To Assess The Dietary Pattern and Nutritional Status of Nurses

Abstract

As indicated earlier, at the initial stages used to be considered a mental job and people had an aversion for persons engaged in the profession nurses had to do intensive physical work right from the beginning of the training period till the very end of their professional career. The intensity of work was all the more high during the early period when the number of employees and nursing staff were very small. The roots of the aversion to the nursing profession may be traced to the socio-cultural mile of the period, shaped by a rigid caste system even the decline of the system could not erase the attitudes completely from the minds of the people. The advent of modernity could not make much difference in the cartelist mentality of the people either, because modernity in Kerala it self was not completely an exogenous idea but a fusion between indigenous culture and western ideas.

Seema Kanaujia

Lecturer,
Deptt. of Home Science,
Mahila Mahavidyalaya,
Kidwai Nagar, Kanpur

Introduction

A nurse is a person who is trained to give (help) to people who are sick or injured. Nurse work doctors and others health care workers to make patients well and to keep them healthy. Nurses is practice in a wide diversity of practice areas with a different scope of practice and level of prescribed authority in each many nurses provide care with in the ordering scope of physicians and this traditional role has come to shape the historic public image of nurses as care providers. However, nurses are permitted by most jurisdictions to practice independently in a variety of settings depending on training level.

As per Indian Council of Council of Medical Research (ICMR) nurses are Moderate workers.

1. Assist the doctors in Outdoor Patient Department (OPD) AND Indoor Patient Department (IPD).
2. Councils the patient's medical and nutrition requirement.

Nurses develop a plan of care, working collaboratively with physicians, therapists, the patient. The patient's family and other team members that focus on treating illness to improve quality of life. In the U.S. land increasingly the United Kingdom advanced practice nurses, such as clinical nurse specialist and nurse practitioners, diagnose health problems and prescribe medications and other therapies, depending on individual state regulations. Nurses may help coordinate that patient care performed by other members of a health care team such as therapists. Medical provide care both interdependently for example with physicians, and independently as nursing professionals.

State-Level Nursing Councils

There are many registered state level nursing councils. They are granted autonomous rights by the nursing council. But after graduation, what really? Confronts them is lack of opportunity in government run hospitals. Despite shortage of nurses and other staff in government run hospitals, the government deliberately follow a totally unscientific method of recruitment which keep the majority of aspirants from getting a post in the government services and at the same time recruits nurses on a contract labour at extremely low wages to fill some of the gaps.

Pinki Tiwari

Research Scholar,
Deptt. of Home Science,
North East Frontier Technical
University, Aalo, West Saing,
Arunachal Pradesh

Low, even the most experienced ones only get paid about Rs. 8000. In the private sector, the nurses are confronted with extremely low paying jobs (between Rs. 3000-Rs. 4000 a month) as against the labour standard of around Rs. 6000 (which is also pathetically 9000. Many have to sign a 2-3 year bounded contract that inevitably binds the nurses to the hospital and breaking the contract often entails shelling out Rs. 50000-Rs. 100000 for obtaining their release. Otherwise, all their certificates are held by the hospital management.

Unfortunately, policy measures initiated by the government to improve the status of nursing have not really been implemented. These measure, in any case, are invariably seen with in the broader objective of widening the institutional health care system in India.

In the absence of government intervention individual nurses have developed their own strategy to get a better deal. This chiefly entails migrating to greener pastures and that could be any where in the world, especially to developed countries that offer better pay and avenues for professional development.

According to a 2010 World Health Organization report, job insecurity for contractual staff, low pay and lack of a conducive work environment are just some of the key unresolved issued related to nurse retention in India? Give the burgeoning population and the ever.

Objective of the Study

1. To assess the nutritional status of nurses.
2. To study the dietary pattern of nurses.

Review of Literature

Smith *et al.* (1993) assessed the impact of factors related to hospitals implementation of health curricula by North California nurses.

Mullen and Shield (1994) said that the purpose of this document is to provide unique guidance for those responsible for training and development of nurses on the inclusion of information on food and nutrition.

Mullen and Shield (1994) said that the purpose of this document is to provide unique guidance for those responsible for training and development of nurses on the inclusion of information on food and nutrition. It complements the range of food and nutrition information which has been produced for use by nurses and will help to ensure that nurses have the knowledge and ability to use those recourses competently.

