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

Section-IV (A) This section deals with the comparison of Mean difference Scores of among sample between group I sumag dressing

Section-IV (B) This section deals with the comparison of Mean difference Scores of sample between group II cold compress.

Section- V This section deal with the analysis of data to associated to intravenous infiltration of patients with selected demographic variables in group I sumag dressing and group II cold compress.

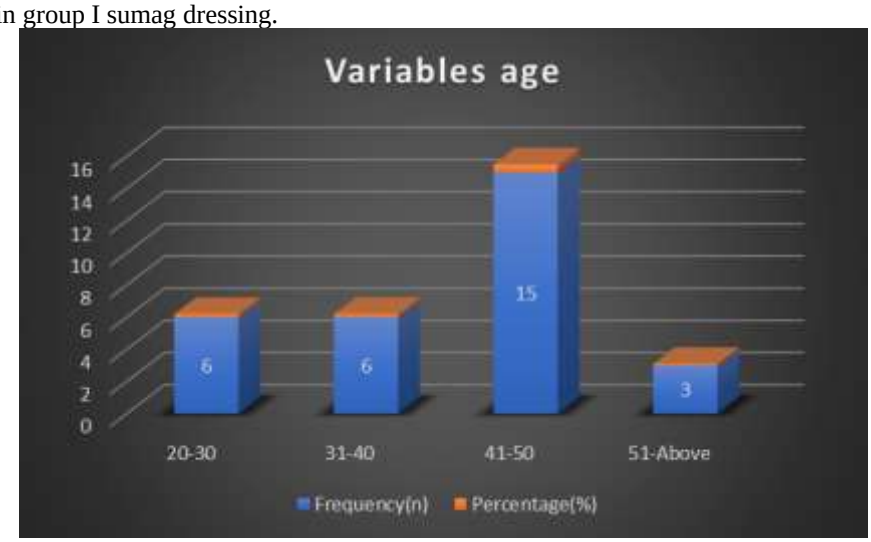
Section- V (A) This section deal with the analysis of data to associated to intravenous infiltration of patients with selected demographic variables in group I sumag dressing.

Section- V (B) This section deal with the analysis of data to associated to intravenous infiltration of patients with selected demographic variables in group II cold compress.

Distribution Of Subject According To Their Age.

N=30

Variables Age	Frequency(n)	Percentage(%)
20-30	6	20%
31-40	6	20%
41-50	15	50%
51-Above	3	10%



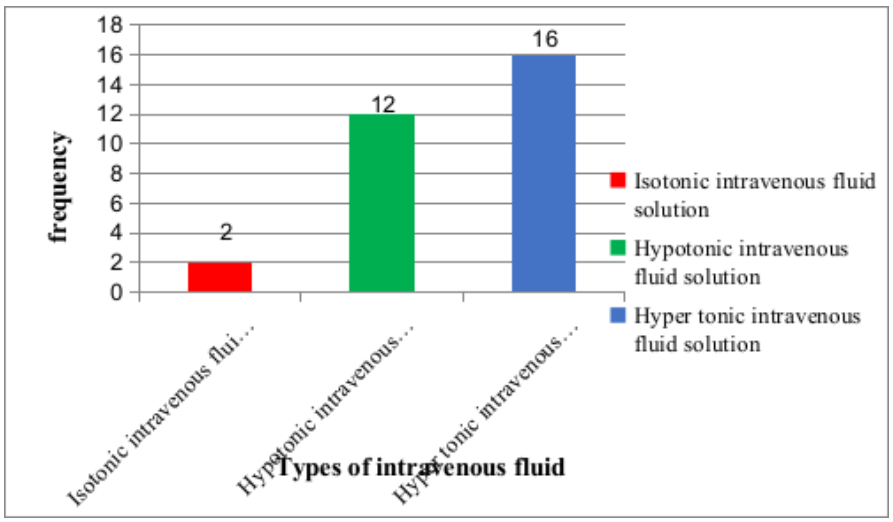


Figure no. 2 Distribution of subject according to their types of intravenous fluid

Group – I distribution of samples of group I as per intravenous infiltration score

Days	Infiltration Grading Score	Sumag dressing (N=30)	
		Frequency (n)	Percentage (%)
1st day	Grade 0	0	0
	Grade 1st	0	0
	Grade 2nd	0	0
	Grade 3rd	7	23.33
	Grade 4th	23	76.67

