



“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING HEPATITIS AMONG STAFF NURSES WORKING IN SELECTED HOSPITALS OF HARYANA”

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ABSTRACT:

Hepatitis is an inflammation of the liver that is caused by a variety of infectious viruses and noninfectious agents leading to a range of health problems, some of which can be fatal. There are five main strains of the hepatitis virus, referred to as types A, B, C, D and E. While they all cause liver disease, they differ in important ways including modes of transmission, severity of the illness, geographical distribution and prevention methods. Hepatitis is matter of concern since decades and is still a matter of concern now if specific measures will not be taken to prevent this deadly disease. The research approach used for this study was quantitative research approach and descriptive design was adopted for the study. The setting of the study was in selected hospitals of Faridabad (Haryana). A non-probability sampling technique was used to select the sample. The sample size was 100 staff nurses. The data was analyzed and interpreted in terms of objectives formulated descriptive and inferential statistics were used for the data analysis.

The study conducted, assess the knowledge and attitude which is present in the staff Nurses working in hospitals and also aims at improving the level of knowledge by determination of relationship of knowledge and other variables making the study worth it.

Keywords: Knowledge, Attitude, Hepatitis

INTRODUCTION

Hepatitis is inflammation of the liver tissue. Some people or animals with hepatitis have no symptoms, whereas others develop yellow discoloration of the skin and whites of the eyes (jaundice), poor appetite, vomiting, tiredness, abdominal pain, and diarrhea. Hepatitis is acute if it resolves within six months, and chronic if it lasts longer than six months. Acute hepatitis can resolve on its own, progress to chronic hepatitis, or (rarely) result in acute liver failure. Chronic hepatitis may progress to scarring of the liver (cirrhosis), liver failure, and liver cancer. Some types of hepatitis are preventable through vaccination. A WHO study found that an estimated 4.5 million premature deaths could be prevented in low- and middle-income countries by 2030 through vaccination, diagnostic tests, medicines and education campaigns. WHO's global hepatitis strategy, endorsed by all WHO Member States, aims to reduce new hepatitis infections by 90% and deaths by 65% between 2016 and 2030.¹

Globally 325 million people live with hepatitis infection.² Infection with hepatitis A virus is typically acute and self-limiting. Hepatitis A infection does not cause chronic liver disease and is rarely fatal. Some patients may develop more severe symptoms which may last up to a few months. The virus is primarily spread when an uninfected (and unvaccinated) person ingests food or water that is contaminated with the feces of an infected person. The virus can also be transmitted through close physical contact with an infectious person, through dirty hands and through sexual contact.

In low endemicity countries, reported rates of hepatitis A are low. Disease may occur among adolescents and adults in high-risk groups, such as injecting-drug users, MSM, people travelling to areas of high endemicity, and in isolated populations, such as closed religious communities

So far, no fatalities have been reported in connection with the ongoing outbreaks. It has the potential to spread further to the general population if control measures (vaccination, hygiene, food safety, and safer sex measures) are not implemented³.

A survey conducted by Roya Mansour-Ghanaei, Farahnaz Joukar, Fatemeh Souti and Zahra Atrkar-Roushan, aimed to determine the knowledge level and attitude of medical students in Guilan University toward Hepatitis B and C viruses' infections. In a cross-sectional survey, the knowledge and attitude of 424 medical science undergraduate students of nursing, midwifery, operating room technician, laboratory, anesthesiology and radiology in Guilan University of Medical Sciences toward Hepatitis B virus (HBV) and Hepatitis C virus (HCV) infections were investigated using a standardized questionnaire. The mean (SD) knowledge level of the medical students toward HBV and HCV were 17 ± 5 from 28 and 10.58 ± 6.7 from 29 questions respectively. Females, nursing students, fourth year students, those who worked in hospital and those who had needle stick injuries (NSI) history showed significantly higher knowledge scores toward HBV ($P < 0.05$). Married students, anesthesiology students, those who were in their fourth year of study, and those who worked in hospital had significantly higher mean knowledge scores toward HCV ($P < 0.05$). Also students' attitude toward HBV and HCV was positively correlated with their mean knowledge level ($r=0.14$, $p=0.004$), ($r=0.18$, $p=0.0001$). Education on the nature, symptoms, transmission, prevention and treatment

of HBV and HCV infections may increase the willingness of health care workers to care for infected persons⁴.

