

## EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING HEPATITIS AMONG PATIENTS ATTENDING OUTPATIENT DEPARTMENT OF GASTROENTEROLOGY AT A SELECTED HOSPITAL, DHANBAD.

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### ABSTRACT

**BACKGROUND:** Viral hepatitis is an ongoing global infectious public health problem and a major cause of chronic liver disease, including liver cancer. Hepatitis A is referred to as one of the oldest disease known to humankind by the world health organization. Hepatitis A virus was first discovered in 1973 by Steven M Feinstone as a nonenveloped, spherical, positive RNA virus. Viral hepatitis cause 1.34 million deaths in 2015, a number comparable to deaths caused by tuberculosis and HIV. Approximately 1.75 million people were newly infected with HCV in 2015, bringing the global total of people living with hepatitis C about 71 million.

**OBJECTIVE:** The main study objective of the study is to provide support to the patient by assessing effectiveness of Structured teaching programme on knowledge and attitude regarding hepatitis.

**METHOD:** The study was done in the year 2018. The study was done to evaluate the effectiveness of Structured Teaching Programme on Knowledge and Attitude Regarding Hepatitis Among Patients Attending Out Patient Department of Gastroenterology at a selected hospital of Dhanbad Jharkhand. Pre -experimental one group pretest posttest design was used for this study. Sixty patients were selected through Non – Probability Convenience Sampling Technique. Pretest score on Knowledge and Attitude were assessed by using Structured Questions and five - point Likert scale, pre test was conducted and intervention was given on the same day. Posttest assessment was done on the 7<sup>th</sup> day by using same scales. The data obtained were analyzed using both descriptive and inferential statistics term of frequencies, percentage, mean, median, standard deviation and 't' value.

**RESULT:** The pretest mean score on knowledge was  $12.6 \pm 3.62$  and attitude was  $42.63 \pm 13.95$ . The posttest mean score on knowledge was  $26.56 \pm 3.87$  and attitude was  $73.4 \pm 14.75$ . The obtained 't' value on knowledge and attitude was 33.8 and 12.17 significant at  $p \leq 0.05$  (table value 2.02). The correlation between the knowledge and attitude in pretest score was 0.01 and in post test score 0.29. This reveals that there was positive correlation between knowledge and attitude in posttest.

**CONCLUSION:** The study concluded that structured teaching programme was effective in improving the knowledge and developing most favorable attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.

**IMPLEMENTATION FOR PRACTICE:** The findings of the study have implementation for nursing practice, nursing education, nursing administration and nursing research.

**KEY WORDS:** Hepatitis, Attitude, Knowledge, Structured Teaching Program, Effectiveness and Patients.

**INTRODUCTION:** Hepatitis is an ongoing global infectious public health problem and a major cause of chronic liver disease, including liver cancer. Hepatitis is a cause for major health care burden in India and is now equated as a threat comparable to the “big three” communicable diseases – HIV/AIDS, Malaria and tuberculosis. Hepatitis A virus and Hepatitis E virus are predominantly enterically transmitted pathogens and are responsible to cause both sporadic infections and epidemics of

acute viral hepatitis. Hepatitis B virus and Hepatitis C virus are predominantly spread via parenteral route and are notorious to cause chronic hepatitis which can lead to grave complications including cirrhosis of liver and hepatocellular carcinoma. Around 400 million people all over the world suffer from chronic hepatitis and the Asia – Pacific region constitutes the epicenter of this epidemic. Hepatitis A is referred to as one of the oldest diseases known to humankind by the world health organization. Hepatitis A virus was first discovered in 1973 by Steven M Feinstone as a nonenveloped, spherical, positive RNA virus. Hepatitis A virus was an unidentified viral disease prior to this discovery. Hepatitis A virus has been called epidemic hepatitis, epidemic jaundice. Virulence factors associated with hepatitis A virus include viral agents that produce an immune response. These antibodies become present five to ten days after the initial infection. Hepatitis A virus is absorbed into the bloodstream from the small intestines and reaches the liver through portal circulation. The humans are the only known reservoir of hepatitis. The natural history of hepatitis C virus infection remains incompletely understood in part due to differing research methods used to determine disease course across studies. In 1977 an Italian doctor named Mario Rizzetto discovered a new nuclear antigen in the liver cells of patients infected with hepatitis B virus (HBV). The antigen was thought to be a new protein encoded by HBV, and it was labeled as the delta antigen. Despite the fact that Hepatitis E Virus was discovered only in late 20<sup>th</sup> century, its origin appears to be fairly ancient. Hepatitis E as a distinct

entity was first suspected nearly 30 years ago in India. Viral hepatitis cause 1.34 million deaths in 2015, a number comparable to deaths caused by tuberculosis and HIV. Approximately 1.75 million people were newly infected with HCV in 2015, bringing the global total of people living with hepatitis C about 71 million.

