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MOTHERS' KNOWLEDGE ON THE EXPOSURE
METHOD OF TREATMENT OF BURNS IN CHILDREN
AGED 10 YEARS AND BELOW AT U.T.H. (1988).

By

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1988

A RESEARCH PROJECT SUBMITTED TO THE
DEPARTMENT OF POST-BASIC NURSING, SCHOOL
OF MEDICINE IN PARTIAL FULFILMENT FOR
DIPLOMA IN NURSING EDUCATION.

UNIVERSITY OF ZAMBIA

AUGUST 1988

STUDY APPROVED BY:-.....

SUPERVISING LECTURER

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The study was conducted at U.T.H., Department of Surgery. The main aim of the study was to determine the information that mothers possess on the exposure method of treatment of burns of their children.

The investigator believes that with adequate information on the treatment of their childrens' burns, the mothers would develop confidence in the nurses and the nursing service rendered.

The public ingeneral have expressed dissatisfaction with the nursing here rendered in most health institutions through conversations with friends and relatives or through the press.

It seems these complaints are often associated with lack of information. In view of the foregoing statement it was found imperative to carry out this study in order to examine communication patterns between nursing personnel and their clients with regard to information giving to mothers of burns children.

The literature reviewed for the study was obtained from various sources and most of it was that presented in other countries as there were no such studies conducted in Zambia. All reviewed literature reveals inadequacies in information giving to clients on the methods of treatment.

The sample was selected from mothers who had been nursing their children in the surgical wards for more than three days. The sample consisted of fifty (50) respondents.

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The data collecting instruments used were self devised interview schedule. These were chosen as the most appropriate tools for collecting data as respondents were illiterate. Data was collected between the months of April and May 1988, and was analysed manually by the investigator. The findings from the study revealed that mothers who care for burnt children at U.T.H. are not given adequate information on the exposure method of treatment of burns. Twelve (12) out of 50 respondents received information on the treatment of burns. Out of the respondents who were given any information, the type of information varied from one respondent to another and 67% were not satisfied with the information given on the treatment. Out of the 67% who were not satisfied with the information, only 37% asked for clarification from nurses while the rest did nothing about it.

In view of the above findings, implications were drawn and recommendations were made in order to improve information giving to mothers who nurse children with burns in the surgical wards of U.T.H.

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DECLARATION

I hereby declare that the work presented in the study for the Diploma in Nursing Education has not been presented either wholly or in part for any other Diploma and is not being currently presented for any other Diploma.

SIGNED:.....

CANDIDATE

APPROVED BY:.....

SUPERVISING LECTURER

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STATEMENT

I hereby certify that this study is entirely the result of my own independent investigation. The various persons and sources to whom I am indebted are clearly indicated in the references and in the text.

Signed:.....

CANDIDATE

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LUSAKADEDICATION

This study is affectionately dedicated to my beloved husband Paul,
my wonderful children Kachinga, Mwiche and Kanembwa, my mother
Elizabeth and my sisters Carol and Agatha.

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LUSAKAACKNOWLEDGEMENT

I wish to express my gratitude to the Government of the Republic of Zambia for the Scholarship through the Directorate of Manpower Development and the Ministry of Health which enabled me to study for the Diploma in Nursing Education at the University of Zambia.

I sincerely thank all the persons who have contributed - advice and suggestions particularly Miss H. Burgess for her untiring Counselling, guidance and for stimulating my interest to continue and complete the study. I wish to thank Miss Chime for the help rendered to formulate the research design and also to all members of the faculty of the Post-Basic Nursing Department for their invaluable assistance.

I would also like to sincerely thank my husband Paul, for his patience throughout the period of the study. I extend my thanks to my friends Mona, Violet, my sister Agatha for their unflinching support and company.

Lastly, but not the least, I thank the Acting Nursing Officer for G - block for allowing me to carry out the study in her Department as well as the mothers of burns children who participated in the study without whom the study could not have materialized.

CHAPTER 1

1.

INTRODUCTION

The knowledge of mothers about the care of their burnt children should be an integral part of treatment of burns in UTH. lack of information has been identified ^{in studies} have been done ^{the studies} have showed that Nurse-patient information is inadequate in that patients are given little or no information at all regarding their illnesses and the care they receive. This demonstrates that patients are neither considered as independent individuals nor are they treated as partners in planning their care². Burnt children are admitted with their mothers who have different reactions towards the method - of treatment of burns employed to treat their children in U.T.H. The method of treatment of burns commonly used in U.T.H. is the exposure method. The method is associated with reduced mortality in burnt patients³. It is a simple, cheap and effective method which is acceptable and respected world wide⁴. The method of treatment is ideal for a country like Zambia which has limited financial, manpower and material resources - for health care. The nurse plays a very important role in reinforcing the information given by the doctors in hurried manner³. Nurses must therefore develop competence in providing the mothers with explanations about the method of treatment of burns employed on their children. Lack of information might place the mothers of burnt children in turmoil which may cause them to refuse treatment for their children because they are not certain of the kind of treatment their children are receiving. On the other hand an understanding would increase their knowledge about the treatment of burns which would go along way in enhancing co-operation between mothers and the medical personnel in their joint care for burnt children.

2.

IDENTIFICATION OF THE PROBLEM

Experience and observations of the researcher during her six years of giving health care in U.T.H. have shown that lack of knowledge among mothers of burnt children about the exposure method of treatment of burns has contributed a lot to the problems encountered during the care of these children. These problems manifest themselves in the forms of mothers' negative attitude and apathy towards the method as they nurse their children in U.T.H. This has led to a division between health personnel and mothers of burnt children. Studies done in the past on the subject of communication between the patients and health personnel both show that communication is ineffective between patients and health personnel in U.T.H.^{5,6}. One of the two studies further states that in caring for patients, it is important that communication be effective and appropriate in order to achieve the overall goal of patient care, that is to promote optimal health.⁷ Inadequate knowledge has caused many problems to medical personnel, mothers, affected children and their families and to the country. The medical personnel have failed to work hand in hand with mothers towards their joint care of burnt children as previously stated. The mothers experience a lot of turmoil as they are uncertain of the type of treatment - their children are receiving and may refuse it which may lead to prolonged hospitalization of the children. The children may develop deformities in the process of delayed treatment and even die. The family experiences a lot of trauma due to separation of a member of the family longer than necessary. The country's expense are also affected during hospitalization and later in life if deformity occurs.