Tara (1996) reported about the nutrition health problems of the deprived nurses included raw hunger safe water, intentional warms and infections Malaria etc., impediments to active learning were impaired cognition and physical work capacity.

Garryw *et al.* (1998) found that the integrate nutrition project is an ongoing comprehensive program focused on increasing consumption of whole grains, fruits and vegetables to nurses and establishing nutrition education in hospitals through local partnerships.

Bonike and Duton (2003) reported that nutrition education on nurses is effective at increasing knowledge and awareness of the line between diet and health.

Anonymous (2008) reported that diet of not a single nurses in different states in India can be fully satisfactory. The diet of nurses was generally grossly deficient in calcium, Vitamin A, Vitamin C. International Council Nurses, Royal College, of Nursing, U.K.

Celebuski and Elizabeth (2000) presented findings from the survey, Nutrition Education in U.S. The survey which followed a federal initiative to improve the quality and quality of nutrition education of nurses.

Marrio and Powers (2010) has given recommendations from the Americans Dietetic Association's nutrition practice guidelines for type 1 and type 2 diabetes in nurses. The research literature was reviewed to answer nutrition practice therapy factors reviewed are carbohydrate, protein in take cardiovascular disease and weight management regular physical activity and use of self monitored blood glucose data. The evidence is strong that medical nutrition therapy in the management of diabetes.

As per my knowledge the latest reviews has been found till 2010. We have try out best but unable to find the data after 2010-2018.

Methodology

Research methodology is the plan, structure and strategy of the investigation so as to obtain answer to research question and control variance plan in the overall scheme.

Location of The Study (Study Area)

The investigation was made on assessment of nutritional status of the nurses, therefore the study was carried out in different hospitals of the Kanpur City from required segments.

Government Hospital: 50 samples were selected
(a) Lala Lajpat Rai Hospital (Hallet) - 10 samples
(b) LPS Cardiology Institute - 10 samples
(c) J.K. Cancer Institute -10 samples
(d) Murari Lal Hospital - 10 samples
(e) Chacha Nehru Hospital - 10 samples

Private Hospital

50 samples were selected from different nursing homes or private hospital as 5 samples from each hospital.
(a) Regency Hospitals - 5 samples
(b) LPS Cardiology Institute - 5 samples

Clinical Assessment

Clinical assessment consists of routine medical history and physical examination to detect physical sign and symptoms (Gibson, 1990). The physical changes as defined by (Jellife, 1996) examine those changes, believed to be related to inadequate nutrition, that can be seen or felt in superficial epithelial tissue the skin, hair, eyes and lips or in organs near the surface of the body.

Sample Selection

The samples were selected by random sampling method for the study.

Sample Size

100 samples were selected on the following segment.

1. 50 nurses selected from Government Hospitals (group list).
2. 50 nurses selected from the Private Hospital (group second).

Location of the Study (Study Area)

The investigation was made on assessment of nutritional status of the nurses, therefore the study was carried out in different hospitals of the Kanpur City from required segments (Government and Private). The area of the study was selected in following locations or hospitals.

Data Collection

In order to accomplish the objectives of the study, an appropriate "Research Procedure" and suitable "tools" were used and distinctively discussed under the following manner:

Result and Discussion

General Information

The informations about age, education family income, family type etc. of respondents were obtained by questionnaire and interview schedule through an approved performa attached in appendix.

Table 2.1: Mean Height (cm) of the respondents according to age group

S. No.	Age Group	Respondent of Govt. Hospitals		Respondent of Private Hospitals	
		N	Mean height (cm)	N	Mean height (cm)
1.	25-35	25	146	30	142
2.	35-45	20	152	15	152
3.	45-55	05	135	05	138
	Total	50	100%	50	100%
	r	1.00		1.00	

Table 2.1 shows that the mean height of the respondents according to age group. The mean height was found 146 cm and 142 cm respectively in 25-35 years of age group. The mean height of 35-45 years age group was found 152 cm in both study groups, while the mean height of the respondents of 45-55 years age group was found 35-138 cm in both study groups respectively.
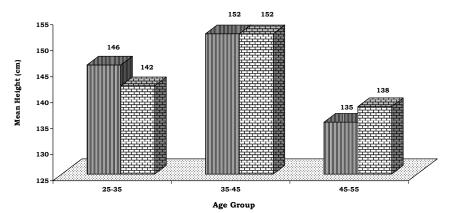

Figure 2.1 : Mean Height (cm) of the respondents according to age group.