#### REVIEW OF LITERATURE:

**Sylvia Drazilova et al., 2018** Conducted a across sectional to assess the prevalence and risk factors for Hepatitis B virus infection in Roma population, Slovakia. Total sample of 855 samples were selected by random sampling technique. Data was collected by questionnaire. The result reveals that global Hepatitis B surface antigen (HbsAg) positivity rate was 7.7% (i.e., active Hepatitis B) and anti-hepatitis B core IgG antibody (Anti HBC IgG) positivity rate was 34.6%. Roma population had significantly higher prevalence of Hepatitis B, Both active chronic infection 95%  $p < 0.0001$  and anti HBC IgG positivity 95%;  $p < 0.0001$ . There is very higher prevalence of Hepatitis B in Roma community in Slovakia.

**Krishnasamy Narayanasamy et al., 2015** conducted a study to assess the prevalence of hepatitis B and C virus infection in Urban and rural population of Tamil Nadu, India. A total of 2291 samples were selected by random sampling technique. Serum samples were collected from the samples and were screened for the HbsAg and anti – HCV using rapid test device. The result reveals that of the 2291 individuals screened, 5 (0.2%) were positive for anti – HCV. All the five participants were urban residents. The

overall prevalence of HBV was 3.6%. The prevalence was higher in urban than in rural area  $p = 0.001$ . More males were infected with HBV than females 0.56%,  $p = 0.013$ . Alcoholics were at two times more risk of getting HBV infection than non – alcoholics 2.01%  $p = 0.004$ . hence, the general population prevalence of HBV or HCV were limited in India.

**Kumbha U.Tet al., 2017** conducted a cross sectional study to assess the knowledge, attitude and practices regarding Hepatitis B virus infection among health sector personnel. A sample size of 120 were selected by random sampling technique. Data was collected by questionnaire. The chi square test and percentage was used to analyze. The result shows that chi square value is 13.61 with 2 degrees of freedom at 5% level.  $P=0.001$ . Highly significant. Hence health sector personnel have adequate knowledge.

**Akpor O.A& Akingbehin O.M 2017** conducted a quantitative descriptive study to assess knowledge and attitude of Health care workers towards hepatitis B infection and vaccination in a Federal teaching hospital in south west, Nigeria. A sample of 139 were selected by stratified random sampling technique. Data was collected by using structured self - administered questionnaire. Data was analyzed by using descriptive statistics. The result shows that 41 % and 48 % of the respondents were in the age range of 20 – 30 years and 31 – 40 years, respectively. Only 30.2 % of the respondents believe that it is vital to recap needles after use while 79.9 % believes that hepatitis B can transmitted as a nosocomial infection. It is therefore imperative to improve their knowledge to

influence their practice.

**Hemavathy, V.J.Bini paul, Meena.R, 2015** conducted a pre-experimental study was to assess the effectiveness of planned teaching programme on knowledge among mothers of school children (6 -14yrs) regarding hepatitis A & E at Anakaputhur. Total of 60 samples were selected by non-randomized purposive sampling technique. The result of pretest shows majority of the mothers 34 (56.8%) had moderate adequate knowledge level, 22 (36.6%) inadequate knowledge level and 4 (6.6%) had adequate knowledge level. In posttest majority of samples have adequate level of knowledge (86.6%) and have moderate adequate level of knowledge (13.4 %). The pretest knowledge score is 16.0 and the posttest knowledge score is 24.9 the obtained 't' value 12.2 statistically significant. This indicates that Planned teaching Programme was effective.

