EVALUATING THE KNOWLEDGE OF NURSING STUDENTS ABOUT VIRAL HEPATITIS

ABSTRACT

Objective: to describe the knowledge of viral hepatitis among nursing students in two institutions located in two different geographic areas of Brazil. Method: a descriptive, exploratory and quantitative study where 180 students were selected from two nursing higher education institutions (102 in Rio de Janeiro, Southeast and 78 of Mato Grosso do Sul, Midwest), who answered a questionnaire composed of 37 questions about socio-demographic factors and level of knowledge about viral hepatitis after signing a consent form. For data evaluation, a score of knowledge about hepatitis was created based on participants' responses, where "bw" (0-21 correct answers), “good” (22-28 correct answers) and “excellent” (29 - 37 correct answers). The variables: age, sex and place of residence were used to assess knowledge of hepatitis and sociodemographic characteristics. This study was approved by the Ethics Committee of the University of Rio Grande (RJ) (protocol number CAE 0006.0.317.000-08). Results: the mean knowledge scores were superior: 25.95 ± 4.79 for a good knowledge about viral hepatitis in this population. However, some gaps were analyzed for transmission of viral hepatitis, etiology, and symptoms as well as significant differences in knowledge scores between students from different geographic areas. Conclusions: despite the good general knowledge on the subject, it is necessary to enhance awareness and training strategies on viral hepatitis among nursing students to increase knowledge on this topic.

Descriptors: knowledge; hepatitis, viral, human; education; health personnel.

RESUMO

Objetivo: descrever o conhecimento sobre a hepatite viral entre estudantes de enfermagem de duas instituições localizadas em duas diferentes áreas geográficas do Brasil. Método: estudo descritivo, exploratório e quantitativo onde foram selecionados 180 alunos de enfermagem de duas instituições de ensino superior (102 do Rio de Janeiro, região Sudeste e 78 do Mato Grosso do Sul, região Centro-Oeste), os quais responderam um questionário composto de 37 questões sobre fatores sócio-demográficos e nível de conhecimento sobre a hepatite viral após assinatura de termo de consentimento. Para avaliação dos dados, um escore de conhecimento sobre hepatite foi criado com base nas respostas dos participantes, onde: “baixo” (0-21 respostas corretas), “bom” (22-28 respostas corretas) e “excelente” (29-37 respostas corretas). As variáveis: idade, sexo e local de residência foram utilizadas para avaliar o conhecimento entre hepatites virais e características sócio-demográficas. Este estudo foi aprovado pelo Comité de ética da Universidade do Rio Grande (RJ) (Número de protocolo CAE 0006.0.317.000-08). Resultados: a média de conhecimento sobre hepatites virais foi de 25.95 ± 4.79 mostrando um bom conhecimento sobre a hepatite viral nessa população. Entretanto algumas lacunas foram observadas quanto à transmissão da hepatite viral, etiologia e sintomas, assim como diferenças significativas nos escores de conhecimento entre estudantes de diferentes áreas geográficas. Conclusão: apesar do bom conhecimento geral sobre o assunto, é necessário intensificar a conscientização e as estratégias de formação sobre a hepatite viral entre estudantes de enfermagem para melhorar o conhecimento sobre este tópico. Descriptors: conhecimento; hepatite viral humana; educação; pessoal de saúde.

