



## **Nursing guidelines for Improving Maternity Nurses' Self-Efficacy regarding Caring Women Suffering from Vesicular mole**

<sup>1</sup>Amira Morsy Yousif and <sup>2</sup>Amira Mohammed Attya

<sup>1</sup>Assistant Professor Maternal and Neonatal Nursing Department, Faculty of Nursing- Ain Shams University

<sup>2</sup>Lecturer of Maternal and Neonatal Nursing Department, Faculty of Nursing, Ain Shams University

Corresponding author: [Dr.amira.attya@nursing.asu.edu.eg](mailto:Dr.amira.attya@nursing.asu.edu.eg)

### **ABSTRACT**

**Background:** Hydatidiform mole or (vesicular mole) results from abnormal fertilization. It is the most common disorder of gestational trophoblastic diseases and can be a partial or complete mole. **The aim of this study:** was to assess the effect of nursing guidelines for Improving Maternity Nurse Self-Efficacy regarding Caring Women suffering from Vesicular mole. **Design:** A quasi-experimental design (pre and post test) study design was utilized on 120nurses who work in Ain shams maternity hospital. **Tools of data collection:** The data was collected using three tools1) A Structured interviewing questionnaire sheet;2) an observation checklist for studying Nurses' practices regarding Vesicular mole; 3) a Nursing competency self-efficacy scale. **Results:** data analysis revealed that 66.7% of studied nurses had unsatisfactory total knowledge regarding vesicular mole before intervention and become 6,7%after implementation of the intervention. Moreover, 60% of them were have not competent practices before intervention and become 12.5% after implementation of the intervention, moreover, 31,7% of them had high self-efficacy before intervention and become 85% after implementation of the intervention. **Conclusion:** This study concluded that the results were support the research hypothesis Implementation of nursing guidelines about vesicular mole has improved maternity nurse self-efficacy regarding caring women suffering from vesicular mole as there was an improvement in the studied nurses' knowledge practices and self-efficacy regarding caring of women with vesicular mole. **Recommendation:** Performing training courses regarding vesicular mole for the nurses to increase their knowledge and practices for women diagnosed with vesicular mole

**Keywords:** nursing guidelines, self-efficacy, maternity nurse, vesicular mole

## Introduction

Pregnancy intention is an important a grape-like mass in the uterus is the result of an aberrant growth of trophoblastic villi, which is the illness known as vesicular mole. Vesicular mole, also known as Hydatiform mole or molar pregnancy, is typically thought of as the noninvasive type of prenatal trophoblastic illness, but if it is not treated right once, it has the potential to develop into a malignant and invasive condition. It happens during conception and alters both the process and outcome of pregnancy by leading to aberrant placental and fertilization development. Based on biology and genetics, vesicular moles are divided into two types: complete hydatidiform moles and partial hydatidiform moles. Complete moles lack fetal tissue and are diploid and androgenic in origin. There is frequently indication of a fetus or fetal red blood cells in a partial mole (**Mutalib, 2022**)

Mother's age, prior abortion, history of a prior mole, ethnicity, history of oral contraceptive pills, history of an intrauterine device, blood group, radiation, socioeconomic status, infertility, artificial insemination, and gene mutations have all been reported as risk factors for the occurrence of a hydatidiform mole; history of a hydatidiform mole has been found to be the more significant risk factor (**Lurain, 2019**).

Women come complaining of irregular vaginal bleeding and rapid growth of the womb causing pelvic pressure. pallor due to bleeding. In some cases, there will be sudden abdominal pain in the first trimester because of internal bleeding and mass distention also nausea and vomiting. In rare cases, there are signs and symptoms of hyperthyroidism like tremor, restlessness, and high blood pressure

in the first trimester may be present due to a high level of hCG, (human chronic gonadotrophic hormone) that causes weak thyroid stimulation, besides no fetal heart tones present, no fetal parts present, and no viable fetus are the most important signs. (**Lin,2021**)

Serious complications from hydatidiform moles can include uterine infection, widespread blood infection (sepsis), dangerously low blood pressure that could result in a shock, extremely high blood pressure with increased protein in the urine (preeclampsia), hyperthyroidism, and in some cases, the development of malignant diseases like invasive moles, trophoblastic tumors at the site of the placenta, and choriocarcinoma Vesicular mole (molar pregnancy) has an impact on women's psychological well-being, sexual function, and quality of life in addition to their physical health. Therefore, the women could profit from a multidisciplinary management strategy that attends to both their medical needs and their sexual and psychological needs (**Hydatidiform Mole - Women's Health Issues, n.d.**)

Regarding the management, if an avascular mole is present, the doctor will conduct suction curettage once this has been determined. It is the accepted course of action for both full and partial pregnancy of the molars. In cases where the mass contains difficult-to-remove fetal components, medical evacuation may be used. If a patient no longer wishes to have children and elects for this operation rather than the D&C, doctors conduct a hysterectomy. (**Soper, 2021**)

Self-efficacy is a subjective assessment of one's ability to carry out the necessary

actions when confronted with potential conditions. Self-efficacy has an impact on all aspects of human activity. Determining a person's ideas about their ability to influence events has a significant impact on both their ability to handle challenges effectively and the decisions they are most likely to make. Regarding investment practices such as those in health, education, and agriculture, these consequences are very clear and convincing. The relationship between self-efficacy and good performance might increase someone's drive and confidence to deliver nursing care in a challenging scenario **(Charlton,2022)**.