3.

OPERATIONAL TERMS

1. CHILD: refer to a child aged 5 years and below
2. MOTHER: any woman who assumes the responsibility of looking after a child admitted to UTH with burns.
3. Health personnel/Medical team: any member of the health team who renders health care in hospital.
4. NURSE: Any person who has the responsibility of looking after children admitted to hospital with burns and is licenced by General Nursing Council of Zambia.
5. KNOWLEDGE: Is the information that is given to mothers concerning the care that a burnt child receives while in hospital.
6. NURSE-PATIENT - INTERACTION: An encounter between the nurse and the patient during which verbal or non-verbal communication takes place.
7. COMPREHENSIVE NURSING CARE: Nursing care that include the physical, social, cultural, psychological spiritual aspects of charts.
8. COMMUNICATION: The act of sharing information between the nurse and the mothers in hospital.

CHAPTER 2.

STATEMENT OF THE PROBLEM

Mothers of burnt children experience a lot of anxiety as they care for their children in UTH. Their anxiety is worsened by the fact that they have inadequate knowledge about the treatment that their children receive. The method of treatment of burns commonly used is the exposure method which is the use of salty water for cleaning burn wounds. The burn wounds are then left exposed without dressing them. It is very difficult for mothers of burnt children who have had past experience with use of drugs and local applications for treatment of burns to have confidence in this method of treatment of burns. This has lead to different kinds of reactions among mothers which include, disregarding the treatment completely and buying their own drugs from the drug stores. Some ask for discharges against medical advise so that they can seek medical advice elsewhere. Others ask for transfers to other hospitals (especially missionary and mine hospitals) for "better" treatment. All this is due to lack of satisfaction about the treatment given to their burnt children. The lack of satisfaction stems from inadequate information concerning the treatment that their children are receiving. The need therefore to establish the amount of knowledge that mothers have on the exposure method of treatment of burns cannot be over-emphasized. This will go a long way in solving the above identified problems which are present in nursing burnt children in UTH.

1. SIGNIFICANCE OF THE PROBLEM

In view of the problems encountered during the treatment of burnt children in UTH it is essential to examine the amount of knowledge mothers possess on the exposure method of treatment of burns. The problems encountered are associated with the different reactions that mothers have towards the open method of treatment of burns. The reactions are usually negative ones and manifest themselves in form of apathy that they show towards the method of treatment. There is need therefore for the mothers to acquire knowledge on the exposure method of treatment of burns in order to achieve the goals of the treatment, and to solve the above problems.

2. PURPOSE OF THE STUDY

The information from the findings will help the nurses and other members of the health team to reflect on what they are doing in order to plan for better methods of increasing mother's knowledge on the exposure method of treatment of burns.

This will in turn help in enhancing the nurse-mother relationship and interaction. It is also hoped that the results of the study will increase the nurses' awareness of their responsibility in the delivery of effective information. The Research question for the study is, "How much knowledge do mothers possess on the exposure method of treatment of burns of their children in surgical wards at UTH?" The objectives of the study are:-

1. To find out if mothers are informed about their children's conditions.
2. To find out if mothers are informed about their children's type of treatment.
3. To find out if mothers are given a chance to ask questions regarding treatment of their children.
4. To find out if mothers are involved in the treatment of their burnt children.
5. To find out if mothers experience any problems regarding use of the exposure method of treatment of burns.

CHAPTER 3

LITERATURE REVIEW

Burns are a commonly encountered surgical problem in UTH among children. A recent study has shown that there were 600 children admitted to UTH with burns compared to 200 adults admitted in the year 1984⁸. The majority of these children were aged below 5 years. Burnt children of this age group are admitted with their mothers in UTH. These hospitalised children experience fear in hospital due to the unfamiliar environment with its new countries new restrictions due to the nature of the illness and the new people. Underlying these fears is a lack of experience and of emotional maturity in children¹⁰. Mothers who care for the children during hospitalization also experience their own fears of hospitalization. To these mothers the hospital poses a lot of danger. They may have fears of medical procedures, of possible death, of the illness of their children and of hopelessness¹¹. Hospital procedures are seen as a threat by the mothers especially if they are not explained because of the unknown they represent²⁰. These different reactions mentioned above might create difficulties in the orderly conduct of the hospital and also in the effective medical care delivery.

1.

INTERGRATION OF MOTHERS IN THE CARE OF BURNS

Treatment of burns among children in UTH needs the co-operation of mothers in order for it to be successful. Co-operation of mothers can be achieved by giving them enough information about the type of treatment which their children are receiving while in hospital. "Parents who understand what is going on can cope better and in turn help their children to cope better too than those who are kept outside the process of diagnosis and treatment¹². Failure to

inform coupled with the already existing fear of the hospital that the patients have, contribute to their rebellions and negative attitudes towards treatment¹³.

The above two authors clearly indicate the importance of importance of information and parents' understanding of their children's treatment in order for them to be co-operative and in turn help their children to cope better while in hospital, intergration of mothers in the care of their children also helps to ensure continuity of care at home upon discharge from hospital¹⁴. This reduces the number of readmissions due to contractures and infections. This makes the mothers to feel less hopeless and feel part of the care given to their burnt children.

2.

THE EXPOSURE METHOD OF TREATMENT OF BURNS

The exposure method of treatment of burns is widely used in UTH because, it is a simple, cheap and effect method¹⁵. The other reason is that it is associated with low mortality in burns wounds¹⁶. A study done in 1979 in UTH of 100 patients with burns proved the validity of the method of treatment. The study reports that 42 out of 100 burnt patients were treated on the exposure method only, under normal ward conditions. The rest of the burnt patients (58) were treated on the exposure method with topical applications of flammazine (1% silver sulphadiazine). The results showed that crust formation prevented infection and spontaneous healing occurred in 70% of the patients treated with the exposure method only. The exposure method with flammazine showed even better results of 80% successful healing without infection of burn wounds. The conclusion was that "while the open method of treatment of burns wounds on its own is good, it is even better with topical application of flammazine. While the fact of combining the exposure method with flammazine is appreciated, flammazine is very costly and our hospital cannot afford it. However, the open method on its own has also proved to bring about spontaneous healing of burns and can prevent infection. The method is cheap and ideal for our country where skilled personnel and financial resources are limited. It is very easy to carry out and thus it can even be instituted by a mother who is caring for a child with burns in hospital. The exposure method of treatment of burns is

suitable and ideal for treatment of burns in Zambian hospitals. However as long as the medical personnel fail to identify the need for integrating the mothers of burnt children in the treatment of their children, the intended goals will not be achieved.

