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Counseling Capability of Health Care Professionals in a Tertiary Level Hospital

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Study design: This study was designed as a descriptive perspective, hospital-based study cross-sectional survey which conducts using a pretested, structured, and validated question.

Methods: We have given a structured questioner to all participants, the questionnaire designed to evaluate the knowledge, attitude and practice on handling with pregnant Hypertensive and Diabetic patients regarding concerning variables such as causes of these diseases, clinical feature, investigation, treatment, complication and preventive measure. We assess the above variable among 309 health caregiver including doctors, nurses, medical assistants.

Keywords: *counseling, hypertension, diabetes mellitus, medical staff.*

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COUNSELINGCAPABILITYOFHEALTHCAREPROFESSIONALSINATERTIARYLEVELHOSPITAL

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Counseling Capability of Health Care Professionals in a Tertiary Level Hospital

S K Chowdhury [α] & M Z Hussain [σ]

Abstract- *Objectives:* Attitude and behavior of medical personal towards the patient has a great influence on recovery and control the ailment. To assess the counseling capability in term of primary knowledge, attitude, and practices of health care professionals, and to recommended way of improvement, we carry out this study in Gynae & Obst department of a tertiary level hospital in Dhaka, Bangladesh.

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Result: Regarding knowledge of causes, sign symptom, investigation, treatment, natural course of disease , complication and preventive measures of pregnant hypertensive and diabetic patient: doctor recorded 17 (56.6%%)good and 13(43.3%) excellent while nurse recorded 5(13.8%) poor and 31(86.11%) good , while medical assistant 194(79.8%) good and 48 (19.7%). Regarding practice of pregnant hypertensive and diabetic patient : doctor recorded 8(26.6%) poor 13(43.3%) good and 9(30%) excellent while nurse recorded 6(16.6%) poor, 8(22.2%) good and 22(61.11%) excellent, while medical assistant 130(53.4%) good and 112(46%) excellent. Regarding positive attitude toward pregnant hypertensive and diabetic patient: doctor recorded 12(40%) poor, 10(33.3%) good and 8(26.6%) excellent. while nurse recorded 10(27.7%) poor, 17(47.2%) good and 9(25 %)excellent, while medical assistant 18(7.4%) poor 56 (23%) good and 169 (69.45%) excellent.

Conclusion: About half of doctors have excellent knowledge remaining are good. Most nurses and medical assistant needs to improve knowledge of relevant diseases. In contrast to practice medical assistant and nurse are the best. Regarding positive attitude medical assistant are the best. In our study we recommend that basic knowledge of common disease should be known by all, regular counseling program, refresher course and organized training should conduct for caregiver.

Keywords: counseling, hypertension, diabetes mellitus, medical staff.

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I. Introduction

a) Hypertension

Sustain elevation of blood pressure, systolic >130 and diastolic >80 or both defined as ypertension.[1] If the cause of hypertension is unknown it's called primary hypertension, which is about 95%.[2] Hypertension with the known cause is secondary hypertension. Hypertension occurs in approximately 8–10% of pregnancies. Two blood pressure measurements six hours apart of greater than 140/90 mm Hg is diagnostic of hypertension in pregnancy.[3] usually hypertension is asymptomatic. Only a few patients shows clinical feature of hypertension if it is severe and long standing.[4] Hypertension usually clinically diagnosed during routine check-up or incidental finding during follow up.[5] there is no significant test for the diagnosis of hypertension. But few tests are routinely done to determine the cause, assess damage and scoring cardiovascular risk factors.[6,7] The treatment option is pharmacological and no pharmacological including lifestyle change, drugs including diuretics, beta-blockers, ACEI, ARB and calcium channel blocker. [8]

b) Diabetes Mellitus

Hyperglycemia due to impaired insulin secretion and variable degree of peripheral insulin resistance is defined as Diabetes mellitus. [9] Patient usually present with high blood sugar with polydipsia, polyphagia, polyurea, and blurred vision.[10] Longstanding diabetes mellitus may present with vascular disease, peripheral neuropathy, nephropathy and predisposing to infection.[11] Two to ten percent of women without diabetes may develop diabetes during pregnancy called gestational diabetes, so those at normal risk, screening is recommended between 24 and 28 weeks' gestation. Prevention is by maintaining a healthy weight and exercising before pregnancy. [12] Clinically the significant patient is diagnosed by measuring plasma glucose. Treatment is lifestyle modification by diet, exercise, smoking cessation and pharmacological including insulin and antihyperglycaemic agent. Early treatment plan prevent and delayed complication.[13]

c) Justification

Hypertension and Diabetes mellitus is a global public health concern, and mortality excesses that of communicable, maternal and nutritional condition.[14]

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Near about 80% of global death occur due to no communicable disease. [15] Health care professionals are frequently facing the patient of hypertension and Diabetes mellitus in their day to day practice. This research will improve the awareness of health care professionals.