There are potential risks for women during every pregnancy. To improve maternal and fetal health outcomes, it is essential to understand the warning indications of pregnancy risk. Vesicular moles are considered an abnormal pregnancy of clinical and epidemiological importance because they affect women of reproductive age, are potentially fatal, and have many associated morbidities. The ultimate goal of any pregnancy is the delivery of a healthy child, so nurses play a crucial role in assisting the pregnant woman and her husband in achieving this goal.. **(O'Shaughnessy et al., 2021)**

Nursing guidelines relate to improved and expanded healthcare interventions and services that are delivered by nurses in advanced roles, which have an impact on clinical healthcare outcomes and directly provide healthcare to people as individuals, families, and communities and is someone who has obtained the expert knowledge base, complex decision-making skills, and clinical competencies necessary for expanded nursing practice through additional education; these individuals' characteristics are shaped by the

environments in which they are authorized to practice **(Tracy & In O'Grady, 2019)**.

Additionally, nursing practice guidelines for the particular clinical setting are made to lessen the diversity in nursing care. Moreover, evidence-based nursing recommendations are used to fulfil the following goals: translating research evidence into practice, disseminating nursing knowledge, supporting clinical decision making, and ensuring the delivery of high-quality care by adhering to quality standards. **(Mohammed et al., 2022)**

Identification, assessment, goal-setting, planning, implementation, coordination, and evaluation of the patient's condition are all crucial components of nursing care. Additionally, creating a thorough discharge plan, educating patients, and doing a follow-up assessment can encourage favourable health outcomes. Likewise, patient education regarding post-discharge medications, warning indicators, follow-up plans, and contraceptive methods is crucial. **(Tamri and ParsaYekta, 2022)**

The nursing role is crucial in the management of vesicular moles; be vigilant to monitor the patient's blood pressure, check if they are bleeding heavily, and be certain to contact the doctor right away. To reduce the pain, instruct people in deep breathing exercises. Use diversional activities if possible. Examine the abdomen for any symptoms of abdominal pain and internal bleeding, such as Cullen's. Make sure the patient wouldn't aspirate it if there was any nausea or vomiting present **(Ngan et al., 2021)**

**Significance of the study:**

Vesicular mole (Molar pregnancy) incidence varies across countries. The hospital-based incidence is more than reported in Taiwan (8.0 per 1000 deliveries), and Indonesia (9.9 per 1000 pregnancies). Furthermore, our population-based incidence is less than reported in the Netherlands (0.68 per 1000), Japan (3.0 per 1000) and England (1.54 per 1000. Incidence of molar pregnancy in the Egyptian population is 13.1 and 0.37 per 1000 live births respectively). However, in Egypt and many developing countries, spontaneous abortion specimens are not routinely subjected to histopathologic review and registration. (**Mahmood et al., 2019**),

Although vesicular mole is not a very communal women's health problem, when it happens, it can lead to destructive complications, and in some cases, it progresses to form malignant diseases such as invasive mole, trophoblastic tumor in the site of the placenta and choriocarcinoma that may lead to mortality experience of hydatidiform mole can be very upsetting. Not only have experienced a miscarriage but also, they need to be in continued medical follow-up for hCG levels checked. It also impacts the women's mental and psychological status, besides affecting the economic status of the whole family. Decreased understanding of vesicular mole and its discharge instructions then leads to decreased compliance, inadequate follow-up, increased readmission rates and decreased women satisfaction. So that it is important to improve Maternity Staff Nurse Self-Efficacy in Caring for Pregnant Women suffering from Vesicular mole effectively and confidently. (**Zakaria et al., 2020**).