Table 2.3 : Mean BMI of the respondents according to age group.

S. No.	Age Group	Respondent of Govt. Hospitals		Respondent of Private Hospitals	
		N	Mean BMI (kg/m^2)	N	Mean BMI (kg/m^2)
1.	25-35	25	20.37	30	19.28
2.	35-45	20	22.42	15	21.22
3.	45-55	05	25.16	05	24.16
	Total	50		50	
	r	0.99		-1	

Table 2.3 shows that the mean BMI was found 20.37 kg/m^2 and 19.28 kg/m^2 respectively in 25-35 years of age group.

The mean BMI was found 25.16 kg/m^2 in respondents of first category and 24.16 kg/m^2 in respondent of second category in 45-55 years of age groups. The correlation coefficient value of BMI for first category in 0.99, where -1 for second category, both are significant and revealed that respondents from government sector (first category) had better BMI range than the respondents of private hospitals (second category) it is also clear from this data that the mean BMI range increase with increasing age.
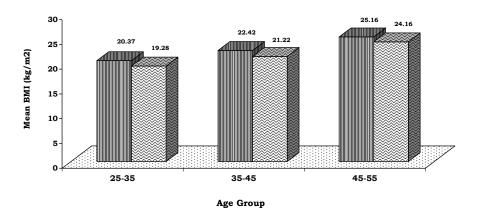
Figure 2.3 : Mean BMI of the respondents according to age group.

Table 3.2 : Distribution of respondents on the basis of general appearance.

S. No.	General appearance	Frequency		Percentage	
		Govt. Hospital	Private Hospital	Govt. Hospital	Private Hospital
1.	Healthy	38	42	76	84
2.	Unwell	10	07	20	14
3.	Ill	02	01	04	02
	Total	**50**	**50**	**100**	**100**

Table 3.2 the distribution of respondents on basis of general appearance shows that in govt. hospitals maximum 76% respondents were found to be healthy, 20% respondent were unwell and 4% respondents were ill. In private hospital maximum 84% respondents were found to be healthy, 14% respondents were found to be unwell and 2% respondents were ill.
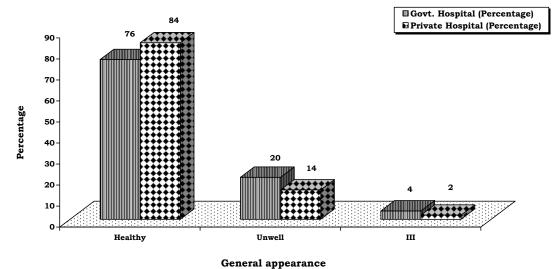

Figure 3.2 : Distribution of respondents on the basis of general appearance.

Summary & Conclusion

1. Most of the respondents from both categories are highly qualified.
2. Most of the respondents from government hospital belonged to high socio-economic status and remaining belonged to middle class where as respondents of private hospitals belonged to medium socio-economic status due to their salary structure.
3. The physical and clinical condition of the respondents was normal in both government and private hospitals nurses on the basis of nutritional status.

Nurses (respondents) from government hospitals had slightly positive health status than second category.

Remarking An Analisation

Suggestions

1. The International Council of Nurses suggested higher authorities of hospital to strongly condemns all from of abuse and violence against nursing personnel, raging, passive aggression to homicide and including sexual harassment.
2. The authorities must provide the facility of indemnity to the nurses and their family.

References

1. *Mullen, M.C. and Shield J. (1994). Department of health nutrition care nurses for Nutrition in the Education of health professionals, London. Department of Health.*
2. *Tara (1996)*
3. *Inayama, T. Kashiwazaki, H. and Salcamotom (1998). Nippon Dashu Eiseizasshi, Tokyo. Dietitian Academy, 45 (1), 111-26.*
4. *Basu Saul (2000). Dimensions of Nurses in India. Population perspective and issue, 23 (2) : 61-70.*
5. *Bonika and Dotun (2003).*
6. *Marrio and Powers (2010).*