

playing field for disadvantaged groups (Guru, 2009; Rodrigues, 2002).

Ambedkar's rejection of caste-based religious doctrines, such as those found in the Manusmriti, and his embrace of a rational, humanistic Buddhism underscore his commitment to amoral and ethical framework for social justice. As scholars like Gail Omvedt have argued, Ambedkar's transformation from a social reformer to a religious leader was part of his larger goal of creating a just society based on universal human values (Omvedt, 1994). His work continues to inspire contemporary social justice movements and remains a key theoretical and practical resource for those challenging structural inequality and advocating for a more inclusive and equitable society.

Thus, Ambedkar's struggle for social justice, as highlighted by various scholars, was not just a fight against caste oppression but a comprehensive vision of social, economic, and moral reform. His contributions have left an indelible mark on both the Indian Constitution and the broader discourse on social justice, making his legacy central to ongoing efforts to achieve true equality and justice in India.

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STUDY TO ASSESS THE KNOWLEDGE REGARDING PATIENT SAFETY AMONG UNDERGRADUATE NURSING STUDENTS IN SELECTED NURSING COLLEGE, BHOPAL (MP) -

UNDER THE GUIDANCE OF
BLESSY MATHEWS
DAVID V. DARYAPURKAR
BY DEEPA PAWAR, MUSKAN NAGAR,
MANTU KUMAR, NIKHIL TIWARI,
VANDANA BARKARE

ABSTRACT

A study was conducted to assess the knowledge of undergraduate nursing students about patient safety in selected Bhopal colleges. The study aimed to determine the pre-test level of patient safety knowledge, establish a correlation between patient safety knowledge and demographic factors, and compare the levels of patient safety knowledge among groups A and B. The research used an exploratory quantitative research design and involved 60 participants aged 20 to 28 years. The instrument used was a questionnaire and sociodemographic information. The non-probability purposive sampling approach was used to gather data. The results showed that Group A nursing students had an excellent knowledge distribution of 33.3%, average 60.0%, and poor 6.7%, while Group B had a good knowledge distribution of 13.3%, average 36.7%, and bad 50.0%. The chi-squared test revealed a significant difference between patient safety knowledge and demographic characteristics. The study also compared two nursing colleges in terms of patient safety using their demographic factors, revealing a table value of 2.048 and a calculated value of 6.85.

KEYWORDS: Undergraduate, Patient Safety, Demographic, Non-Probability.

INTRODUCTION:

The first goal of every healthcare institution is patient safety. Patient safety is the absence of avoidable harm to a patient while they are receiving medical treatment. For every patient, one of the most important factors is patient safety. Even while hospital accidents cannot be totally avoided, we can create an environment where such injuries may be avoided. There have been several incidents worldwide that have the potential to injure patients when they are being moved or lifted, as well as instances where medical personnel

and their families fail to pay attention. A safety measure is a method by which we may protect the patient from an unintentional fall. Health care professionals often offer treatment for immobile patients who need posture correction, bed movement, or transitions from a bed to a chair or stretcher. The patient must be lifted into and out of bed in order to move or operate. It is necessary for ambulators to understand and use appropriate body mechanics in order to lift or move patients. Safety may be characterized as the lack of exposure to risk and defense against the possibility of harm or loss. The absence of possible or needless harm to the patient as a result of medical treatment is what the World Health Organization defines as patient safety.

OBJECTIVES:

- To assess the pre - test level of knowledge regarding patient safety among undergraduate nursing student.
- To associate between knowledge regarding patient safety and selected demographic variables.
- To compare the level of knowledge regarding patient safety among nursing students of group A & Group B.

REVIEW OF LITERATURE:

Patient safety is a healthcare direction that has emerged due to the development of healthcare systems and the resulting increase in problems related to safe patient care in healthcare facilities. It aims to prevent and reduce the risks, errors, and harm patients experiences during treatment. The core idea behind the discipline of safe patient care is to improve patient care and safe treatment based on falsehood and adverse event studies. Therefore, quality healthcare worldwide must be efficient, safe, and people oriented.

