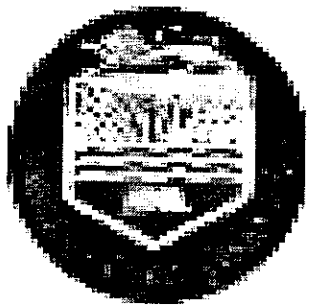

UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

A RESEARCH DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF BACHELOR OF SCIENCE DEGREE IN NURSING

TITLE

EXPLORING ON KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF CARE TAKERS OF CHILDREN ON OXYGEN THERAPYIN HIGH DEPENDANCY UNIT AT KAMUZU CENTRAL HOSPITAL

BY

MISS EVELYN CHIBWE

SUPERVISED BY

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NOVEMBER 2008

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TABLE OF CONTENTS

Chapter four: presentation of findings

Chapter five: discussion of findings

APPENDICES

FIGURES

TABLES

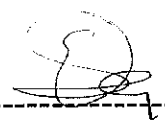
DECLARATION

I declare that this study is solely out of my own work. It has not been presented anywhere for any degree and is not currently been submitted elsewhere for any academic purposes.

Name of student: Evelyn Chibwe

Signature---E. Chibwe--- Date---28-11-08---

Name of Research supervisor: Mrs E. Chilemba

Signature---  ---Date---28/11/08---

DEDICATION

I dedicate this work to my beloved Dad Mr. William Chibwe because he untirelessly supported me financially, psychologically and spiritually in producing this dissertation. Dad I dedicate this to you for supporting me through out the four years of doing my bachelors degree. You are the best and you deserve the best in life.

To my wonderful Mum Elizabeth Kachilika I say thanks for the encouragement, words of wisdom and for the love.

ACKNOWLEDGEMENTS

Many thanks should go to the Lord Almighty for giving me strength and life to come up with the dissertation.

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May the Almighty bless you richly!!!!!!!!!!!

ABSTRACT

The research conducted aimed at exploring and describing knowledge, attitudes and perception of care takers on oxygen therapy.

A quantitative descriptive study was conducted at Kamuzu Central hospital in Lilongwe district. It was conducted on mothers who had their children on oxygen therapy. Simple random sampling was used to choose participants.

Permission to conduct a study was sought from Kamuzu College of Nursing Research and Publication Committee, the director of Kamuzu Central hospital and the sister in- charge of the paediatric ward A. Thirty questionnaires were formulated and administered to participants after being fully informed about the study and consent was obtained before obtaining the data from the participants.

Data was analyzed using manual analysis where frequencies, percentages, tables and graphs have been used to present the findings. The results show that people have knowledge on oxygen therapy but cultural beliefs play a great role in influencing people to refuse oxygen therapy. The results further show that there is little explanation about oxygen therapy to the caretakers when the child needs supplementary oxygen, furthermore nurses do not monitor patients when on oxygen therapy most of the times.

Therefore recommendations are made to sensitise people on oxygen therapy through mass media and health talks, and the government has to design posters on oxygen therapy.

CHAPTER ONE: INTRODUCTION TO THE STUDY

1.0 INTRODUCTION

Breathing is an essential activity that promotes the functioning of the whole body and is our life line linking with the world of death and life, this is because oxygen is taken in exchange of carbon dioxide. Oxygen is important for normal body metabolism, normal breathing promotes the intake of adequate oxygen however, in some illnesses affecting the respiratory tract there is hindrance to oxygen intake resulting in reduced oxygen supply to the body leading to dyspnoea. In such cases oxygen supplement with oxygen therapy is a must to promote body metabolic processes necessary for cell functions.

Nurses who work in pediatric wards in Malawi have experienced some resistance from mothers to accept the use of nasal canullars for oxygen administration on sick children who need extra oxygen. The reasons which are given reflect that there is little knowledge on the importance of oxygen therapy therefore the study seeks to identify the gaps to facilitate the type of education to be given concerning oxygen therapy.

1.1 BACKGROUND TO OXYGEN THERAPY

Joseph Priestly was the first person to discover oxygen in 1744 he isolated in pure form a gas which he called dephlogisticated air which was respirable which he later called oxygen. In 1777 Lavoisier, showed that oxygen combined with carbon forms carbonic acid gas, and carbon was given off in the expired air and that oxygen was necessary for maintenance of life and thereby he founded the science of metabolism.

First experiment on human beings was said to be done by Chaussier in 1783 in cases of dyspnea in consumptive and in asphyxia in infants and the results were good. The first recorded use of oxygen therapy was done in 1885 during the treatment of acute bacterial pneumonia in York Pennyslavia. Dr George Hiltzapple produced oxygen from chlorate of potassium and black oxide of manganase which was later given to a young man who was dying from pneumonia (presumably secondary to consequences of hypoxemia) and after several hours the crisis passed and the young man recovered.

SOURCES OF OXYGEN

1. Liquid oxygen. It is contained in thermally insulating tanks. The liquid has to boil changing into gas for breathing. Large tanks are used in the hospitals.

1. Cylinders. These contain compressed gaseous oxygen. Small cylinders are used for first aid and for home oxygen patients.

2. Oxygen concentrators. These are electrically powered devices which remove oxygen from the air. They are commonly used because they do not need refilling.

WAYS OF OXYGEN ADMINISTRATION

They are various ways of oxygen administration and the aim is to supply the patient with adequate oxygen to maximize the oxygen carrying ability of the blood. The method selected depends on factors such as fraction of inspired oxygen and mobility of the patient, humidification required, patient cooperation, comfort, cost and available financial resources. (Lewis et al 2004). Some of the methods are nasal cannulas which are placed under the nostrils and delivers oxygen to the airway. Oxygen can also be delivered from the system to the body by face masks ands other devices.

TEST REQUIRED TO DETERMINE THE NEED FOR OXYGEN THERAPY

There two tests which are done to determine the oxygen saturation (percentage of oxygen in the blood) in the blood: oximetry and arterial blood gasses. Oximetry is a simple, an invasive method of measuring oxygen saturation in the blood as a small clip is placed on the ear lobe, finger, toe and on a foot of the infant. The second method is the arterial blood gas measurement, this method is complex as a lot of equipments are needed to do the test and some blood is withdrawn from the artery to measure the oxygen and carbondioxide levels in the blood Therapy may be necessary if the percentage is less than 90%.

In Malawi due to lack of resources oxygen is mainly administered after looking at the clinical presentation of the child for example if the child is having nasal flaring, chest indrawings ,gasping for air and head nodding he is put on oxygen therapy as the stated presentations shows that they is low oxygen saturation in the blood.

EFFECTS OF OXYGEN THERAPY

As with other medication oxygen therapy is administered with care and its effects on each patient are carefully assessed therefore it has to be prescribed first before administration as more or less oxygen can cause other problems and the effects are:

- Oxygen toxicity. Excessive oxygen therapy may produce toxic effects on the lungs and central nervous system or may result in depression of ventilation for example in patients with COPD the stimulation for respiration is a decrease in blood oxygen rather than an elevation of carbon dioxide. Therefore a sudden administration of an increased concentration of oxygen will remove the respiratory drive that has been created largely by the patient's chronic low oxygen tension. This decrease in alveolar ventilation can cause a progressive increase in arterial carbon dioxide pressure ultimately leading to death from carbon dioxide narcosis and acidosis. (Lewis et al 2004:669).
- Absorption Atelectasis. Normally nitrogen which constitutes of 79% of the air we breathe is not absorbed into the blood stream and it prevents alveolar collapse, when high concentration of oxygen are given nitrogen is washed out of the alveolar and replaced with oxygen. If airway obstruction occurs, the oxygen is absorbed into the blood stream and the alveolar collapses.(Lewis et al 2004:669)
- Infection. Humidity supports bacterial growth there by causing infection if equipments used are not cleaned after 48 hours.
- Combustion. Oxygen supports combustion as it is a gas and it also increases the rate of burning.
- Carbon dioxide Narcosis. In some cases of respiratory distress, increasing the oxygen flow rate may be quite harmful. Normally carbon dioxide accumulates in a major stimulant of the respiratory centre. However, individuals with longstanding history of chronic lung diseases develop a tendency to hyperventilate and to retain carbon dioxide and gradually the respiratory centre looses its sensitivity to the elevated carbon dioxide level.(Smeltzer ,1994)

PRECAUTIONS TAKEN IN OXYGEN ADMINISTRATION

1. Clean oxygen tubing to prevent infections.
2. Check oxygen tubing 4 hourly to make sure that oxygen is no leaking.
3. If a mask is used make sure that it fits the patient properly so that the patient is receiving the supplement.
4. Watch for pressure necrosis at the top of the ear from elastic straps, gauze or other padding may be used to alleviate the problem.
5. Oxygen therapy can cause irritation of the mucous membranes of the nose and the lips hence Vaseline should be applied to prevent breakage of the skin.
6. Place signs reading no smoking oxygen in use on the client's door at the foot or head of the bed and on oxygen equipment to prevent fire.
7. Monitor arterial blood gasses to prevent carbon dioxide narcosis.
8. Oxygen administration should be just enough to maintain the arterial oxygen pressure.
9. Each patient should be prescribed before administration and the amount of oxygen to be given or the flow rate should depend on the age of the patient and also the severity of the condition

TYPES OF SHORTNESS OF BREATH

Shortness of breath is an unpleasant sensation of difficulty in breathing, it is a symptom not a sign and it is one of several sensations that a patient may describe (The Merck Manual 6th Ed: 600). Shortness of breath is caused by different factors among them are

1. Physiologic factors. This is associated with physical exertion; ventilation is increased and maintained through augmented respiratory stimulus provided by metabolic and other undefined factors.

2. Pulmonary. Shortness of breath is due pulmonary diseases. For example a patient who is having obstruction pulmonary diseases for instance asthma and COPD.

3. Cardiac. In this type the patient experiences shortness of breathe because the cardiac output fails to keep pace with the increased metabolic need during

exercise. Respiratory drive therefore is increased largely because of tissue and cerebral acidosis and the patient hyperventilates.

4. Circulatory. This is caused mainly due to hemorrhage and chronic anemia.

METABOLISM

Metabolism is the biochemical modification of chemical compounds in living organisms and cells (Wikipedia). The process involves complex and often interactive biochemical reactions usually aided by enzymes and coordinated by catabolic and anabolic hormones. Metabolism is commonly characterized in terms of metabolic pathways which are a specific sequence of enzyme-catalyzed steps.

Metabolism is unifying aspect of all forms of life, with the most complex forms of life relying on some of the same metabolic pathways found in single cell organism. Cell metabolism involves individual processes by which living cells process nutrient molecules and maintain a living state.

TYPES OF METABOLISM

- **Anabolism**, or constructive metabolism, is all about building and storing: It supports the growth of new cells, the maintenance of body tissues, and the storage of energy for use in the future. During anabolism, small molecules are changed into larger, more complex molecules of carbohydrate, protein, and fat.

- **Catabolism**, or destructive metabolism, is the process that produces the energy required for all activity in the cells. In this process, cells break down large molecules (mostly carbohydrates and fats) to release energy. This energy release provides fuel for anabolism, heats the body, and enables the muscles to contract and the body to move. As complex chemical units are broken down into more simple substances, the waste products released in the process of catabolism are removed from the body through the skin, kidneys, lungs, and intestines.

