Global Scientific JOURNALS

GSJ: Volume 9, Issue 4, April 2021, Online: ISSN 2320-9186
www.globalscientificjournal.com

Knowledge, Attitude and Practices Regarding Nasogastric Tube Insertion among Nurses

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Abstract

Background: Nasogastric tube feeding is particularly necessary for patients who are unable to feed themselves. They're also used to prescribe drugs. In today's, nasogastric tube feeding is a very common practice in hospital for patients that are unable to feed themselves orally. Because of the benefits involved, enteral feeding is recommended over parenteral feeding. When opposed to parenteral nutrition, it helps digestion, is less costly, and provides patients with more nutritional benefits. Nasogastric tube insertion is a routine clinical procedure performed by physicians and nurses in NHS hospitals on a regular basis. Misplaced nasogastric tubes have been related to deaths and other harm with the most common cause being feed entering the pulmonary system.

Objectives: To assess the knowledge of nurses regarding nasogastric tube insertion?

To assess the attitude of nurses regarding nasogastric tube insertion?

To assess the nurses' experience regarding nasogastric tube insertion?

Methodology: A cross sectional descriptive study design**.** The setting will be the General Hospital Lahore. Using SPSS, data analysis was performed. Graphs and tables provided the details.

Result: Total 150 participants are involved this study 52.7% participants were male and 47.3% female 60.7% participants belong to 20-30 year of age group, 18.7 % participants have 31-40 year of age group, 6.7% participants have 41-50 year of age group and 14.0%participants have above 51 year of age. 44.0% participants were enrolled nurses, 28.0% were registered nurses, 15.3% were BSCN and 12.7% were other. 29.3%

participants have 5 year experience, 11.3% have 6-10 year experience,27.3.3% have 11-15 year experience, 20.0% have 16-20 year experience and 12.0% participants have experience 21 year or above. 31.3% respondent have pediatric department, 30.7% respondent have medical department, 8.0% have surgical department, 20.0% have ICU department and 10.0% have other.

Conclusion This was attributed to the fact that all of the nurses had heard of it and were acquainted with the use. They were taught how to care for patients that required gastrointestinal decompression, evaluation and assessment, dietary assistance, and medical attention through their academic training. They were both aware of the indications for using. They discussed feeding, medicine, and diagnosis via the nasogastric tube.

Key word: Knowledge, Attitude, Practices, Nasogastric tube, insertion.

INTRODUCTION

Background

Nasogastric tube feeding is particularly necessary for patients who are unable to feed themselves. They're also used to prescribe drugs. In today's, nasogastric tube feeding is a very common practice in hospital for patients that are unable to feed themselves orally. Because of the benefits involved, enteral feeding is recommended over parenteral feeding. When opposed to parenteral nutrition, it helps digestion, is less costly, and provides patients with more nutritional benefits. Nasogastric tube insertion is a routine clinical procedure performed by physicians and nurses in NHS hospitals on a regular basis. Misplaced nasogastric tubes have been related to deaths and other harm with the most common cause being feed entering the pulmonary system. Over a two-year period, the National Patient Safety Agency in England collected records of one serious injury and 11 deaths caused by incorrect nasogastric tube insertion. The agency released a safety warning detailing evidence-based procedures for tube positioning tests. The issue continued two and a half years after the warning, with five nasogastric tube misplacement has resulted in six more deaths and six cases of serious injury. This is a potentially avoidable mistake, but best-practice safety warnings do not tend to consistently minimize risk (Decloedt and Maartens 2019).

The role of food and nutrition in body function is referred to as nutritional physiology. There are several points where diet affects function of critically ill patients. It increases infection rates, Days spent on artificial ventilation, days spent in the intensive care unit, and mortality rates are all variables to consider. These activities include ensuring early enteral nutrition and using tube feedings to achieve a minimum energy and protein intake goal. The nurses, physicians, and other practitioners involved in the treatment are essential in ensuring the patients' protection, proper insertion, and feeding. The multiple fatal threats associated with nasogastric tube feeding should be decreased to the greatest extent possible. Through equipping health workers with the requisite information, expertise, and experience (Bourgault and Halm 2019).

According to the National Patient Safety Agency (NSPA), malposition reported for 1.3 percent to 2.4 percent of all cases in the United Kingdom, with 28 percent being fatal. The prevalence of nasogastric tube misplacement in children in related studies in the United Kingdom ranged from 20.9 percent to 43.5 percent. In Pakistan, 13.3% of nurses were found to be competent about the use of appliances and other nursing care procedures. The knowledge level may not reflect clearly the insertion of the nasogastric tube (Nalukenge 2016).