Most of these references are old. There are very few new references about the exposure method of treatment of burns and the integration of mothers in the care of their hospitalized children. However the few references have all emphasized the positive effects of integration of mothers in the care of children in hospitals. Information on how this is done is also documented and its up to the medical personnel to find out.

CHAPTER 4

METHODOLOGY

1. RESEARCH DESIGN

A research design is the overall plan for collecting and analysing data, including specifications for enhancing the internal and external validity of the study¹⁷. The purpose of this study was to find out the knowledge which mothers possess on the exposure method of treatment of burns in children aged 10 years below in UTH.

A descriptive study has been defined as the research that does not involve experiments but rather aims at describing the existence of interrelationship between nurses and patients as an attempt to answer questions and satisfy curiosity¹⁸. The aim of descriptive studies is to provide an accurate picture of characteristics of persons, situations or groups and frequency with which certain events occur¹⁹.

The descriptive research design was chosen for this study because the nature of data required for the study was in descriptive form in order to determine the amount of information that mothers possess on the open method of treatment of the burns of their children. Descriptive designs are closely oriented to observation, thus affords the investigator chance to observe in order to know the 'what' and 'why' of a phenomena. The design will offer therefore the basis for explaining how events are closely interrelated to one another²⁰. Gathering of data in a descriptive survey is done in a natural setting thereby providing an opportunity to examine variables²¹. It was therefore hoped that the descriptive design would offer the chance to examine the relationships

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between the variables. Lastly descriptive designs are less expensive as the respondents are in their natural settings. This eliminates subjecting respondents to unpleasant conditions, hence co-operation is easily obtained²².

2.

RESEARCH SETTING

The study was conducted at the University Teaching Hospital which is located in Lusaka the Capital City of Zambia. The University Teaching Hospital is the largest health institution in the country. It has a bed capacity of 1,800,00 distributed among 6 departments namely, paediatrics, obstetrics and Gynaecology, medical, surgical, outpatient wards, paediatrics and neonatal surgical departments. Most of the specialists are found at the University Teaching Hospital and it also serves as a referral hospital for the country.

The hospital offers training facilities for registered nurses and midwives, nurses, doctors, physiotherapists radiographers as well as post graduate courses in various fields of medicine including medical research.

The study was conducted in the surgical department of the hospital. The department caters for general surgical patients as well as burns patients both adults and children. The department is made up of six wards 3 of which cater for burnt children. Burnt children are admitted mainly in side wards of female wards which are three in number.

These wards are G02, G12 and G22. These wards were chosen because this is where the children with burns stay for long - term hospitalization. The other reasons for choosing the three wards are that the largest number of burnt patients are admitted there and these are children of both sexes. As a result the three wards together have enough patients for the required sample of respondents. The mothers are allowed to spend some time with their children with burns on these wards. They therefore would be able to give the necessary information about the amount of knowledge they possess on the exposure method of treatment of burns of their children.

The setting was chosen because of its proximity to the researchers institution of learning and because of limited time in which the study was to be conducted.

3. SAMPLE: SELECTION AND APPROACH

It was decided to have a sample of fifty (50) mothers of burnt children because of the time limit in which the study was to be submitted in partial fulfilment for Diploma in Nursing Education. The other reason for this sample size is that the data collecting instrument (interview) is time consuming. In addition, the sample size would allow for more time to be spent with each respondent so that the interview is not hurried. It was also felt necessary to confine the sample to mothers only as these were seen as the right people to give the necessary information required for the study. They are the right people to give the necessary information because they stay with their burnt children in the surgical wards during hospitalization.

Mothers of burnt children who had been admitted for less than four days were excluded from the sample because these may not have had enough time to interact with nurses in order to give the required information for the study. The other mothers were included in the sample as long as they had been in the wards for more than four days. The mothers who had been in the wards for the above mentioned period were found to be the right people to give the information of their interaction with nurses.

Permission to interview the mothers in the surgical departments was sought for by letter to the Acting Principal Nursing Officer of the hospital. A copy was sent to the Director of the hospital - UTH Board. Another copy was sent to the Acting Nursing Officer of the Department. A written reply granting permission was received. The Acting Nursing Officer took the responsibility of informing the sister-in-charge of the three wards about the request to interview patients on the wards concerned. The ward sisters and charge nurses were met personally for self introduction and to explain the purpose of the study.

4. INSTRUMENT USED TO COLLECT DATA

The instrument used to collect data was the structured interview schedule. The structured interview schedule allows for collection of fairly consistent data²³. The structured interview schedule also allows for uniformity of questions asked, type of responses given and their options as well as the maintenance of question sequence²⁴. Comparison of responses is made easier and thus offers a basis for validity of responses. In view of the above statements, processing of data is easier in the structured interview schedule in ~~that~~ there is uniformity

of information obtained. The instrument was also chosen because the sample included both the literate and the illiterate mothers. The other reasons for selection of the instrument are stated in the advantage, below:

ADVANTAGES OF INTERVIEW SCHEDULE

1. Data from each individual are usable whereas this may not be true for each questionnaire returned since some may be unanswered or misunderstood.
2. Questions that are not clear or misunderstood can be reworded and classified during interview.
3. The interviewer can ask questions that were not included initially in the interview schedule to probe further.
4. The responders are asked the same questions in the interview schedule thus creating uniformity in questions.
5. A high proportion of responses are obtained from potential responders.
6. The interviewer is able to appraise the validity of the report because the interviewee is present to observe verbal and non-verbal cues that may not be possible in a questionnaire.
7. It is an effective technique for revealing facts about opinions, attitudes and values and perceived behaviour²⁵.
8. The interviewee does not have to send the instrument to the researcher and time is therefore saved.

