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Knowledge & attitude regarding COVID-19 among health care workers in a tertiary setting, Thiruvananthapuram District, South Kerala

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Abstract

Background: World Health Organization (WHO) has declared COVID-19 a public health emergency and have called for collaborative efforts worldwide to prevent the rapid spread. The health care workers are in the frontline for quite some time to bring this pandemic under control through preventive and curative services.

Aim: This study was aimed at understanding the level of knowledge and attitude regarding COVID-19 among the healthcare workers of a tertiary care setting, South Kerala and its association with selected sociodemographic variables.

Methodology: In a cross sectional study 125 health care workers were enrolled. A self administered questionnaire developed by the researcher and validated by subject experts was used along with a demographic profile sheet. Data analysis was done by descriptive and inferential statistics using SPSS 16.0 and p value of <0.01 was considered to be significant.

Results: Majority (84%) of the study participants had adequate knowledge regarding COVID-19 and (36.6%) have negative attitude toward COVID-19. There was a significant association between knowledge level and job profile (0.000***).

Conclusion: The present study identified that adequate knowledge is always associated with a positive attitude, which will indeed enable the healthcare workers to reinforce the public regarding safe practices on prevention of COVID-19, thereby bringing this dreadful disease under control.

Keywords: Knowledge, attitude, COVID 19, health care workers

Introduction

'There is no human endeavor that is outside the realm of public health"

- William "Bill" Foege

The corona virus outbreak came to light on December 31, 2019 when China informed the World Health Organization of a cluster of cases of pneumonia of an unknown cause in Wuhan City in Hubei Province. The World Health Organization declared the outbreak a Public Health Emergency of International Concern on 30 January 2020 [1]. The pandemic has caused the global social and economic disruption, including the largest global recession [2]. The first case of COVID-19 in India (which was also the first in all of India) was reported on 30 January 2020 and active cases have continued to increase persistently [3].

Corona virus disease (COVID-19) is an infectious disease caused by a newly discovered corona virus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads.² Recommended preventive measures include hand washing, covering one's mouth when coughing, maintaining distance from other people, wearing a face mask in public settings, disinfecting surfaces, increasing ventilation and air filtration indoors, and monitoring and self-isolation for people who suspect they are infected.

Worldwide, health authorities have responded by implementing travel restrictions, lockdowns, workplace hazard controls, and facility closures.

Kerala's success in containing COVID-19 has been widely praised both nationally and internationally as one of the states with lowest mortality rate [4]. The knowledge and attitude toward COVID-19 among the health workers play an integral role in educating the society on readiness to accept changes in behavior essential to control this pandemic. Hence this study was done to assess the level of knowledge and attitude regarding COVID-19, and to identify its association with sociodemographic variables among Health Care Workers in a tertiary setting.

Methodology

A Descriptive cross sectional study was done among health care workers of Dr SMCSI Medical College & Hospital, Karakonam. Convenient sampling technique was adopted and the sample size was 125 health care workers. Informed written consent was obtained from the participants. Anonymity and confidentially was maintained. After literature review a self-administered questionnaire was developed by the researcher based on the research objectives.

Demographic profile sheet contains data such as age, gender, residence, job profile, educational qualification, place of work and years of experience of the health care

worker. The knowledge questionnaire consisted of multiple choice questions and each right option was given a score of one and wrong option was given a score of zero. Attitude was assessed using a five point likert scale and scoring of (1-5) was given. For negative statements reverse scoring was done. Tool validation was done by subject experts and the content validity index was 0.82. Pilot study was done on 10 samples and the study was found to be feasible. Data analysis was done by descriptive and inferential statistics using SPSS 16.0 software and p value of <0.05 was considered to be significant. The individual scores of knowledge and attitude was taken and score value is interpreted in percentage as follows

- 80-100% Adequate knowledge and attitude
- 40- 70% Moderately adequate knowledge and attitude
- 10-30% Inadequate knowledge and attitude