Oxygen is necessary for metabolic process in the body hence if they is oxygen insufficiency metabolic processes in the body stop

STUDIES DONE ON OXYGEN THERAPY

Oxygen is a drug and can cause serious side effects if precautions are not followed before and even during administration. Oxygen has can cause oxygen toxicity in the body though the pathophysiology is not known but it is related to destruction and decrease of surfactant which is necessary for the formation of hyaline membrane lining the lungs and the development of pulmonary edema.

In India Robert Anderson, Strickland, Tsai and Haglin conducted a Light microscopic and ultrastructural study of the adverse effects of oxygen therapy on the neonate lung. Alterations in lung tissue were evaluated in 74 infants with respiratory distress who received respiratory therapy and increased concentration of oxygen for varying durations. Infant survival ranged from 3 hours to 37 days. Sequential pathologic changes were revealed to be an exudative reaction superimposed upon the early stage of typical hyalic membrane disease. This merged with and was eventually replaced by a reparative fibroproliferative response that was most pronounced in those infants who survived for the longest period of time. Correlative ultrastructural studied disclosed generalized capillary endothelial damage in early stages of oxygen therapy, interstitial edema and alteration of alveolar cells attributed to toxic effects of oxygen therapy. (Robert Anderson et al, 1973:327-348)

Many modes of oxygen admistration are used and method chosen depends on the arterial blood gas level which indicates the patient's oxygenation status. In sick children the most preferred method of oxygen administration is twin holed prenasal catheter because the nurse is able to take care of the child's mouth and also the child drinks properly without interference.

Kumar, Kabra and Singh (1997) conducted a study which aimed at finding the efficacy and acceptability of modes of oxygen administration in children. Eighty five children who were admitted with acute respiratory distress requiring oxygen inhalation were prospectively studied. Oxygen therapy was administered to all by different methods head box, face mask, nasopharyngeal catheter and twin holed pre nasal catheter. The study concluded that the most effective, acceptable and safe methods for admistration of oxygen to children with acute respiratory disorders are head box and prenasal catheter because they are effective and well tolerated by the children. (Kumar et al, 1997:47-49)

Amount of hours spent oxygen therapy also predicts the outcome of the patient. This is because more time you are on oxygen therapy it increases the supply of oxygen to the lungs thereby increasing the availability of oxygen to the body tissue. The National Heart, Lung and Blood institution did a study with the aim to compare the results of the patient had 24 hours supplemental oxygen with those who had 12 hours oxygen therapy. The results showed that those who had oxygen longer hours had a greater chance of survival than those who had led less hours. This emphasizes the importance of supplementary oxygen for all patients with dyspnoea.

A study was conducted on the quality of life of mothers and families caring for preterm infants requiring home oxygen therapy (HOT). The objective of the study was to investigate the impact on mothers and families caring for premature children receiving oxygen therapy. A standard questionnaire was used to compare the functioning of mothers and families of the premature infants, 10 infants who were discharged from hospital on HOT but who no longer required it and 20 premature infants who had never required treatment with HOT. The results showed that care required by premature infants receiving HOT had a signifact impact on the families than the care of infants not receiving HOT. Mothers of premature infants on HOT reported significantly less vitality and more mental health problems than mothers of infants receiving HOT. The study concluded that the use of HOT for premature infants have a significant adverse impact on the families and mothers hence they need psychological support. (Blackwell Synergy. Journal of Pediatrics and Child Health, vol 36 issue 5, October 2000).

A study in pediatric Intensive care Unit(ICU) of the Tygerberg in South Africa done by Kling and Gie (200) aimed at finding out the mortality rate of children who were ventilated due to pneumonia and the results showed that the mortality rate was 11 percent but the patients died when they were discharged on therapy . In Gambia the same study was done and it concluded that patients have to be ventilated even if discharged from the ICU until the patient stabilizes. (Kling et al ,2000: 303). In this study it is shown that oxygen is important in treating respiratory tract infection and oxygen should still be given until the patient does not experience shortness of breath. Some studies were done to find out the life expectancy of people who are on oxygen therapy due to COPD and results

showed that people who are on oxygen for long time have a higher chance of being alive than those who are not. (Cranston, et al, 2004:237-242).Lewis et al also adds that people with chronic lung disease who are experiencing shortness of breathe require long term oxygen therapy as it decreases shortness of breath this clearly shows that oxygen therapy is important to people who are experiencing shortness of breathe.

1.2 PROBLEM STATEMENT

Mother's reluctance to accept oxygen therapy brings poor out come to the children. Mothers have accepted other treatment such as intravenous line medication and injections without reluctance but not to oxygen therapy, this portrays a picture that they is knowledge gap on oxygen therapy, hence there is need to explore on why these caretakers are reluctant and to describe the barriers that hinder them to accept this treatment intervention.

1.3 SIGNIFICANCE OF THE STUDY

The findings of the study will broaden body of knowledge base of the nurses and other health care providers on reasons why care takers refuse oxygen therapy hence proper education tool will be developed to sensitize the people.

Misconception on oxygen therapy will be cleared up, mortality rate of the children will be reduced hence achieving the millennium development goal of reducing child mortality.

1.4 STUDY AIM

To explore and describe knowledge, attitudes and perceptions of care takers of sick children in pediatric ward section A at Kamuzu Central Hospital on oxygen therapy.

1.5 SPECIFIC OBJECTIVES

a. To assess the knowledge, attitudes and perceptions of caretakers on oxygen therapy
b. To identify cultural believes attached to oxygen therapy
c. To describe knowledge, attitudes and perceptions of the caretakers on oxygen therapy.
d. Make recommendations on oxygen therapy education

CHAPTER TWO: LITERATURE REVIEW

2.0 INTRODUCTION

This chapter will review the literature and research done related to the topic of study. Literature consists of all written sources relevant to the topic under study while as literature review is an organized written presentation of what has been published on a topic by a scholar. Reviewing literature is important because it helps in conveying the reader what is currently known regarding the topic of interest. (Burns & Groove, 2005). Literature review helps the researcher to be in a better position to assess the feasibility of a proposed study by getting familiarized with related work thereby minimizing duplication of information.

Oxygen therapy offers many benefits in the treatment of patients with respiratory problems. Supplemental oxygen reduces mortality, improves self- reported sleep quality and general comfort. This has been shown in patients who are on long term oxygen therapy due to long standing lung disease who need oxygen therapy for survival as it improves metabolism processes in the body. Different studies have been done to study out the benefits of oxygen in improving life expectancy. One of the studies is by Kling and Gie which aimed at finding out the mortality rate of children who were ventilated due to pneumonia in the intensive care unit. The results showed that 11% of the children died they were discharged from the unit.(Kling et al ;2004: 237-242). This shows that oxygen is important in treating patients who are experiencing shortness of breathe hence people should be taught the importance of oxygen therapy in order to prevent child mortality.

Although life sustaining, inappropriately administered oxygen therapy may result in untoward patient outcomes which may lead to care takers denying oxygen therapy hence health care workers have to know the importance of oxygen therapy, correct administration and the precautions to be taken during oxygen therapy in order to give correct information to the guardians so that reluctance to accept oxygen therapy should be avoided. Quinones, Permell, Gazzarra, Hussain,, Rosen , Talwar and Kamholz, conducted a study to evaluate the competency of Intensive Care Unit (I C U) personnel in oxygen therapy. The purpose of this study was to assess the knowledge of oxygen therapy and delivery modalities among ICU personnel in a University Hospital setting.

Questions where developed to assess two area of knowledge thus basic oxygen therapy consideration and artificial airway care, 25 respiratory therapists, 30 registered nurses and 18 medical residents were participants of the study. The results showed that the care providers possesses the skills and knowledge to optimally utilize the equipments and simultaneously minimize the potential complication though the results were positive but a percentage of care takers also showed that they lacked knowledge and this can lead to increased morbidity and mortality due to error in the application and planning and this can lead to guardians denying oxygen therapy. (Quinones et al, 2007: 132-134).

Oxygen therapy is a safe and effective treatment for infants experiencing shortness of breathe and the outcome of the patient will also depend on what type of administration is used and if the patient is tolerating to the method for instance in children the twin holed pre nasal catheter is recommended because the child can feed properly and also does not limit patients movements. Kumar, Kabra and Singh did a study to find out the efficacy and acceptability of the modes of oxygen administration in children. Children with acute respiratory distress requiring oxygen therapy were given oxygen using different methods; head box, face mask, nasopharyngeal catheter and twin holed pre nasal catheter. The results concluded that the most effective and acceptable method of administering oxygen in children is pre nasal catheter because the method in well tolerated by the child and the mother. (Kumar et al; 1997:47-49).

A strange environment brings stress to the mother and especially when the child is being connected to machines and tubes it brings different feelings to the mother and may feel that the child is dying if proper explanation to the mother about the disease of the child is not explained. The mother can also remove the tubes from the child which leads to incompliance of the child to treatment and the child may die hence proper explanation should be done. Earnest conducted a study explaining adherence to supplemental oxygen therapy. The purpose of the study was to describe and explain the patterns of adherence to supplemental oxygen in patients who use supplemental oxygen. The participants were patients with Chronic Obstruction Pulmonary Disease (COPD) who were described in three distinct patterns of adherence to supplemental oxygen therapy; as needed, part time use and full time use for many individuals the pattern to adherence changed with time and reflected their struggle to optimally manage their health, symptoms, physical

function and social milieu. Adhering to oxygen therapy is a complex and difficult task with many barriers for example a sense of social stigma lack of perceived benefits and fear of the effects of treatment. (Earnest ; 2002:749-755).These factors can lead to care takers refusing oxygen therapy hence they is need to help the care takers understand the process of adapting to oxygen use and addressing the many barriers to the therapy.

When patients are given oxygen therapy the have to be monitored in order to prevent adverse side effects of the drug. Oxygen when not properly monitored can cause aggressive side effects hence should be monitored. When patients are prescribed oxygen therapy they have to receive the required so that partial oxygen level of the blood should be maintained. In children with chronic lung disease who are not at risk of developing retinopathy of prematurity (ROP) oxygen saturation of less than 92% should be a voided because it can cause complications of artery hypertension.

In infants a saturation of 95-99% is appropriate as this target will provide a buffer zone against desaturation during feeding and rest and also promotes growth and reduces chances of artery hypertension. (Kotecha & Allen ; 2002:11-14).

Prolonged breathing of supplemental oxygen can be responsible for pulmonary lesions which are frequently fatal. It is highly probable that the toxicity largely results from excessive production by the alveolar cells of free radicals derived from oxygen (Houssset ; 1984:2257-2260)oxygen therapy has its side effects as any other drug hence proper monitoring should be done so as to prevent mortality rate due to the effects of the drug which can make the care takers to perceive no benefits in the therapy hence increasing mortality rate.

Nurse's practices towards oxygen therapy can also cause care takers to deny oxygen therapy because precautions are not followed and also due to negligence which can lead to death hence the clients can perceive that it is the oxygen therapy that has killed the patient. Small, Duha , Wieskopf , Dajczman , Laporta , Kriesman , Wolkowe and Frank, did a study on uses and misuses of oxygen in hospitalized patients. The purpose of the study was to document the use and misuse of oxygen therapy as compared to antibiotics in internal medicine in patients and also to determine whether the same care was being taken in the prescription of and administration of both therapies. 96 eligible patients were

involved in the study. The results showed that oxygen apparatus was found in the room of in 17 of 96 patients without it ever having being ordered by the physician or noted in the nurse's kardex. The results also showed physician orders in correctly transcribed in nursing kardex, flow meter off while patient has been commenced on oxygen machine, oxygen delivery apparatus in correctly worn and lastly wrong fractional inspired oxygen concentration. In conclusion oxygen therapy is neither prescribed nor administered with the same attention that is given to other drugs such as antibiotics. Education of medical personnel should stress more prudent prescription and use of oxygen in hospitalized patients to prevent poor patient out come. (Small et al; 1992:591-595).