DISADVANTAGES OF INTERVIEW SCHEDULE

1. It is time consuming as the interviewee has to do the questioning and filling in the responses immediately²⁶.
2. Responders may not easily recall some information in a short period.
3. There is no anonymity as the interview is administered face to face their shy responders may give biased answers²⁷.
4. Translating words from English into a local language may lead to loss of meaning of the words.
5. Bias in word use in the interview schedule may lead to obtaining of invalid information.

In order to lessen the above disadvantages of the interview schedule the following measures were taken:-

1. The instrument was examined by the supervising lecturer for wording, clarity, and question sequence so that the questions asked convey the right meaning.
2. Amonimity of the respondents ~~was~~ assured since the names ~~were~~ not asked for during the interview and establishing of rapport by the self introduction and give the reason for the research.
3. The number of respondents ~~was~~ limited to fifty (50) because the interview takes long.
4. The interview was administered personally for clarity of meaning and translating of words into the language that the respondent can understand.

5.

INTERVIEW SCHEDULE

The interview schedule consisted of 27 questions. The first group of questions were constructed to elicit respondent's demographic data such as sex, age, educational attainment occupation, marital status and the number of children. The next 2 (11 & 12) questions dealt with the feelings of the mother on arrival in the ward. Questions 13 and 14 sought to find out information on when treatment was instituted for burns and what type of treatment it was. Questions 15 and 16 were constructed to find out what kind of information or explanation was given to mothers about the treatment of burns. Question 11 sought to find out when the explanation about the treatment was given to mothers. The next three questions (18, 19, 20) elicited respondent's informations on the adequacy of the explanation for their understanding or if they needed clarification. Questions 21 and 22 sought information about the mother's feelings about the exposure method of treatment of burns as well as information on any other treatment they would prefer. Information on whehter the mothers participate in the care of their burnt children or not was sought from questions 23, 24, 25 and 26. The twenty sixth, question was constructed to find out information on mothers' suggestions regarding information giving can be improved in hospital. The last question was constructed to ellicit information from mothers of any type which they wanted to share with the interviewers.

CHAPTER 5

DATA ANALYSIS AND PRESENTATION OF FINDINGS

1. DATA ANALYSIS

This chapter is mainly concerned with the analysis of data collected from parents whose children had burns. Data collected are meaningless, unless arranged and presented in a meaningful manner²⁸. Data analysis is defined as the process by which the researcher summarises and describes data, and if possible makes inferences from the study sample to the population from which the sample is drawn²⁴. Data collected for the study were analysed manually. The responses were categorised and then observations tallied using the familiar method of four vertical bars and a slash for the fifth observation. This was then arranged in frequency counts and percentages, thereby bringing the whole data collected on the subjects in one place³⁰. Percentages have been described as descriptive statistics that describe and synthesize obtained empirical observations and measurements.²¹ Percentages in some of the tables have been rounded up to whole numbers as stated that a discrete variable only assumes a finite number of value³².

PRESENTATION OF FINDINGS

The purpose of the study was to find out the amount of information possessed by mothers of burnt children on the exposure method of treatment of burns. The findings are presented in table form. It was found suitable to use tables because they make it easy for the reader to find out the relationships between variables and also they help to summarise the findings³³. The tables have been arranged according to the question only sequence. The first set of tables show demographic data and the succeeding tables show data related to the kind of information respondents gave while responding to questions in the interview schedule.

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TABLE 1: AGE DISTRIBUTION OF RESPONDENTS

AGE - RANGE	NUMBER OF RESPONDENTS	PERCENTAGE
15 - 20	8	16
21 - 25	11	22
26 - 30	13	26
31 - 35	4	8
36 - 40	14	28
TOTAL	50	100

The ages of respondents between 15 years to 40 years. There were more mothers aged between 36 - 40 years. More mothers (32) are in the age group of 15 - 30 while only 28 mothers are aged between 31 - 40 years.

TABLE 2: EDUCATIONAL LEVEL OF RESPONDENTS

EDUCATIONAL LEVEL	NUMBER OF RESPONDENTS	PERCENT
NEVER BEEN TO SCH.	10	20
PRIMARY SCHOOL	29	58
SECONDARY SCHOOL	9	18
COLLEGE LEVEL	2	4

The above table shows that the majority (29) respondents had only attained primary school level of education. This group is followed by those who have never been to school (10). Only (9) respondents had attained secondary school level.

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- 25	11	22
- 30	13	26
- 35	4	8
- 40	14	28
AL	50	100

ages of respondents between 15 years to 40 years. There were
e mothers aged between 36 - 40 years. More mothers (32) are
the age group of 15 - 30 while only 28 mothers are aged between
- 40 years.

TABLE 2: EDUCATIONAL LEVEL OF RESPONDENTS

EDUCATIONAL LEVEL	NUMBER OF RESPONDENTS	PERCENT
ER BEEN TO SCH.	10	20
MARY SCHOOL	29	58
ONDARY SCHOOL	9	18
LEGE LEVEL	2	4

above table shows that the majority (29) respondents had
y attained primary school level of education. This group is
lowed by those who have never been to school (10). Only (9)
pondents had attained secondary school level.

TABLE 1: AGE DISTRIBUTION OF RESPONDENTS

AGE - RANGE	NUMBER OF RESPONDENTS	PERCENTAGE
15 - 20	8	16
21 - 25	11	22
26 - 30	13	26
31 - 35	4	8
36 - 40	14	28
TOTAL	50	100

The ages of respondents between 15 years to 40 years. There were more mothers aged between 36 - 40 years. More mothers (32) are in the age group of 15 - 30 while only 28 mothers are aged between 31 - 40 years.

TABLE 2: EDUCATIONAL LEVEL OF RESPONDENTS

EDUCATIONAL LEVEL	NUMBER OF RESPONDENTS	PERCENT
NEVER BEEN TO SCH.	10	20
PRIMARY SCHOOL	29	58
SECONDARY SCHOOL	9	18
COLLEGE LEVEL	2	4

The above table shows that the majority (29) respondents had only attained primary school level of education. This group is followed by those who have never been to school (10). Only (9) respondents had attained secondary school level.