A cross-sectional survey was conducted between December 2014 and December 2015 by Raed Almutairi et al among senior health science at the College of Medicine, the College of Dentistry, and the Laboratory Section of Applied Medical Sciences in Qassim University, Al-Qassim, Saudi Arabia. A validated questionnaire was randomly distributed to male and female senior students to test students' knowledge of the general information on hepatitis B and C as well as their attitudes toward hepatitis B and hepatitis C patients and the disease in general. A total of 205 respondents were invited, but only 180 participated in this survey. Higher knowledge was positively correlated with a higher belief in providing equitable care to hepatitis B/C patients and general anxiety about handling such patients ($P < 0.004$). Higher beliefs in equity and anxiety predicted higher knowledge when everything else was held constant. It was found that a positive relationship between knowledge levels and attitudes toward HBV and HCV patients⁵.

STATEMENT OF PROBLEM

“A study to assess the knowledge and attitude regarding hepatitis among staff nurses working in selected hospitals of Haryana.”

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding Hepatitis among Staff Nurses.
2. To assess the attitude towards Hepatitis among staff Nurses
3. To determine the association between knowledge and attitude with selected demographical variables.

HYPOTHESIS

H1: There is an association between the knowledge level and attitude of the staff Nurses and selected demographic variables.

DELIMITATION

The study is delimited to:

- Staff Nurses in the age group of 25-35 years.
- Staff Nurses working in different hospitals of Faridabad Haryana.

PROJECTED OUTCOME

The study findings will help to improve the knowledge regarding hepatitis and minimizes its prevalence.

REVIEW OF LITERATURE:

The review of literature for this study was organized under following headings.

1. Studies related to knowledge regarding hepatitis.
2. Studies related to the attitude towards hepatitis.

Research Methodology:

A descriptive study is carried out for the purpose of providing and accurate portrayal of a group of subjects with specific characteristics, situations or group and frequency with which certain phenomenon occurs.

POPULATION**Target population**

Target population for the present study was comprised of Staff Nurses working at Asian Institute of Medical Sciences Faridabad Haryana. The total number of sample was 100 Staff Nurses.

Accessible Population

Accessible population for the present study was Staff Nurses working in different hospitals of Faridabad Haryana.

SAMPLING TECHNIQUE:

Convenience sampling technique was used to select the subjects. A total number of 100 subjects were selected for the present study.

CRITERIA FOR SAMPLE SELECTION:

The samples were selected based on the following inclusion and exclusion criteria

Inclusion criteria

- Age within 25-35 years and working in different hospitals of Faridabad Haryana.
- Subjects who are willing and available to participate during data collection period.

Exclusion criteria

- Subjects who were less than 25 years of age and above 35 years of age.
- Subjects who were not willing to participate and not available during data collection.

VARIABLES:**Independent Variables**

In this study, self-instruction module regarding hepatitis and attitude towards hepatitis was the independent variable.

Dependent Variable

In this study, the level of knowledge regarding Hepatitis and attitude towards hepatitis among Staff Nurses was dependent variable.

Section I

It was about demographic profile such as age, qualification, year of experience, marital status.

Section II

Structured interview schedule was prepared to assess the knowledge of Staff Nurses regarding Hepatitis.

Section III

This section was prepared to assess the attitude of staff nurses towards hepatitis.

RELIABILITY OF THE TOOL

The tool was tested to ensure the reliability. It has been administered on 5 Staff Nurses working in the hospital during the pilot study. Reliability of the tool was established by test re-test method and the reliability was $r=0.8$. Hence the tool was reliable.

DATA COLLECTION PROCEDURE:

The data had been collected by investigators in the month of Nov-Dec, 2021 from 100 subjects using structured interview schedule in selected hospitals of Faridabad Haryana. The respondents were oriented and explained the purpose and importance of the study. They were assured about the confidentiality of their

responses. The purposive and convenient sampling has been used to select the subjects for structured interview schedule. Average time taken was 10 minutes per subject.