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 10| Issue: 2| February 2024|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

2nd day	Grade 0	0	0
	Grade 1st	0	0
	Grade 2nd	6	20
	Grade 3rd	17	56.67
	Grade 4th	7	23.33
3rd day	Grade 0	1	3.33
	Grade 1st	16	53.34
	Grade 2nd	12	40
	Grade 3rd	1	3.33
	Grade 4th	0	0

Table no Table.2. show that the majority of sample in 1st day was (grade 4) 23(76.67%), and minority of (grade 3) 7 (23.33%), and none of them in grade 0, 1st and 2nd intravenous infiltration score

Distribution of sample Mean and SD of group –I sumag dressing.

Days of study	Mean	SD
1st day	3.76	0.42
2nd day	3.03	0.67
3rd day	1.43	0.65

Table no.3 Depict the distribution of intravenous infiltration score of Group-I by Infusion Nurses Society Infiltration Scale. 1st day mean was of intravenous infiltration 3.76 and SD was 0.42, 2nd day mean was 3.03and SD was 0.67, 3rd day mean was 1.43, and SD was intravenous infiltration score was 0.65

Comparison of Mean and SD Of Sumag Dressing and Cold Compress

SECTION IV- This section deals with the comparison of Mean difference scores of among sample between group -I sumag dressing and group -II cold compress.

Section-IV A- This section deals with the comparison of Mean difference Scores of sample group I sumag dressing

Section-IV B – This section deals with the comparison of Mean difference Scores of sample Group-II cold compress.

Day of study	Sumag dressing Group-I		Cold compress Group-II		Mean Difference	SD Difference	t test
	Mean	SD	Mean	SD			
1st Day	3.76	0.42	3.66	0.47	0.1	0.04	0.97
2nd Day	3.03	0.67	2.9	0.74	0.13	0.08	0.78
3rd Day	1.43	0.65	1.67	0.59	0.24	0.02	1.58

Table no 4 Significance of difference between sumag dressing and cold compress by using 't' test.

This section deals with the Mean difference of day 1st was 0.1, day 2nd was 0.13 and day 3rd was 0.24 and SD difference of day 1st was 0.04 and day 2nd 0.08 and day 3rd 0.02.

The calculated t-value at the 0.05 level of significance day 1st was 0.97, day 2nd was 0.78 and day 3rd was 1.58. the calculated t-value lower than table value. Hence **H1** is non excepted. The result show that the cold compress and sumag dressing had similar effect on reducing intravenous infiltration.

Association of intravenous infiltration score of patients with selected demographic variables in group one sumag dressing. Description of Age, Duration of intravenous therapy, Types of disease, Sites of intravenous infusion, number of time intravenous cannulation done, number of intravenous cannula , types of cannula, types of intravenous fluid solution, duration of admission in the hospital is significant and gender none significant.

Summary

This chapter deals with the analysis of data and interpretation of the findings. The data obtained are summarized in the data sheet using both descriptive and inferential statistics.

The analysis has been organized and presented under 5 sections. Frequency and percentage were used to analyze the socio demographic & clinical variables. Frequency, percentage, mean and standard deviation were used to assess the effectiveness of sumag dressing & cold compress among patientss. And associated with intravenous infiltration of patients with selected demographic variables in group one sumag dressing and group two cold compress

The Major Findings Of The Study Are Summarized As Follows

Findings Related To Socio Demographic Variable In group -I sumag dressing-: Show that out of 30 sample the majority 15 (50%)ware 41-50 years age, regarding gender the majority 17(56.67%) ware male, According to duration of intra venous therapy the majority 17 (56.67%) ware >4 days, With regard to types of disease the majority 17(56.67) ware in moderate types of disease, With regard to type of intravenous cannula The majority of 23(76.67)ware winged with port cannula, According to site of intra venous infusion The majority of 15(50%)ware Cephalic vein site of intravenous infusion, With regard to types of intravenous fluid solution The majority of 14(46.67%) ware hyper tonic intravenous fluid solution, According to numbers of times intravenous cannulation done The majority of 10(33.33%) were twice times intravenous cannulation done, The majority of 16(53.33%) were 20 G

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 10| Issue: 2| February 2024|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

(number), numbers of intra venous cannula, According to duration of admission in the hospital The majority of sample 16(53.33%)were 8-15days duration of admission in the hospital.

