A Descriptive Study to Assess the Knowledge Regarding Proper Body Mechanic Techniques Among Staff Nurses at Selected Hospitals of Jodhpur with A View to Develop Self-Instructional Module

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Abstract: - Nursing is a health care practitioner that focuses on comprehensive care of individuals, families and communities to find, maintain and attain optimal health and wellbeing. The purpose of being a nurse is to treat the sick, so it is surprising that nursing as a profession recognizes some of the highest rates of musculo-skeletal injury. Muscle bone damage can interfere with a nurse's work. There are many nurses who like direct patient care but are forced to leave nursing or leave the nursing practice they enjoy because of injury. Many injuries can be avoided by the competent use of appropriate physical equipment when physically engaged.

Material and Methods - Quantitative and qualitative descriptive survey research was used. 60% of hospital staff nurses were selected by sample selection method. Data collection of structured questionnaires was analyzed and analyzed using descriptive and univariate statistics.

Result - The total amount of information regarding the correct body mechanic is not as good as the $11.02 \pm 4.96\%$ of information and represents 36.72%. The finding is significant between the professional level of staff nurses in terms of body machine accuracy and age variability in age (7.178).

Conclusion - The number of staff nurses' knowledge depending on the various factors of the correct bodybuilder is poor in all aspects of the correct body mechanic.

Key Words:— *Knowledge, Staff Nurse, Physical Therapist, Sim.*

I. INTRODUCTION

In the modern world, muscular disorders are one of the major health problems associated with the work environment. Tightening the workforce, rising demands on workers add additional pressure and pressure on people. Low back pain (LBP) is one of the most commonly associated work-related injuries. Workers are exposed to poor performance, lifting techniques, heavy weight and repetitive tasks.

Nursing is a risky activity that leads to the development of back pain and related deficiencies. LBP attacks will change between different countries because nurses use different muscle groups in each of the nurses' workouts that require a lot of motion and dynamic movements that influence body movement. When this power is abused, the nurse's efficiency decreases. The concept of "mechanics of the body" was introduced by Warright (1945), a physician, in an article in the American Journal of Nursing. The purpose of the gym equipment was to provide a plan to protect nurses and patients while nurses retaliated against patients by changing their weight in certain ways considered to protect the back.

The body mechanic is the combined use of body parts to produce movement and maintain balance. The use of good body mechanics promotes efficient use of tissue and conserves energy. With the knowledge of the proper use of their muscles, medical staff can teach patients how to use their own. The combination of good posture and physical activity helps the medical staff and patients. Physical mechanics can be good and not bad and can have direct effects on back pain. Good body mechanics will help repair and prevent future back problems, while bad body mechanics contribute to back problems and other muscle and bone problems. The responsibilities of health care team members need to push, pull, carry and lift during patient care activities. Prolonged use of these practices leads to muscular damage to patients and nurses. To avoid these problems, proper mechanics of the body should complete the work can cause severe muscle and fatigue issues thereby increasing the risk that the conscience is used to perform physical activity.

Compared to other nursing professionals are among the most vulnerable to muscular disorders. Bureau of Labor Statistics list, registered nurses 6th in the list of high-risk areas for diagnoses and sprains. A study on the impact of cervical injury on American nurses revealed that 52% of nurses complained of back pain, 12% of nurses 'left good' because of back pain, 20% were transferred to a different unit or job and 38% suffered labor. Back pain is sufficient and requires a break from work and 6%, 8% and 11% of registered nurses have even reported changes in neck, shoulder and back problems respectively.

II. MATERIAL AND METHODS

A quantitative description was adopted for the study. The population had shriram hospitals in Jodhpur. A sample of 60 nurses was selected using meaningful samples. The questionnaire of the building was approved by the data collection investigator. The structured information information tool works by experts. Tool reliability is made using Chronbac's alpha formula.

III. RESULTS

Analysis and interpretation of data collected from 60 nurse practitioners at selected Jodhpur hospitals to evaluate information regarding the correct body mechanics. Descriptive and non-descriptive statistics were used for analysis. It was found that that information in relation to the correct body mechanic is not good with the knowledge of 11.02 ± 4.96 and mean 36.72%. However, most variables such as gender, marital status, qualifications, monthly income, clinical experience, work environment, working hours and appointments did not find a high association with the level of knowledge about the appropriate bodybuilder among staff nurses without age.

Table No.1. also indicates that the majority (70%) of the sample had incorrect information, followed by 28.3% had medium information and only a few (1.7%) samples had good information regarding the correct body mechanic.

Table No. 2 shows that the proportion of staff nurses 'knowledge according to the different aspects of proper body mechanics, was higher (40.95%) regarding' Anatomy & Physiology 'with a mean of 2.87 and SD of $\pm$ 1.75, followed by 39.63% with regard to' body mechanics' with 3.57 and SD

of $\pm$ 1.77, 36.67% about 'Adverse impact of body mechanics' with mean 1.83 and SD of $\pm$ 1.26, 31.11% about' standard details' with 0.93 and SD of mean - $\pm$ 0.90, and the lowest (30.28%) in relation to 'Techniques & Transfer Equipment' with a mean of 1.82 and SD of $\pm$ 1.49. The total knowledge score with $\pm$ SD is 11.02 ± 4.96 and mean information is 36.72%.

Table.1. Frequency and percentage distribution of level of Knowledge regarding proper body mechanic

Level of Awareness	Frequency	Percentage
Blind	42	70.0%
Average	17	28.3%
That's fine	1	1.7%

Table.2. Aspects wise mean knowledge score regarding proper body mechanic.

Aspects	Maximum	Mean	±S.D.	Mean %
General information	3	0.93	0.90	31.11%
Anatomy & Physiology	7	2.87	1.75	40.95%
Principles of body mechanics	9	3.57	1.77	39.63%
Techniques & Transfer Equipment	6	1.82	1.49	30.28%
Ill effect of improper body mechanics	5	1.83	1.26	36.67%
Overall knowledge Score	30	11.02	4.96	36.72%

IV. CONCLUSION

After a detailed analysis, this study provides the following conclusion

1. The majority (1.7%) of the samples were knowledgeable about the proper body machinery.
2. A Non-significant correlation between the knowledge of samples with selected socioeconomic

factors such as gender, marital status, qualifications, monthly income, clinical experience, occupation, working hours and appointments was found to be less important and the level of information regarding appropriate physical therapist among staff nurses without age.

3. According to Age of Samples, the oldest knew him better than the oldest.

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