

1 Counseling Capability of Health Care Professionals in a Tertiary 2 Level Hospital

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4 Received: 16 December 2019 Accepted: 4 January 2020 Published: 15 January 2020

5

6 **Abstract**

7 Attitude and behavior of medical personal towards the patient has a great influence on
8 recovery and control the ailment. To assess the counseling capability in term of primary
9 knowledge, attitude, and practices of health care professionals, and to recommended way of
10 improvement, we carry out this study in Gynae Obst department of a tertiary level hospital
11 in Dhaka, Bangladesh. Study design: This study was designed as a descriptive perspective,
12 hospital-based study crosssectional survey which conducts using a pretested, structured, and
13 validated question. Methods: We have given a structured questioner to all participants, the
14 questionnaire designed to evaluate the knowledge, attitude and practice on handling with
15 pregnant Hypertensive and Diabetic patients regarding concerning variables such as causes of
16 these diseases, clinical feature, investigation, treatment, complication and preventive measure.
17 We assess the above variable among 309 health caregiver including doctors, nurses, medical
18 assistants.

19

20 **Index terms**— counseling, hypertension, diabetes mellitus, medical staff.

21 **1 Introduction a) Hypertension**

22 sustain elevation of blood pressure, systolic >130 and diastolic >80 or both defined as hypertension. 1 If the
23 cause of hypertension is unknown it's called primary hypertension, which is about 95%. 2 Hypertension with the
24 known cause is secondary hypertension. Hypertension occurs in approximately 8-10% of pregnancies. Two blood
25 pressure measurements six hours apart of greater than 140/90 mm Hg is diagnostic of hypertension in pregnancy.
26 3 usually hypertension is asymptomatic. Only a few patients shows clinical feature of hypertension if it is severe
27 and long standing. 4 Hypertension usually clinically diagnosed during routine check-up or incidental finding
28 during follow up. 5 there is no significant test for the diagnosis of hypertension. But few tests are routinely
29 done to determine the cause, assess damage and scoring cardiovascular risk factors. 6,7 The treatment option
30 is pharmacological and no pharmacological including lifestyle change, drugs including diuretics, beta-blockers,
31 ACEI, ARB and calcium channel blocker. 8

32 **2 b) Diabetes Mellitus**

33 Hyperglycemia due to impaired insulin secretion and variable degree of peripheral insulin resistance is defined
34 as Diabetes mellitus. 9 Patient usually present with high blood sugar with polydipsia, polyphagia, polyurea,
35 and blurred vision. 10 Longstanding diabetes mellitus may present with vascular disease, peripheral neuropathy,
36 nephropathy and predisposing to infection. 11 Two to ten percent of women without diabetes may develop
37 diabetes during pregnancy called gestational diabetes, so those at normal risk, screening is recommended between
38 24 and 28 weeks' gestation. Prevention is by maintaining a healthy weight and exercising before pregnancy. 12
39 Clinically the significant patient is diagnosed by measuring plasma glucose. Treatment is lifestyle modification
40 by diet, exercise, smoking cessation and pharmacological including insulin and antihyperglycaemic agent. Early
41 treatment plan prevent and delayed complication. 13

42 **3 c) Justification**

43 Hypertension and Diabetes mellitus is a global public health concern, and mortality excesses that of communica-
44 cable, maternal and nutritional condition. 14

45 **4 S**

46 **5 Medical Research**

47 Volume XX Issue III Version I(D D D D) E © 2020 Global Journals

48 Near about 80% of global death occur due to no communicable disease. ??5 Health care professionals are
49 frequently facing the patient of hypertension and Diabetes mellitus in their day to day practice. This research
50 will improve the awareness of health care professionals.

51 **6 II.**

52 **7 Objectives a) General objective**

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

55 **8 b) Specific objectives**

56 1. To assess awareness of health care professionals about the cause, clinical feature, investigation, treatment of
57 pregnant hypertensive and Diabetic patient.

58 To assess the practice of health care professionals. 3. To assess the attitude of medical staff toward pregnant
59 patients suffering from Hypertension and Diabetes mell.

60 III.

61 **9 Methods a) Study design**

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

66 **10 b) Study Area, Duration**

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

69 **11 c) Population**

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

72 **12 d) Inclusion criteria**

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

75 **13 e) Exclusion criteria**

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

77 **14 f) Methods of data collection**

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

80 **15 g) Ethical Clearance**

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

82 **16 IV.**

83 **17 Results**

84 **18 Discussion**

85 This A cross-sectional survey will conduct using a pretested, structured, and validated questionnaire containing
86 questions on causes, clinical feature, the investigation, treatment, counseling availability of pregnant hypertensive

87 and diabetic patient. Descriptive statistics will carry out for assessing knowledge of the diseases, clinical feature,
88 investigation, and treatment of Hypertension and Diabetes mellitus. Results shows doctor recorded 17 (56.6%)
89 good and 13(43.3%) excellent, while nurse recorded 5 (

90 **19 Articles Review:**

91 Research shows that one of the most important factors for the caregiver is to assess the patient's selfefficacy
92 beliefs for behavioral change to make health practices easier. ??6, ??7 This is also a central part of motivational
93 interviewing. ??8 In overall terms, it appears to be useful to work with the SOC model to obtain a structure for
94 the consultation and counseling that is given in a patient-centered way may lead to treatment plans that are more
95 centered around the patient's beliefs and therefore more likely to produce self-care . ??9 As the hypertensive
96 patient is 'at risk', which is less obvious than being sick, the caregiver has to make the patient an active participant
97 in decisions regarding treatment and goal-setting. It is crucial for the caregiver to make a deliberate assessment
98 of the patient's self-care deficits in order to choose the appropriate nursing actions, such as health education.
99 ??0 Counseling skills appear to be of value in caregiver empower mental attitudes, inpatient advocacy and in
100 supporting the patient. The caregiver are good at giving support, as reported from Study in this thesis and
101 other research, and this is included in the recommended stage-directed counseling in the preparation, action
102 and maintenance tages. ??1 Supportive communication provided by healthcare personnel is also recommended
103 by Burleson and McGeorge but Bell presents an objection to giving support, as it has limited meaning for the
104 internalization of new behaviors. ??2 He proposes that new behavior that is only internalized at an integrated
level is a prerequisite for maintenance. Glasgow ¹

1

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.

Figure 1: Table 1 :

2

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.

Figure 2: Table 2 :

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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.

Figure 3: Table 3 :

1

Figure 4: Table 1 :

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Figure 5: Table 2 :

3

V.

Figure 6: Table 3 :

cardiovascular disease in patients with type 1 diabetes". N.

RE et all used RE-AIM framework as a method of systematically considering the strengths and weaknesses of

program planning. The RE-AIM dimensions of Reach, Efficacy, Adoption, Implementation and Maintenance

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
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Figure 7:

106 Conflict of interest: None declared.

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