TABLE 3: MARITAL STATUS OF RESPONDENTS

MARITAL STATUS	NUMBER OF RESPONDENTS	PERCENT
SINGLE	2	4
MARRIED	39	78
DIVORCED	6	12
WIDOWED	3	6
TOTAL	50	100

The study showed that there were more married respondents than any other group of marital status. Only two (2) respondents were single.

TABLE 4: OCCUPATION STATUS OF PARENTS

OCCUPATION	NUMBER OF RESPONDENTS	PERCENT
CASHIER	1	2
SECRETARY	2	4
MARKETEER	5	10
HOUSEWIFE	32	64
UNEMPLOYED	10	20
TOTAL:	50	100

Forty two (42) respondents are not in employment while only eight (8) are employed. Among the employed two (2) are secretaries, one (1) is a cashier and the rest five (5) are marketeers.

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Fourty two (42) respondents are not in employment while only eight (8) are employed. Among the employed two (2) are secretaries, one (1) is a cashier and the rest five (5) are marketeers.

TABLE
TABLE 5 NUMBER OF CHILDREN IN RESPONDENT'S FAMILY

SEX OF NO OF CHILDREN	CHILDREN	NO OF RESPONDENTS	PERCENT
MALE			
1 - 2		15	30
3 - 4		16	32
5 - 6		10	20
7 - 8		7	14
9 - OVER		2	4
TOTAL:		50	100

There were more mothers (16) who had 3 - 4 children. Those with one to two children were (15) and the mothers who had the biggest number (9 and over) of children were only two (2). The average number of children per respondent is 6.

TABLE 6: AGE - RANGE OF RESPONDENT'S HOSPITALIZED CHILDREN

AGE OF CHILDREN (4YRS)	NO. OF RESPONDENTS	PERCENT
0 - 2	15	30
3 - 4	22	44
5 - 6	5	10
7 - 8	5	10
9 - 10	3	6
TOTAL:	50	100

There were more children in the age range of 3 - 4 years (22) than any other age range. These were followed by the children in the 0 - 2 years age - group (15). Children aged between 9 - 10 years are the fewest.(2)

TABLE 5

TABLE 5 NUMBER OF CHILDREN IN RESPONDENT'S FAMILY

SEX OF CHILDREN	NO OF CHILDREN	NO OF RESPONDENTS	PERCENT
MALE			
	1 - 2	15	30
	3 - 4	16	32
	5 - 6	10	20
	7 - 8	7	14
	9 - OVER	2	4
TOTAL:		50	100

There were more mothers (16) who had 3 - 4 children. Those with one to two children were (15) and the mothers who had the biggest number (9 and over) of children were only two (2). The average number of children per respondent is 6.

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0 - 2	15	30
3 - 4	22	44
5 - 6	5	10
7 - 8	5	10
9 - 10	3	6
TOTAL:	50	100

There were more children in the age range of 3 - 4 years (22) than any other age range. These were followed by the children in the 0 - 2 years age - group (15). Children aged between 9 - 10 years are the fewest.(2)

TABLE 7: SEX OF RESPONDENT'S HOSPITALIZED CHILDREN

SEX OF CHILDREN	NO. OF RESPONDENTS	PERCENT
MALE	24	48
FEMALE	26	52
TOTAL:	50	100

The table shows that there were more (26) female children than male children²⁴ with burns in UTH.

TABLE 8: CATEGORY OF STAFF WHO WELCOMED THE RESPONDENTS

CADRE	NO OF RESPONDENTS	PERCENT
NURSES	40	88
DOCTOR	6	4
STUDENT NURSES	4	8
TOTAL:	50	100

Fourty (40) out of fifty (80) respondents were welcomed by nurses while only six respondents were welcomed by doctors, and two (2) by student nurses.

TABLE 9. NUMBER OF RESPONDENTS WHO WERE GIVEN INFORMATION ABOUT
THE TREATMENT OF BURNS

RESPONSES	NO. OF RESPONDENTS	PERCENT
YES	12	24
NO	38	76
TOTAL:	50	100

The above table shows that only twelve (12) respondents were given information about the treatment of burns. 38 respondents received no information at all.

TABLE 10: TYPE OF INFORMATION GIVEN ABOUT TREATMENT OF BURNS
TO RESPONDENTS.

TYPE OF INFORMATION	NO OF RESPONDENTS	PERCENT
ENABLES BURNS TO HEAL FROM BOTTOM	3	6
KEEPS WOUND CLEAN	3	6
REMOVES SLOUGH	2	4
KILLS GERMS	4	8
NO INFORMATION	38	76
TOTAL	50	100

There were four (4) respondents who were informed by nurses that the exposure method of treatment of burns kills germs on the burns. Three were informed that it enables healing of burns from the bottom of the burns.

TABLE 11. CATEGORY OF STAFF WHO GAVE RESPONDENTS INFORMATION OF TREATMENT OF BURNS

CADRE	NO OF RESPONDENTS	PERCENT
STUDENT NURSE	6	50
STAFF NURSE	3	25
SISTER	3	25
DOCTOR	0	0
TOTAL:	12	100

More (6) respondents were informed about the treatment by student nurses than those who were informed by other groups.

TABLE 12. NUMBER OF RESPONDENTS WHO WERE SATISFIED WITH INFORMATION GIVEN.

RESPONSES	NO OF RESPONDENTS	PERCENT
YES	4	33
NO	8	67
TOTAL:	12	100

The table shows that there were eight (8) out of twelve (12) respondents who were not satisfactorily informed about the treatment of burns.

TABLE 13: NO OF RESPONDENTS WHO ASKED FOR CLARIFICATION

RESPONSES	NO OF RESPONSES	PERCENT
YES	3	37
NO	5	63
TOTAL:	8	100

Three (3) respondents out of eight (8) stated that they asked for clarification while five (5) did not.

TABLE 14: REASONS WHY RESPONDENTS DID NOT ASK FOR CLARIFICATION OF INFORMATION

REASONS	NO. OF RESPONDENTS	PERCENT
FORGOT	20	40
NURSES LOOK BUSY	20	40
NURSES ARE UNFRIENDLY	10	20
TOTAL:	50	100

The reasons why respondents did not ask for clarification varied. The majority (20) said that the nurses looked busy. The other group in majority too (20) stated that they forgot, while the last group (10) said that the nurses looked unfriendly.