In Group-II cold compress dressing-: Show that out of 30 sample the majority 14 (46.66%)ware 41-50 years age, regarding gender the majority 14 (46.66%)ware 41-50 years age, regarding gender the majority 16(53.33%) ware female, , According to duration of intra venous therapy the majority 19(63.33%%) ware >4 days, With regard to types of disease the majority 24(80%) ware in Moderate types of disease, With regard to type of intravenous cannula The majority of 22(73.33) ware winged with port cannula, According to site of intra venous infusion The majority of 16(53.33%)ware Cephalic vein site of intravenous infusion, With regard to types of intravenous fluid solution The majority of 14(46.67%) ware Hypo tonic intravenous fluid solution, According to numbers of times intravenous cannulation done The majority of 16(53.33%) were twice,9(30%) were twice times intravenous cannulation done, according to number of intravenous cannula the majority of 19(63.33%) were 20 G , According to duration of admission in the hospital The majority of sample19(63.33%)were < 7days admission in the hospital.

Group – II B Findings related to the frequency and percentage of cold compress

Intravenous infiltration score of Group-II in 1st day none of the sample was in grade 0 and grade 1 and 2 but 10 (33.33%) sample having grade 3 and 20(66.67%) sample having grade 4 intravenous infiltration score.

Intravenous infiltration score of group Group-II in 2nd day none of the sample was in grade 0 , grade 1 but 10 (33.33%) sample having grade 2nd and 13(43.33%) sample having grade 3rd and only 7(23.33%) sample having grade 4 intravenous infiltration score.

Intravenous infiltration score of group Group-II in 3rd day none of the sample was in grade 0 and grade 4th and 12(40%) sample having graded 1st and 16 (53.34%) sample having grade 2ndst and only 2(6.67%) sample was having grade 3rd intravenous infiltration score.

Findings related to the mean score and SD of Group -IA sumag dressing and Group -11B cold compress

This section deal with the Mean and SD score of intravenous infiltration in the (group one) sumag dressing during Days of 1st, 2nd, 3rd days using Infusion Nurses Society Infiltration Scale.

1st day-: Mean intravenous infiltration score of group 1 was 3.76 and SD was 0.42 in 2nd day Mean intravenous infiltration was 3.03 with SD score of 0.65, and in 3rd day Mean intravenous infiltration was 1.43 with SD 0.61.

Findings related to the mean score and SD of group –II B cold compress

This section deal with the Mean and SD score of inflammation infiltration in the Group II cold compress during Days of 1st, 2nd, 3rd days using Infusion Nurses Society Infiltration Scale.

1st day Mean intravenous infiltration score of group -II A was 3.66 and SD was 0.44. 2nd day Mean intravenous infiltration score was 2.9 with SD score 0.74 and in 3rd day Mean intravenous infiltration score was 1.67and SD 0.59.

Findings related Significance of difference between sumag dressing and cold compress by using 't' test

Comparison of Mean difference scores of inflammation infiltration of sample between sumag dressing, and cold compress during 1st, 2nd, and 3rd days using Infusion Nurses Society Infiltration Scale Shows the mean score of sumag dressing of 1st day was 3.76, 2nd day 3.03, and 3rd day 1.43. SD score of sumag dressing was 1st day 0.42, 2nd day 0.65 and 3rd day 0.615 score.

Mean score of cold compress of 1st day 3.66, 2nd day 2.9, and 3rd day 1.67. SD score of 1st day was 0.47, 2nd day 0.74, and 3rd day 0.59.

This section deals with the analysis of data to association to intravenous infiltration of patients with selected demographic variables in group - sumag dressing

It deal with the analysis of data to associated to intravenous infiltration of patients with selected demographic variables age, duration of intravenous infiltration therapy, types of disease, types of intravenous infiltration cannula, sites of intravenous infusion ,types of intravenous infiltration fluid ,numbers of time intravenous infiltration cannulation done, numbers of intravenous infiltration cannula, duration of admission in the hospital, in group one sumag dressing and group I sumag dressing compress was found significant and gender was non-significant. Hence it fulfill objective no 6 and hypothesis H_2 is accepted.