**Aim of the study:**

This study was aimed to assess the effect of nursing guidelines for Improving Maternity Nurses' Self-Efficacy regarding Caring Women suffering from Vesicular mole, through the following:

1. Assessing maternity staff nurses' knowledge regarding vesicular mole before implementation of nursing guidelines.
2. Assessing maternity staff nurses' practice and self-efficacy regarding caring for pregnant women suffering from vesicular mole before implementation of nursing guidelines.
3. Implement nursing guidelines regarding vesicular mole for improving maternity staff nurse self-efficacy regarding caring for pregnant women suffering from vesicular mole
4. Evaluate the effect of nursing guidelines on nurses' knowledge, practice and self-efficacy regarding caring for pregnant women suffering from vesicular mole

**Research Hypotheses**

Implementation of nursing guidelines about vesicular mole will improve maternity nurses' self-efficacy regarding caring women suffering from vesicular mole

**Operational definitions:**

*Nursing guidelines* are referring to enhanced and expanded healthcare services and interventions provided by nurses in an advanced capacity, influence clinical healthcare outcomes

**Self-efficacy** refers to an individual's confidence in their ability to complete a task or achieve a goal.

**Maternity nurses** A maternity nurse is a registered nurse who works in the maternity ward of a hospital and Care for pregnant, Laboring and postpartum women

**vesicular mole** is an abnormal pregnancy characterized by varying degrees of trophoblastic proliferation and vesicular swelling of placental villi associated with an absent or abnormal fetus/embryo.

## Subject and Methods

The research will be conducted under four main designs as follow:

- I. Technical design.
- II. Operational design.
- III. Administrative design.

### **I. Technical design:**

- a) **Research design:** A quasi-experimental design study using one group (pre and post test) was carried out to achieve the aim of this study

**Research setting:** The study will be conducted at Ain shams maternity hospital. It is affiliated to Ain Shams University Hospital as it is a university hospital so the researcher expected to meet a large number of nurses who deal with women diagnosed with vesicular mole.

- b) **Subjects:**

Sample type: Convenient sample.

Sample size: all nurses working in the previously mentioned setting (120) regardless of their general characteristics

- c) **Tools of data collection:**

**Data will be collected through the use of the following 3tools:**

**Tool I:** A Structured interviewing questionnaire sheet It was designed by the researcher in the Arabic language after reviewing the related literature it is divided into

**Part I:** involve General characteristics of nurses such as age, level of education, years of experience, place of residence ... etc.

**Part II:** It was used to assess nurses' knowledge regarding vesicular mole as definition, predisposing factors, signs and symptoms and common complications of vesicular mole,.... etc. and consisted of 21 questions. (Masaud. H, 2019).

### **Scoring system:**

The scoring system for knowledge about vesicular mole is ranging from (1-3) in which score (1) denotes incorrect answer score (2) denotes incomplete correct answer and score (3) denotes complete correct answer The total knowledge score is 63 and it will It includes the total knowledge level categorized into two categories; Satisfactory level from 60% or more of the total correct answers and Unsatisfactory level for less than 60% of the total correct answers.

**Tool II: Observational checklist** designed by the researcher to assess nurses' practice regarding the vesicular mole. It consisted of 16 items that were divided into three main parts as follows; **assessment parts** 7items [History taking, measuring BP, fundal height, assessing fetal heart rate, assessing vaginal bleeding, watching HCG level, notifying the physician if signs of complications develop], **nursing practice during evacuation** (D&C) 5 items [administer oxygen, monitor intake and output, monitor hemorrhage and infection, give oxytocin medication sending lab for pathology], and **nursing practice**

during postoperative<sup>4</sup> items [watch HCG level, counseling regarding family planning, coping and support after pregnancy loss and importance of follow up].

#### **Practical scoring system:**

Each item was scored on a 3-points Likert scale (1= not competent, 2= somewhat competent, 3= extremely competent). Total score 48. Nurses consider not competent if their total score was  $\leq 24$  score, somewhat competent if nurses total score was from 25-  $\leq 36$ , and nurses consider extremely competent if nurses'  $\geq 37$  score

**Tool III:** The nursing competency self-efficacy scale adapted from (Khadivzadehet al, 2016) was used to assess nursing students' self-efficacy. It consisted of 17 items that cover three domains. Each item was scored on a 5-points Likert scale (1= strongly disagree, 2= disagree, 3= uncertain, 4=agree, 5=strongly agree). The total score ranged from 17-85 with 85 indicating the highest possible score. Nurses consider had poor self-efficacy if their total score was  $\geq 34$ , Nurses consider had good self-efficacy if their total score was 35-  $\geq 51$ , and Nurses consider had high self-efficacy if the nurse total score was  $\geq 68$ . It took 20 minutes to be filled by nurses. Cronbach's alpha coefficient was 0.86.

#### **II. Operational design:**

It will include the preparatory phase, content validity of the developing study tool, pilot study and fieldwork.

##### **a) The Preparatory phase:**

It included reviewing related literature and theoretical knowledge of various aspects of the study using books, articles, magazines,

periodicals and the internet to develop tools for data collection.

##### **b) Validity and reliability:**

###### **Content validity:**

During the construction of data collection tools, the face and content validity of the study tools were assessed by a jury group of 3 experts in the maternity and gynecology nursing field to judge the tool for its comprehensiveness, clarity, and relevance, understanding and applicability. The tools e rephrases based on the jury's opinion based on their recommendations, additions, correction and modification of some items will be done.