RESUMEN

Objetivo: describir el conocimiento sobre hepatitis virales entre estudiantes de enfermería en dos instituciones ubicadas en dos áreas geográficas diferentes de Brasil. Método: un enfoque descriptivo, exploratorio cuantitativo donde 180 estudiantes fueron seleccionados a partir de dos instituciones de educación superior de enfermería (102 en el Rio de Janeiro, suroeste y 78 de Mato Grosso do Sul, Centro-Oeste), respondieron a un cuestionario compuesto de 37 preguntas sobre los factores sociodemográficos y nivel de conocimiento sobre hepatitis virales después de firmar un formulario de consentimiento. Para la evaluación de datos, una puntuación de conocimiento sobre hepatitis fue creada en base a respuestas de los participantes, donde “bajo” (0-21 respuestas correctas), “bueno” (22-28 respuestas correctas) y “excelente” (29 - 37 respuestas correctas). Las variables: edad, sexo y lugar de residencia se utilizaron para evaluar el conocimiento de hepatitis y características sociodemográficas. Este estudio fue aprobado por el Comité de Ética de la Universidad del Río Grande del Sur (RJ) (número de protocolo CAE 0006.0.317.000-08). Resultados: el conocimiento medio sobre hepatitis virales fue de 25.95 ± 4.79 mostrando un buen conocimiento sobre hepatitis virales en esta población. Sin embargo, algunas diferencias fueron observadas acerca de la transmisión, la etiología y síntomas de las hepatitis virales, así como diferencias significativas en las puntuaciones de conocimiento entre estudiantes de diferentes áreas geográficas. Conclusiones: a pesar de los conocimientos generales sobre el tema, es necesario mejorar el conocimiento y las estrategias de capacitación sobre las hepatitis virales entre los estudiantes de enfermería para aumentar el conocimiento sobre este tema. Descriptors: conocimiento; hepatitis viral humana; educación; personal de salud.

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INTRODUCTION

Viral hepatitis infection remains as a major public health issue worldwide. 1.4 million new cases of Hepatitis A virus infection are notified per year worldwide,1 350 million people infected with Hepatitis B virus (HBV)2 and 130 to 170 million people infected with Hepatitis C virus (HCV).3 In Brazil, rates of viral hepatitis infection may vary according geographical area or professional occupation.4-8

HBV, HCV and Hepatitis D virus (HDV) are transmitted by parenteral and sexual routes due to unsafe use of therapeutic injections, blood transfusions, mother to child transmission, unsafe sexual practices.4-5 On the other hand, HAV and HEV are transmitted by oral fecal route and most infections resulted from close contact with an infected person or in settings with poor hygienic conditions.1

Health professionals represent a high risk group for acquisition of viral hepatitis, and nursing staff is one of the principal job categories exposed to biological accidents in Brazil.9 This high number of exposures is due to greater representation of this group in the health services and direct contact in assisting users of the health system, as well as the type and frequency of procedures performed.9 Moreover the coverage of hepatitis B vaccination among health professionals is unsatisfactory in Brazil, with high percentages of incomplete outline of up to 64.6%.10

To define the level of knowledge about viral hepatitis amongst health professionals is important in helping to reduce the burden of disease. Nurses are the largest group of healthcare professionals and may be the first professional to assess people with viral hepatitis. These professionals have to be able to recognize the aspects related to pathogenesis and viral hepatitis transmission and the care of patients of such infections is essential, since they routinely seek hospital care. Despite the importance of nursing staff in viral hepatitis management, there is little research that sheds light on the knowledge and awareness of viral hepatitis infection among nursing staff in Brazil.11,13

In this light, it was proposed in this study, a survey of knowledge about the etiology, diagnosis, signs and symptoms, treatment and prevention of viral hepatitis among Brazilian nursery students regarding to viral hepatitis in order to identify the gaps that can be present in this group.

METHOD

- Study design

During March to July 2008, a cross-sectional survey was carried out among a non randomized sample of Brazilian nursing students from the Southeast and Mid-West regions of Brazil regarding viral hepatitis knowledge. The sample included all nursing students who agreed to participate in this study from two universities, one located at Rio de Janeiro (RJ), Southeast region of Brazil and other at Mato Grosso do Sul (MS), Mid West region of Brazil. These universities were chosen due to the convenience.

- Study population

A sample size of 100 individuals was targeted, and assuming a response rate of 75-80%, 75 completed questionnaires would yield a power of 80% with a 5% type 1 error rate to detect a 16% difference when comparing dichotomous variables between two groups of equal size. During the period of the study, 300 students were registered in two nursing courses from two private universities, one located at Duque de Caxias County (RJ) and the other at Campo Grande City (MS). A sample of 180 students [102 were from Rio de Janeiro (group 1) and 78 were from Mato Grosso do Sul (group 2)] agreed to participate in this study after signing the consent form and answered the questionnaire. The questionnaire was anonymous, and was applied in the structured interview format by the authors of this study. The form contained only a separate order number for each participant.