TABLE 15: RESPONDENTS FEELINGS ABOUT THE EXPOSURE METHOD OF TREATMENT OF BURNS

RESPONSE	NO OF RESPONSES	PERCENT
LIKE IT	18	36
DISLIKE IT	32	64
TOTAL:	50	100

32 (32) respondents dislike the exposure method of treatment of burns while eighteen (18) respondents like it.

TABLE 16: REASONS WHY RESPONDENTS LIKE THE EXPOSURE METHOD OF TREATMENT OF BURNS

RESPONSES	NO OF RESPONDENTS	PERCENT
DOCTORS KNOW BETTER	10	27
BURNS PTS DO GET BETTER	5	56
BURNS ARE GETTING BETTER	3	17
TOTAL:	18	100

The majority (10) stated that the hospital personnel know what they were doing. Five (5) stated that burns patients do get better with the exposure method of treatment of burns - while three (3) respondents liked the treatment because their children were improving.

TABLE 17: REASON WHY RESPONDENTS DISLIKE THE EXPOSURE METHOD
OF TREATMENT OF BURNS

RESPONSES	NO. OF RESPONDENTS	PERCENT
BURNS ARE NOT IMPROVING	10	31
BURNS TAKE TOO LONG TO HEAL	12	38
DONT KNOW HOW IT WORKS	10	31
TOTAL:	32	100

Reasons for disliking the exposure method of treatment of burns varied. Twelve respondents stated that the burns took too long to heal while 10 respondents said the burns of their children were not improving. The other ten (10) said that they did not know how it worked.

TABLE 18: RESPONDENTS' SUGGESTED TREATMENT OF BURNS

RESPONSES	NO OF RESPONSES	PERCENT
LOCAL APPLICATION	18	36
INJECTIONS & LOCAL APPLIC.	5	10
SPRAY	5	10
CLEAN, LOCAL APPLICATION/ BANDAGE	10	20
DON'T KNOW	12	24
TOTAL:	50	100

The majority (28) respondents suggested other treatment of burns while only twelve (12) did not know which type of treatment to suggest in place of the exposure method of treatment of burns.

TABLE 19: NO. OF RESPONDENTS WHO HELP IN CLEANING THEIR CHILDRENS' BURNS

RESPONSES	NO OF RESPONSES	PERCENT
YES	32	64
NO	18	36
TOTAL:	50	100

Many mothers (32) do help in the cleaning of their children's burns while in hospital. Only 18 out of fifty (50) respondents had their children's burns cleaned by nurses.

TABLE 20: PROBLEMS ENCOUNTERED BY RESPONDENTS DURING CLEANING OF THEIR CHILDRENS' BURNS.

PROBLEMS	NO OF RESPONSES	PERCENT
SLOUGH IS HARD TO REMOVE	5	17
DONT KNOW HOW TO DO IT	20	66
BURNS DONT GET CLEAN	5	17
TOTAL:	30	100

Mothers experience different kinds of problems. From the above table, the problems are that slough is hard to remove, mothers do not know how to do it (20) and five (5) said that they did not manage to clean the burns well.

TABLE 21: RESPONDENTS' COMMENTS ON THEIR EXPERIENCE IN UTH

RESPONSES	NUMBER OF RESPONSES	PERCENT
LACK OF INFORMATION	10	20
LACK OF INTERPERSONAL RELATIONSHIP	10	20
NEPOTISM	8	16
NEGLIGENCE	12	24
NO COMMENT	10	20
TOTAL:	50	100

The table shows that forty (40) respondents commented on their hospitalization while ten (10) did not.

CHAPTER 6

1. DISCUSSION OF FINDINGS AND NURSING IMPLICATIONS

1. DISCUSSION OF FINDINGS

Nursing care of burns children is incomplete without sharing information with mothers because information shared is not only useful during the time the children are in hospital but also after discharge from hospital. Effective nurse - mother communication will ensure continuity of care at home. This way contractures and infections which are the common causes of readmission will be prevented. This will in turn lead to fewer patients on the wards and effective and quality care to the few burnt children who will need hospitalization.

The sample consisted of fifty (50) mothers. Their age were varied (table 1). There were more respondents in the age group 15 - 30 years. Probably this could be due to the fact that many mothers in this age group are very active and leave their children in the custody of older children as the interview revealed that they were engaged in other activities.

Many (Twenty - nine) respondents (29) had attained primary school level of education followed by those who have never been to school. Eleven (11) respondents attained secondary^{level} (9) and college level of education (2). This shows that there are few women in Zambia who have attained college and secondary levels of education while the majority have only managed to attain primary level of education. The reason could be due to the fact that the girls are subjected to more pressures while schooling.

Things like pregnancies for which school is discontinued, house work, and lack of financial support, from their families. A lot of families in Zambia still strive to educate a boy more than they do a girl. Eight (8) respondents were in employment while forty-two were unemployed. The majority of the unemployed are housewives (32). Most Zambian women are not employed because they lack education.

There were more mothers who had 3 - 4 children (16). This group is followed closely by those who had between 1 - 2 children. The average number of children per respondent was 6. This is true of the Zambian household size as statistics have shown ³⁴.

There were more children in the age range of 3 - 4 years than any other age range. These were followed by the children in the age group of 0 - 2 years who were fifteen (15) there were fewer (13) children with burns aged over four years. This shows that more burns occur in children under 4 years of age. A study on prevention of burns in India also has stated that there are more cases of burns in children under four years ³⁵.

The category of staff who welcomed the mothers was mainly that of nurses (40) and only six by doctors and the rest (4) by student nurses. This is attributed to the fact that the nurse spends more time on the ward than doctors do ³⁶.

The type of information given to mothers about the treatment of burns varied. Four respondernts were told that the exposure method of treatment of burns kills germs on the burns, three respondents were told that it enables healing to start from the bottom of the burn would while information given to the other 3 was that it keeps the wond clean and yet the other four were informed that it kills germs from the wound. This shows how varied the information that is given can be. This could be because some medical staff are ignorant about the type of treatment too. This can be attributed to the fact that nurses are docile about new procedures³⁷.

There were more (6) respondents who were informed by student nurses about the treatment of burns than any other group of cadre. The least represented group was that of doctors who according to table 12 did not give any information to any respondent. This shows that student nurses try to demonstrate the learners' effort in showing what an ideal nurse should be, by applying their theory to practice.