Our review expects to figure out the attributes of opiate occurrences and consequently suggest mediations for opiate stewardship. Our review was directed inside a 442-bed scholarly wellbeing sciences focus in Ontario. We separated anonymized opiate occurrence reports which happened more than a 3-year time span from the More secure Framework. Expressive insights were used to dissect opiate occurrences and their contributory variables 272 opiate episode reports were submitted to More secure inside the review period. Most occurrences (51%) involved hydromorphone and morphine and were fundamentally arranged as Level I (n = 154) and Level II (n = 60). Erroneous opiate dosing (44%), and opiate count disparities (27%) were generally usually detailed with dynamic disappointments being the most regularly announced contributory factors, for example, inability to survey drug orders before opiate organization.

Patient Distinguishing proof Strategies - Approaches, Suggestions, and Findings. The Objective of the re-

to recognize current patient ID methods and approaches utilized overall in the present medical services climate. Techniques: A writing survey of pertinent companion investigated and dim writing distributed from January 2015 to October 2019 was directed to illuminate the paper. The attention was on: 1) patient recognizable proof methods and 2) potentially negative side-effects and consequences of irritating patient ID issues. The writing audit showed six normal patient distinguishing proof strategies executed overall going from one of a kind patient identifiers, algorithmic methodologies, referential matching programming, biometrics, radio recurrence 8 Distinguishing proof gadget (RFID) frameworks and crossover models. The survey uncovered three subjects related with unsettled patient ID: 1) Treatment, care conveyance, and patient security mistakes, 2) cost and asset contemplations, and 3) data sharing and interoperability challenges

Factors related with fringe intravenous cannulation first-time addition progress in the crisis office. We utilized a comfort examining technique because of restricted financing. Australasian Emergency Scale (ATS) 1-5 appraisal score. An objective example size of 1000 patients considered 10% wearing down. Test size gauge was expected to consider clinically significant inferences total of 1201 PIVCs were embedded in 879 patients. The mean age was 60.3 (SD 22) years with somewhat more females (52%). The FTIS rate was 73%, with 128 (15%) requiring a subsequent endeavor and 83 (9%) requiring at least three endeavors. A little rate (3%) had no recorded number of ensuing endeavors. FTIS was connected with the accompanying patient elements: age (for a 1-year expansion in age: OR 0.99, 95% CI 0.983 to 0.998; p=0.0097); and target vein substantialness: (consistently obvious versus never unmistakable: OR 2.20, 95% CI 1.06 to 4.57; p=0.0014).

Objective: The motivation behind this precise writing survey was to distinguish and dissect quantitative examinations using or coordinating artificial intelligence to address and report clinical-level patient security outcomes We zeroed in on quantitative examinations that announced positive, negative, or halfway changes in persistent wellbeing results utilizing 9 artificial intelligence applications, explicitly those in view of AI calculations and normal language handling. Quantitative examinations announcing just artificial intelligence execution yet not its effect on persistent security results were Rejected from additional survey. Perceived wellbeing subcategories were clinical alerts (n= 9; fundamentally founded on choice tree models), clinical reports (n= 21; in light of help vector machine models),

and medication security (n= 23; mostly founded on choice tree models). Examination of these 53 examinations additionally distinguished two fundamental findings: This deliberate audit shows that man-made intelligence empowered choice emotionally supportive networks, when carried out accurately, can help with upgrading patient security by further developing mistake identification.

Systematic Review on Hand Hygiene Knowledge and Compliance in Nursing Students A systematic literature review was conducted on studies published from 2006 to 2016. Databases searched included PubMed, Embase, CINAHL, Proquest, and PsychINFO, using terms such as "handwashing," "hand hygiene," "compliance," "knowledge," "practice," and "nursing students." A total of 19 studies were included, revealing generally low-to- moderate levels of hand hygiene knowledge and compliance among nursing student.

