

SUMMER TRAINING REPORT
ON
“KNOWLEDGE, ATTITUDE AND PRACTICE
AMONG HEALTHCARE WORKERS
REGARDING COVID-19”
AND
ESSENTIALS OF GLOBAL HEALTH

SUBMITTED BY:- RITIKA GUPTA

UNDER THE GUIDANCE OF DR. J.P SINGH SIR



INTRODUCTION

- The study will be analyzing health care workers knowledge, practices, and attitudes regarding COVID-19. A cross-sectional survey will be conducted in June 2020 involving health care workers enrolled in CAHO online program. To assess the knowledge of COVID19, fear of self-infection with the virus, and following correct practices regarding COVID19. In addition to knowledge level, some risk factors including work experience and job category influencing health care workers attitudes and practice concerning COVID-19.

RESEARCH QUESTION

- What is the level of knowledge among healthcare workers regarding COVID -19?
- Does healthcare workers following guidelines given by WHO to fight against **COVID -19**?
- What are precautionary measures taken by the healthcare workers to protect themselves and their family against virus?
- What is the level of fear of self-infection with the virus among healthcare workers?

OBJECTIVES

- 1.To study the level of knowledge among healthcare workers regarding COVID-19.
- 2. To study healthcare workers following guidelines given by WHO to fight against COVID-19.
- 3.To study precautionary measures taken by the healthcare workers to protect themselves and their family against virus.
- 4. To study the level of fear of self-infection with the virus among healthcare workers.

LIMITATION OF THE RESEARCH

- Due to COVID-19 it was difficult to visit any hospital and conduct the survey.
- Due to COVID-19 many hospitals refused to conduct any survey.
- It was difficult to get the maximum responses through online survey.
- People were reluctant and were not filling the form so it increased the number of days to collect the responses.

METHOD AND MATERIAL

• STUDY DESIGN

This cross-sectional study among enrolled healthcare professionals' participants in online course of migration from 4th NABH to 5th NABH in the CAHO (Consortium of Accredited Healthcare Organizations) in India, between June 16 and June 30, 2020. After obtaining consent of each participant, a semi-structured questionnaire was administered using the Google form. The permission for conducting this study was obtained from the General Secretary of CAHO.

• SAMPLING

Purposive sampling technique was applied to collect data from 208 health professionals who were currently enrolled in the CAHO online program. A total of 161 healthcare workers (77.40%) who had access to the internet during this crucial period and had agreed to participate, completed the survey.

METHOD AND MATERIAL

• DATA COLLECTION

The questionnaire was developed on basis of guideline issued by WHO World health organization and ICMR, Indian council medical research.

The questionnaire consisted of four sections, namely demographic background (five questions), knowledge (five questions), attitude (seven questions), and practices (eleven questions) regarding COVID-19.

The link to the questionnaire was sent to the participating healthcare professionals

RESULT

Variables	Subgroups	n (%)
Age	Less than 30 years	20 (%)
	31-39 years	39 (%)
	40-49 years	26 (%)
	More than 50 years	15 (%)
Gender	Female	65 (%)
	Male	35 (%)
Job categories	Doctors	38 (%)
	Nurses	33 (%)
	Paramedics	29 (%)
Educational attainment	Junior college and below	6 (%)
	Graduate	1 (%)
	Post graduate	93 (%)
Work experience	More than 9 years	62 (%)
	Between 5-9 years	18 (%)
	Less than 5 years	20 (%)
Front line worker	Yes	49(%)
	No	51(%)

- The study had 161 responders; all the 161 samples were eligible for analysis. The majority of the respondents were female (n = 105, 65%) and male were (n=56, 35%); most of the respondents were in age group of 31–39 years (n =63, 69.1%). More than half of the respondents had more than 9 years of work experience (n = 100, 62.1%).38% of respondents were doctors, 33% were nurses, 29%were health assistants. The demographic profile of the sample is shown in Table 1 beside

RESULT

	Indicator	n (%)
-	Social media	100 (62.1)
-	Television and Radio	72 (62.1)
-	Seniors and other colleagues	87 (54)
-	Newspapers and magazines	98 (60.9)
-	Poster and pamphlets	102 (63.4)
-	Seminar and workshops	79 (34.2)

- **Awareness and Source of Information**

Almost all participants (99.6%) had heard about COVID-19. Social media (81.4%) and television (75.3%) were the main sources of receiving COVID-19-related information. Over 50% of the respondents mentioned friends, family members, and WhatsApp as the source of information of COVID-19. Health units/healthcare workers/outreach frontline workers were reported as the source by over one-third of students. Other sources mentioned were community leaders (20%) and radio (17%)