Conclusion

In the study after the detailed analysis this study leads to the following conclusion:-

In the study show the effectiveness of sumag dressing and cold compress for reducing intravenous infiltration in the apply sumag dressing and cold compress on 3 conductive days.

The present study also proved that there was a significant difference between sumag dressing and cold compress. So it may be stated that the application of sumag dressing is effective in reducing inflammation infiltration

BIBLIOGRAPHY

1. *Arora s p.n, "text book of statistics" publishers s. Chand& company limited first edition 1994. Page no. 15, 16.*
2. *Basvanthappa BT, "nursing theories" first edition 2007, published by jaypee brother medical publisher (p) ltd new delhi page no-53-55.*
3. *Black M joyce, Hokinson, hanks7th edition 2005, published by jaypee brother medical publisher (p) ltd new delhi 478.*
4. *Brar navdeep kaur, rawat hc, "textbook of advance nursing practice"1st edition 2015, published by jaypee brother medical publisher (p) ltd new delhi page no-473.*
5. *Basvanthappa BT, "a textbook of nursing research" 2nd edition 2007, published by jaypee brother medical publisher (p) ltd new delhi page no-503,504.*

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 10| Issue: 2| February 2024|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

6. *Bharat pareek, shivani sharma, "a textbook of nursing research and stastistics" 3rd edition 2012 , published by s.vikas and company (medical publisher) india, page no-381-383.*
7. *Denise f polit, hungler p bernadette, "essentials of nursing research", 5th edition, published by lippincott williams and wilkins, page no.119-121.*
8. *Ghai Sandhya, "clinical nursing procedure" 1st edition 2018, cbs publishers and distributor. Page no-112-114.*
9. *Hungler and Polit, "textbook of nursing research: principals and methods" 6th edition 2005, published by elsevier publisher new delhi page no-269-286.*
10. *Lippincott williams & wilkins, "lippincott manual of nursing practice" 9th edition 2010, published by wolters kluwer india pvt. Ltd., pp 96-100.*
11. *Perry anne griffin, patricia a. Potter, "fundamental of nursing" 6th edition, published by elsevier india private limited, pp 1189-1190.*
12. *Khairwar, G. (2024). Empowering Communities: Unveiling the Impact of Community Health Nurses' Workload and Contributions to Public Well-being. Brio International Journal of Nursing Research (BIJNR), 5(1), 152-160. https://bijnr.in/index.php/current-issue/*
13. *Sheeja, M. J. (2024). Innovations in Pain Management for Surgical Patients: A Comprehensive Review. Brio International Journal of Nursing Research (BIJNR), 5(1), 143-151. https://bijnr.in/index.php/current-issue/*
14. *Gautam, A. (2024). The Role of Critical Care Nurses in Managing Post-Traumatic Stress Disorder (PTSD) Among Intensive Care Unit (ICU) Patients. Brio International Journal of Nursing Research (BIJNR), 5(1), 134-142*
15. *Thomas, J. (2024). Addressing Burnout in Mental Health Nursing: Strategies, Challenges, and Future Directions. Brio International Journal of Nursing Research (BIJNR), 5(1), 126-133*
16. *James, A., & Kumar, S. J. (2022). Bridging the Gap in Mental Health Nursing: Navigating Freudian Concepts and Modern Medicine. Brio International Journal of Nursing Research (BIJNR), 5(1), 12-18. https://bijnr.in/index.php/current-issue/*
17. *Krishnan, A. H. (2024). Empowering Futures: Child Health Nurses' Role in Tackling Childhood Obesity. Brio International Journal of Nursing Research (BIJNR), 5(1), 119-125.*
18. *Singh, R. (2024). Advancements in Cardiovascular and Thoracic Nursing: A Comprehensive Review and Future Perspectives. Brio International Journal of Nursing Research (BIJNR), 5(1), 104-111.*
19. *Sr. Nancy, "principle and practice of nursing" 4th edition 2005, n. R. Publishers page no- 129-130.*
20. *Sr. Nancy, "principle and practice of nursing" 6th edition 2006, n. R. Publishers page no- 483-485.*
21. *Suddarth's Brunner &, "textbook of medical-surgical nursing" 11th edition, published by wolters kluwer (india) pvt. Ltd., new delhi., pp 350-351.*
22. *Suresh k Sharma, "textbook of nursing research and stastistics"1st edition 2012, published by elsevier, new delhi, page no- 220-225.*