Quantitative methodology with illustrative overview configuration was utilized for the review. Staff Medical attendants accessible during information assortment and ready to partake were incorporated. Purposive testing strategy was utilized to select the members to survey the information. Greater part 89(82.4%) of the members had normal information, 18(16.7%) had great information on counteraction of catheter related urinary parcel contaminations. There was most extreme resistance to the procedural strides while 10 performing pee example assortment, evacuation of urinary catheter and support of urinary catheter. Attendants must know of medical clinic arrangements and rules in doing techniques like urinary catheter addition, assortment of pee examples and support of inhabiting urinary catheter.

RESEARCH METHODOLOGY:

Research approach: Quantitative research approach is adopted.

Research Design: Exploratory research design is adopted.

Research Setting - The study was conducted at selected Nursing colleges of Bhopal MP.

Population - The Population of the Study was all the undergraduate nursing students.

Study Sample – B.Sc. nursing III year under graduate nursing students who are going to internship.

Sample size - Total 60 undergraduate nursing students, 30 from Career College of nursing and 30 from Corporate College of Nursing Bhopal. 3.7 Sampling Criteria.

INCLUSION CRITERIA

- Students are included who were in undergraduate nursing III year.
- Students who are available at the time of data collection.

EXCLUSION CRITERIA

- Students who were sick at the time of data collection.
- Supplementary students were excluded.