KNOWLEDGE

	Indicator	n (%)
-	Fatality of coronavirus	153 (95)
-	Incubation period	107 (66.5)
-	Awareness about availability of COVID-19 vaccine	149 (92.5)
-	Healthcare workers are at high risk of infection	147 (91.3)

- **Knowledge**

The responses obtained for knowledge items of questionnaire. Mixed responses were obtained regarding 4 knowledge items. More than ninety percent (95%) students selected 2–14 days as the incubation period of COVID-19. More than 66.5% of Healthcare workers were aware about fatality of disease, 92.5% were aware about no COVID-19 vaccine is available, 91.3% aware higher risk among healthcare workers regarding COVID-19.

ATTITUDE

Indicator	n (%)
Attitude	
- Prevalence of COVID-19 can be reduced by active participation of healthcare workers in hospital infection control programs	138 (85.7)
- Transmission of COVID-19 infection can be prevented by using universal precautions given by WHO, CDC	156 (96.9)
- Gown, gloves, mask and goggles must be used when dealing with COVID-19 patient	160 (99.4)
- Patients should disclose their exposure	138 (85.7)

*Response were taken on Likert scale

Variable	Sub-Groups	n (%)
Level of fear of COVID-19	Very strong	45(28%)
	Strong	22(13.7%)
	Neutral	60(37.3%)
	Week	23(14.3%)
	Very Week	11(6.8%)
Confidence in defeating the virus	Very week	11(6.8%)
	Week	6(3.7%)
	Neutral	39(24.2%)
	Strong	43(26.7%)
	Very strong	62(38.5%)
Feeling of fatigue after the outbreak	Very week	10(6.2%)
	Week	18(11.2%)
	Neutral	63(39.1%)
	Strong	38(23.6%)
	Very strong	32(19.9%)

Practice

Indicator	n (%)
Practice	
- Whether they remove protective equipment carefully	151 (93.8)
- Do they educate your patient about the disease	158 (98.1)
- Do they avoid touching your eyes, nose or mouth as far as they can	153 (95)
- Do they throw the used tissue in the trash	142 (82.2)
- Whether they maintain quarantine with family	91 (56.5)

Variable	Sub-Groups	n (%)	
How many times they participated in training before the outbreak	Less than equals to 3 times a week	127(78.9%)	
	More than equals to 3 times a week	34(21.1%)	
How many times they participated in training after the outbreak	Less than equals to 3 times a week	85(52.8%)	
	More than equals to 3 times a week	76(47.2%)	
Frequency of hand washing	Less than 10 times	38(23.6%)	
	Less than 20 times	77(47.8%)	
	Less than 30 times	46(28.6%)	

DISCUSSION

- In the present study, Knowledge, attitude and good practice among enrolled healthcare professionals' participants in online course of migration from 4th NABH to 5th NABH in the CAHO (Consortium of Accredited Healthcare Organizations) in India towards COVID-19 were assessed. We found that, during the COVID-19 Pandemic, 86.32% of the participants had extensive knowledge of COVID-19. In addition, more than 91.92% of the participants had a positive attitude towards COVID-19. We have also noticed that before the outbreak majority of participants 78.9% participated in training less than equals to 3 times a week and 21.1% participated in training more than 3 times a week but after the outbreak percentage of participants increased from 21.1% to 47.2% participants who participated in training more than equals to 3 times a week.

CONCLUSION

- In summary the majority of healthcare professionals participated in the study had a good to moderate knowledge and practice response and had a positive attitude towards COVID-19. However, the majority of healthcare workers believe that they are confident to handle this outbreak. Furthermore, among all the responses participants responses lowest in knowledge section regarding COVID-19 which highlights the need to strengthen knowledge regarding COVID-19.

RECOMMENDATION

- 18% participants do not throw used tissue in trash and 7% participants do not remove their personal protective equipment carefully therefore, the importance of these items should be emphasized more. 44% participants (healthcare professionals) do not maintain social distancing with the family, proper facility should be provided to the health care professionals so that they can maintain proper social distancing with their family.
- The present study consists of a smaller number of knowledge questions and further biostatics could be applied to find the association between the demographic variables and knowledge, attitude and practice.

***ONLINE COURSE
ON
ESSENTIALS OF GLOBAL
HEALTH***

What is global health?

Health problems, issues, and concern that transcend national boundaries, which may be influenced by circumstances or experiences in other countries, and which are best addressed by cooperative actions and solutions.

(Institute of Medicine, USA-1997).