###### **Tool reliability:**

Internal consistency reliability will be assessed in the present study tools via Cronbach alpha reliability analysis to indicate how well the items in the instrument fit together conceptually, Cronbach's alpha test scores.79, 88 and 86 for the Structured interviewing questionnaire sheet, nurses' practices regarding caring for women with vesicular mole and Nursing competency self-efficacy scale respectively.

##### **c) Pilot study:**

A Pilot study was carried out on 10% of the expected sample size (12nurses) to test the applicability, clarity and efficiency of the tools, the tools not modified. A pilot study was included in the study sample

##### **d) Field Work:**

Researchers collected data four days per week from 9 am to 2 pm. data collection

started at the beginning of January 2021 to the end of March 2021. The data collection procedure has been done through three phases; assessment, implementation and evaluation phase.

**Phase I:** (*baseline assessment*) at this phase, the researcher explained to nurses the aim of the study then the oral consent of the nurses was obtained. Confidentiality of the information was ensured to gain nurses' confidence and trust. The first and third tools of data collection were filled by nurses and took about 15 minutes and the observation checklist was checked by researchers within about 40-45 minutes.

**Phase II:** (*guidelines Implementation*):

At the beginning of the first session, an orientation session regarding the contents of nursing guidelines, their purpose and their impact on nurses' self-efficacy. Nurses were divided into groups, and each group consisted of 7-11 nurses approximately. Each session started with a summary of what had been given through the previous sessions and the objectives of the new session, taking into consideration the use of simple language to suit the level of nurses' qualifications. As well, the session ended with a summary of its content and feedback gained from others.

The guidelines were applied in four sessions, one session for theory and 3 sessions for practice; each session took about 45-60 minutes.

The theoretical part included knowledge related to defining vesicular mole, types of vesicular mole, the incidence of vesicular mole, high-risk group for vesicular mole, signs and symptoms of vesicular mole, screening for vesicular mole, diagnostic measures for vesicular mole, complications,

nursing management of a pregnant woman with vesicular mole. Researchers used lectures, group discussions, and audio-visual materials such as power point and a poster.

The practical part consisted of three sessions in the form of demonstration and re-demonstration using role play, simulator, and real objects. Two sessions were used to train nurses on procedures related to caring for women suffering from vesicular mole. Researchers distributed the implemented nursing guidelines for nurses as a reference to be used after implementation.

**Phase III:** (*evaluation and follow-up*): The evaluation of nurses was done immediately after completing the nursing guidelines implementation, while the follow-up evaluation was done after one month from the beginning of the nursing guidelines by using the same pre-nursing guidelines tools.

**Data analysis:**

The collected data were organized, revised, recorded, tabulated and analyzed using the number and percentage distribution. Statistical analysis was done through the computer using the statistical package for social sciences (SPSS) version 20. Qualitative variables were compared using Chi-square ( $X^2$ ) test and quantitative variables were compared using the Pearson correlation coefficient (n). The significance of the results was considered as follows: when  $P > 0.05$ , it is no statistically significant difference; while  $P < 0.05$ , it is a statistically significant difference; and  $P < 0.001$ , it is considered a highly statistically significant difference. Also, Cronbach's Alpha test was used to test the reliability of tools.

**Limitation of the study**

It was very limited articles related to nurses' knowledge and practices regarding vesicular mole so the researcher struggled for designing a tool to measure nursing practices for caring for a woman with a vesicular mole

### III. Administrative design:

An official letter requesting permission to conduct the study will be submitted from the Dean of the Faculty of Nursing, Ain Shams University to the director of Ain Shams Maternity University Hospital. This letter will include the aim of the study and photocopy from data collection tools to get permission and help for the collection of data.

### **Ethical consideration:**

The ethical research considerations in this study include the approval of the scientific research ethical committee in the faculty of nursing at Ain Shams University. Before starting the study, the researcher will clarify the objective and aim of the study to the subjects included in the study, the researcher will assure maintaining anonymity and confidentiality of the subject data and mothers will be informed that they are allowed to choose to participate or not in the study and that they have the right to withdraw from the study at any time.

### IV. Statistical design:

The obtained data were synthesized, analyzed, and presented in numbers, percentages, tables, figures and diagrams as required and suitable statistical tests will be used to test the significance of the results obtained.

### **Results:**

These results presented in 3 tables and 3 figures. Table (1) showed that, regarding the age of the studied nurses, their ages ranged from (20>30 years old) with a mean age (of  $30.565 \pm 7.57$ ). While, about their educational qualification, near half (46.6) of them have a Nursing Bachelor's education, concerning years of experience 60% of them ranged from 5-7 years with a mean of  $4.93 \pm 2.65$  years. Finally, the majority of them (94.5) % didn't attend training courses regarding the vesicular mole.

**Table (2):** Illustrated that there was a highly statistically significant difference between studied nurses' knowledge regarding vesicular mole pre & post intervention, especially regarding discharge plan items (p-value <0.001).