Different studies have been done on the knowledge, attitudes and perceptions of guardians. These studies are done to identify knowledge gaps in the guardians and also to find out misconceptions that they may have on certain diseases or issues hence need for interviening. Oguonu et al conducted a study in Nigeria on care takers knowledge, attitudes and practice on childhood malaria and treatment in urban and rural communities in Enugu. The participants in both settings had heard about Malaria but lacked some knowledge on the disease. The study concluded that health education should be provided to the people to change the knowledge, attitudes and practices in order to achieve the goal of reducing malaria cases

Weinberg (2007) conducted a study on coordination between formal providers and care givers which aimed at exploring the effects of coordination between formal providers and informal care giver on care givers preparation to provide care and the effects care giver preparation on patients out come. At six weeks post surgery guardians of patients who had knee replacement surgery were surveyed regarding coordination with providers and preparation to provide care. The results showed that there was good coordination between formal providers and care givers as a result they patient had responded positively to functional health and patient pain and mental health was improved due to the good coordination that existed between the parties.

The results of the study shows that communication is vital when it comes to patient care and care takers should be involved in patients care to ensure that good care is provided and also to give care takers knowledge on different issues that can affect patients out

come if not done. As such nurses should coordinate with care takers who are refusing oxygen therapy to be given to the sick child so that information should be given to them.

2.1 THEORETICAL FRAMEWORK

Theoretical framework is analogous to the flame of a house. It provides a rationale for prediction about relationships among variables of a research study. It provides a context for examining a problem, that is the theoretical rationale for developing hypothesis just as a direction indicator provides a context for using a road map. It also acts as a frame work of reference that is a base for observation, definition of concepts, interpretation and generalization. (Wood, 1994). There are a lot of theoretical theories that are used in nursing research and this research shall use the health seeking behavior model.

2.2 HEALTH SEEKING BEHAVIOUR MODEL

The health seeking behavior model provides a frame for understanding why some people take specific actions to avoid or fail to protect themselves from illness. It explains that health seeking behaviors is influenced by the person's knowledge to the disease, believes attached to the disease, motivation by other people, and perceived severity of the disease. The model has been used in the study because it provides relevant determinants for identifying problematic areas which can be intervened with specific health system strategies in addition the study will change the knowledge of mothers on oxygen therapy thereby changing the behavior of the mothers.

2.2.1KNOWLEDGE OF THE DISEASE

People's health seeking behavior depends upon their understanding and interpretation of the cause of the sickness. If the cause of the disease and the pathophysiology of the disease has been clearly explained to the clients the attitude to seek help will be different compared to those who don't know about the disease. In the same way if guardians of sick children are not told why their child is having difficulties in breathing and why the need for oxygen therapy they can not accept oxygen administration in addition if these guardians are not told when oxygen therapy is required for example if the child is having increased respirations they will not be able to know when oxygen therapy needed.

2.2.2 BELIEFS

Believes also play a great part in influencing health seeking behavior among people. Believes that people hold towards a disease will prompt them to seek help or not for example if a disease is seen as a punishment from gods people will not look for help at the hospital but will prefer going to the traditional healer. In the case of oxygen therapy, if these mothers have a belief that oxygen therapy kills they will not accept commencement of oxygen therapy on the child.

2.2.3 MOTIVATION

An individual is motivated to seek help if he or she sees that people are getting better after help, if she or he is encouraged by other people to seek for help. If mothers of the sick children have experienced other people dying on oxygen therapy they can not change there attitude towards oxygen therapy but if they are encouraged they can be motivated hence accept oxygen therapy.

2.2.4 INDIVIDUAL PERCEPTION

The way a person perceives the disease also affects the health seeking behavior. If an individual perceives the disease as something normal the client want look for help but if the person perceives the disease as a threat to his life help will be sought. This concept influences a person to carry out a health related behavior. In this case, if the care takers see that the child is breathing with difficulties but it does not bring discomfort to them they will not look for the nurse to administer oxygen therapy. On the contrary, if the child's breathing pattern is bringing discomfort to them they will look for help.

2.2.5 APPLICATION OF THE MODEL TO THE STUDY

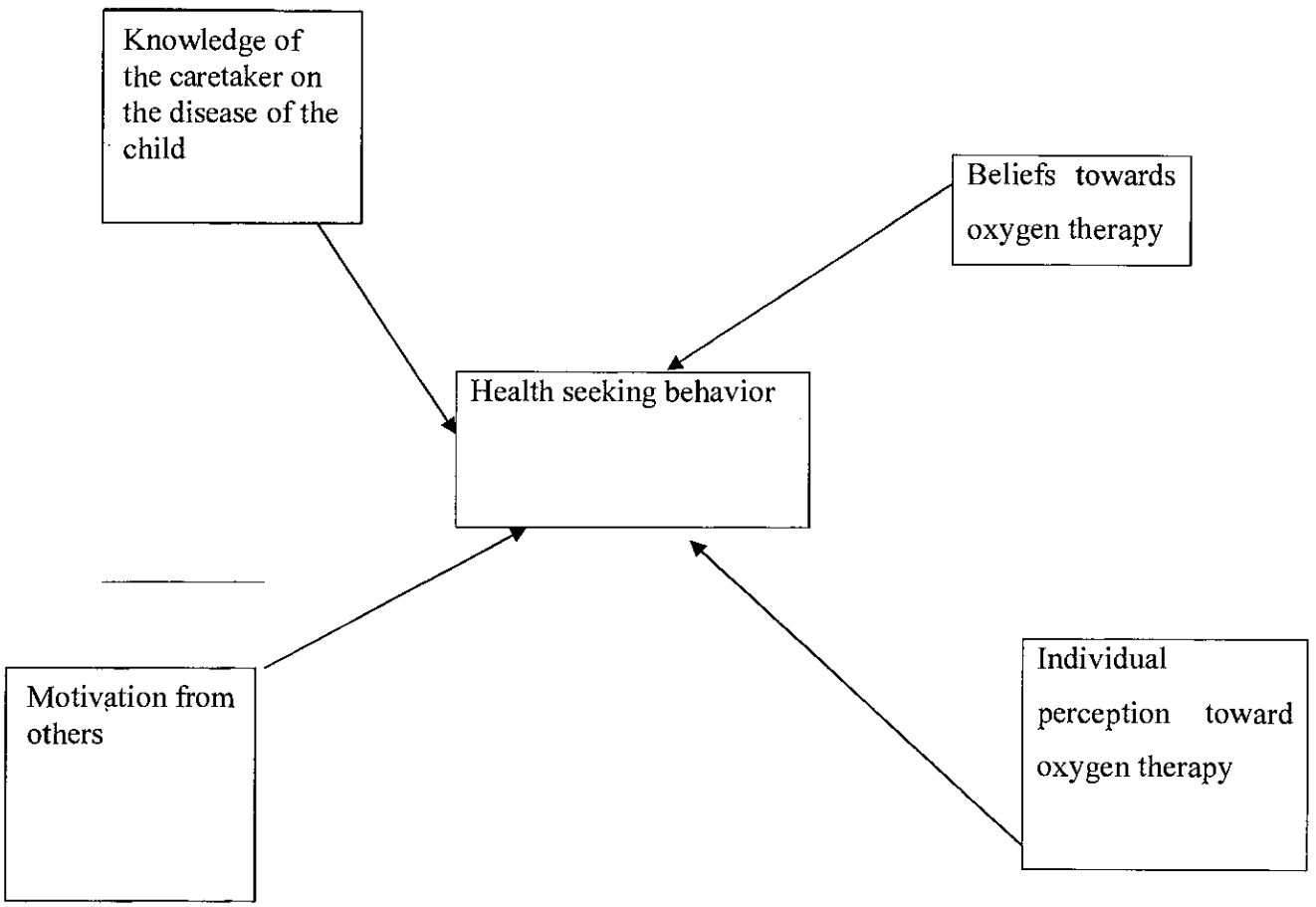
The application of the health seeking to the study is based on the concepts of the model. These are knowledge, believes, motivation and individuals perception.

Unless an individual has knowledge on the disease condition it is when they can make decisions to take action regarding there health. Thus if the mothers of the sick children have knowledge on the disease of the child and reasons of administering oxygen therapy they will have knowledge hence accept oxygen therapy. The knowledge gained will also

help these women to motivate others to accept oxygen therapy when their child experiences shortness of breath.

People have different believes but this believes can only be changed when adequate knowledge is being given pertaining to the condition. Mothers have different believes towards oxygen therapy, this believes can be displaced when adequate information is given to them concerning oxygen therapy. Individual's perception to the disease is also an issue which influences mother's behavior in seeking help. Mothers must be taught that if a child is breathing faster than normal they should report because it is a threat, this will make the mothers feel uncomfortable when such observations are made hence need for oxygen administration.

2.2.6 HEALTH SEEKING BEHAVIOUR MODEL IN A DIAGRAM FORM



CHAPTER THREE: METHODOLOGY

3.0 INTRODUCTION.

. In this chapter methodology that was used for obtaining, organizing and analyzing will be described that is the study design, study setting, population sampling method and sample size, data collection methods and how data was analyzed.

3.1 DESIGN

Quantitative descriptive study design was used to collect data.

Burns and Grooves (2007:24) define quantitative research as a formal, objective, rigorous, systematic process for generating information about the word. The design describes new situations, events or concepts in the world.

The research design was done to maximize the amount of control that the investigator had over the research situation and variables.

Descriptive research provides an accurate account of characteristics of particular individuals, situations or groups through this method researcher discover new meaning, describe what exists, determine the frequency with which something occurs and categorize information. This research design was chosen because of its high- level precision, accuracy and objectivity through measures of central tendency which was used in data analysis. The design was also used because it searches for accurate information about the characteristics of particular group and this study was aimed at exploring the knowledge, attitude and perception of mothers on oxygen therapy hence the method was useful as it explored more why mothers are reluctant to accept oxygen therapy. The design was used because the investigator did not conduct in-depth interviews of participants but rather questionnaires were formulate which provided answers and the findings have been presented using statistics, tables and graphs

3.2 SETTING

This is a physical location in which data collection takes place.

The study was conducted at Kamuzu Central Hospital in children's ward section A where critically ill children are admitted. Kamuzu Central Hospital is found in the

capital city of Malawi, Lilongwe. The hospital acts as a referral centre for many conditions from different districts in the Northern and central region.

3.3 POPULATION

Population is a set of individuals or clients who meet the sampling criteria for inclusion in the study. (Burns, 2007:347).

In this study the target populations were mothers taking care of sick children at the children's ward section A. Women were the target population because they were the ones who were guardians of these sick children and were mostly found at the bed side of the patient hence collection of data was simple as participants were available

.

3.4 SAMPLING METHOD

Sampling refers to the process of selecting a portion of the population to represent the entire population. A sample then consists of a subset of the entities that make up the population (Polit 1997:224).

In this study simple random sampling was used. In this method each element in the population has an equal independent chance of being selected. Mothers who had children on oxygen therapy were selected randomly this was done to eliminate any bias and have a convenient sample to work with

3.5 SAMPLE SIZE

This is the number of subjects in a sample. A sample size is obtained in order to represent the population .A sample of 30 mothers were chosen. The large sample size was chosen in order to represent the entire population and larger sample size tend to prevent sampling error than smaller sample size.