Enteral feeding is a reasonably secure procedure with few risks that are typically avoidable or manageable. Complications can be categorized into four categories: gastrointestinal, mechanical, metabolic, and contagious. Pulmonary aspiration is the most severe of these complications, and it can be fatal. Because of their decreased level of consciousness, altered gastrointestinal motility, slower gastric emptying, and the existence of artificial airways, critically ill patients are vulnerable to aspiration (Daniels, Grendell et al. 2018).

Nurses who serve as critical care nurses are on the front lines of care, ensuring that

enteral feeding are administered properly and that critical care patients are well cared for. Improving nutritional status is the first step. Patients who are found to be at risk after the initial nutritional screening should be referred to a registered dietitian as soon as possible, according to the findings of the initial nutritional screening (Cox and Rasmussen 2016).

The key features of enteral feeding are important for the intensive care unit nurse to understand. Nurses have the potential towards a huge effect in patients' health care through confirming the capability to delivered nutrition by mouth. Focused treatment Nurses spend more time at the bedside with patients than any other health care provider, allowing us to monitor the amount of enteral nutrition provided as well as monitor and treat enteral feeding complications (Stewart 2018).

Poor interaction and ineffective participation in nursing are obstacles to the optimal providing of nutritional management. While practice which have evidence is highlighted by nurses by way are essential instrument, deficiency of assets or unproductive measure of reduction aspiration have been identified to inhibit obedience to that guiding principle. Furthermore staff nurses majority are found to be knowledgeable of the benefits of EN, as well as when EN should be introduced and the indications for doing so. The greatest difficulties found are a lack of expertise in providing proper nursing care, inadequate documentation of nutritional information, and a lack of awareness of nurses' roles with respect to EN (Gupta, Agrawal et al. 2017).

Because of the understaffing of nurses, the high deployment of inexperienced students and interns in these hospitals, and the lack of oversight, public hospitals are especially vulnerable to these issues (Nalukenge 2016)

Literature Review

Nasogastric (NG) device would be a tube which is implanted through the patient's intestinal system for the purpose of feeding, gastric dissection, or administer medications. That device is important for seriously ill patients and patients and are unable to feed themselves orally, such as dysphagic patients, to receive food and sustain their dietary habits. Furthermore, some drugs which can be administered through oral route can be administered this method. It's important to remember it's the most dependable, expense, and safe way to feed the patients. This method of eating, on the other hand, can be dangerous and life threatening if the appropriate measures are not taken (Pash 2018).

According to a Canadian analysis, there is a lot of uncertainty and variability when it comes to EN disruption, high gastric volumes, and EN initiation, all of which necessitate a structured protocol. Delayed EN has a detrimental effect on the patient's wellbeing because it raises the likelihood of malnutrition gained in the hospital (Tappenden, Quatrara et al. 2016). Despite professional nurses feeling a clear sense of responsibility (that providing nutrition is part of their job) and a positive attitude about providing nutrition care to their chronic disease patients, an Australian study found that only 50.3 percent of them followed the available nutrition-care protocol and guidelines. Furthermore, due to the high cost of continuing professional development (CPD) programs and a lack of time due to work and family responsibilities, preparation and nutrition updates to strengthen their healthy attitudes were lacking. Certain reasons believed to have led to the slow execution of the diet guidelines included nurses' assumptions that general assessment and supervision of patients took a long time and that it was not feasible for them to obey the guidelines given their other obligations (Martin, Leveritt et al. 2017).

Nurses make up the bulk of the health-care workers in South Africa (SA). With the high prevalence of infections and diseases in the country, it is important that nursing staff are well-trained and capable of coping with the consequences of disease. As a result, nursing colleges and educational facilities must play a vital role in providing nursing practitioners with a robust patient care curriculum that incorporates the fundamentals of nutrition. Furthermore, it is necessary to promote and maintain a positive

atmosphere in which to bring the theory learned into effect (Ramuada 2017).