**Figure (1):** revealed that 66.7% of them had unsatisfactory total knowledge of vesicular mole before intervention and become 6,7% after implementation of intervention with high statistical significance as  $X^2 = 13.34$ , **P value = 0.001\*\***

**Table (3):** Showed that there was a highly statistically significant difference between studied nurses' practices regarding vesicular mole before & after intervention specially concerning nurses' practice at follow-up & discharge plan as 66.6% of them were have not competent practices before intervention and become Extremely competent 74.2% after implementation of intervention with **P value = 0.001\*\***

**Figure (2)** showed that there was a highly statistically significant difference between studied nurses' total practices

regarding vesicular mole before & after interventions 60% of them were have not competent practices before intervention and become 12.5% after implementation of intervention with a **P value = 0.001\*\***

efficacy scale (pre & post-intervention) regarding vesicular mole as only 31,7% of them had high self-efficacy before intervention and become 85% after implementation of intervention with **P value = 0.001\*\***

**Figure (3)** showed that there was a highly statistically significant difference between studied nurses' total general self-

**Table (1): Distribution of the studied nurses according to their general characteristics (n=120).**

Items	(n=120)	
	No.	%
<b>Age</b>		
20<25 years	16	13.3
25- 30 years	96	80
>30 years	8	6.7
<b>Mean ± SD</b>	<b>30.565±7.57</b>	
<b>Qualifications</b>		
Nursing Diploma	32	26.7
Nursing Institute	32	26.7
Nursing Bachelor	56	46.6
<b>Years of experience</b>		
1 < 3 years	24	20.0
3- 7years	72	60.0
>7 years	24	20.0
<b>Mean ± SD</b>	<b>4.93 ±2.65</b>	
<b>Attended training courses regarding the vesicular mole.</b>		
No	113	94.1 %
Yes	7	5.9%
<b>Mean ± SD</b>	<b>4.93 ±2.65</b>	

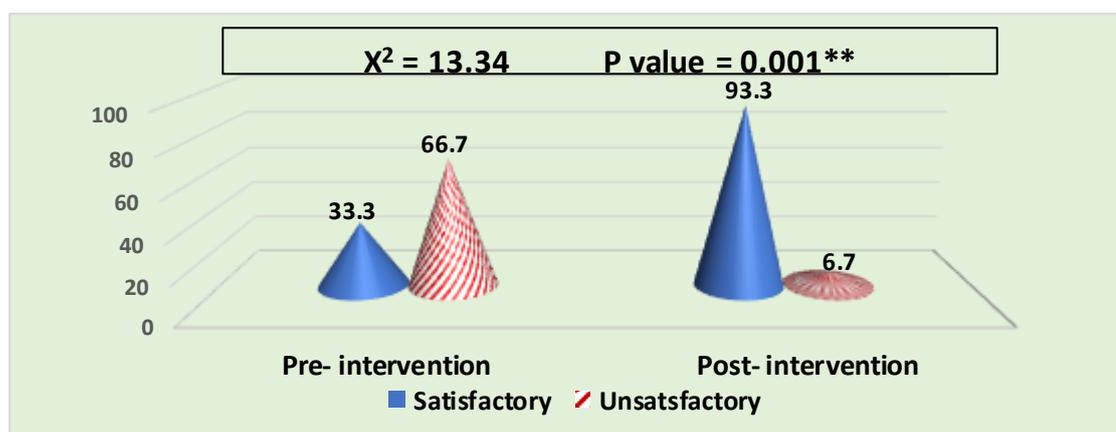
Table (2): Distribution of the studied nurses according to their knowledge regarding vesicular mole (pre &amp; post-intervention)

Items	Pre-intervention		Post-intervention			X <sup>2</sup>	P value	
	Incorrect	In complete correct	Complete correct	Incorrect	In complete correct			Complete correct
Definition of hydatidiform mole	40.0	33.3	26.7	1.7	18.3	80.0	14.73	0.001**
Risk factors	66.7	20.0	13.3	9.2	26.7	64.2	13.59	0.001**
Types	64.0	16.0	0.0	10.0	43.3	46.7	12.48	0.001**
Signs & symptoms	13.3	86.7	0.0	0.0	10.0	90.0	14.78	0.001**
Complications	86.7	6.7	6.7	18.3	38.4	43.3	15.50	0.001**
Diagnostic tests	33.3	66.7	0.0	6.7	13.3	80.0	12.64	0.001**
Treatment	60.0	26.7	13.3	10.8	35.0	54.2	14.93	0.001**
Medical treatment	86.7	6.7	6.7	33.3	1.7	65.0	12.82	0.001**
Surgical treatment	53.3	40.0	6.7	9.2	26.7	64.2	14.18	0.001**
Nursing care	26.7	53.3	20.0	0.0	10.0	90.0	12.30	0.001**
<b>Discharge care plan items</b>								
Pregnancy is possible after D&C	80.0	13.3	6.7	9.2	26.7	64.2	11.38	0.001**
Family planning methods after D&C	80.0	20.0	0.0	1.7	33.3	65.0	13.38	0.001**
Schedule of follow up	53.3	40.0	6.7	6.7	13.3	80.0	14.58	0.001**
Diagnostic tests at a follow-up visit	66.7	20.0	13.3	7.9	31.3	60.8	12.16	0.001**
<b>Total Knowledge</b>	<b>66.7</b>	<b>26.7</b>	<b>6.7</b>	<b>10.0</b>	<b>26.7</b>	<b>63.3</b>	<b>11.48</b>	<b>0.001**</b>