Out of 12 respondents who were informed about the treatment of burns. only four (4) were satisfied with the information while eight (8) were not. Out of the eight who were not satified only three respondents asked for clarification while five (5) did not. The reasons why respondents failed to ask for clarification varied - some forgot (20) some said that nurses are unfriendly. This shows that many people fail to ask for clarification in hospital about their treatment. This could be due to the fact that nurses are uncertain as to what areas of professional responsibility can be legitimately covered by the nurse³⁸, and there's lack of interpersonal relationship between the medical personnel and the patients³⁹.

The exposure method of treatment of burns is liked by eighteen (18) out of fifty (50) respondents. The reasons given for liking it are that doctors know better (10) about disease and medicine and this is why ~~they come to hospital~~ ^{they come to hospital}. 53 children get better on the treatment and that showed them that it was good. The last three out of the eighteen respondents who were for the treatment said that their children were getting better on the treatment. Those who disliked the treatment also had their own reasons for that. Twelve⁽¹²⁾ out of 32 stated that the burns took too long to heal while ten (10) said that the burns of their children were not improving at all. The other (10) said that they did not like it because they did not know how salt and water can be treatment for burns. Information giving is very reassuring and it helps to change peoples' attitudes towards situations⁴⁰.

Many (42) respondents suggested other types of treatment for burns and only twelve (12) did not know - reason being that they had no previous experience of burns in their family. The suggestions are probably attributed to previous experience or exposure^{to burns}. The exposure method of treatment of burns is quite old but it seems as if it lacks popularity - probably it is less publicised.

The majority of (32) of mothers help in the cleaning of their childrens' burns. Infact they stated that the only time that their childrens' burns were cleaned was on the second day after admission when blisters were removed. Thereafter the mothers do it with the help of other mothers who have been there longer than themselves. These mothers do encounter problems during the cleaning of burns and these are that they dont know how to do it as reported by the majority of the mothers (20) while others said that they fail to clean the burns well and some said that the slough is hard to remove.

This shows that the treatment aimed at is not achieved because the mothers who carry out the treatment experience a lot of problems.

There were forty (40) respondents who commented on their experience in UTH while ten (10) did not. The comments varied from lack of information, lack of interpersonal relationship to negligence and prejudice. Negligence⁽¹²⁾ according to respondents was due to the fact that nurses did not change their childrens' linen when it was soiled. Those who thought that nurses lacked interpersonal relationship said that some nurses ignored mothers completely. The group that thought that nurses were showing prejudice gave the reason for that as due to the fact that nurses treated the educated and the well to do better than other mothers on the ward. This could be because nurses are free to communicate with people at their level.

In conclusion, the findings revealed that the mothers receive very little and sometimes no information at all. The nurses have the responsibility of information - giving especially in relation to the treatments carried out in the wards. The nurses have the knowledge acquired through training related to information giving. It is about time nurses changed the poor image that the patients and the public have about them - all due to poor communication verbally or non verbally. Nurses are supposed to care.

2. NURSING IMPLICATIONS

It appears from the results of the study that there are problems in communication between the health personnel and the mothers of burnt children in hospital. This is shown by the fact that nurses do not seem to be actively involved in providing information about the treatment of burns to the mothers. The most depressing fact is that the majority of mothers do clean the burns of their children despite the fact that they have either very inadequate information or no information at all from nurses. Many mothers are shown how to clean the burns by other mothers who have been there longer than themselves. The children whose burns are cleaned by nurses are found to be done unwell by mothers. The mothers say that the burns take too long to heal when nurses clean them. Nurses are supposed to do nursing procedures better than any other person since this is their profession but this is not the case as far as the results of the study are concerned. This has led mothers to being unsatisfied with the nursing services rendered as the results of the study shows.

Teachers of nursing should lay more emphasis on the importance of nurse - patient relationship (which includes communication) to the learners. Nurse - patient relationship is essential in caring for and about people. Without it the students would lack the basis for commitment to their work and they would lack the attitudes that affect the students' behaviour in their performance of work. Teachers should organise adequate learning experiences related to students acquisition of communication skills during their clinical experience so that they become sensitive to people

and their needs. There is also need to develop evaluation tools which would allow the evaluators to identify whether the affective part of nursing cover^{ed} has been achieved by the student or not. This can be identified when analysing any task that the student nurse performs and assessing how the affective component has been learnt by the student. However the affective domain does not occur in isolation in a learning situation in a hospital setting as the other two domains - cognitive and psychomotor are also necessary for successful and competent performance of the nursing task.

The practicing nurses can become effective communications and information gives with the understanding of the patients' problems and needs. The patients experience a lot of problems due to lack of adequate information given to them by the nurses. Lack of understanding of the patients needs and problems has led to problems in communication and interpersonal relationship between nurses and the mothers. The introduction of the nursing process can help to improve the nurse - patient relationship and thus improve communication as against the present practice of task oriented nursing which leads to fragmentation of the care rendered. In the meantime while the introduction of the nursing process is not possible, due to lack of personnel and facilities in the hospital, the nurses should talk to patients while they carry out their task. Another method of improving nurse - patient relationship would be to hold seminars and workshops for nurses where communication would be emphasised to service nurses in order to improve their awareness of the problem. These could be organised within the hospital setting.

Most patients do not seem to understand their right to information by health workers as evidenced from the study results. Education of the members of the public through other forms of communication like posters, the radio, television and book-lets would be beneficial to them in terms of knowing their health rights.

Nurses should make attempts to investigate into the problems of communication in the hospital particularly those affecting quality of nursing care. This can be made possible through more research.

CHAPTER 7

CONCLUSION, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

1.

CONCLUSION

The study has shown that most mothers of burn children are not given enough information on the method of treatment. The mothers possess either very little, unsatisfactory or, no information at all - as far as treatment of burns is concerned. Information giving to the mothers of the burn patients is an important aspect in providing total patient care. It improves rapport and the mothers would develop confidence in the nurses and the nursing services. But as it is mothers are not even given a chance to ask questions where the information is unsatisfactory. This has led to their asking for information from other mothers who have been in hospital longer than themselves. This only demonstrates their need for information. Hence there is need to improve information giving in the surgical wards at UTH.