II. Objectives

a) General objective

To evaluate the knowledge, attitude, and practices of health care professionals toward pregnant hypertensive and diabetic patients in Gynae & Obst Department of a tertiary hospital in Dhaka, Bangladesh.

b) Specific objectives

1. To assess awareness of health care professionals about the cause, clinical feature, investigation, treatment of pregnant hypertensive and Diabetic patient.
2. To assess the practice of health care professionals.
3. To assess the attitude of medical staff toward pregnant patients suffering from Hypertension and Diabetes melli.

III. Methods

a) Study design

This study was designed as a descriptive perspective, hospital-based study cross-sectional survey which conduct using a pretested, structured, and validated The questionnaire designed to evaluate the knowledge, attitude and practice on handling with pregnant Hypertensive and Diabetic patients regarding concerning variables such as cause of these diseases, clinical feature, investigation, treatment.

b) Study Area, Duration

This study was conducted in Gynae & Obst Department of a tertiary level, Dhaka, Bangladesh during the period from June 2019 to May 2020.

c) Population

Total coverage for the health care workers who work in Gynae and Obst department of the hospital. A total 309 subjects were enrolled in this study.

d) Inclusion criteria

All health care workers in concerning departments were included specifically house officer's doctors, Medical assistant and Nurses.

e) Exclusion criteria

Physicians and employers who rejected to be a part of this study.

f) Methods of data collection

Data was collected using a questionnaire made specifically for the manner of the research and the data was next analyzed by using SPSS programmed.

g) Ethical Clearance

This study was approved by the Ethical committee of the hospital.

IV. Results

Table 1: shows the crossed tabulation between the different jobs at hospitals and knowledge of the cause of disease, clinical feature, investigation, treatment of Hypertension and Diabetes mellitus. Which represents that doctor recorded the highest scores of knowledge among study population 17 good and 13 excellent while nurses recorded 5 poor and 31 good, while medical assistant 194 good and 84 are excellent. Regarding knowledge of the cause, clinical feature, investigation and treatment of Hypertension and Diabetes Mellitus doctor recorded 17(56.6%)good and 13(43.3%) excellent while nurse recorded 5(13.8%) poor and 31(86.11%) good, while medical assistant 194(79.81%) good and 84(19.4%) are excellent. With P.value = 0.000 using pearson Chi-square test.

Table 2: shows the crossed tabulation between the different jobs at Hospital and practice of counseling of Hypertension and Diabetes mellitus patient. Which represents that doctor recorded the highest scores of The practice among study population 8 poor, 13 good and 9 excellent while nurse recorded 6 poor, 8 good and 22 excellent, while medical assistant 130 good and 112 excellent.

Regarding practice of Hypertension and Diabetes mellitus, doctor recorded 8(26.6%) poor 3(43.3%) good and 9(30%) excellent while nurse recorded 6(16.6%) poor, 8(22.2%) good and 22(61.11%) excellent, while medical assistant 130(53.4%) good and 112(46%) excellent. With P.value = 0.008 using Pearson Chi-square test.

Table 3: shows the cross-tabulation between the different jobs at Hospital and attitude towards Hypertension and Diabetes mellitus patient. Which represents that doctor recorded highest scores of attitude among study population 12 poor, 10 good and 8 excellent while nurse recorded 10 poor, 17 good and 9 excellent, while medical assistant 169 excellent. Regarding attitude towards Hypertension and Diabetes patient doctor recorded 12(40%) poor,10(33.3%) good and 8(26.6%) excellent. while nurse recorded 10(7.4%) poor, 17(47.2%) good and 9(25%)excellent, while medical assistant 18(7.4%) excellent, 56(23%) good and 169(69.54%) excellent. With P.value = 0.000 using Pearson Chi-square test.