Results:

Frequency and percentage distribution as per their level of knowledge and attitude of hepatitis among Staff Nurses working in selected Hospitals of Faridabad Haryana.

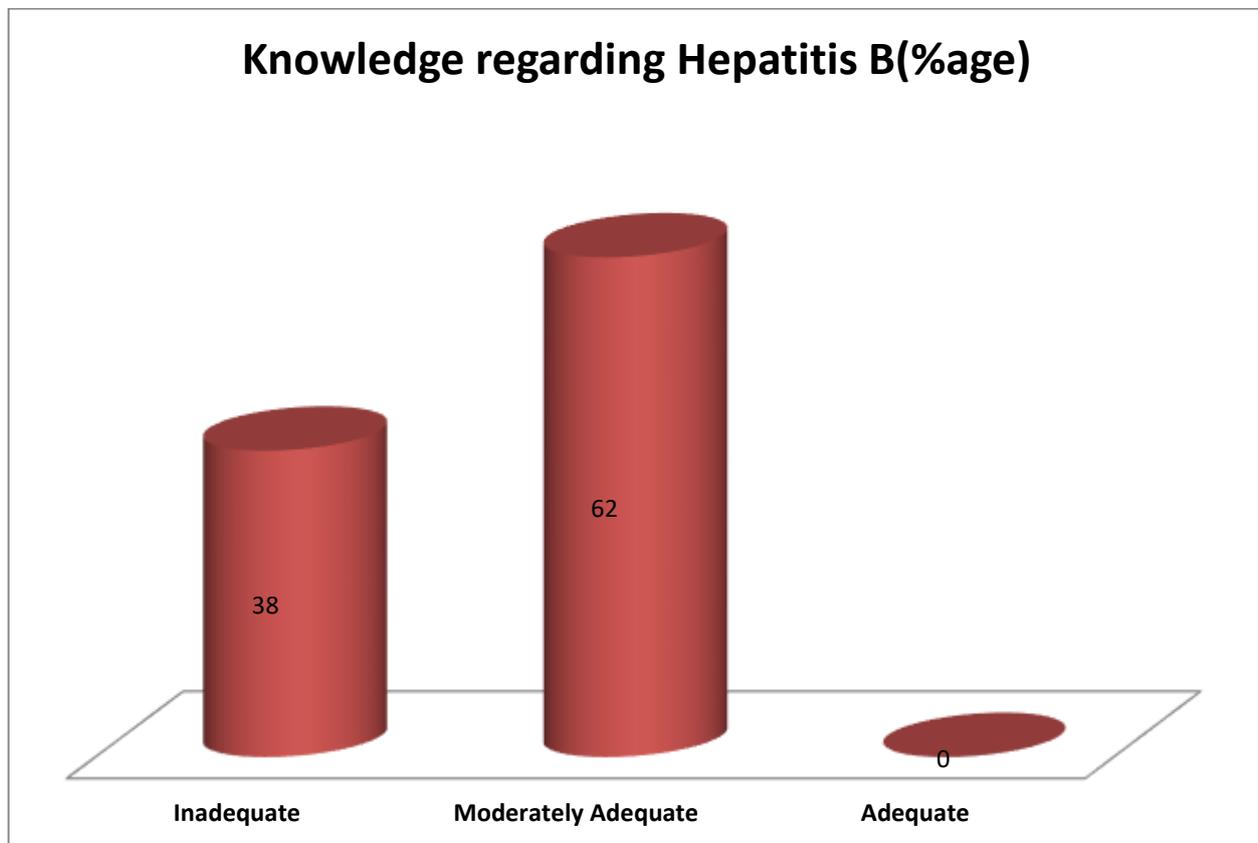
S. No	Grade	Score	Percentage
1	In adequate	≤ 9	$< 50\%$
2	Moderately Adequate	10-13	50-72%
3	Adequate	> 13	$> 72\%$

This table comprises the score obtained into three grades with score less than or equal to 50% labeled as inadequate and a score above 72% as adequate. Anything between these is labeled as moderately adequate