3.6 DATA COLLECTION

This is the gathering of information needed to address a research problem. It is a precise and systematic gathering of information relevant to the research purpose (Burns, 1997:52).

Data was collected through the use of questionnaires (see appendix A) which comprised of close ended questions because they are easy to analyze, less costly and require less time and energy to administer .Questions were formulated according to

the objectives of the study. The questionnaire comprised of five sections. The first section was on demographic data, the second section contained questions on knowledge of mothers on oxygen therapy, the third section contained questions on attitude of caretakers on oxygen therapy, the fourth part composed of questions on beliefs on oxygen therapy and the last section had questions on nurse practice on oxygen therapy. Thirty interviews were conducted to 30 participants each participants took 15 minutes to answer the questionnaire. The questionnaires were in Chichewa as most of the people understand Chichewa language.

In order to collect data at the setting permission was sought by writing letters to the director of the hospital (see Appendix B). Consent was also obtained from participants before data was collected (see appendix c)

In order to test the practicability of the tool, pre-testing was conducted before the actual collection of data. Pre-testing is useful because it helps to make any recommendations of the research design. Five questionnaires were administered so that corrections should be made were appropriate before data collection. After the pilot study was conducted, no changes were made as all the questions were understood by the participants.

3.7 DATA ANALYSIS

After the data was collected it was transcribed and it was analyzed manually using descriptive statistical technique. This type of analysis reduces data to manageable proportions by summarizing them, and they also describe various characteristics of the data under study and gives meaning to the data. (Wood, 1994).

During data analysis each question was analyzed using percentages and frequencies. Graphs, pies and tables have been drawn to display the findings. Graphs and pies were drawn using Microsoft excel and pasted on Microsoft word.

3.8 ETHICAL CONSIDERATION

To make sure that participants are protected a research proposal was presented to Kamuzu College of Nursing research and Publication Committee for review. This was done to check if participants were not exposed to physical, psychological, or social injury as a result of participating in the study. An approval letter was

provided by the KCN research and publication committee to go a head with the study (Appendix H).

The researcher requested permission to conduct a study at the hospital from the director of Kamuzu Central Hospital, the Matron of the pediatric department, Ward in –charge of the pediatric ward section A and this was done by writing letters seeking permission to conduct the study (Appendix E). An approval letter was given to the researcher to conduct the study at the hospital by the director. (Appendix F).

A description of any benefits to the participants or to others which would arise from the research was given. In order to demonstrate their interest to be involved in the study participants signed a consent form (see appendix B). Participants were allowed to change their decision in the process of data collection and assured them than no penalties will be given if they with draw from the study. Anonymity was maintained as no name was written on the questionnaire, this was done to assure the participants that confidentiality is maintained and should not be afraid to participate. Interviews were conducted in a room which contained the participant and the researcher only. This was done to ensure privacy and confidentiality.

After the data was analyzed the information was cleaned by keeping the questionnaires in a sealed envelopment and only accessible to the researcher and the supervisor

3.9 DISSEMINATION OF RESULTS

The research findings will be disseminated to the Kamuzu College of Nursing library and at Kamuzu Central hospital.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0 INTRODUCTION

The chapter describes how data was analysed after collection. The results are presented according to

- The demographic data
- Knowledge of caretakers on oxygen therapy
- Attitudes of caretakers on oxygen therapy
- Beliefs on oxygen therapy
- Nurses practice on oxygen therapy

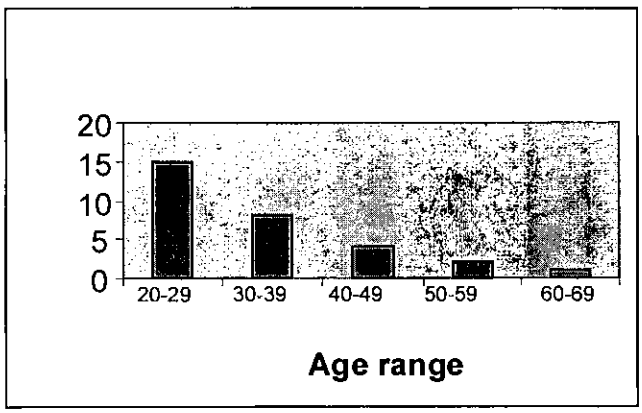
4.1 DEMOGRAPHIC DATA

4.1.1 Age of the participants

The age of the participants ranged from 20- 69 years. 30% (n=9)were in the age group of 20 to 29, in the age group of 30- 39 participants were 8(n=8) presenting 26.7%, 13.3%(n=4)in the age group of 40- 49, 6.7% (n=2) in the age group of 50-59 and lastly in the age group of 60-69 years 3.3% (n=1). The age range shows that most of the participants are in reproductive group and take care of children; therefore knowledge on oxygen therapy should be impacted on them for further use.

Figure 2 depicts the age distribution

Figure 2: Age of participants

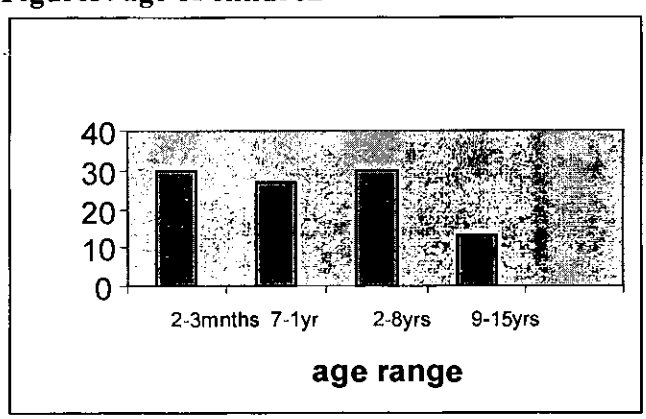


4.1.2 Age of the children

The results show that many children age ranged f rom1 month to 15 years.

The findings showed that 30% (n=9) were in the age group of 2 months to 6 months, 30 % (n=9) from 2 years to 8 years, 26 %(n=8) were aged between 7 months to 8 years and lastly children with 9 -15 years presented with 13.3% (n=14). Figure 3 below shows the details.

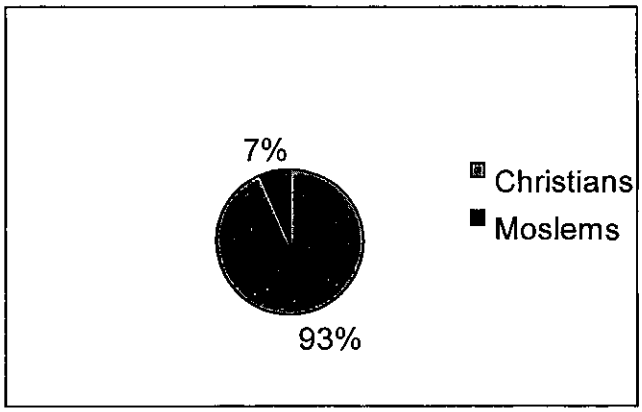
Figure3: age of children



5.1.3 Religion

Religion plays a great role in instilling people with different believes pertaining to health, diseases and treatment. Christians and Moslems have different views on supernatural things which can alter ones perception on treatment of illnesses.
The results revealed the majority of the participants were Christians representing 93% (n=28) while the rest were Moslems 6.7% (n=2). Figure 4 shows the findings.

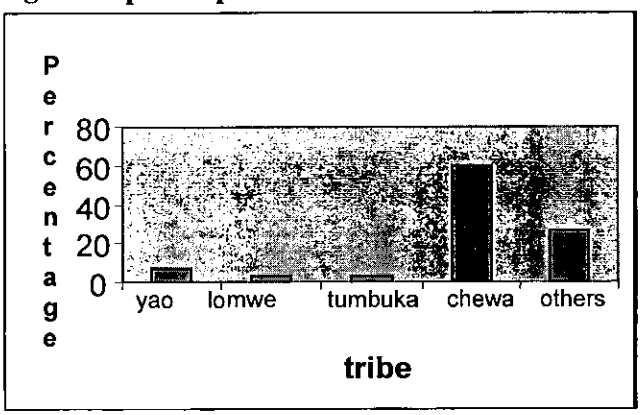
Figure 4: religion of the participants



5.1.4 Tribe of participants

The results showed that the most participants are chewa by tribe 60% (n=18) this might be because the hospital is in the central region hence the great percentage, 6.7% (n=2) are Yao ,3.3% (n=1) are lomwe ,3.3(n=1) are Tumbuka tribe, and lastly 26.7%(n=8) are other tribes in Malawi. This reflects the diversity of culture for the Malawian people. Figure 5 shows the results

Figure 5: participants tribe

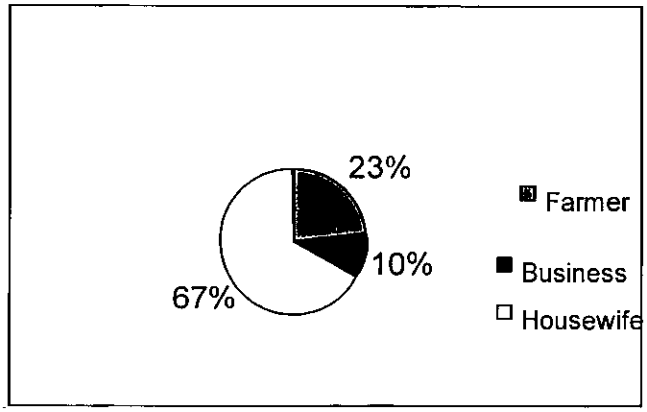


5.1.5 Occupation of the participants

The results showed that the majority 66.7% (n=20) of the participants were housewives. This shows that mothers are most of the times found at home and take care of the

children., 23.3% (n=7) were farmers and 10% (n=3) were doing business. Figure 6 shows the results.

Figure 6: participant's occupation



5.1.6 Educational level

The study revealed majority 63.3 %(n=19) attended primary school education as it is cheap ,30% (n=9) had attained secondary school education and 6.6% (n=2) had attained tertiary education. This can reflect the level of reasoning and thinking that mothers can have regarding their children's health. Table 1 shows the results.

Table 1: educational level of participants

Education level	frequency	percentage
primary	19	63.3%
Secondary school	9	30%
Tertially	2	6.7%

5.3 KNOWLEDGE OF PARTICIPANTS ON OXYGEN THERAPY

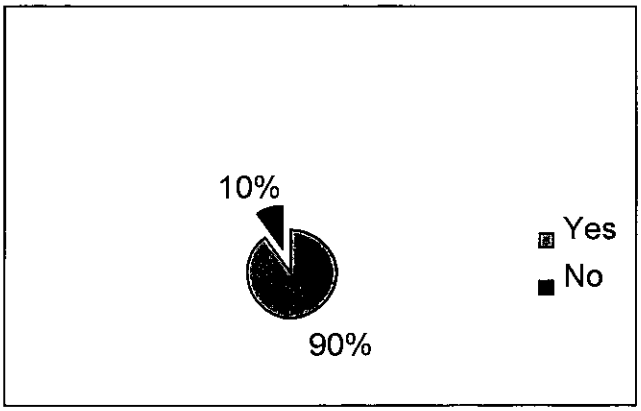
5.3.1 Question. Have you ever heard about oxygen therapy?