Nutrition modules are delivered as practical sessions in the first level of the course and in the other levels at the South African Military Health (SAMHS) Nursing College. Nutrition via the gastrointestinal tract (GIT) and various routes of feeding a patient are among the topics addressed, a well-balanced diet's composition; indications for a dietary change (soft, mechanical diet) EN and/or complete parenteral nutrition indications (TPN) practical instructions on how to administer TPN/EN and how to deal with any problems that might arise; Diabetes mellitus and hypertension are two disorders that necessitate special dietary adjustments. However, there is still a gap among that nurses learn from institution from which they get degree and practice, considering the training offered. Certain aspects of nutrition are not adequately applied according to generally agreed standards, such as the American Society for Parenteral and Enteral Nutrition (ASPEN) and the American College of Gastroenterology's EN management guidelines (ACG). These guidelines serve as the basis for the research questionnaire (McClave, DiBaise et al. 2016).

According to a report by Olivera et al., 52% of the study sample had training courses.Getting Information about the nasogastric tube; according to the findings of the survey, 68.6% of nurses obtained information about the NG tube, with the majority of those who said they read such resources on the internet (70.8%) outnumbering those who said they read such resources in books (29.2%) (Abozeid, Al-Kalaldeh et al. 2017).

In a study of nurses' knowledge of nasogastric tube feeding in Cairo, Egypt, it was discovered that nearly 75% of the nurses did not have sufficient knowledge of how to administer medication and tube feeding. This research have not look at nasogastric tube administration, but based on the results, it's fair to say that if nurses don't know how to administer feeds and medicine, they won't know how to insert the tube. Since tube insertion necessitates more training, specialized expertise, and ability, information about NG inserting and administration of feed (Abdullah, Mohammed et al. 2016). The nurses refused to aspirate the gastric residual amount, which is used to decide where the nasogastric tube should be inserted before medicine and feeds are given. Patients are at risk of pneumothorax and acute respiratory distress syndrome if the tubing is missing. As a result, the nurses' comprehension of how to operate the nasogastric tube was reduced (Mula, Ncama et al. 2016).

Problem statement

Nasogastric tube induction is one of the nursing treatments that helps patients boost their nutritional status while they are unable to eat naturally, but it can cause severe health problems if not done or managed correctly. Aspiration pneumonia, diarrhea, constipation, tube occlusion, tube displacement, stomach cramping, nausea and vomiting, delayed gastric emptying, serum electrolyte deficiency, enhanced respiratory quotient, fluid saturation, and hyperosmolar dehydration would all be more likely as a consequence of nasogastric usage.

The study objective will be:

To assess the knowledge of nurses regarding nasogastric tube insertion?

To assess the attitude of nurses regarding nasogastric tube insertion?

To assess the nurses' experience regarding nasogastric tube insertion?

OPERATIONAL DEFINITIONS

Knowledge: In this study, knowledge is considering awareness of nurses about nasogastric tube and its impact on patient's health outcomes. It will be measured through a 5-item multiple-choice question adopted from Knowledge Questionnaire (Mileder, Gressl et al. 2019).

Attitude In this study, attitude is to supposed the believe/ attitude to manage of health It will be measured through a 5-item scale called the Attitude scale for nasogastric tube insertion (Almutairi and Ludington-Hoe 2016).

Practices: In this study, skill is the ability of nurses to give care to their patients with nasogastric tube insertion to utilize their skills of caring with competency in each step according to need. It will be measured through a 9 item checklist for measuring technical skills in the total score ranged from 0 to 30 (Soliman 2017).

HYPOTHESIS

Null Hypothesis H_0:

There is no effect of Knowledge, attitude and practices regarding nasogastric tube insertion among nurses.

Alternative Hypothesis H_1:

There is an effect of Knowledge, attitude and practices regarding nasogastric tube insertion among nurses.

MATERIALS AND METHODS

Study Designs: A cross sectional descriptive study design

Setting: The setting will be the General Hospital Lahore.

Duration of Study: 4 months after the approval of synopsis

Sample Size: sample size calculated from base article. Which is **150.**

Sample size was the 150.

The sample size of the study was 150 nurses
significant level 0.05
N=240
Sample size determined by the formula of Slovin
$n= N/1+N (e)^2$
$n= 240/1+240(0.05)^2$
$n= 240/1+ 240(0.0025)$
$n=240/1+0.6$
$n=240/1.6$

n=150

Sampling Technique: Simple random sampling
Sample Selection: Selected General Hospital Lahore

Inclusion Criteria: Inclusion Criteria: The participant will be included in this study who:

Gender: Male and Female

Willingness to participate: Only Willing participant

Exclusion Criteria: The participant will be excluded in this study who:

- Have already received any educational training on this topic.