INTRODUCTION

- The course is global in coverage but with attention on low- and middle-income countries, the health of the poor, and health disparities.
- Particular attention is paid throughout the course to health systems issues, the linkages between health and development, and health matters associated with global interdependence.
- Much of the course is specialise in five questions:
 1. What do people get sick, disabled and die from?
 2. Why do they suffer from these conditions?
 3. which individuals are most affected?
 4. Why should we care about such concerns?
 5. What are often done to deal with key health issues, hopefully a minimum of cost, as fast as possible, and in sustainable ways?

- Reasons for interest in Global Health

- Moral duty

- Public diplomacy

- Investment in self-protection

- Key factors to future direction

- Expanded talent pool in developing world

- Devise effective system for disease prevention and treatment

- Mend health infrastructure

Global Health Issues

- Refers to any health issue that concern many countries or is affected by transnational determinants such as:
Climate change; Urbanization; Malnutrition-under or over nutrition.
recent COVID-19 virus infection
- Or solution such as:
Plantation; reduce maternal,infant,under-5 child mortality rate; social distancing vaccine for COVID-19.

Course approach

Introducing
Global
Health

The state of
the World's
Health

Health
system and
value for
money in
health

Cross-
cutting
themes

Critical
causes of
illness and
death

Looking
forward

Key groups of global health actors

- Individuals, communities, and governments
- UN agencies
- Multilateral and bilateral development organizations
- International partnerships
- Foundations
- National research and health oversight organizations
- Universities
- Consulting firms
- Product development partnerships
- Non-governmental organizations

Key Perspectives

- Think broadly
- Health as a human right and the human rights approach
- Value for money
- Ethical allocation in the distribution of scarce health resources
- Globalization and health

Disciplines involved in Global Health

- Social science
- Behavioural science
- Law
- Economics
- History
- Engineering
- Biomedical science
- Environmental science

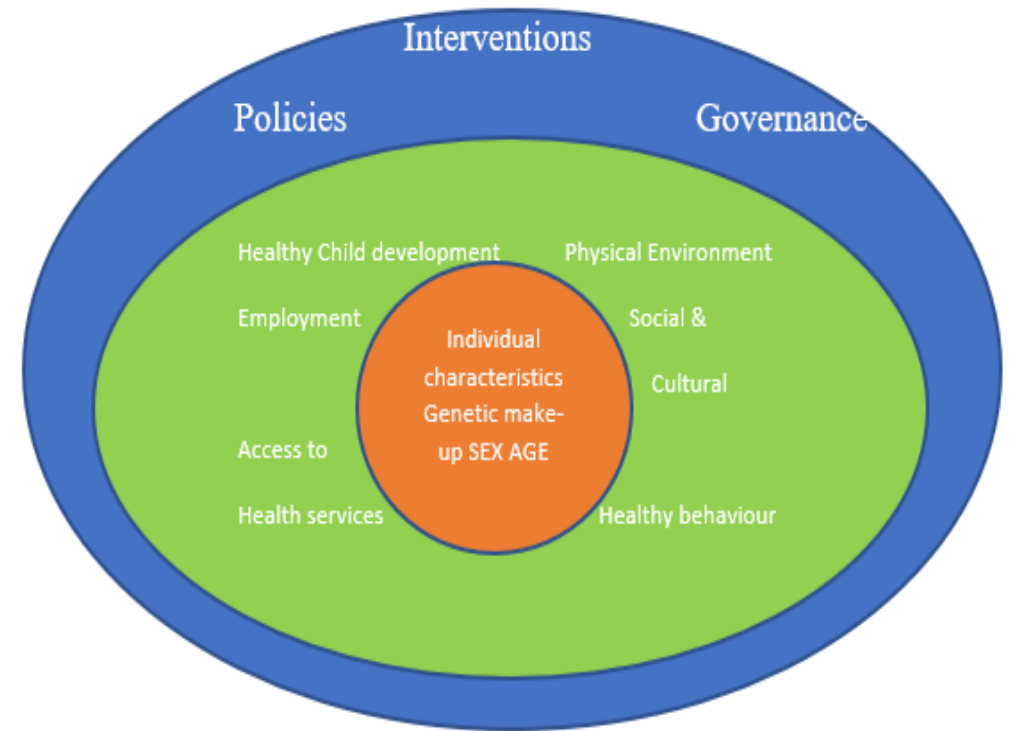
Key concepts in relation to Global Health

- The determinants of health
- The measurement of health status
- The importance of culture to health
- The global burden of disease
- The key risk factors for various health problems
- The organisation and function of health system

Social determinants of health

- Genetic make-up
- Age
- Gender
- Lifestyle choices
- Community influence
- Income status
- Geographical location
- Culture
- Environmental factors
- Work conditions
- Education
- Access to healthcare

Social Determinants of Health



The measurement of Health status

- **Cause of death**

Obtained from death certification but limited because of incomplete coverage.