**METHODOLOGY:** The study was done in the year 2018. A quantitative approach was used for the study in which pre experimental one group pretest and posttest design was used. All the Patients were explained about the study and written consent were taken from every patient dually signed. Ethical approval and clearance were taken from the Intuition review board. Permission letter for the data collection was also taken from Aserfi Hospital, Dhanbad Jharkhand. As this was center recommended for research.

**SAMPLING:** The population of this study includes the patients who are attending gastroenterology outpatient department of selected hospital of Dhanbad. Non- probability convenience

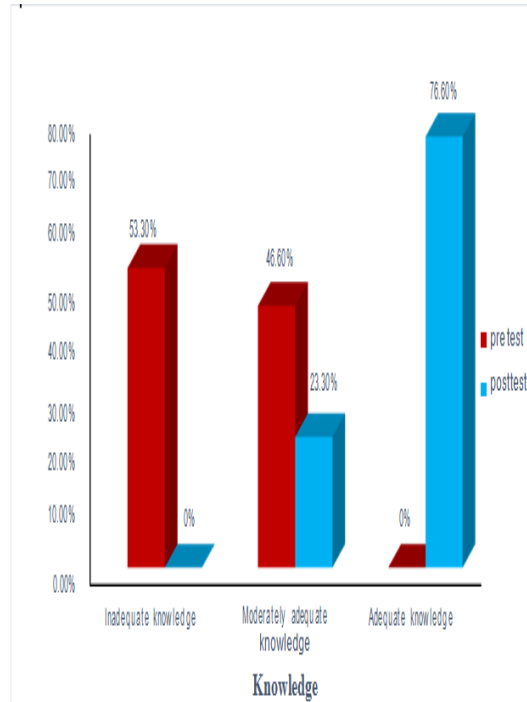
sampling technique was adopted for selecting samples for the study. Sample size of the study was 60 patients who were attending outpatient department of gastroenterology

**INCLUSION CRITERIA:** The patients who are attending out patient department of gastroenterology. Patients who are willing to participate in the study.

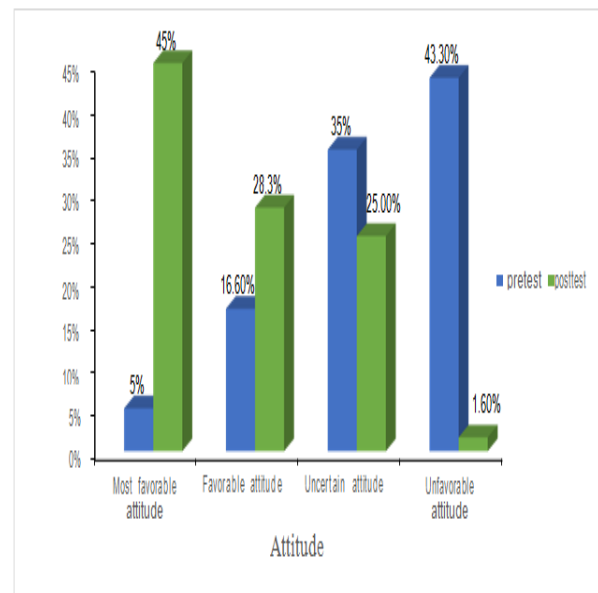
**DATA COLLECTION:** Investigator obtained written permission from the institution then informed the Head of Gastroenterology department. The data was collected from 14<sup>th</sup> May to 30<sup>th</sup> June 2018. Total 60 patients who fulfil the inclusion criteria were selected from Aserfi hospital by non – probability convenience sampling technique. The purpose of the study was explained to the patients and written consent was taken. Socio demographic data were collected by interview schedule and the knowledge was assessed by using structured questionnaire and attitude was assessed by using five point Likert scale on the first day. After the pretest “Structured teaching programme on hepatitis, and teaching was given to patients for 30 minutes by images imparted through Laptop. The posttest knowledge and attitude was assessed on the 7th day after the intervention, by using same structured questionnaire and five point Likert scale.

**DATA ANALYSIS AND INTERPRETATION:** Data was analyzed using descriptive and inferential statistics on the basis of objective and hypothesis of the study. The data were plotted on master sheet and then computed. The mean pre-test score on knowledge regarding hepatitis was  $12.6 \pm 3.6$  and post test score was  $26.56 \pm 3.87$

respectively. The ‘t’ value was 33.81, significant at  $p \leq 0.05$  level. The mean pre-test score on attitude regarding hepatitis was  $42.63 \pm 13.95$  and post test score was  $73.4 \pm 14.75$  respectively. The ‘t’ value was 12.17, significant at  $p \leq 0.05$  level.