Participants were asked if they had heard of oxygen therapy before the admission into the hospital. This was done to know the percentage of people who had the knowledge on oxygen therapy.

90% (n=27) indicated that they have heard of oxygen therapy while 10% (n=3) cited had not heard about oxygen therapy. This shows that the participants may have had a patient

on oxygen therapy before or seen someone on supplementary oxygen. Figure 7 display the findings

Figure 7: knowledge of oxygen therapy



5.3.2. Question. where did you learn about oxygen therapy?

The participants were asked about the sources of information about oxygen therapy. This was done to find out what sources influence people to have knowledge and also if the sources are of great valuable to be used to sensitize people on oxygen therapy.

The results indicate that 60% (n=18) of the participants got the information from the health workers at the hospital which is good as health workers give true information, 26.7%(n=8) got the information from friends and13.3% (n=4) got the information from school. Table 2 shows the results,

Table2 sources of information on oxygen therapy

source	frequency	percentage
hospital	18	60%
friends	8	26.7
school	4	13.3%

5.3.3. Question. What makes a person to be on oxygen therapy?

The participants were asked if they know what makes a patient to be commenced on oxygen therapy as this corresponds to the level of education and knowledge level.

The results indicate that the majority 73.3% (n=22) know that it is because the child is failing to breathe, 6.6 %(n=2) said it is because the nurse wants to kill the child and a

percentage of 16.7(n=5) said it is a sign that the child is dying and 3.3 %(n=1) said they don't know. Table 3 shows the results.

Table 3: what makes a person to be on oxygen therapy?

responses	frequency	percentage
Failing to breathe	22	73.3%
Nurse wants to kill the child	2	6.7%
Child is dying	5	16.7%
Do not	1	3.3%

5.3.4. Question. How many days can a person be breathless?

A breathless patient can only be relieved when oxygen therapy is commenced. A person can be breathless for a number of days unless interventions are done. The participants were asked if they knew how many days a patient can be breathless this was done to elicit if the participants know that a person can be breathlessness for a number of days unless interventions are done.

The results revealed that 16.7% (n=5) said its two days. 23.3 %(n=7) of the participants said its seven days and 13.3 %(n=4) said its 20 days, lastly 46.7 %(n=14) said they had no idea of how long a patient can remain breathless. Table 4 shows the results.

Table 4: days a patient can be on oxygen therapy

Number of days	Frequency	percentage
Two	5	16.7%
Five	7	23.3%
Ten	4	13.3%
No idea	9	30%

5.3.5. Question. What makes a person to be breathless?

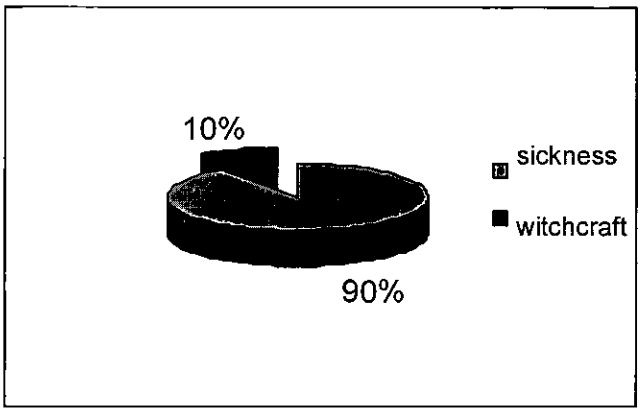
The question was also asked to find out the reasoning level of the participants which reflects the educational level as this affects decision making.

Some cultures perceive source of illness to be associate with the practice of witchcraft which depicts African culture .

The results revealed that 90% (n=27) said it is because the patient is sick and lacks oxygen in the body which is true and 10% (n=3) said it is because the patient has been bewitched.

Figure 8 shows the results.

Figure 8: what makes a patient breathless?



5.3.7. Question. When should mothers be informed about oxygen therapy?

Time influences someone to make a sound decision. When someone has known something for a long time you are sure that he has knowledge and a hasty decision will not be made. Majority of the participants 63.3% (n=19) said they prefer to be told during health education lessons, 16.7% (n=5) when the child has been admitted at the hospital and 20% (n=6) said they should be told when the child has the need to be commenced on oxygen therapy. Table 5 shows the findings.

Table 5: what time are the caretakers to know about oxygen therapy?

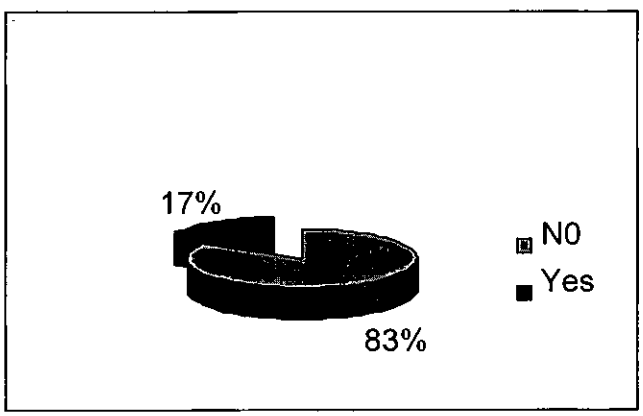
TIME	FREQUENCY	PERCENTAGE
During admission of the child	5	16.7%
When need arise	6	20%
During health education talks	19	63.3%

5.4 ATTITUDE OF CARETAKERS ON OXYGEN THERAPY

5.4.1. Question. Do you know anyone who was on oxygen therapy?

The participants were asked if they knew anyone who had been on oxygen therapy as this also influences one in decision making. Majority 83.3% (n=25) indicate that they knew someone on oxygen therapy while 16.7 % (n=5) said they don't know anyone who was on oxygen therapy. This shows that mothers have some seen someone on oxygen therapy and its either the outcome or clinical picture of someone on oxygen therapy that hinders them to accept oxygen therapy. figure 9 shows the results.

Figure 9: do you know anyone who was on oxygen therapy?



5.4.2. Question. How did you feel?

The participants were also asked how they felt when the saw the patient on oxygen therapy most of the participants 60 % (n=15) said they were afraid while 10 participants representing 40 % said they were worried. Table 6 shows the results.

TABLE 6: how did you feel?

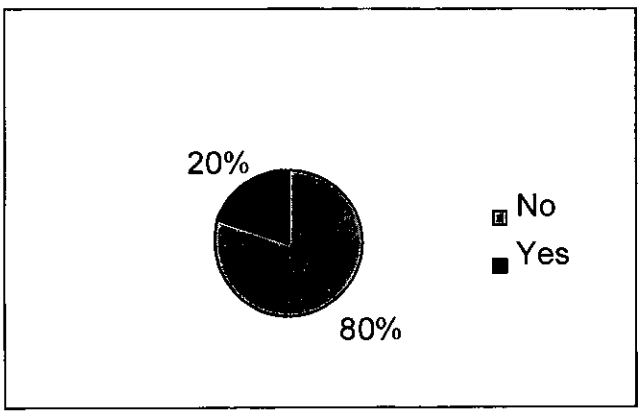
RESPONSES	FREQUENCY	PERCENTAGE
WORRIEED	10	40%
FEARFUL	15	60%

5.4.3 Outcome of therapy

Outcome of a patient after receiving treatment contributes to one resenting the treatment or not.

The results indicates that 25 participants (n=25) said they knew some one who was on oxygen therapy and 20 participants representing 80% said the patients died while 5 participants representing 20 % said the patients are alive figure 10 shows the results.

Figure 10: outcome of therapy



5.4.4. Question. How long has your child been on oxygen therapy?

Participants were asked how long their child has been on oxygen therapy. This was done to find out number of days a patient can be on oxygen therapy.

the and 53.3 % (n=16) said the child has been on oxygen therapy for 3 days, 30 % (n=9) said 1 day, 5 participants representing 16.7 % said for 5 days.

5.4.5. Question. Is your child improving?

The care takers were asked if the child is improving since being commenced on oxygen therapy as this can contribute to mothers accepting oxygen therapy or not.

The findings reveal that 76.7% (n=23) said the child is improving while 23.3 %(n=7) said the child is not improving.

5.4.6. Question. Does oxygen kill?

Participants were asked if they agree to the misconception that oxygen kills and the majority 60% (n=18) said it is not true, 33.3 %(n=10) said yes and 6.7% (n=20) said they don't know if it kills or not. The table 7 below shows the findings.

TABLE 7 does oxygen kill?

RESPONSES	FREQUENCY	PERCENTAGE
Yes	10	33.3%
no	18	60%
Don't no	2	6.7%

5.4.7. Question. How do you feel about oxygen therapy?

How people perceive things also makes them to make a correct decision or not towards treatment.
60% (n=18) said oxygen therapy is good because the child has improved after being commenced on oxygen therapy, 12 participants representing 40% said it kills despite that the child is on oxygen therapy
Table 8 below shows the results.

Table 8 : feelings about oxygen therapy?

responses	frequency	percentage
Oxygen kills	12	40%
Oxygen is good	18	60%

5.5 BELIEFS ON OXYGEN THERAPY

5.5.1. Question. What is the impression of a person being on oxygen therapy?

Caretakers were asked the above question 43.3% (n=13) said they believe that the patient is failing to breathe while 36.6 %(n=11) said it means that the patient is dying and 6 participants (20%) said it means that the patient is very sick.

5.5.2. Question. Do the tubes kill the child?

In children, nasal cannulars are used as a mode of oxygen therapy administration and it has been observed that mothers refuse saying that the nasal cannulars kill. Participants

were asked if the tubes inserted in the Childs nose kill 16 %(n=5) said yes while 80 %(n=25) said no.

5.5 3. Question. What is known about oxygen therapy?

We live in a society were people have different views on something and the views can be good or not. Participants were asked what people say about oxygen therapy as this can also influence one to resist treatment. Table 9 shows the results.

Table 9: what is known about oxygen therapy?

Responses	frequency	percentage
It kills	10	33.3%
Contains gases	12	40%
Suffocates the patient	3	10%
Sucks away the patients oxygen	5	16.7%

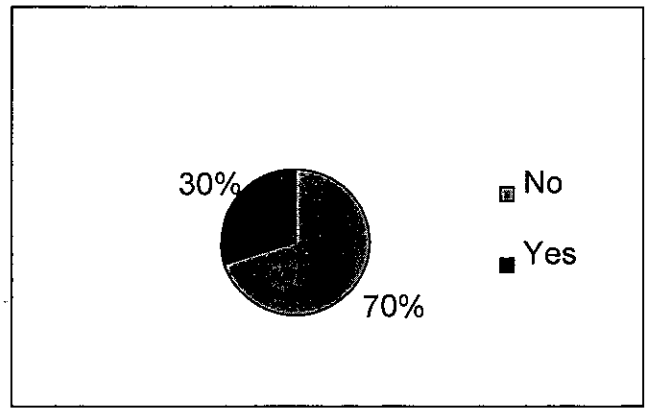
The results in table 9 shows that 33.3% (n=10) have heard that oxygen kills, 12 participants presenting 40% said oxygen contains gases that make the patient die, 10% (n=3) said oxygen makes the patient to suffocate and 16.7% (n=5) said oxygen sucks away the patients oxygen.

5.6 NURSES PRACTICES ON OXYGEN THERAPY

5.6.1. Question. Were you told about oxygen therapy by the nurse?

Despite hearing about oxygen therapy in hospital, the results show that the majority 70% (n=21) were not told why the child need supplemental oxygen while 30% (n=9) were told. figure 11 displays the findings.

Figure 11: were you told about oxygen therapy?