\*\* HS= Statistically highly significant at  $p \leq 0.001$  \* S= Statistically significant at  $p \leq 0.05$

NS= Statistically not significant at  $p > 0.05$

Figure (1): distribution of the studied nurses according to their total level of knowledge regarding the vesicular mole

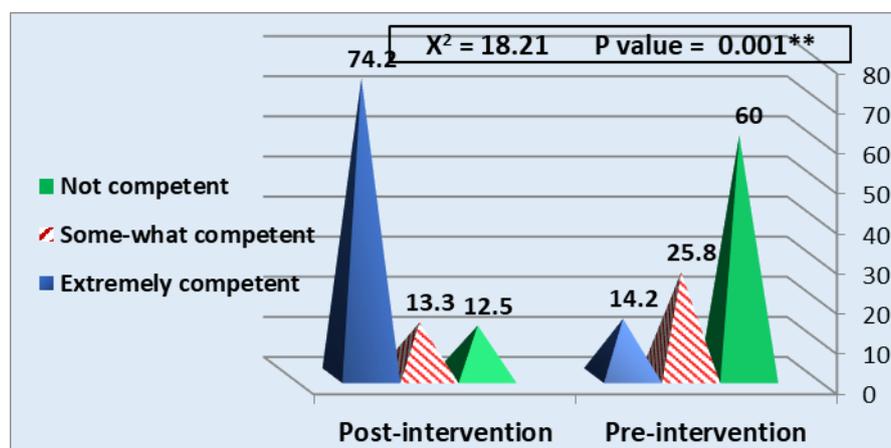


**Table (3): Distribution of the studied nurses according to their practice regarding vesicular mole (pre & post-intervention)**

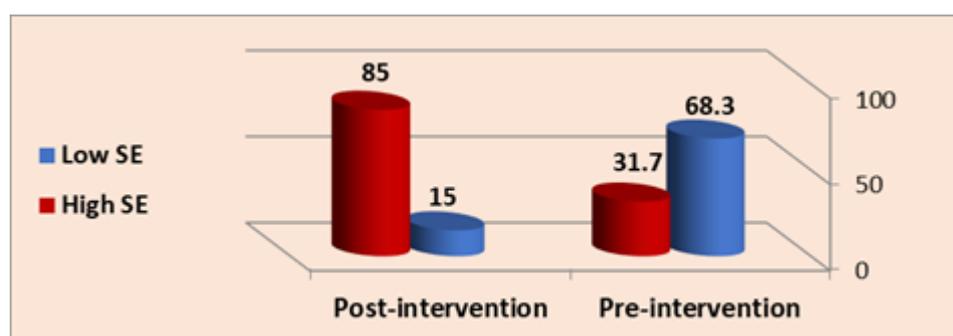
Items	Pre-intervention			Post-intervention			X <sup>2</sup>	P value
	Not competent	Somewhat competent	Extremely competent	Not competent	Somewhat competent	Extremely competent		
Nurses' practice during Hospitalization	60.0	26.7	13.3	15.0	18.4	66.6	11.73	0.001**
Nurses' practice before & after D&C	40.0	33.3	26.7	13.3	7.5	79.2	13.91	0.001**
Nurses' practice at follows up & discharge plan	66.6	26.7	6.7	10.8	15.0	74.2	13.68	0.001**
Total Nurses' practice	60.0	25.8	14.2	12.5	13.3	74.2	6.697	

\*\* HS= Statistically highly significant at  $p \leq 0.001$  \*S= Statistically significant at  $p \leq 0.05$   
 NS= Statistically not significant at  $p > 0.05$

**Figure (2) distribution of the studied nurses according to their total level of practice regarding the vesicular mole**



**Figure (3): distribution of the studied nurses according to their general self-efficacy scale (pre & post-intervention)**



## Discussion

Vesicular mole pregnancy, the most prevalent type of gestational trophoblastic disease (GTD), happens when the placenta doesn't mature appropriately. Instead, a tumor develops in the uterus, transforming the placenta into a mass of cyst-like sacs filled with fluid. Molar pregnancies make up for 1 in 1,000 pregnancies (0.1%). Because the placenta often is not able to nourish or grow a baby at all, this type of pregnancy typically does not last. Rarely, it could also put the mother's health at risk. (Naif Almansour, 2021)