Score criteria for knowledge regarding hepatitis

Grade	Total Score	
	Number	%age
Inadequate	38	38
Moderately adequate	62	62
Adequate	0	0

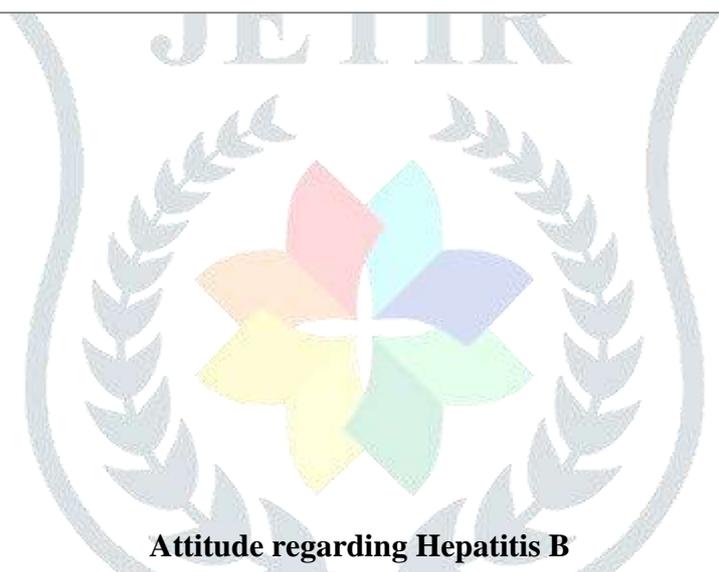
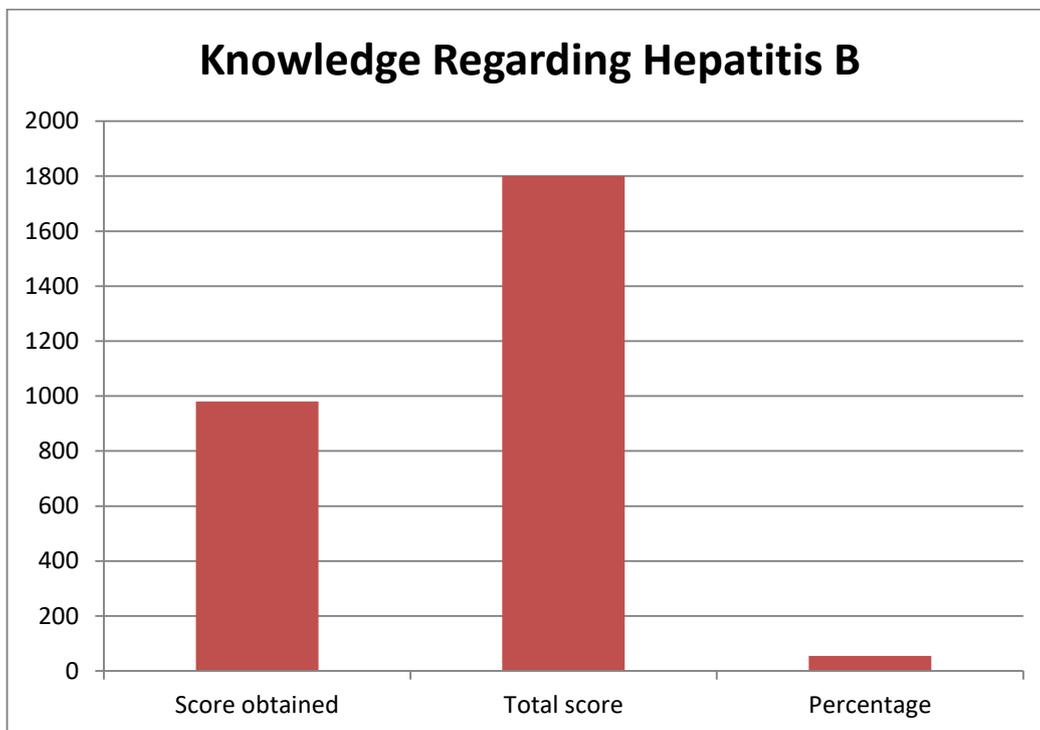
In order to assess the knowledge regarding Hepatitis B among staff nurse , about 38(38%) staff nurse had inadequate knowledge and majority of staff nurses i.e. 62 (62%) had moderately adequate knowledge were none had adequate knowledge regarding Hepatitis B among staff nurses. This specifies an average level of Knowledge among staff nurses as depicted by the diagram.