ETHICAL CONSIDERATIONS

- Written informed consent (attached) will be taken from all these participants.
- All information and data collection will be kept confidential.
- Participants will remain anonymous throughout the study.
- The subjects will be informed that there are no disadvantages or risks to the procedure of the study.
- They will also be informed that they will be free to withdraw at any time during the process of the study.
- The potential benefit of the study for the participants will be an increase in Knowledge, attitude and practices regarding nasogastric tube insertion among nurses.
- We will do everything we can to protect the privacy of participants. The identity of the participant will not be revealed in any publication resulting from this study.
- Reassure the participants that they can withdraw their consent to participate at any time. They will not be penalized in any way should they decide not to participate or to withdraw from this study.

DATA COLLECTION PROCEDURE

Recruitment:

The study participants will be recruited through the process of convenient sampling. A meeting will be arranged with all the eligible participants. In which the researcher will personally explain the study purpose, procedure, and benefits to the participant. In the meeting, participant's questions regarding the study will clear. Demographic data will be collected through face to face intervention and the knowledge of client will be assessed through instrument, Assessment

including questionnaires, observation, focus groups, and interviews.

Study Variables:

1. Knowledge will be measured through 5-item multiple-choice questions attitude will be measured by 5-item of multiple choice and practice will be measured by 9- item of multiple question adopted from Questionnaire.
2. **Methods for Collection of Data:**

Facilitator evaluators will be trained regarding the scoring of each scale data collection. The data will be collected after the approval of the synopsis at the given setting.

ANALYSIS PROCEDURE

The data analysis will be made using the Statistical Package for the Social Sciences (SPSS) version 25 software to predict the differences in the outcome variables. The frequencies and percentages will be calculated for qualitative variables whereas mean and standard deviation will be calculated for quantitative variables. Sample will be used for comparing the mean and significance different will be measured on P value <0.05.

RESULT

Table (1): Demographic Characteristics

Sr #	Demographic characteristic	Response *f* (%)
1	**Gender**	
	Female	79 (52.7%)
	Male	71 (47.3%)
	Total	**150 (100%)**
2	**Age**	
	20-30 years	91 (60.7%)
	31-40 years	28 (18.7%)
	41-50 years	10 (6.7%)
	51 years and above	21 (14.0%)
	Total	**150 (100%)**
3	**Cadre**	
	Enrolled nurse	66 (44.0 %)
	Registered nurse	42 (28.0%)
	BScN	23 (15.3%)
	Others	19 (12.7%)
	Total	**150 (100%)**
4	**Experience**	
	0-5 years	44 (29.3%)
	6-10 years	17 (11.3%)
	11-15 years	41 (27.3%)
	16-20 years	30 (20.0%)
	21 years and above	18 (12.0%)
	Total	**150 (100%)**
5	**Department**	
	Pediatric ward	47 (31.3%)
	Medical ward	46 (30.7%)
	Surgical ward	12(8.0%)
	ICU	30 (20.0%)
	Others	15 (10.0%)
	Total	**150(100%)**

This section represents the distribution of participant by demographic characteristics. The data is summarized in terms of frequency and percentage. Table # 1 show that 52.7% participants were male and 47.3% female 60.7% participants belong to 20-30 year of age group,

18.7 % participants have 31-40 year of age group, 6.7% participants have 41-50 year of age group and 14.0%participants have above 51 year of age. 44.0% participants were enrolled nurses, 28.0% were registered nurses, 15.3% were BSCN and 12.7% were other. 29.3% participants have 5 year experience, 11.3% have 6-10 year experience,27.3.3% have 11-15 year experience, 20.0% have 16-20 year experience and 12.0% participants have experience 21 year or above. 31.3% respondent have pediatric department, 30.7% respondent have medical department, 8.0% have surgical department, 20.0% have ICU department and 10.0% have other.

Table (2): Knowledge of nurses towards nasogastric insertion.