Results

Among the 125 study participants, (44%) of them belong to the age group of 20-30 years with majority (74.4%) of them being female. There was a near equal distribution of doctors and nurses (31.2%) for the current study. Nearly (38.4%) of them have their diploma levels of education. Majority (51.2%) of them are working in outpatient department and (52.8%) of them have 2-10 years of experience working in this institution as in Table 1

| Table 1: Distribution of stud | y subjects based on | sociodemographic | variables $(N = 125)$ |
|--------------------------------------|---------------------|------------------|-----------------------|
|--------------------------------------|---------------------|------------------|-----------------------|

| Sl. No | Variables | Frequency | Percentage | | |
|--------|-----------------------|--------------------|------------|--|--|
| | | Age | | | |
| 1 | 20 -30 years | 55 | 44 | | |
| | 31 – 45 years | 53 | 42.4 | | |
| | 46 – 60 years | 15 | 12.6 | | |
| | Above 60 years | 2 | 1 | | |
| | Gender | | | | |
| 2 | Male | 32 | 25.6 | | |
| | Female | 93 | 74.4 | | |
| | Residence | | | | |
| 3 | Urban | 36 | 28.8 | | |
| | Rural | 89 | 71.2 | | |
| | J | lob Profile | | | |
| | Doctor | 39 | 31.2 | | |
| 4 | Nurse | 39 | 31.2 | | |
| | Paramedical staff | 26 | 20.8 | | |
| | Support staff | 21 | 16.8 | | |
| | Education | onal Qualification | | | |
| 5 | Under Graduate | 30 | 24 | | |
| | Post graduate | 35 | 24 | | |
| | Diploma | 48 | 38.4 | | |
| | Others | 12 | 9.6 | | |
| | Place of work | | | | |
| 5 | Outpatient Department | 64 | 51.2 | | |
| | Inpatient Department | 61 | 48.8 | | |
| | Years of experience | | | | |
| 6 | 0 -1 year | 18 | 14.4 | | |
| | 2-10 years | 66 | 52.8 | | |
| | 11–20 years | 30 | 24 | | |
| | >20years | 11 | 8.8 | | |

The first objective was to assess the knowledge and attitude regarding COVID-19 among health care workers in a tertiary setting and the results show that the knowledge regarding COVID-19 among health workers, majority (84%) of them have adequate knowledge regarding COVID-19 while only (16%) of them have moderately adequate

knowledge as shown in Table 2. Concerning attitudes regarding COVID-19, majority (64%) of them have adequate attitude towards COVID-19, while (2.4%) of the health care workers are having inadequate attitude as shown in Table 3.

Table 2: Distribution of study subjects based on their knowledge regarding COVID 19 (N = 125)

| Variable [Healthcare Workers Knowledge] | Frequency | Percentage |
|---|-----------|------------|
| Adequate Knowledge | 105 | 84 |
| Moderately Adequate Knowledge | 20 | 16 |

Table 3: Distribution of study subjects based on their attitude towards COVID 19 (N = 125)

| Variable [Healthcare Workers Attitude] | Frequency | Percentage |
|--|-----------|------------|
| Adequate attitude | 80 | 64 |
| Moderately Adequate attitude | 42 | 33.6 |
| Inadequate attitude | 3 | 2.4 |

The second objective was to identify the association of knowledge and attitude regarding COVID-19 with selected sociodemographic variables and there is a significant association between knowledge level regarding COVID-19 with selected sociodemographic variables such as residence (0.001**) and job profile (0.000***). A significant association between attitude level regarding COVID-19 with selected sociodemographic variables such as job profile (0.005**), educational qualification (0.002**) and place of work (0.005**). Both knowledge and attitude were highly significant at p value <0.001.

Conclusion

The knowledge and attitudes toward COVID-19 play an integral role in determining a society's readiness to accept behavioral change measures from health authorities. The main goal of the present study was to measure the level of knowledge and attitude concerning COVID-19, among health care worker, to explore awareness and health behaviors related to the prevention of Corona virus. Majority of the health workers have adequate knowledge and attitude regarding COVID 19 with a highly significant association with their job profile. This can be due to near equal distribution of medical doctors and nurses (N=39) in these groups. The findings also provide better insight to address areas of inadequate attitude regarding COVID-19 among health care workers and to convert these attitudes to positive ones for better implications of preventive strategies and health promotion programs thus equipping the societal readiness to comply with pandemic control measures.

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