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Table 1: Distribution of study group according to their level of knowledge

		Knowledge			Total
		Poor	Good	Excellent	
Job	Doctor	0	17	13	30
	Nurse	05	31	0	36
	Medical assistant	48	194	01	243
Total		53	242	14	309

Table 2: Distribution of study group according to mode of practice they perform

		Practice			Total
		Poor	Good	Excellent	
Job	Doctor	8	13	9	30
	Nurse	6	8	22	36
	Medical assistant	0	130	113	243
Total		14	151	144	309

Table 3: Distribution of study group according to their attitude level

		Attitude			Total
		Poor	Good	Excellent	
Job	Doctor	12	10	8	30
	Nurse	10	17	9	36
	Medical assistant	18	56	169	243
Total		40	83	186	309

V. Discussion

This A cross-sectional survey will conduct using a pretested, structured, and validated questionnaire containing questions on causes, clinical feature, the investigation, treatment, counseling availability of pregnant hypertensive and diabetic patient. Descriptive statistics will carry out for assessing knowledge of the diseases, clinical feature, investigation, and treatment of Hypertension and Diabetes mellitus. Results shows doctor recorded 17 (56.6%) good and 13(43.3%) excellent, while nurse recorded 5(13.8%) poor and 31(86.1%) good, and medical assistant 194(79.8%) good and 48(19.7%) excellent. Regarding practice hypertension and diabetes mellitus: doctor recorded 8(26.6%) poor ,13(43.3%) good and 9(30%) excellent while nurse recorded 6(16.6%) poor, 8(22.2%) good and 22(61.11%) excellent, while medical assistant 130 (53.4%) good and 112(46%) excellent. Regarding positive attitude toward hypertension and diabetes

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mellitus patient doctor recorded 12(40%) poor, 10(33.3%) good and 8(26.6%) excellent. while nurse recorded 10(27.7%) poor, 117(47.2%) good and 9(25%)excellent, while medical assistant 18(7.4%) excellent, 56(23%) good and 169(69.45%)excellent.

Articles Review:

Research shows that one of the most important factors for the caregiver is to assess the patient's self-efficacy beliefs for behavioral change to make health practices easier. [16,17] This is also a central part of motivational interviewing.[18] In overall terms, it appears to be useful to work with the SOC model to obtain a structure for the consultation and counseling that is given in a patient- centered way may lead to treatment plans that are more centered around the patient's beliefs and therefore more likely to produce self-care .[19] As the hypertensive patient is 'at risk', which is less obvious than being sick, the caregiver has to make the patient an active participant in decisions regarding treatment and goal-setting. It is crucial for the caregiver to make a deliberate assessment of the patient's self-care deficits in order to choose the appropriate nursing actions, such as health education. [20] Counseling skills appear to be of value in caregiver empower mental attitudes, inpatient advocacy and in supporting the patient. The caregiver are good at giving support, as reported from Study in this thesis and other research, and this is included in the recommended stage-directed counseling in the preparation, action and maintenance tages.[21]

Supportive communication provided by health-care personnel is also recommended by Burleson and McGeorge but Bell presents an objection to giving support, as it has limited meaning for the internalization of new behaviors.[22] He proposes that new behavior that is only internalized at an integrated level is a prerequisite for maintenance. Glasgow RE et all used RE-AIM framework as a method of systematically considering the strengths and weaknesses of chronic illness (HTN, DM) management interventions in order to guide program planning. The RE-AIM dimensions of Reach, Efficacy, Adoption, Implementation and Maintenance are used to rate one- on-one counseling interventions, group sessions, interactive computer-mediated interventions, telephone calls, mail interventions, and health system policies. The RE-AIM ratings suggest that, although often efficacious for those participating, traditional face-to-face intervention modalities will have limited impact if they cannot be delivered consistently to large segments of the target population. Interventions using new information technologies may have greater reach, adoption, implementation, and maintenance, and thereby greater public health impact. [23]

VI. Conclusion

About half of doctors have excellent knowledge remaining are good. Most nurses and medical assistant needs to improve knowledge of relevant diseases. In contrast to practice medical assistant and nurse are the best. Regarding positive attitude medical assistant are the best. In our study we recommend that basic knowledge of common disease should be known by all, regular counseling program, refresher course and organized training should conduct for caregiver.

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