**Fig:- 1. Percentage distribution of patients according to their pre-test and post- test scores on knowledge regarding hepatitis among patients attending outpatient department of Gastroenterology.**



**Fig:- 2. Percentage distribution of patients according to their pre-test and post- test scores on attitude regarding hepatitis among patients attending outpatient department of Gastroenterology.**

**Table:1. Mean, Standard deviation, mean difference and paired 't' value on knowledge regarding Hepatitis among patients attending OPD before and after Structured teaching programme. n=60**

Knowledge	Mean	SD	df	Paired 't' value
Pretest	12.6	3.64	59	33.8
Post test	26.56	3.87		

\*Significant at  $p \leq 0.05$  level; Table value = 2.02

**Table:2. Mean, Standard deviation, mean difference and paired 't' value on attitude regarding Hepatitis among patients attending OPD in pretest and posttest. n=60**

Attitude	Mean	SD	Df	't' test value
Pretest	42.63	13.95	59	12.17
Post test	73.4	14.75		

\*Significant at  $p \leq 0.05$  level; Table value = 2.02

**Table: 3 Correlation between the knowledge and attitude regarding Hepatitis among patients attending OPD of Gastroenterology. n=60**

Group	Knowledge		Attitude		'r' value
	Mean	SD	Mean	SD	
Pre-test	12.6	3.62	42.63	13.95	0.01
Post-test	26.56	3.87	73.4	14.75	0.29

\*Significant at  $p \leq 0.05$  level, Table value= 0.25. df=59

**RESULT AND DISCUSSION:** The pre-test mean score on knowledge and attitude regarding hepatitis was  $12.6 \pm 3.6$  and  $42.63 \pm 13.95$  respectively. The 'r' value was 0.01. The post-test mean score on knowledge and attitude regarding hepatitis was  $26.56 \pm 3.87$  and  $73.4 \pm 14.75$  respectively. The 'r' value was 0.29. The correlation between the knowledge and attitude in pretest score was 0.01 and in post test score 0.29. This reveals that there was positive correlation between knowledge and attitude in posttest. The present study finding reveals that there was a significant association between the pre-test score on attitude regarding hepatitis among patients with their demographic variables such as Age, Religion and Educational status. There was no significant association between the pre-test score on attitude and their selected demographic variables such as Gender, Occupation, Dietary pattern, habit of smoking, habit of alcoholism and co morbid illness.

**CONCLUSION:** The result of this study revealed that structured teaching programme was effective in improving the knowledge and develop most favorable attitude regarding hepatitis among patients

attending outpatient department.

### RECOMMENDATION:

1. A similar study can be conducted with large sample size.
2. A similar study can be conducted with control group.
3. A similar study can be carried out by using different teaching strategies.

### REFERANCES:

- Black Joyce M & Jane Hokanson Hawks. (2005). *Medical Surgical Nursing (7<sup>th</sup> edition)*. Philadelphia: W.B. Saunders Company
- Brunner & Suddharth. (2004). *Textbook of Medical Surgical Nursing (11<sup>th</sup> edition)*. Philadelphia: Lippincott Williams and Wilkins.
- Carol Taylor. (2008). *Fundamentals of nursing the art and science of nursing care. (1<sup>st</sup> edition)*. New Delhi: Lippincott Williams and Wilkins.
- Densie T. Polit Hungler (2007). *Essentials of nursing research methods, appraisals and utilization. (8<sup>th</sup> edition)*. New York: Lippincott.
- Fawcent (2008). *Analysis and evaluation of conceptual Models of Nursing*. New Delhi: F.A. Davis Company.
- Gupta.S.P. (2003). *Statistical Methods (31<sup>st</sup> edition)*. India: Sultan Chand Educational Publication.
- Aijaz Ali et al., (2015). *knowledge regarding risk factors of Hepatitis C virus Transmission and options to avoid them. Journal of Collaborative Research on Internal Medicine & Public health. 7 (9): 172- 185.*