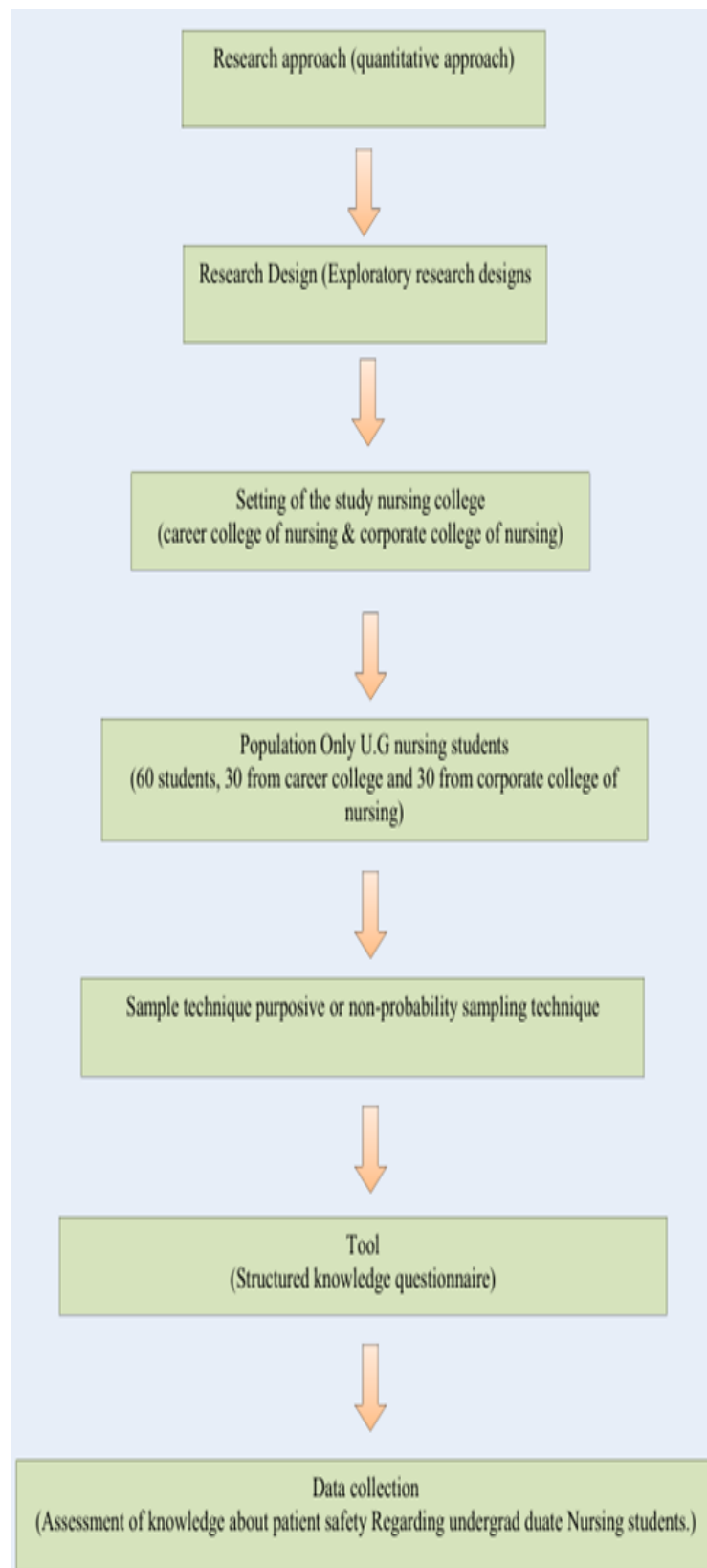


Figure 1: Research Design

DATA ANALYSIS:-

This part deal with analysis and interpretation of data collected from 60 students. To assess the knowledge regarding patient safety and associates selected demographic variables. The data collected from 60 BSC nursing final year students. The analysis and interpretation was based on the data collected through structured, knowledge, questionnaire. Master data sheet was prepared and the data were analysis based on the objective and hypothesis using descriptive and inferential statistics.

The survey primarily consists of participants from the 20-22 age group (50 respondents), followed by a smaller representation from the 23-25 (7 respondents) and 26-28 (3 respondents) age groups. No respondents belong to the 29-35 age group, indicating that the study predominantly targets younger individuals, likely students or early-career professionals. In terms of gender distribution, the majority of participants identify as female (42 respondents), while 18 identify as male, highlighting a higher representation of females in the study. Regarding prior knowledge about patient safety, 39 participants reported having knowledge about it, while 7 stated they had no prior knowledge.

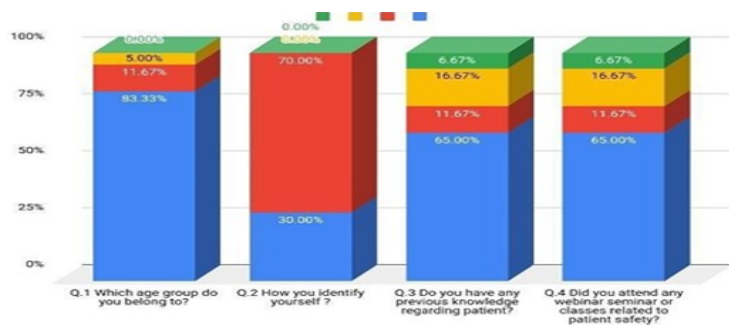


Figure 2: Frequency and percentage distribution of undergraduate nursing students regarding knowledge assessment on patient safety with demographics variables. The data reveals that the majority of respondents (50) belong to the 20-22 age group, indicating that the survey's primary audience consists of young adults. This group likely represents students or early-career professionals, which aligns with a demographic that may still be in educational or training phases of their careers.

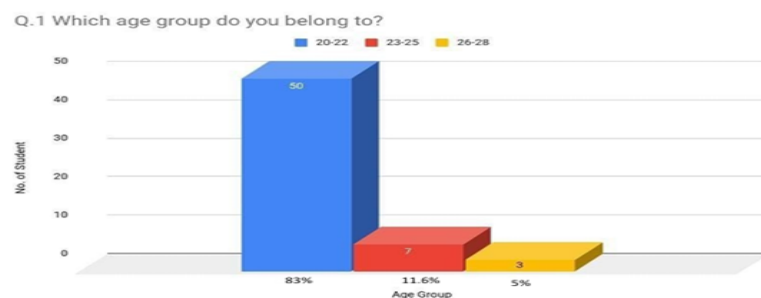


Figure 3: Percentage distribution of nursing students according to age

Table 1: Chi-square and p-value distribution of knowledge of undergraduate Nursing students regarding patients.