- **Life expectancy at birth**

The average number of year a new-born baby could expected to live if current trends in mortality were to continue for the rest of the new-borns life.

- **Maternal mortality rate**

The number of women who die as a result of childbirth and pregnancy related complications per 100,000 live births in a given year.

The Global burden of disease

- Burden of disease

Group 1

•Communicable, maternal, neonatal and nutritional conditions

Group 2

•Noncommunicable diseases

Group 3

•Injuries

- Predicted changes in burden of diseases from communicable to non-communicable disease between 2000 and 2030.
- Ageing populations in low and middle income countries.
- Socioeconomic growth.

Risk factors for various health conditions

- **Tobacco use-**

related to the top 10 mortality worldwide.

- **Poor sanitation and access to clean water.**

related to high level of diarrhoeal/water borne disease.

- **Extra marital affairs-**

HIV/AIDS, sexually transmitted infections.

- **Malnutrition-**

under-nutrition (increased susceptibility to infectious diseases) and over-nutrition responsible for cardiovascular diseases, cancer, obesity etc.

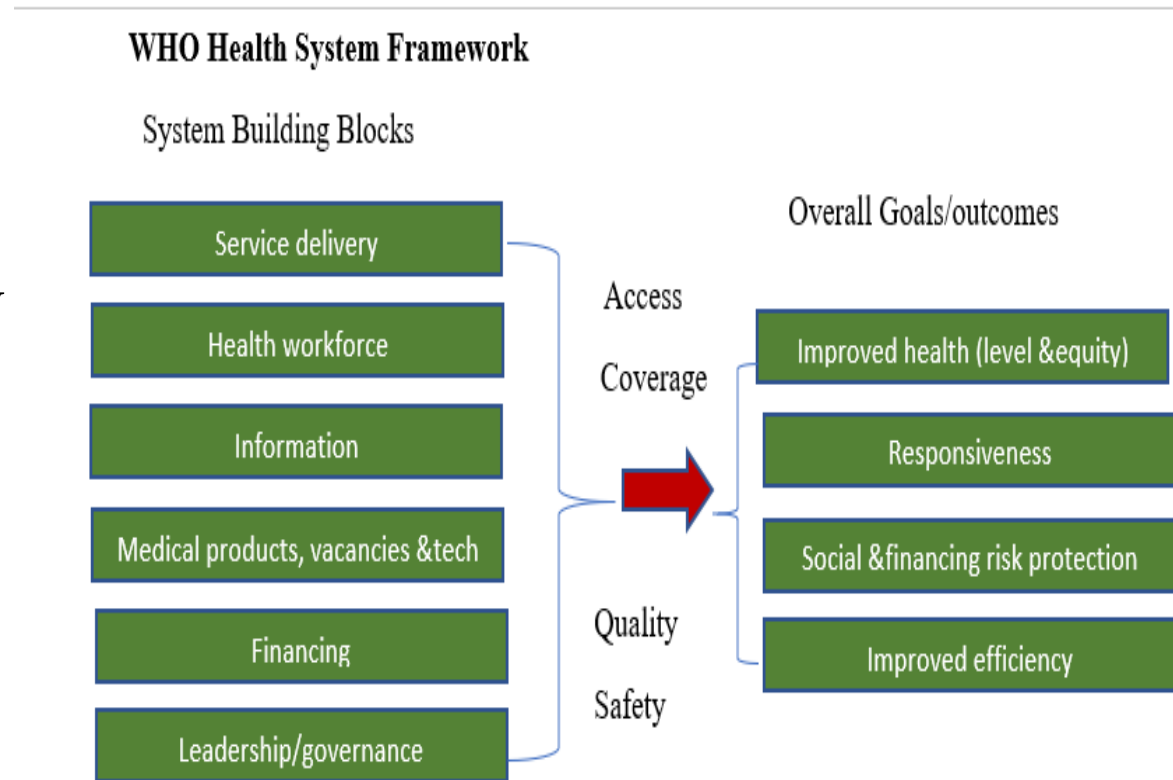
The organization and function of health system

- **Health system-**

“ comprises all organizations, institutions and resources devoted to producing action whose primary motive is to improve health”
(WHO)