One of the authors made contact with professors from both universities and all of the nursing students aged 18 and above were considered theoretically eligible for this study. These nursing students were previously informed 15 days before the beginning of sample collection in which they were asked whether they would be willing to respond to a brief questionnaire regarding viral hepatitis knowledge. The same methodology was administered at two centers. Inclusion criteria were adopted as follows: being nursing students, of both sex, of any ethnicity and aged between 18 and 70 years. The exclusion criteria: no agreement to participate.

- Questionnaire

The questionnaire was divided into two topics: 1) demographic characteristics, 2) knowledge of viral hepatitis transmission, diagnosis, epidemiology and risk factors, prevention and general information. The questionnaire consisted of 37 items in two
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.. formats: 34 true/false/don’t know questions; three (3) multiple choice questions requiring one or more answers. The questionnaire was applied as an interview by one of the authors in a confidential setting. The questionnaire was developed by the authors following a review of the literature on viral hepatitis aspects and it was pre-standardized on a convenience sample of health professionals that presented similar characteristics of the population studied (data not shown). At the end of the interview, the correct answers were shown to each volunteer.

• Data collection and analysis

Data was entered into an Excel file. Two members of the team entered the same data twice and the data files were compared to rule out errors in entering the data.

The viral hepatitis knowledge score was created based on the participants responses that were scored as follows: “low” (0-21 correct answers), “good” (22-28 correct answers) and “excellent” (29-37 correct answers). The following variables were used to examine associations between knowledge of viral hepatitis and socio-demographic characteristics: age, sex, and place of residence.

Descriptive statistics were generated for the responses, and the chi-squared for independence or for trend and the Kruskal-Wallis test was used to compare categorical and continuous variables among the knowledge score groups. The two tailed test p-values < 0.05 were considered significant. All of the analyses were made using GraphPad Instat version 3.0 for Windows.

• Ethical consideration

Ethical approval was given by Ethic Committee of the Universidade do Grande Rio, Rio de Janeiro, Brazil (Protocol number CNS 0006.0.317.000-08). Respondents were assured about confidentiality, they were briefed that their participation was voluntary and that they had full right to withdraw from the study at any point. Informed consent was obtained from all the participants before joining the survey.

RESULTS

• Sample population

Study population comprised 146 women and 34 men, 102 individuals were from Rio de Janeiro and 78 were located at Mato Grosso do Sul. Participants’ ages ranged from 18 to 59, the mean was 23.6 years old (SD 5.9 years). Individuals from Rio de Janeiro present higher mean age (26 years ± 6.4 vs. 20.8 years ± 3.4) and higher female participation (84.3% vs. 76.9%), when compared to Mato Grosso do Sul.

• General knowledge about viral hepatitis

In terms of aetiology, 51.7% recognized that virus, alcohol, bacteria and drugs can cause hepatitis and 62.7% reported that five viruses can cause hepatitis. In terms of diagnosis, most of students answered that viral hepatitis can be diagnosed by blood analysis (97.7%) or hepatic biopsy (71.6%) (Table 1). Concerning Viral Hepatitis symptoms, most of the students answered correctly and recognized that the person with viral hepatitis can feel nothing (68.8%), can present fever, nausea, malaise, weakness and loss of appetite (88.3%), can present yellow skin, pale faeces and dark urine (81.6%). Most of the students recognized that one possible consequence of viral hepatitis is cirrhosis (80%) or hepatocarcinoma (68.3%). It is important to note that few students thought that viral hepatitis do not lead loss of movements (48.3%), bleeding of the mouth (21.1%) or blood in the stools (16.1%) (Table 1).
Table 1. Knowledge about viral hepatitis (etiology, diagnosis and symptoms) among brazilian nursing students from two universities, one located at Rio de Janeiro (n=102) and the other located at Mato Grosso do Sul (n=78)