Total Knowledge Score

Knowledge Score		
Score Obtained	Total Score	Percentage
981	1800	54.5

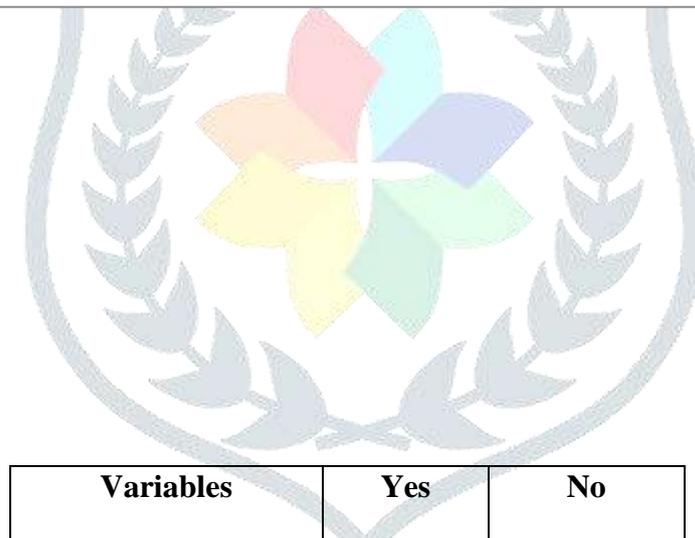
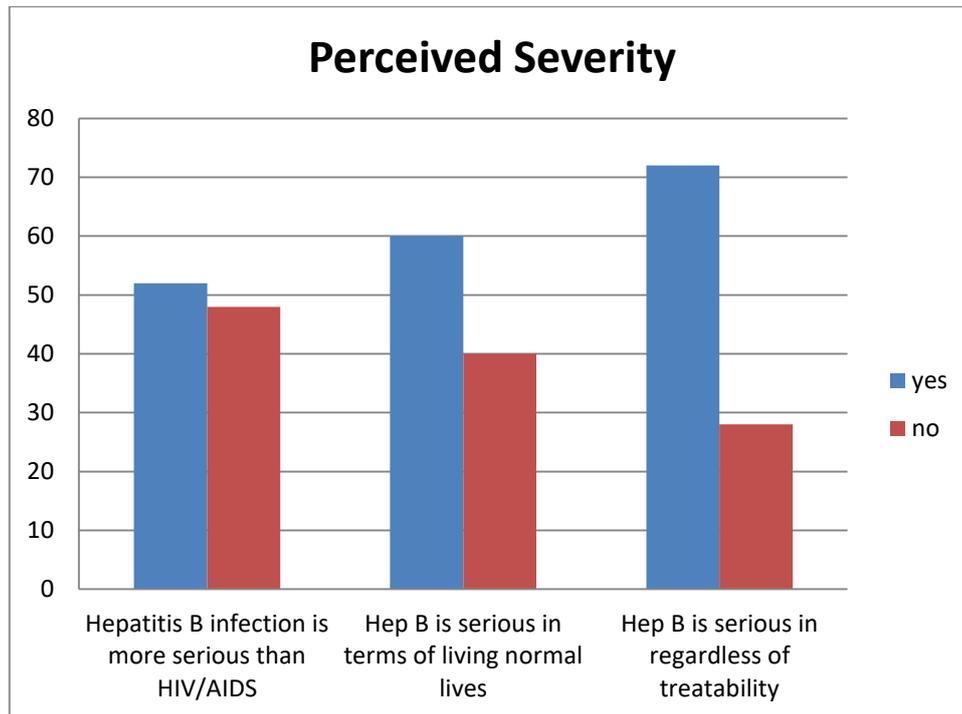
The above table depicts the Knowledge test score regarding Hepatitis B. The total score achieved by the study group was 981 out of 1800 which is 54.5 % and which specifies an average level of knowledge regarding Hepatitis B.