This study aimed to assess the effect of Nursing guidelines for Improving Maternity nurse Self-Efficacy regarding Caring Women suffering from Vesicular mole and the Research Hypotheses was: Implementation of nursing guidelines about vesicular mole will improve maternity nurses' self-efficacy regarding caring women suffering from vesicular mole

According to the results of the current study, four-fifths of the nurses who were subjected to the study were between the ages of (25- 30) years old, with a mean age of  $30.565 \pm 7.57$ . While speaking of their educational background, nearly half of them are nursing graduates. When it came to years of experience, more than half of them had a mean of  $4.93 \pm 2.65$  years and a range of 5 - 7 years. Finally, the majority of them did not participate in vesicular mole training sessions.

This is in line with the findings of Mahmood, et al. (2019), who investigated the nurses' knowledge of hydatidiform mole pregnancy in the women's hospital and obstetrics in Kerbala, the Holy City. found that

more than half of nurses did not attend the vesicular mole training sessions, and that the same percentage of junior nursing graduates and those with experience levels of (1-3) as well as more than three-fifths of nurses were in the age range of (24-30 years).

Regarding the nurses' knowledge of vesicular moles, according to the results of the current study, there was a highly statistically significant difference between the nurses' knowledge before and after the intervention, particularly in regards to discharge plan items, as slightly less than two-thirds of them had inadequate overall knowledge of vesicular moles before the intervention and decreased to less than one-tenth after its implementation. This outcome can be brought on by the lack of training program for vesicular moles. Due to increased workloads that made attending training courses or finding information online difficult, practically all of them did not attend training sessions on vesicular moles.

The current study's findings conflict with those of Mahmood et al. (2019), who studied (70) nurses working in teaching hospitals for obstetrics and women's health and found that most of the nurses had an average understanding of the hydatidiform mole. Mohammed & Ghafel (2022) also conducted a study titled "Effectiveness of Educational Program on Nurse's Knowledge and Practices Regarding Management of Pregnancy with Danger Signs and found that during the post-test, the majority of the studied nurses' knowledge levels had improved to a good level.

The current study revealed a highly statistically significant difference between studied nurses' overall practices regarding a

vesicular mole before and after intervention, with three-fifths of them having incompetent practices prior to intervention and becoming slightly more than one tenth after implementation of intervention. This may be attributable to increasing study nurse self-efficacy. As there was improving between them regarding total general self-efficacy with a highly statistically significant difference between pre & post-intervention

This was supported by **Mohamadirizi, et al (2015)** who study The Relationship between Clinical Competence and Clinical Self-efficacy among Nursing and Midwifery Students a cross-sectional study, which included 150 nursing and midwifery students at Isfahan University of Medical Science who were chosen through a two-stage sampling procedure and revealed a positive linear correlation (Pearson correlation coefficient) between the clinical competence and clinical self-efficacy scores. Increased clinical competence is associated with high clinical self-efficacy since self-efficacy is a strong predictor of a nurse's clinical performance.

Additionally, this was in agreement with **Gilissen, et al. (2020)** in their study titled "Nurses' Self-Efficacy, Rather Than Their Knowledge, Is Associated with Their Engagement in Advance Care Planning in Nursing Homes," which found that an estimated increase in the number of practices performed was statistically linked to an increase in self-efficacy. Knowledge wasn't strongly related to anything

## Conclusion

These results were support the research hypothesis that the implementation of vesicular mole nursing guidelines has

increased the self-efficacy of maternity nurses in regards to caring for women with vesicular mole. With a highly statistically significant difference between before and after the intervention, as the study nurses' knowledge, practices, and self-efficacy regarding caring for women with vesicular moles improved.

## Recommendation

In the light of the findings of this study, the following recommendation is suggested:

Performing training courses regarding vesicular mole for the nurses to increase their knowledge and practices for women diagnosed with vesicular mole.

## Further research:

Effect of application of new technology telehealth to increase nurses' participation in follow-up & discharge planning process for women diagnosed with vesicular mole.

## References

- Charlton, A. (2022).** Relationship Between Perceived Coping Capability and Levels of Academic Self-Efficacy in First Year Prelicensure Nursing Students.
- Gilissen, J., Pivodic, L., Wendrich-van Dael, A., Cools, W., Vander Stichele, R., & Van den Block, L. et al. (2020).** Nurses' self-efficacy, rather than their knowledge, is associated with their engagement in advance care planning in nursing homes: A survey study. *Palliative Medicine*, 34(7), 917-924.  
<https://doi.org/10.1177/0269216320916158>
- Hydatidiform Mole - Women's Health Issues. (n.d).** MSD Manual Consumer Version.