<table>
<thead>
<tr>
<th>Correct Statement</th>
<th>Total</th>
<th>Rio de Janeiro</th>
<th>Mato Grosso do Sul</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Etiology</strong></td>
<td></td>
<td>Total = 180</td>
<td>Total = 102</td>
</tr>
<tr>
<td>Hepatitis can be caused due alcohol, virus, bacteria and drugs.</td>
<td>93</td>
<td>(51.7)</td>
<td>65 (63.7)</td>
</tr>
<tr>
<td>There are five viruses that can cause hepatitis.</td>
<td>113</td>
<td>(62.7)</td>
<td>78 (76.5)</td>
</tr>
<tr>
<td>Viral hepatitis can be detected by blood analysis</td>
<td>76</td>
<td>(42)</td>
<td>71 (93.1)</td>
</tr>
<tr>
<td>Viral Hepatitis can not be diagnosed by hepatic biopsy.</td>
<td>129</td>
<td>(71.6)</td>
<td>75 (100)</td>
</tr>
<tr>
<td><strong>Signals and Symptoms</strong></td>
<td></td>
<td>Total = 180</td>
<td>Total = 78</td>
</tr>
<tr>
<td>The person with viral hepatitis can feel nothing</td>
<td>124</td>
<td>(68.8)</td>
<td>71 (69.6)</td>
</tr>
<tr>
<td>The person with hepatitis can present fever, nausea, malaise, weakness and loss of appetite</td>
<td>139</td>
<td>(88.3)</td>
<td>99 (97.0)</td>
</tr>
<tr>
<td>The person with hepatitis can present yellow skin, pale stools and dark urine.</td>
<td>147</td>
<td>(81.6)</td>
<td>93 (63.2)</td>
</tr>
<tr>
<td>One possible consequence of viral hepatitis is cirrhosis</td>
<td>144</td>
<td>(80)</td>
<td>95 (93.1)</td>
</tr>
<tr>
<td>One possible consequence of viral hepatitis is hepatocarcinoma</td>
<td>125</td>
<td>(84.1)</td>
<td>73 (71.6)</td>
</tr>
<tr>
<td>Viral hepatitis do not cause loss of movements</td>
<td>81</td>
<td>(45)</td>
<td>29 (29.4)</td>
</tr>
<tr>
<td>Viral hepatitis do not cause bleeding of the mouth</td>
<td>68</td>
<td>(19)</td>
<td>30 (42.6)</td>
</tr>
<tr>
<td>Viral Hepatitis do not lead to blood in the stools.</td>
<td>29</td>
<td>(16.1)</td>
<td>7 (5.8)</td>
</tr>
</tbody>
</table>

Regarding viral hepatitis transmission, most of the students reported that hepatitis B and C can be transmitted by blood (99.4%) or sexual intercourse (95%). Most of them also recognized that hepatitis A and E can be transmitted by ingestion of water without treatment (89.4%), but minority of them reported that these viruses can be transmitted by ingestion of sea food (31.1%). Most of the students also recognized laboratory workers (85.5%), health workers (95.5%), drug users (97.2%) and people with tattoo and piercing (92.7%) have a higher risk of becoming contaminated with hepatitis viruses (Table 2).

Concerning Viral hepatitis prevention, most of the students reported the existence of vaccines for hepatitis A and B (87.7%), but only 51.1% of them reported that hepatitis A can be prevented by vaccine. Most of them also recognized that hepatitis A and E can be prevented by the construction of drains and seweage system effective (86.6%) or by water treatment (86.1%). It is important to note that majority of the students reported that hepatitis B and C can be prevented by blood donors screening (91.1%) or condom usage for sexual intercourse (93.3%) (Table 2).
Knowledge about viral hepatitis according to the main characteristics.

Viral hepatitis knowledge scores on a scale of 0-37 were moderately adequate (mean ± SD = 25.95 ± 4.79; range 12-33), showing gaps in some aspects of viral hepatitis symptoms and etiology. None of the students responded correctly or incorrectly to all questions. Thirty five individuals were classified as low knowledge (0-21 correct answers), 84 individuals had good knowledge (22-28 correct answers) and 61 of them had excellent knowledge (29-36 correct answers) (Table 3). General knowledge level was only associated with place of residence. Most of the students from Mato Grosso do Sul presented lower knowledge compared to the students from Rio de Janeiro (p < 0.0001).