- **Most national health system consist of-**

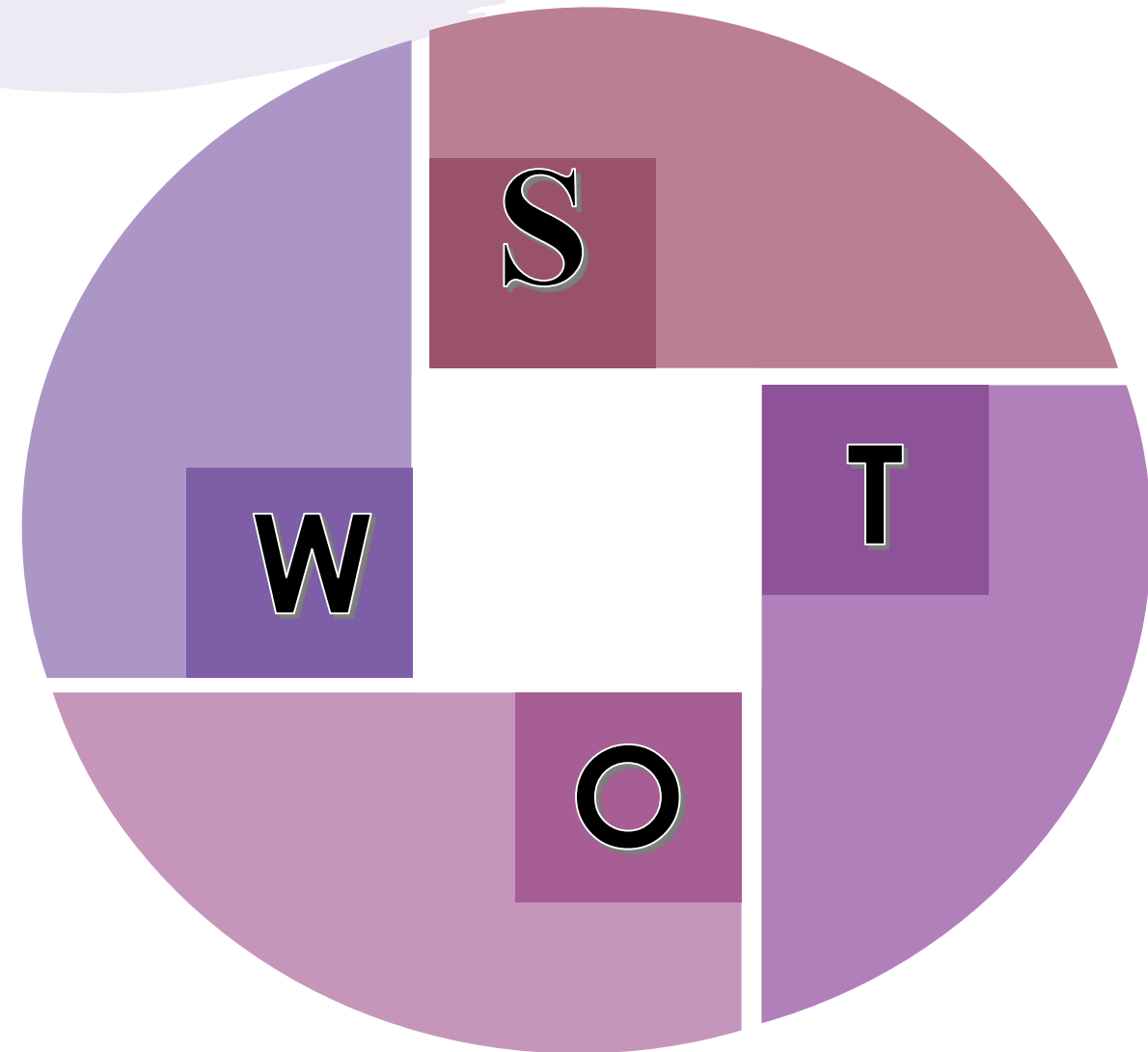
Public, private, traditional and informal sectors.



Key challenges for future

- Completing the “unfinished agenda” that relates to undernutrition, child health, and communicable disease.
- Addressing the growing burden of non-communicable diseases.
- Making health systems work more effectively and efficiently and for the poor.
- Working collectively and efficiently and for the poor.
- Working collectively to prevent and respond to emerging and re-emerging infectious disease and antimicrobial resistance.
- Working collectively to enable the development of the drugs, diagnostics, and vaccines needed to address the unfinished and emerging agenda.

SWOT ANALYSIS



Strength

- Insight of global scenario.
- Main focus is on low and middle-income countries.

Weakness

- Data is of 2013 and before

Opportunity

- Overview of global health in comparative way, between high income and middle income countries.

Threat

- Many countries has made many changes so need to update the data.



THANK YOU