<https://www.msmanuals.com/home/women-s-health-issues/cancers-of-the-female-reproductive-system/hydatidiform-mole>

**International council of Nurses. (2019).** *International Council of Nurses*. ICN - International Council of Nurses. <https://www.icn.ch/>

**Khadvizadeh T., Ardaghi M., Mirzaii K., and Mazloun S. R., (2016):** The Effects of Interactive Educational Workshops with or Without Standardized Patients on the Self-Efficacy of Midwifery Students in Sexual Health Counseling. *Journal of Midwifery and Reproductive Health*. 4(2): 562-570.

**Lin, M., Chen, J., Liao, B., He, Z., Lin, S., & Luo, Y. (2021).** When a vesicular placenta meets a live fetus: case report of twin pregnancy with a partial hydatidiform mole. *BMC Pregnancy and Childbirth*, 21(1), 1-9

**LoBiondo-Wood, G., Haber, J., & Titler, M. G. (2019).** Evidence-based practice for nursing and healthcare quality improvement. (pp. 231-240). *St. Louis, Missouri: Elsevier*

**Lurain, J. R. (2019).** Hydatidiform mole: Recognition and management. *Contemporary OB/GYN*, 64(3), 12-17.

**Mahmood, F. M., Hashim, G. A., Mahmood AL-Hakak, Z. M., & Faris, S. H. (2019).** Nurses' Knowledge Toward Hydatidiform Mole Pregnancy in The Women's Hospital and Obstetrics in the Holy City of Kerbala. *Indian Journal of Public Health Research & Development*, 10(4). p1525-1531

**Masoud. H (2019):** Application of discharge plan among post operative women with genital prolapse, *Ain Shams University, Faculty of nursing*, thesis: 139-164

**Mohamadirizi, S., Kohan, S., Shafei, F., Mohamadirizi, S. (2015).** The Relationship between Clinical Competence and Clinical Self-efficacy among Nursing and Midwifery Students. *International Journal of Pediatrics*, 3(6.2), 1117-1123. doi: 10.22038/ijp.2015.5222

**Mohammed, A., & Ghafel, H. (2022).** Effectiveness of Educational Program on Nurse's Knowledge and Practices Regarding Management of Pregnancy with Danger Signs. *Pakistan Journal Of Medical And Health Sciences*, 16(3), 1074-1077. <https://doi.org/10.53350/pjmhs221631074>

**Mohammed, H., Abd-Elazim, H., & Kamel, H. (2022).** Effectiveness of Implementing Evidence Based Practices Guideline on Nurses' Performance Regarding Caring of Aborted Women. *Minia Scientific Nursing Journal*, 011(1), 11-20. <https://doi.org/10.21608/msnj.2022.117867.1016>

**Mutalib, Dr. T. Y. (2022).** Prevalence and Factors Associated with Hydatidiform Mole among Patients with Missed Abortion. *Journal of Humanities and Education Development*, 4(1), 61–66. <https://doi.org/10.22161/jhed.4.1.7>

**Naif Almansour, S. A. (2021).** Overview on the updates in vesicular molar

pregnancy. *Open J Clin Med Images*, 1(1), 1009.

**Ngan, H., Seckl, M., Berkowitz, R., Xiang, Y., Golfier, F., & Sekharan, P. et al. (2021).** Diagnosis and management of gestational trophoblastic disease: 2021 update. *International Journal Of Gynecology & Obstetrics*, 155(S1), 86-93. <https://doi.org/10.1002/ijgo.13877>

**O'Shaughnessy, E., O'Donoghue, K., & Leitao, S. (2021).** Termination of pregnancy: Staff knowledge and training. *Sexual & Reproductive Healthcare*, 28, 100613. <https://doi.org/10.1016/j.srhc.2021.100613>

**Soper, J. T. (2021).** Gestational Trophoblastic Disease: Current Evaluation and Management. *Obstetric Anesthesia Digest*, 41(4), 168–169. <https://doi.org/10.1097/01.aoa.000079608.8.25096.4b>

**Tamri, Y., & ParsaYekta, Z. (2022).** Effect of a Discharge Planning Program on the Quality of Life in Women With Breast Cancer. *Journal Of Holistic Nursing And Midwifery*, 32(3), 186-195. <https://doi.org/10.32598/jhnm.32.3.2197>

**Tracy, M. F., & In O'Grady, E. T. (2019).** *Hamric and Hanson's advanced practice nursing: An integrative approach.*

**Wuepper, D., & Lybbert, T. J. (2017).** Perceived Self-Efficacy, Poverty, and Economic Development. *Annual Review of Resource Economics*, 9(1), 383–404. <https://doi.org/10.1146/annurev-resource-100516-053709>

**Zakaria, A., Hemida, R., Elrefaie, W., & Refaie, E. (2020).** Incidence and outcome of gestational trophoblastic disease in lower Egypt. *African health sciences*, 20(1), 73-82.