Attitude regarding Hepatitis B

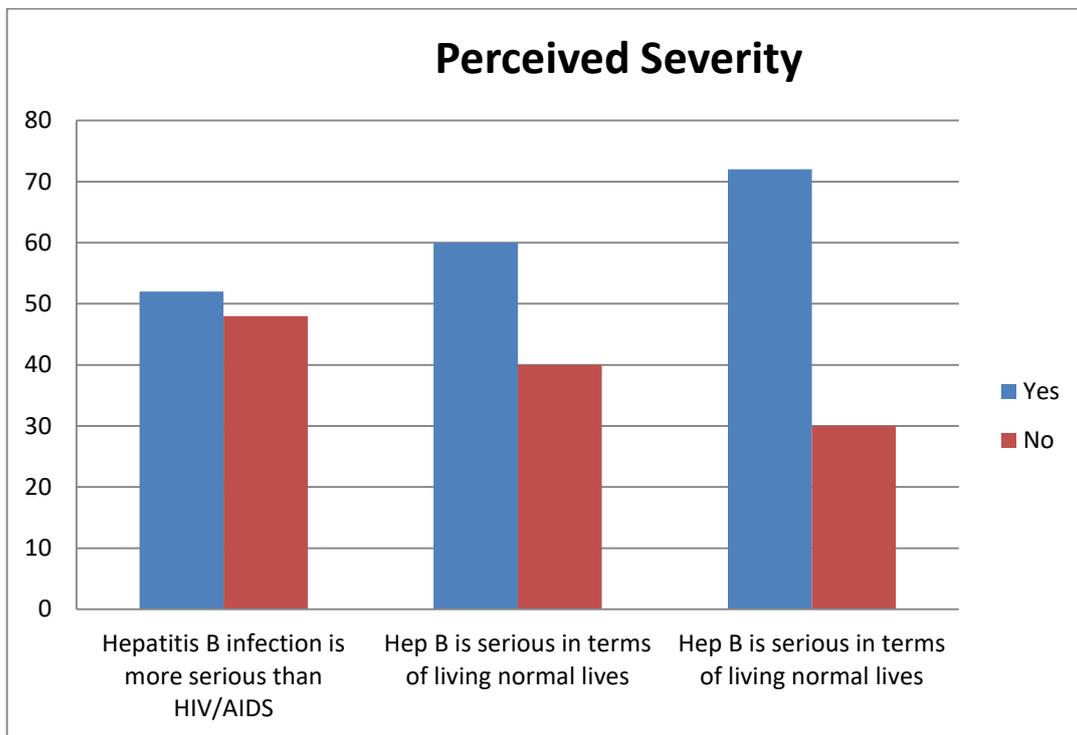
Variables	Yes	No
Perceived Susceptibility		
Generally, you are at risk of infection	70%	30%
Occasional contact with blood is risky	76%	24%
Personal protective equipment usage is necessary in surgery	72%	28%

The above table depicts the perceived susceptibility majority of the staff nurses i.e. (70%) says that they are at a risk of infection, 76% nurses confirm that contact with blood is risky. Likewise 72% staff nurse's give opinion in favor of protective equipment during surgery is necessary