5.6.2.Question. Were the benefits of oxygen therapy told?

The participants were asked if they were told about the benefits of oxygen. If mothers know the benefits of oxygen therapy they will not be reluctant to resist commencement of oxygen on the child.

Findings show that 86.7% (n=26) were not told and 4 participants representing 13.3% were told about the benefits. And the participants said the nurse communicate well without shouting at them. Table 10 shows the findings.

TABLE 10: were the benefits of oxygen explained?

response	Frequency	percentage
yes	9	30%
no	21	70%

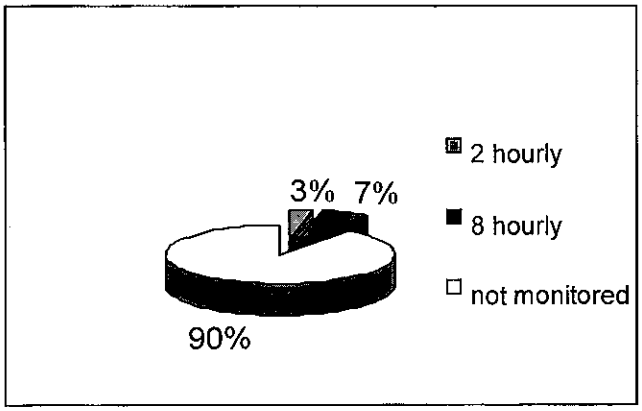
5.6.3. Question. How often was the child monitored?

The question was asked to ascertain if children on oxygen are monitored by the nurses. Monitoring of patients on oxygen therapy helps the nurse to evaluate patient thus to see if the patient is improving or not.

The findings show that the majority of the children 90 %(n=27) were not monitored after being put on oxygen therapy, 6.7% (n=2) were monitored 8 hourly and 1 participant

representing 3.3% said her child was monitored 2 hourly. The figure below displays the results

Figure 12: how often was the child monitored?



5.6.4. Question. Were the following done by the nurse?

The participants were asked if the nurse was cleaning the oxygen catheter, weaning the child from oxygen therapy and applying or cleaning the child's nose. The findings show that 100% (n=30) said the nurse did not do the things that were mentioned. Table 12 shows the findings

Table 12: where the following things done by the nurse?

THINGS TO BE DONE	FREQUENCY	PERCENTAGE
Cleaning oxygen nasal catheter or prones	0	0%
Weaning the child from oxygen therapy	0	0%
Applying or cleaning the nostrils	0	0%
Nothing was done	30	100%

CHAPTER FIVE: DISCUSSION OF THE FINDINGS

5.0 INTRODUCTION

In this chapter, discussion of the findings and interpretation of the major findings from the data will be presented. The discussion is based on demographic data, knowledge, attitude, beliefs and nurse's practice on oxygen therapy. In addition recommendations as well as areas of further research are included.

5.1 DEMOGRAPHIC FACTORS INFLUENCING KNOWLEDGE, ATTIITUDE AND PERCEPTION OF CARETAKERS ON OXYGEN THERAPY

The study revealed that the participants are in child bearing age and can take care of the sick child hence need to educate the mothers on oxygen therapy as they are the ones who take care of the vulnerable children when sick . Education helps to refine reasoning skills and decision making on health and illness. Many participants 63.3% attained education up to primary level despite attaining school up to primary level hence they is need to design health information posters and booklets on oxygen therapy to promote understanding.

Many participants 90% have knowledge on oxygen therapy which is a huge percentage. This high percentage may be due to the fact that people are sensitized on common diseases affecting children and management and oxygen is also included during the health education.

5.2 KNOWLEDGE ON OXYGEN THERAPY

This study has shown that many participants 90% have heard about oxygen therapy and what makes a person to be commenced on oxygen therapy. With regards to the source of information, it was shown that the most common source of information is the hospital 60% followed by information from other people. These findings concurred with Masseta 2002 who did a study in rural Zimbabwe. He found that health workers come out as major source of information It is very encouraging that 60% of the participants heard about oxygen therapy in the clinical area which shows that the people are told about

oxygen therapy despite the fact that 26.7% of the participants have heard about oxygen therapy from other people which can contribute to misconceptions about oxygen therapy.

The caretakers were also able to tell that oxygen is commenced when a patient is lacking oxygen and 53.3% of the participants said the child has greatly improved after being commenced on oxygen therapy. These findings are supported by a study done by Kling and Gie the study aimed at finding out the mortality rate of children who were ventilated due to pneumonia and the results showed that the mortality rate was 11% but the patient died when they were discharged on therapy. This clearly shows that oxygen therapy is effective and patients who are in need of it improve when commenced on oxygen therapy.

The need of oxygen therapy comes in when oxygen circulation level in the blood is reduced. Oxygen levels in the blood can be affected by different pathological conditions affecting the body among them being pneumonia. Many participants 83.3% said oxygen is needed when a patient is sick and lacks oxygen therapy. This is encouraging as many people have knowledge on why oxygen therapy is needed despite this a few participants said a patient is put on oxygen therapy because he has been bewitched which shows that they are misconceptions that are attached to oxygen therapy. A patient can stay many days being breathless if not receiving oxygen therapy and this can lead to death of the patient. This is supported by a study also done by Kling & Gie which indicated that the children who were discharged from the intensive care unit without being commenced oxygen therapy died ,this is because the children did not improve thy were still breathless.

Health education provides knowledge to people. During health education people are able to ask different questions hence misconceptions are dealt with unlike when a person is told something because the need at that time has come for the person to know the information. Participants were asked at what time are they to know about oxygen therapy 63.3% said during health education because they are free to ask questions and the nurse is able to explain well unlike the time when the child is in need of oxygen therapy. These findings are in line with a study done in Nigeria by Oguonu et al which concluded that health education should be provided to people in order to change their knowledge,

attitudes and practices. These results show that health education is a good source of information hence they must be intensified in order to provide true and correct information to the society.

5.3 ATTITUDES OF CARETAKERS ON OXYGEN THERAPY

It has been shown from the study that 83% of the participants had seen someone on oxygen therapy before hospitalization of the child. The majority of the participants 80% said they were afraid to see the patient on oxygen therapy while 20% said they were worried because they knew that the patient is going to die. The results of the study further indicate that 80% of the patient who were reported to have been commenced on oxygen therapy died this could have lead people denying oxygen therapy because of experiencing other people dying on oxygen therapy in fear of their patient dying so outcome of oxygen affects perception of caretakers

. The findings of the study are in line with the study done by Earnest which aimed at describing and explaining the patterns of adherence to supplemental oxygen in patients who use supplemental oxygen. The study concluded that adhering to oxygen therapy is a complex and difficult task with many barriers one of them being fear to the treatment and this can lead to caretakers refusing oxygen therapy, therefore they is a need to help the care takers understand the importance of oxygen therapy and addressing to the fears that they have towards the therapy.

However, encouraging to note that the results show that people do not think that oxygen therapy kills as 60% of the participants said oxygen does not kill this could have been because of change of attitude towards oxygen therapy as most of the participants 76.6% said the child had improved after being commenced on oxygen therapy. With regards to the positive findings a good some of the participants 33.3% said oxygen kills and the child is not improving despite being commenced on oxygen therapy. The percentage of the people having negative attitudes towards is huge hence these people in a society have to be educated of oxygen therapy and misconceptions need to be leveled down.

Nasal prones were used to administer oxygen therapy to the children. Mothers were asked if these tubes suck oxygen from the baby or block children nose. Only 16.6% said the tubes did the mentioned items and most mothers said the nasal prones are good as the y are able to breast the child. The findings of the study relate to the study done by Kumar, M.R et al (1997) aimed at finding the efficancy and acceptability of modes of oxygen

administration in children. The study concluded that the most effective way of administering oxygen therapy in children is by using nasal prones as the child is able to eat and it is a liked method by mothers. In Malawi nasal prones are commonly found due to less cost hence this method be utilized to prevent mothers denying therapy due to other methods such as face masks which can cause stress to the mother because the child is not able to eat as a result the caretakers can deny oxygen therapy.

It is very sad that people have in mind that nurses kill people because the put tubes in the child nose. Though it is a small percentage 6.6% the people must be taught that the nurses do not kill people because this could still lead to resistance to oxygen therapy and lack of trust in nurses which could lead to death of children due to inadequate health history from caretakers which leads to proper diagnosis and management.

5.4 BELIEFS ON OXYGEN THERAPY

Misconceptions or common beliefs may affect acceptance of oxygen therapy among caretakers since they act as barriers. As indicated in the health seeking behavior model beliefs play a great role in influencing health seeking behavior among people. The study has shown that people believe that a person when commenced on oxygen therapy it means that the person is dying. The society also holds to believes that oxygen consists of gasses that kill the patient, it suffocates the patient and it sucks away patients oxygen from the body (table 9 displays the results). Though some beliefs are difficult to change but initiative must be made to make these people to understand the importance of oxygen therapy hence acceptance will be easy.

5.5 NURSES/ HEALTH PRACTIONERS PRACTICE ON OXYGEN THERAPY

Nurses are a good source of information as they have knowledge on health related issues and coordination must be made between caretakers and nurses for good outcome. Weinberg in his study on coordination between formal providers and caregivers he concluded that communication between the two parties plays a vital role a caring of a patient because it ensures good care and helps the care takers to have knowledge on the patient's condition.

The findings of the study show that 70% of the participants were not told that there child needs to be commenced on oxygen, meaning that the child was just taken from the mother and commenced him on oxygen therapy this could lead to mothers not adhering to

oxygen therapy as they can remove the tubes when the nurse is not available. The findings are not related to the study done by Weinberg stated above as a result they is need for coordination between the caretakers and the nurses for good outcome of the patients which may lead to understanding and adherence of oxygen therapy. 30% 0f the participants said they were told about oxygen therapy, but it is surprising that among the participants who said they were told about oxygen therapy(n=9) 100% said 90% said they were not communicated on the benefits of oxygen therapy on their child which could further lead to denial of oxygen therapy. Every one needs to know the perceived benefits of an action before doing the action itself. The health belief model says that an individual will take action only if the action will bring the desired outcome. These benefits could be known if the nurse explains to the care takers about the benefits hence reluctance to accept therapy could be reduced.

As any other treatment oxygen therapy also needs to be monitored to prevent side effects which can be fatal to the recipient's life. Oxygen therapy has shown to cause serious side effects if not monitored among them being; infections due bacterial growth on the tubes due to humidity which can further complicate patient's outcome and carbon dioxide narcosis(increased carbon dioxide in the body which is harmful to patients life) just to mention a few..

Children who are on oxygen therapy are to be monitored frequently as to see if the child is improving, if they is air linkage and also to see if the prones are in place. The findings show that 90% of the children commenced on oxygen therapy are not monitored. It is very sad to note that most of the patients on oxygen therapy have been on therapy for three days but neither have they been monitored. Small et al (1992) did a study on uses and misuses of oxygen therapy. During the study h e noted that nurses pay much attention to administration of drugs rather than to patients on oxygen therapy. Then study concluded that more attention should be put in place to patients who are on oxygen therapy to prevent death caused by oxygen toxicity. Patients on oxygen therapy may die due to toxicity if not monitored hence nurses need to monitor these patients in order to prevent death that can be controlled and to reduce reluctance to oxygen therapy as more patients who will be commenced on oxygen therapy will survive.