Sr#	Knowledge of nurses towards nasogastric insertion	Response *f* (%)
1	Have you ever heard about the nasogastric tube	
	Yes	86 (57.3%)
	No	64 (42.7%)
	Total	**150 (100%)**
2	If yes above, where did you hear it from	
	Nursing school	57 (38.0%)
	From colleagues	34 (22.7%)
	At work	38 (25.3%)
	Others	21 (14.0%)
	Total	**150 (100%)**
3	Do you know the indications of the nasogastric tube insertion	
	Yes	80 (53.3%)
	No	70 (46.7%)
	Total	**150 (100%)**
4	Do you know the determinants of selection of the nasogastric tube size?	
	Yes	95 (63.3%)
	No	55 (36.7%)
	Total	**150 (100%)**
5	Do you know the determinants of selection of the nasogastric tube size?	
	Yes	95 (63. 3%
	No	55 (36.7%)
	Total	**150 (100%)**

38.0% (n=57) participants know about NG tube from nursing school, 22.7% (n=34) from colleague, 25.3% (n=38) from at work and 14.0% (n=21) from other. 53.3% (n=80) participants have knowledge about the indication of nasogastric tube and 46.7% (n=70) have not. 63.3% (95) participants were know about the contraindication of NG tube and 33.7% (n=55) were not. 63.3% (95) participants were know about the contraindication of NG tube and 33.7% (n=55) were not. 63.3% (n-95) participants have knowledge about the nasogastric tube size and 36.7% (n=55) have non.

Table (3): Attitude of nurses towards nasogastric insertion.

Sr#	Indicator	SD		D		NS		A		SA	
		frequency	%	frequency	%	frequency	%	Frequency	%	Frequency	%
1	Feel comfortable when inserting the nasogastric tube	49	32.7%	38	35.3%	31	20.7%	19	12.7%	13	8.7%

2	You would allow any of your family members to use a nasogastric tube	37	24.7%	50	33.3%	24	16.0%	24	16.0%	15	10.0%
3	You would suggest to the follow health workers to use the nasogastric tube on the patients who have the tube indications	27	18.0%	46	30.7%	20	13.3%	18	12.0%	39	26.0%
4	If I were a patient I would accept to use a nasogastric tube	30	17.6%	34	22.7%	64	42.7%	12	7.1%	10	6.7%
5	I believe that all patients feel uncomfortable when inserting a nasogastric tube	49	32.7%	57	38.0%	11	7.3%	16	10.7%	17	11.3%

Above table show that 24.7% participants were feel uncomfortable when they insert nasogastric tube, 33.3% participants were not allow family during NG tube insertion, 12.0% were suggest to health care worker to follow the indication of NG tube and 38.0% were comment that patient feel uncomfortable during nasogastric tube insertion.

Table (4) PRACTICES OF NG TUBE INSERTION:

Action	**Not done**		**Partiallydone**		**Well done**	
	Frequency	**%**	**frequency**	**%**	**frequency**	**%**
Introducing and explaining the procedure to thepatient	64	42.7%	61	40.7%	25	16.7%
Preparation for the procedure i.e. swabs, water, stethoscope, gloves, litmus paper, appropriate size of tube, 20mls syringe	39	26.0%	68	45.3%	43	28.7%
Hand washing and putting gloves	59	39.3%	55	36.7%	36	24.0%
Positioning the patient in a sit up position with head abit flexed	54	36.0%	54	36.0%	42	28.0%
Cleaning the nostril, and demonstrate proper insertion of tube from the tip, behind the ear up to the tip of thesternum	62	36.5%	57	38.0%	31	20.7%
Check the position of the tube by use of the stethoscope and syringe, aspirating the gastric contents or use of litmus paper	60	41.3%	58	38.7%	30	20.0%
Keeping the tube in a firm and secure position	51	34.0%	73	48.7%	26	17.3%
Leaves the patient in a comfortable position	50	33.3%	54	36.0%	46	30.7%
Clear the trolley and wash hands	60	40.0%	42	28.0%	48	32.0%

Above table show that less than half of participants 40.7% introduce and explain the procedure and 45.3% were prepare all equipment before insertion 24.0% perform properly hand washing, 36.0% positioning the patient properly and 32.0% clear the trolley and perform hand washing. 20.0% participants were check the positioning of tube by using stethoscope, syringe, aspirating content or use of litmus paper

DISCUSSION

The conclusions of the results are discussed in depth in this chapter. Items of the results are presented in light of the problem statement, basic study goals, and the research questions, and these findings are compared to those of other researchers. Both nurses have read about and implanted a nasogastric tube in patients, according to the findings. It was good awareness that it is included in the treatment of patients who need gastrointestinal decompression, evaluation and examination, dietary assistance, and medical administration. Nurses 58.7% participants have knowledge about the NG tube. The majority of them 38.0% learned the knowledge through formal nursing school preparation.