There is evidence that the type of nursing care rendered in surgical department of UTH is task oriented as shown from the results of the study. The nurses did not seem to interact much with mothers of burnt children except to tell them to clean the burns of their children. They did not even bother to show them how it is done. This finding is similar to that of other findings of others who have researched in the same area before.

Intergration of mothers in the care of their burnt children is poorly done. With reference to the study results - mothers do not feel part of the care system although in most cases they do the cleaning of the burns alone. This is because they do not possess enough information of the procedure let alone an explanation of how it works. This lack of information has led to lack of confidence in the nurses as well as the treatment of burns.

Lastly nurses spend more time with patients and their relatives than doctors do and thus can afford a chance to assess patients' need for information and also provide such information. Nurses must also realise that they are accountable for the care rendered to patients and that information giving is one of their professional functions.

2. LIMITATIONS

1. A small sample of fifty (50) respondents was chosen due to limited time in which the study had to be conducted and submitted to the department of Post-Basic Nursing School.
2. The findings of this study can only be generalised with caution because the study sample was small as compared to the 600 (au) per tear who are admitted to the department with burns.
3. Due to limited time in which the study was compiled submitted, it was not possible to conduct similar studies in other hospitals so that findings could be comparect....
4. Results could have been more revealing if nurses were included in the study.

3.

RECOMMENDATIONS

1. Further research should be conducted on a large scale on the same topic to include other hospitals for comparison's sake.
2. Schools of Nursing should lay more emphasis on aquisition of communication skills by student nurses in the classroom and in the clinical area so that nurses can appreciate their role in information - giving.
3. In-service education department should hold workshops and seminars in order to enlighten inservice nursing staff about the importance of communication in the health instution.
4. A study of this kind should be conducted to conclude the nurses to find out why they do not give adequate information to mothers of burns children in UTH.
5. Findings of this study to be communicated to the surgical department which was the setting of the sample so as to enlighten the nurses in the area about the existing problems.
6. The hospital administration should devise a method of evaluating the type of nursing care rendered in hospital and find ways of improving it.
7. The Ministry of Health should have an access to the research findings done by the students of Post Basic School of Nursing in order to be enlightened of the problems of care giving in the hospitals.

APPENDIX 1

The University of Zambia,
School of Medicine,
Post Basic Nursing Department,
P. O. box 50110,
LUSAKA.

19th January, 1988.

The Executive Director,
U.T.H. Board of Management,
P. O. Box 5001,
LUSAKA.

u.f.s.: The Head of Department,
Post - Basic Nursing Department,
P. O. Box 50110,
LUSAKA.

Dear Sir,

REF: REQUEST TO CARRY OUT A RESEARCH IN THE UNIVERSITY TEACHING HOSPITAL

I am a second year student at the University of Zambia studying for a Diploma in Nursing Education. As a partial fulfilment of the program I am required to carry out a research study of my choice. The title of my study is called "Mothers Knowledge on the Exposure Method of Treatment of Burns in Children" aged 5 years and below at U.T.H. I am asking for permission to interview mothers of the children with burns in 'G' Block for a period of three months. I would like to gather the Data between February and May, 1988.

I will be grateful if permission will be granted.

Yours faithfully,

Justina M. Kasonde

c.c. The Principal, Nursing Officer
The Nursing Officer 'G' Block.

APPENDIX 2

The Executive Director,
U.T.H. Board Management,
P. O. Box 5001,
LUSAKA.

21st March, 1988.

Mrs Justina Mkoma Kasonde,
University of Zambia,
School of Medicine,
Department of Post Basic Nursing,
P. O. Box 50110,
LUSAKA.

Dear Mrs Kasonde,

REF: STUDY PROJECT

In reply to your letter dated 19th January, 1988 in which you asked us to allow you carry out a Research in our Unit.

I am pleased to inform you that (this is a go ahead) you can go ahead and I hope you will be able to meet the co-operation from the Department.

Yours faithfully,

ACTING NURSING OFFICER - 'G' BLOCK

APPENDIX 3

SEMI - STRUCTURED INTERVIEW SCHEDULE

FOR OFFICIAL
USE ONLY.

1. When was your child admitted to hospital?
2. What is the sex and age of your hospitalised child 0-2, 3-4, 5-6, 7-8, 9-10 years.
3. How old are you?
 - (a) 15 - 20 years
 - (b) 21 - 25 years
 - (c) 26 - 30 years
 - (d) 31 - 35 years
 - (e) 36 - 40 years
 - (f) 41 - 45 years or over
4. How many children do you have?
 - (a) 1 - 2
 - (b) 3 - 4
 - (c) 5 - 6
 - (d) 7 - 8
 - (e) over 8
5. What is your marital status?
 - (a) single
 - (b) married
 - (c) divorced
 - (d) widowed
6. What is your religion
 - (a) Catholic
 - (b) U.C.Z.
 - (c) Jehovahs Witness
 - (d) R.C.Z.
 - (e) Other Churches

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APPENDIX 3 Cont/.....

FOR OFFICIAL
USE ONLY.

7. What is your education level?
8. What is your occupation?
9. Did you feel welcome on the day of admission?
10. If Yes who welcomed you?
- (a) Nurses
- (b) Doctors
- (c) Maids
- (d) The Clerk
- (e) Student Nurses
11. When was the treatment for burns commenced when you came to the Ward?
12. What treatment was instituted for burn wounds?
13. Was the treatment explained?
14. If Yes by who?
- (a) Doctor
- (b) Nurse
- (c) Maid
- (d) Student Nurses
15. What was the explanation?
16. Was the explanation adequate for you to understand the treatment of burns
- 16.B. If yes did you have a chance to ask for clarification?
17. If not why didn't you ask for clarification?
18. How do you feel about the exposure Method of treatment of burns?
19. You like it, why?

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APPENDIX 3 Cont./.....

FOR OFFICIAL
USE ONLY.

20. If you dislike, Why?

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21. Are you given a chance to participate in the care of your
childe while in hospital?

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22. If yes, do you encounter any problems while doing it?

23. Do you have any suggestions on how information giving can
be improved in hospital?

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24. Do you have anything else to say?

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END NOTES

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