Demographic Variable	Poor 0-10(%)	Average 11-20(%)	Good 21-30(%)	Chi-Square	Degrees of Freedom (df)	p-value	Significant (S) / Not Significant (NS)
Age	1	13	21	3.17	4	0.53	NS
	2	4	5				
	3	0	5				
Gender	1	6	4	2.41	2	0.3	NS
	2	11	27				
Previous knowledge	1	10	22	4.7	6	0.59	NS
	2	0	3				
	3	6	4				
	4	1	2				
Webinar seminar	1	9	22	12.62	6	0.05	S
	2	3	8				
	3	0	0				
	4	5	1				

The given data summarizes the relationships between demographic variables and their knowledge/perception scores (categorized as Poor, Average, and Good). Statistical analysis was performed using the Chi-Square test, with degrees of freedom (df) and p values determining the significance.

Age Chi-Square Value: 3.17; Degrees of Freedom: 4; p-value: 0.53; Significance: Not Significant (NS) There is no significant relationship between age and the knowledge/perception scores. The distribution across the three categories (Poor, Average, and Good) does not vary significantly with age.

Gender - Chi-Square Value: 2.41; Degrees of Freedom: 2; p-value: 0.3; Significance: Not Significant (NS) The relationship between gender and knowledge/perception scores is also not statistically significant. The data indicates that gender does not have a notable impact on the distribution of scores.

Previous Knowledge - Chi-Square Value: 4.7; Degrees of Freedom: 6; p-value: 0.59; Significance: Not Significant (NS)

The results indicate no significant association between previous knowledge and knowledge/perception scores. The scores do not show a notable variation based on prior knowledge levels. Attendance in Webinar/Seminar - Chi-Square Value: 12.62; Degrees of Freedom: 6; p-value: 0.05; Significance: Significant (S) There is a significant relationship between attendance

in webinars/seminars and the knowledge/perception scores. Participants attending webinars/seminars had higher scores in the "Good" category, suggesting a positive impact on knowledge and perception. Out of the four demographic variables analyzed, only webinar/seminar attendance showed a statistically significant relationship with knowledge/perception scores. This highlights the importance of educational interventions such as webinars and seminars in enhancing understanding and awareness. Other factors, such as age, gender, and previous knowledge, did not significantly influence the scores.

CONCLUSION

Distribution of BSC Nursing students on the basis of group A and group B regarding knowledge assessment of patient safety. Maximum number of students 50 (83%) were in the age group of 20-22 year, 7(11.6%) were in the age group 23-25 year and 3(5%) were in the age group 26-28 year, maximum number of female students is 42 (70.0%) and male 18(30.0%), maximum number of students which have previous knowledge regarding patient safety is 39(65%) and 7(11.67%) students have no previous knowledge, and 10(16.67%) students were hear about it, 4(6.67%) students were studied about it. Maximum 39(65%) student were attending the webinar, seminar or classes related to Patient safety, 7(11.67%) students do not attend any webinar seminar or classes and 10(16.67%) students were not sure and 4(6.67%) students were doubtful.

The knowledge level of group A nursing students are good 33.3%, average 60.0% and poor 6.7% and the knowledge level of group B nursing students are good 13.3%, average 36.7% and poor 50.0%. After the knowledge assessment of group A and group B maximum number of students are good 33% in group A and 13% in group B, average number of student is 60% in group A and 36.7% in group B, number of poor student is 6.7% in group A or 50% in group B. Finding related to association between knowledge and selected demographic variables - Shows the association of knowledge score with demographic variable by chi test the obtain chi value of the age is 3.17% at 4(df), gender was 2.41 at 2(df), previous knowledge was 4.7 at 6(df) and Webinar seminar was 12.62 at 6(df). In the ongoing review the act of patient security among wellbeing science understudies was low and not exactly 50% of the understudies had great information and good perspectives toward patient security. Patient security rehearses were impacted by the length of the clinical connection. Assess the knowledge of B.sc nursing final year students regarding patient safety. On the basis of findings of the study the following conclusions were made.

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