5.6 CONCLUSION

The discussion has shown that caretakers have knowledge on oxygen therapy and most participants recommended that oxygen is good. Though the have knowledge it seems like

nurses do not tell these people during administration of oxygen taking it for granted that they already know from what they have heard which is infringing them on there rights to information and also denying them the right to know what is happening to there child which could further lead to caretakers denying oxygen therapy.

It has also been noted that peoples beliefs on oxygen therapy may lead to people denying oxygen therapy hence they is need to impact people on oxygen therapy to reduce the number of death can occur due to denial of oxygen especially in pediatric patients because the most common diseases in pediatric include oxygen therapy as the treatment. From the findings it has been noted that they negligence in nurses and also deprivation of patients and clients rights. Therefore they is need to sensitize the nurses on side effects of oxygen therapy and on importance of respecting patients right.

5.7 RECOMMENDATIONS

The following recommendations are made for operationalization in practice

- People in the society have to be sensitized on oxygen therapy through news papers, radio and during health education at under five clinic, antenatal clinic, family planning and at out patient department.
- The government of Malawi in particular the Ministry of Education should include oxygen therapy in curriculum especially in primary school education as many people do not attain secondary school education.
- The Ministry of Health should design posters on oxygen therapy.
- Children who are on oxygen therapy should be monitored 2 hourly to monitor for progress of the patients.
- Children who are on oxygen therapy should not share the same bad as death of one patient the mother may think her child is also going to die.

5.8 AREAS FOR FURTHER RESEARCH

- ❖ Knowledge and practices of health care providers on oxygen therapy.

CHAPTER SIX: TIME TABLE

ACTIVITY	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Literature review										
Proposal writing										
Submission and clearance of research proposal										
Data collection										
Data entry										
Data analysis										
Report writing										
Submission of dissertation										
Dissemination of findings										

CHAPTER SEVEN:BUDGET

ITEM	COST
STATIONERY	
2 Reams of paper	k 1,600.00
6 ball point pens at k15each	k 90.00
3 pencils at K 10 each	k 30.00
1 eraser at k120 each	k 120.00
4 envelopes at k 15 each	k 60.00
1 flash disk at k 2,500.00	k 2,500.00
1 ruler at k 20 each	k 20.00
	TOTAL K 4,420.00
SECRETARIAL	
Photocopying questionnaires 35 copies	k 1,500.00
Photocopying proposals 3 copies	k 1,000.00
Binding proposals 2 copies	k 400.00
Photocopying dissertation	k 2,000.00
Binding copies of dissertation	k 400.00
Internet services	k 500.00
Trip to collect data	k 1,000.00
Contingency	k 2,000.00
	GRAND TOTAL K13, 220.00

7.0 JUSTIFICATION OF THE BUDGET

The budget gives an overview of resources required to carry out the study. The funds that would cover the items required in order to carry out the study.

- Reams of paper were used for printing and photocopying research questions, proposal and dissertation.
- Pens were be used for writing research information before typing.
- Stamps and envelops were used for sending the letters to the director KCH, the matron and the ward in-charge.
- 1 proposal was needed for the research committee. Three copies of research dissertation were photocopied and binded and were distributed to the supervisor, the faculty and one for the researcher

- Contingency money will be used to top up the budget incase of inflation of the kwacha

CHAPTER EIGHT: REFERENCES

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APPENDIX: A

QUESTIONAIRE CODE ----------

Exploring knowledge, attitudes and perceptions of care takers of children on oxygen therapy in children's HDU at Kamuzu Central Hospital

SECTION A: DEMOGRAPHIC DATA

(1) Age of the patient

i. 2-6 months
ii. 6-12 months
iii. 1-3years
iv. 3-7 years
v. 7years>

(2) How old are you?

i. 20 years( )
ii. 25 years( )
iii. 30 years( )
iv. others specify_____

(3) Religion

i. Moslem
ii. Roman catholic
iii. C.C.A.P
iv. S.D.A
v. Others(specify)

(4) Tribe

i. Yao
ii. Lomwe
iii. Tumbuka
iv. Chewa
v. Others (specify)

(5) Type of occupation

i. House wife

ii. Doing business

iii. Teacher

iv. Farmer

v. Others(specify)

(6) Education Level

i. Primary school(specify standard)

ii. Secondary school

iii. Tertiary education

SECTION B: KNOWLEDGE OF GUARDIANS ON OXYGEN THERAPY

(7) Do you know oxygen therapy?

Yes { }

No { }

(8) Where did you learn about it?

Hospital { }

Friends { }

Others specify_____

(9) What makes a patient to be put on oxygen therapy?

i. Failing to breath { }

ii. Nurses just want to kill the patient { }

iii. Patient is dying { }

(10) Does oxygen therapy help the patient?

Yes { }

No { }

(11) How does oxygen therapy help breathing?

i. It clears the airway

ii. It opens the noses

iii. Others(specify)

(12) How long can a patient be dyspnoec?

i. 2 days( )

ii. 4 days( )

iii. 5 days( )

iv. others specify_____

(13) What makes a patient not to breathe well?

i. Illness

ii. Has been be witched

iii. Lack of oxygen in the body

iv. Others specify_____

(14) Who should decide to have oxygen therapy?

i. The nurse( )

ii. The doctor( )

iii. The guardians( )

iv. Others specify_____

(15) When should mothers be informed of oxygen therapy?

i. During admission( )

ii. When the child requires it( )

iii. At health education talks( )

iv. Others specify_____

SECTION C: ATTITUDES OF CARETAKERS ON OXYGEN THERAPY

(16) Have you ever known someone who was put on oxygen therapy?

Yes { }

No ( )

(17) If yes how did you feel?

i. Worried

ii. Fearful

iii. Normally

iv. Others specify_____

(18) Did the patient survive?

No ( )

Yes ( )

(19) How long has your child been put on oxygen therapy?

i. One day

ii. 2 days

iii. three days

iv. others specify_____

(20) Is the child improving?

Yes ( )

No ( )

(21) Other people say oxygen therapy kills, what do you say

i. it kills

ii. it can not kill

iii. no idea

(22) Do you really believe that oxygen kills

Yes ( )

No ( )

(23) What do you think about oxygen therapy?

i. It kills people( )

ii. The tubes in the nose suck oxygen( )

iii. it blocks patients nose( )

iv. others specify_____

(24) Do you think nurses kill people?

Yes ( )

No ( )

(25) If yes, why?

i. The are rude( )

ii. They just take your child ( )

iii. They insert tubes in the nose of the child( )

iv. Others specify_____

SECTION D: BELIEFS ON OXYGEN THERAPY

(26) What is the impression about a person being on oxygen therapy?

i. Patient is going to die

ii. Patient is very sick

iii. Patient is failing to breath

iv. Nurses just want to kill the patient

v. Others specify_____

(27) Do you think the tubes that are put in the patient nose kill them?

i. Yes( )

ii. No( )

(28) What are the beliefs attached to oxygen therapy?

i. Consists of gasses that kill the patient( )

ii. Makes the patient to suffocate( )

iii. Sucks away patients air( )

iv. Others _____

SECTION E: NURSES/ HEALTH PRACTIONERS PRACTICE ON OXYGEN THERAPY

(29) Did the nurse tell you reasons why your child is to be put on oxygen therapy?

Yes ( )

No ( )

(30) Did she tell you the benefits of oxygen therapy?

Yes ( )

No ( )

(31) How did she tell you?

i. Harshly

ii. Normally

iii. Did not communicate

iv. Others specify_____

(32) How often is the child monitored?

i. one hourly

ii. two hourly

iii. four hourly

iv. others specify

(33) If your child has been put on oxygen therapy for more than 48 hrs were the following things done

i. cleaning of the oxygen catheter or mask if patient has stayed more than 2 days

ii. removing oxygen for some time to see if child has improved

iii. applying Vaseline on the lips or nose

APPENDIX: B

NDONDOMEKO YA MAFUNSO CODE NUMBER----------

Ndondomeko ya mafunso ofuna kudziwa zifukwa zomwe odikilira ana odwala amakanira pweya woonjezera

GAWO LOYAMBA: MBIRI YANU

(1) Dzaka za mwana

i. Miyezi itatu
ii. Miyezi isanu ndi umodzi
iii. Dzaka zitatu
iv. Zina,tchulani_____

(2) Muli ndi zaka zingati?

i. Makumi awiri
ii. Makumi awiri ndi zisanu
iii. Makumi atatu
iv. Zina, tchulani_____

(3) Ndinu a mpingo wanji?

i. Katolika
ii. Silamu
iii. C.C.A.P
iv. S.D.A
v. Zina ,tchulani_____

(4) Mtundu wanu ndiwuti?

i. Yao
ii. Lomwe
iii. Tumbuka
iv. Chewa
v. Zina,tchulani_____

(5) Kogwira ntchito

i. Mlimi
ii. Mpunzitsi
iii. Buzinesi
iv. Zina, tchulani_____

(6) Sukulu munafikanayo pati?

i. Pulayimale
ii. Sekondale
iii. Ya u kachechede

GAWO LA CHIWIRI: KUFUNA KUDZIWA NGATI WODIKILIRA MWANA AKUDZIWA ZA PWEYA WOONJEZERA

(7) Munamvapo za mpheya wowonjezera?

i. Eya( )
ii. Ayi( )

(8) Munamva kuti?

i. Ku chipatala( )
ii. Kwa anthu chabe( )
iii. Kwina,nenani_____

(9) Chimapangisa wodwala kuti a yikidwe mpweya wowonjezera ndi chani?

i. Kukanika kupuma
ii. A nurse amangofuna kupha munthu
iii. Wodwala akumwalira
iv. Zina,nenani_____

(10) Kodi mpweyawu umathandiza?

i. Eya( )
ii. Ayi( )

(11) Kodi mpweyawu umathandiza bwanji?

i. Umatsegula mpuno za odwala
ii. Umaonjezela mpweya wina thupi
iii. Zina,tchulani_____

(12) Kodi wodwala angakhale ma tsiku angati akubanika?

i. Awiri( )
ii. Asanu( )
iii. Makumi awiri( )
iv. Zina, nenani_____

(13) Chimapangisa wodwala kubanika ndi chani?

i. Matenda
ii. Kulozedwa
iii. Kosowekela mpweya mthupi
iv. Zina,nenani_____

(14) Woyenera kupanga ganizo loti wodwala ayikidwe mpweya wowonjezela ndani?

i. A namwino
ii. A dotolo
iii. Woyanganira wodwla
iv. Wodwala

(15) kodi woyanganira wodwala auzidwe thawi zanji zokhuzana ndi mpweya woonjezera?

i. Pamene auzidwa kuti mwana agonesedwa mchipatala
ii. Pamene mpweyawo wafunidwa
iii. Pa maphunziro a zaumoyo
iv. Zina, nenani_____

GAWO LACHITATU: KUFUNA KUDZIWA MAGANIZO A WODIKILIRA ANA ODWALA PA PWEYA WOONJEZERA

(16) Kodi mukuziwapo munthu amene anayikidwapo mpweya wowonjezera?

i. Eya( )

ii. Ayi( )

(17) Ngati eya mumva bwanji mutamuona

i. Wokhumudwa

ii. Wamatha

iii. Palibe

iv. Zina,nenani_____

(18) Kodi wodwalayo anachira?

i. Eya( )

ii. Ayi( )

(19) Mwana wanu wakhala matsiku angati pa mpweya woonjezera

i. Tsiku limodzi

ii. Masiku atatu

iii. Masiku asanu

iv. Ena , nenani_____

(20) Kodi mwana akusintha?