Table 3. Knowledge scores about viral hepatitis among Brazilian nursing students.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Knowledge Score (n %)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low (n=35)</td>
<td>Good (n=84)</td>
</tr>
<tr>
<td>1. Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6 (17.1)</td>
<td>13 (15.5)</td>
</tr>
<tr>
<td>Female</td>
<td>29 (82.9)</td>
<td>71 (84.5)</td>
</tr>
<tr>
<td>2. Age (Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 23</td>
<td>28 (80)</td>
<td>45 (53.6)</td>
</tr>
<tr>
<td>&gt; 23</td>
<td>7 (20)</td>
<td>39 (46.4)</td>
</tr>
<tr>
<td>3. Place of Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rio de Janeiro</td>
<td>6 (17.1)</td>
<td>51 (60.7)</td>
</tr>
<tr>
<td>Mato Grosso do Sul</td>
<td>29 (82.8)</td>
<td>33 (39.3)</td>
</tr>
</tbody>
</table>

Discussion

This study was an interview survey exploring the knowledge in regard to viral hepatitis among nursing students from Brazil and found good knowledge regarding viral hepatitis among nursing students. Most of individuals were aware about some aspects regarding to viral hepatitis diagnosis, transmission, symptoms and prevention what was not observed among nurses from Ireland and Brazil. On the other hand, less than 70% of nursing students recognized the existence of hepatitis A and E can be prevented by ingestion of sea food.
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... students from both geographical areas regarding viral hepatitis prevention. Most of them recognized the existence of vaccines against hepatitis A and B as reported by adolescents from Santa Catarina (south region of Brazil) (83.2%). This situation was not observed among pediatricians attending a course in Brasilia (Mid West Region of Brazil), since none of them recommended immunization against hepatitis A and only 50% of pediatricians were vaccinated against hepatitis B.

In the present study, nursing students reported that water treatment and proper sewage are important preventive measures against Hepatitis A and E while blood donors screening and condom usage were helpful for HBV and HCV prevention. An interesting finding was that less than 80% of students recognized the usage of hepatitis A vaccine for prevention, showing that most of the students only recognize the existence of hepatitis B vaccine. This situation can be explained by the inexistence of awareness campaigns against these diseases, since most of the campaigns are designed for HBV or HCV. The level of viral hepatitis knowledge was higher among Rio de Janeiro students than Mato Grosso do Sul students. Possible explanations were: (i) the lowest mean age of Mato Grosso do Sul students compared to Rio de Janeiro students, (ii) the result of awareness campaigns for viral hepatitis prevention among nursing students from these regions, (iii) the presence of some disciplines in the curriculum of both institutions that can lead to a lower rate of correct answers among such nursing students.

CONCLUSION

It was concluded that all students present general good knowledge about viral hepatitis, but some gaps were observed regarding to HAV and HEV transmission by sea food ingestion, existence of HAV vaccine and 5 different hepatitis viruses, the possibility of drugs, alcohol and bacteria cause hepatitis and that people with viral hepatitis can feel nothing, and this disease can not lead to loss of movements, blood in mouth and blood in stools.

Moreover, differences regarding viral hepatitis knowledge between nursing students from Rio de Janeiro and Mato Grosso do Sul were observed, probably due to: (i) the lowest mean age of Mato Grosso do Sul students compared to Rio de Janeiro students, (ii) the result of awareness campaigns for viral hepatitis prevention among nursing students from these regions and (iii) the presence of...
some disciplines in the curriculum of both institutions that can lead to a lower rate of correct answers among such nursing students.

It is necessary to intensify awareness and training strategies regarding viral hepatitis among nursing students to improve the knowledge about this topic. These strategies can be based on continuing educational intervention using internet tools, like viral hepatitis intervention programs.

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REFERENCES

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