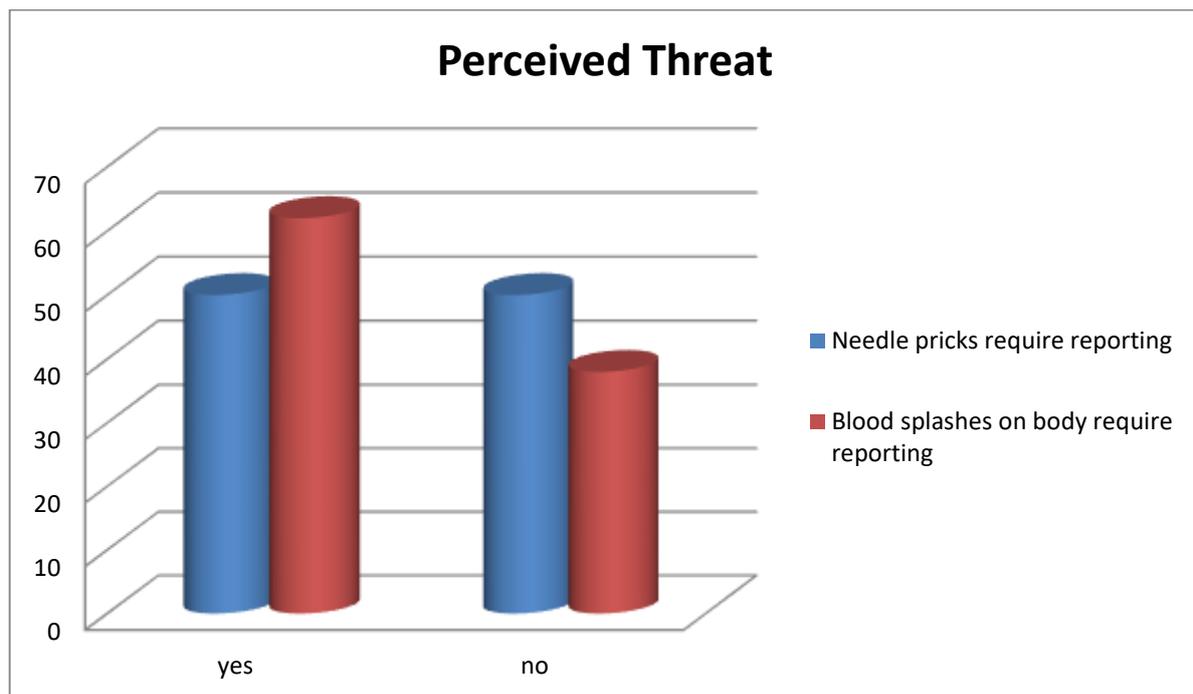
Variables	Yes	No
Perceived Severity		
Hepatitis B infection is more serious than HIV/AIDS	52%	48%
Hep B is serious in terms of living normal lives	60%	40%
Hep B is serious in regardless of treatability	72% %	28%

The above table depicts the perceived severity, almost half of the staff nurses (i.e., 52%) says that Hepatitis B infection is more serious than HIV/AIDS, 60% nurses confirms that Hepatitis B is serious in terms of living normal lives. Likewise 72% Staff Nurses gives opinion in favor of Hepatitis B as a serious concern regardless of treatability



Variables	Yes	No
Perceived Threat		
Needle pricks require reporting	50%	50%
Blood splashes on body require reporting	62%	38%

From the above table in reference to perceived threat half of staff nurses says that needle pricks require reporting and 62% staff nurses confirms that Blood splashes require reporting.



To find association of knowledge with selected variables (Educational qualification/Gender).In order to find out association of knowledge with selected demographic variables we set up a null hypothesis.

H₀: There is no significant difference between knowledge with selected demographic variables (Educational qualification/Gender).

H₁: There is significant difference between knowledge and demographic variables.

Association of knowledge with Qualification							
Qualification	Yes	No	Total	df	Chi-square calculated	Chi-squ. tab	Interpretation
DGNM	801	639	1440	1	8.7658	3.841	Highly significant
B.Sc Nursing	170	190	360				
Total	971	829	1800				

Association of knowledge with gender							
GENDER	Yes	No	Total	df	Chi-square calculated	Chi-square. tab	Interpretation
Male	408	348	756	1	0.133	3.841	No Significant difference
Female	573	471	1044				
Total	981	819	1800				

CONCLUSION:

This study concluded that the knowledge and attitude among staff nurses regarding hepatitis was sub-optimal. To effectively prevent hepatitis infection and promote the health of staff nurses, it is recommended advocacy and the implementation of institution-based policies for hepatitis infection prevention; creation of enabling environment through hepatitis infection prevention education, provision of free or subsidized hepatitis infection screening, treatment and vaccination services; strengthening of the nursing community action; development of hepatitis infection prevention skills such as prevention of needle stick injuries and the enforcement of proper professional ethics. These disease prevention interventions should be streamlined towards the specific needs of Staff Nurses in the hospital as well as in the community.

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