i. Eya( )

ii. Ayi( )

(21) Anthu ena amati mpweya woonjezela umapha, inu mukutipo chani

i. Eya, umapha

ii. Ayi, sumapha

iii. Sindikuziwa

(22) Munenapa chani pa za mpweya woonjezera

i. Umapha anthu

ii. Timachube toikidwa mphuno timaseka mphuno

iii. Zina,nenani_____

(23) Kodi anamwino amapha anthu?

i. Eya( )

ii. Ayi( )

(24) Ngati eya, chifukwa chani?

i. Ali ndi mwano

ii. Amangotenga mwana osakuuzani

iii. Amayika timachubu muphuno

iv. Zina,enani_____

GAWO LACHINAYI: KUFUNA KUDZIWA ZIKHULUPILIRO ZOKHUZANA NDI PWEYA WOONJEZERA

(25) Mukaona munthu atayikidwa pa mpweya woonjezera mumaganiza chani?

i. Wodwala akumwalira

ii. Wodwala wadwalika kwambiri

iii. Wodwala akukanika kupuma

iv. Zina, nenani_____

(26) Kodi timachubu timaikidwa mpuno timapha?

i. Eya( )

ii. Ayi( )

(27) Ndizikhulupiro zanji zomwe anthu amayika zokhuzana ndi mpweya woonjezera?

i. Uli ndi mpweya womwe umapha anthu( )

ii. Umachotsa mpweya wa odwala( )

iii. Umapangitsa odwala kusamwa

iv. Zina, tchulani_____

GAWO LA CHISANU: M"CHITIDWE WA MA NAMWINO PA PWEYA WOONJEZERA

(28) Kodi anamwino anakuuzuni chifukwa chomwe anamuyikira mwana wanu pa mpweya woonjezeła?

i. Eya( )

ii. Ayi( )

(29) Kodi munauzidwa zaubwino wake?

i. Eya( )

ii. Ayi( )

(30) anakuuzani bwanji?

i. Mwaukali

ii. Bwinobwino

iii. Sananene chilichonse

iv. Zina, nenani_____

(31) Kodi mwanayu amaonedwa kangati ndi anamwino?

i. Pakatha maola awiri

ii. Pakatha maola asanu

iii. Pakatha maola asanu ndi atatu

iv. Samaonedwa

(32) Ngati mwana wanu wakhała pa mppweya woonjezera kuposera tsiku limodzi kodi zinthu ziri musimu zinachitidwapo?

i. Kupuputa timachubu

ii. Kupuputa mpuno

iii. Kupaka mafuta pa kamwa kapena pa mpumo

APPENDIX: C

TITLE: EXPLORING CARETAKERS KNOWLEDGE, ATTITUTES AND PERCEPTIONS ON OXYGEN THERAPY

University of Malawi
Kamuzu College of Nursing
P/Bag 1
Lilongwe

Dear participant,

INFORMATION FOR CONSENT

I am a student doing a Bachelor of Science degree in nursing at Kamuzu College of Nursing and am in my final year. In partial fulfillment of the program, I am required to conduct a research study in my area of interest. The topic of my study is to explore the caretaker's knowledge, attitudes and perceptions on oxygen therapy. The results will help the health professionals to come up with an educational tool on oxygen therapy so that people should no deny oxygen when the need arise.

The information to be collected will be confidential as no name will be mentioned and will only be for educational purposes. Participation in this study is voluntary and you are free to withdraw at any time you wish to without any penalties.

Your participation will be greatly appreciated
Yours faithfully

Evelyn Chibwe.

TOPIC: EXPLORING CARETAKERS KNOWLEDGE, ATTITUDES AND PERCEPTIONS ON OXYGEN THERAPY

CONSENT FORM

I have understood all the explanations given concerning participation in this study. I understand that my participation or non- participation will not have any effect on me and my child. I understand that I am free to withdraw from the study and the information given will be confidential.

I understand that I am free to ask questions concerning the study. I therefore give my consent to take part in the study.

....

Signature of participant Date

....

Signature of researcher Date

APPENDIX: D

CONSENT FORM CHICHEWA

CHILOLEZO CHOTENGA NAWO MBALI PA KAFUKUFUKU

Ine ndine Evelyn Chibwe wophunzira wa pa kolegi ya anamwino ya Kamuzu college of Nursing. Panzinthu zofunika pa sukuluyi ndiyenera kupanga kafukufuku. Ndipo mutu wa kafukufuku ndi kufuna kudziwa kuti ndi chifukwa chani odikilira odwala amakana pweya woonjezela kapena nditi oxygen kwa odwala wawo. Kafukufuku ameneyi athandiza kuti anthu adziwe zowona za pweya woonjezera komanso uthandiza kuti chida chophunzitsira cha pweya woonjezera chipanginge choncho chivomerezo chanu kuti mutenge nawo mbali ndi chofunika.

Kalatayi ndiyopempha chilolezo Kwa inuyo kuti mutenge nawo mbali pa kafukufuku ameneyu. Mukavomera mudzayankha mafunso angapo. Chiri chonse chomwe tikambirane chidzakhala cha chinsinsi ndipo sindidzagwiritsa ntchito maina panthawi yokambirana. Ndinu womasuka kusiyira panjira kuyankha mafunsowa ndipo uwu ndi ufulu wanu wachibadwidwe. Ngati mwavomera sainani pamunsipa

Kusainaku kukusonyeza kuti ndavomera kutenga mbali pakafukufuku mosaumilizidwa.

Saini ya wotenga mbali .....Tsiku .....
Saini ya mwini kafukufuku .....Tsiku .....

APPENDIX: E

Kamuzu College of Nursing
P/Bag 1
Lilongwe

The Hospital Director
Kamuzu Central Hospital
P.O. Box 149,
Lilongwe

Dear Sir,

REQUEST TO CONDUCT A STUDY AT KAMUZU CENTRAL HOSPITAL

I am a fourth year student pursing a bachelor of science in Nursing at the above mentioned school. In partial fulfillment for the Bachelors of Science in nursing degree program am expected to conduct a research study hence I write to seek permission to conduct the study. The title of the study is exploring care takers knowledge, attitudes and perception on oxygen therapy. This study shall be conducted at children's ward section A.

The results of the study will help to identify the knowledge gap of these care takers, attitudes and perceptions towards oxygen therapy hence proper health education shall be given to them on oxygen therapy.

Participants shall fully consent to take part in the study to promote autonomy and to prevent violation of rights and no harm will be inflicted on them either physically, spiritually and emotionally.

Your considerations will be greatly appreciated

Yours faithfully

Evelyn Chibwe

REF. NO.KCH/O/1.04
TELEPHONE NO.: (265) 1 753 555/754 331
TELE FAX O.: (265) 1 756 380

PLEASE ADDRESS ALL COMMUNICATIONS TO
:
THE HOSPITAL DIRECTOR
E-MAIL: lch@sdnp.org.mw or
lchdir@malawi.net

MINISTRY OF HEALTH
KAMUZU CENTRAL HOSPITAL
P. O. BOX 149
LILONGWE

REF.NO.KCH/C1/28 8th September 2008

Evelyn Chibwe
Kamuzu College of Nursing
Private Bag 1
LILONGWE

Dear Sir,

Re: AUTHORITY TO USE KAMUZU CENTRAL HOSPITAL AS A SITE FOR RESEARCH STUDY

I am pleased to inform you that permission has been granted for you to conduct your research study at Kamuzu Central Hospital entitled:

"Exploring care takers knowledge, attitudes and perception on oxygen therapy".

Kamuzu Central Hospital is also supposed to know the results of the study.

Best wishes.

Yours sincerely,

Dr. H. Juma
HOSPITAL DIRECTOR

APPENDIX :F

Kamuzu College of Nursing
P/Bag 1
Lilongwe

To: The ward in-charge (pediatric ward A)
Kamuzu Central Hospital
P.O Box 149
Lilongwe

Through: The Hospital Director
Kamuzu Central Hospital
P.O. Box 149,
Lilongwe

Dear Madam,

REQUEST TO CONDUCT A STUDY AT KAMUZU CENTRAL HOSPITAL

I am a fourth year student pursing a bachelor of science in Nursing at the above mentioned school. In partial fulfillment for the Bachelors of Science in nursing degree program am expected to conduct a research study hence I write to seek permission to conduct the study. The title of the study is exploring care takers knowledge, attitudes and perception on oxygen therapy. This study shall be conducted at children's ward section A.

The results of the study will help to identify the knowledge gap of these care takers, attitudes and perceptions towards oxygen therapy hence proper health education shall be given to them on oxygen therapy.

Participants shall fully consent to take part in the study to promote autonomy and to prevent violation of rights and no harm will be inflicted on them either physically, spiritually and emotionally.

Your considerations will be greatly appreciated

Yours faithfully

Evelyn Chibwe

APPENDIX: G

Kamuzu College of Nursing
P/Bag 1
Lilongwe

To: The Matron (pediatric ward A)
Kamuzu Central Hospital
P.O Box 149
Lilongwe

Through: The Hospital Director
Kamuzu Central Hospital
P.O Box 149,
Lilongwe

Dear Madam,

REQUEST TO CONDUCT A STUDY AT KAMUZU CENTRAL HOSPITAL

I am a fourth year student pursing a bachelor of science in Nursing at the above mentioned school. In partial fulfillment for the Bachelors of Science in nursing degree program am expected to conduct a research study hence I write to seek permission to conduct the study. The title of the study is exploring care takers knowledge, attitudes and perception on oxygen therapy. This study shall be conducted at children's ward section A.

The results of the study will help to identify the knowledge gap of these care takers, attitudes and perceptions towards oxygen therapy hence proper health education shall be given to them on oxygen therapy.

Participants shall fully consent to take part in the study to promote autonomy and to prevent violation of rights and no harm will be inflicted on them either physically, spiritually and emotionally.

Your considerations will be greatly appreciated

Yours faithfully

Evelyn Chibwe

APPENDIX: H

LETTER SEEKING PERMISSION FROM RESEARCH PUBLICATION COMMITTEE

University of Malawi
Kamuzu College of Nursing
Private Bag 1
Lilongwe

The Research Committee
Kamuzu College of Nursing
Private Bag 1
Lilongwe

Dear Sir,

REQUEST FOR PERMISSION TO CONDUCT A RESEACH PROJECT

I am a student doing a bachelors of science in nursing at the above mentioned institution and am in year four. It is an academic requirement to conduct a research project before obtaining a degree in the programme hence I write to seek permission to do so. My topic of interest is to explore care takers knowledge, attitudes and perceptions on oxygen therapy in section A of pediatric Ward at Kamuzu Central Hospital.

Looking forward to your favorable response

Yours Faithfully
Evelyn Chibwe

University of Malawi
Kamuzu College of Nursing

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: Exploring Knowledge, Attitudes and Perceptions of Caretakers of children on Oxygen therapy in ~~Children~~ HDU at KCH.

INVESTIGATOR(S): Evelyn Chibwe

YEAR OF STUDY: ~~MC II~~ 4 Generic

REVIEW DATE: 7th August 2008

DECISION OF THE COMMITTEE: Approved: See specific comments in the document

SIGNATURE:.....**DATE**.....
DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: Mrs. E. Chilenda

DECLARATION OF INVESTIGATOR(S)

I/We fully understand the conditions under which I am/we are authorized to carry out the above mentioned research and I/We guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/We will resubmit the proposal to the committee.

DATE.....**SIGNATURRE(S)**.....