The result of this study show that 53.3% participants were aware to the indication of nasogastric tube. Mostly all nursing staff knew the indications for nasogastric tube usages where almost all of them described Feeding, accompanied by aspiration while a few mentioned inability to shallow. This meant that because the most common indications for nasogastric tube insertion are feeding, they had a good understanding. These finding compare to the Mahmoud et al, study. In terms of nurses' attitudes toward nasogastric tube placement, the majority of respondents have a pessimistic view toward the procedure, with the majority of nurses feeling unconformable while installing the tube (Alhassan, Tsikata et al. 2019). About 32.8% participant comment that they feel uncomfortable during NG insertion, 33.3% were not allow the family member during nasogastric tube insertion. A similar result was published in Malaysia, where health workers had a negative attitude toward the installation of a nasogastric tube in geriatric patients (Nordin et al 2016).

A few number of people have thought that all patients became irritated when a nasogastric tube is inserted. This may be so, but as a nurse, I am not expecting a patient to experience pain or distress that may cause concern. Some nurses do not properly align the patients and use ineffective nasogastric tube insertion procedures all of which add to the patient's pain. Only 10.0% participants were agree that patient feel uncomfortable during nasogastric tube insertion. This study show similarity with the Nalukenge study.

After all, few participants had a supportive outlook about nasogastric tube placement, stating that they would encourage all of their family members to use a nasogastric tube and would advise their fellow health care professionals to use the tube on patients with tube signs. There was an optimistic outlook that was psychologically recognized, but it was not the nurses' fault.

The majority of the nurses 42.7% successfully initiated and demonstrated the nasogastric injection technique to the patients. This was sound practice and informing the patient about the insertion would reduce the patient's negative responses and make them aware of them. This will, in the end, reduce the potential for disruption and allow for faster service delivery. 41.7% participants comment that they have thoroughly tested the tube's location with a stethoscope then syringe, aspirating the gastric contents, and using litmus paper. This made it easier to determine if the tubing was in the proper position, reducing the risk of perforations, suffocation, and expectations. 48.7% participants agree that they maintain a proper positioning during NG tube insertion. As a nurse, you must keep an eye on the tube's location in order to provide proper patient services and monitor the treatment's success. This also aids in the detection of anomalies that could result in injury. Similarly, also among seasoned medical practitioners, mal positioning of the NG tube into the trachea is a frequent complication of NG tube passage these finding compare to the Nalukenge study finding. Certain practices were executed incorrectly. Partially prepared for the treatment,

such as swabs, water, stethoscope, gloves, litmus paper, sufficient tube size, and a 20ml syringe this may lead to a lack of trust among patients, as well as a rise in the spread of infection. Before slipping on socks, the majority of people did not wash their face. Since hands are one of the main parts of the body that bear bacteria, this intensified nosocomial infections. Until installing the hose, some nurses did not properly place the patients in a sit-up position with their heads flexed. This may have exacerbated the patients' restlessness, resulting in more coughing and vomiting after the insertion of the nasogastric drain. Any nurses have washed the nostril partially and showed proper tube insertion from the root, behind the ear, to the sternum's tip.

Conclusion

This was attributed to the fact that all of the nurses had heard of it and were acquainted with the use. They were taught how to care for patients that required gastrointestinal decompression, evaluation and assessment, dietary assistance, and medical attention through their academic training. They were both aware of the indications for using. They discussed feeding, medicine, and diagnosis via the nasogastric tube. The majority were conscious of the factors that affect nasogastric tube capacity, which included age, weight, patient condition, and diagnosis. They also recognized the necessity of confirming the proper position of the vent, which may be demonstrated by stomach contents aspiration.

Recommendations

Nurses should continue their medical education on the majority of ward procedures, especially their indications and contraindications. Patients' attitudes toward procedures, especially nasogastric tube insertion, would improve if they are enabled and allowed to use such procedures on them Nurses should continue their medical education on the majority of ward procedures, especially their indications and contraindications. Patients' attitudes toward procedures, especially nasogastric tube insertion, would improve if they are enabled and allowed to use such procedures on them.

Limitations

This is my first effort to write and conduct research study, during data collection faced some difficulties from hospital, peoples were not cooperative mostly girls said: that they do not have time to answers of my questions and refused to respond.

Reference