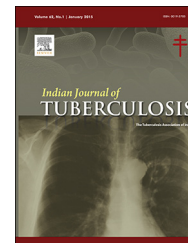


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Original Article

Resident doctors' attitudes toward tuberculosis patients

Geeta S. Pardeshi^{a,*}, Dileep Kadam^b, Ajay Chandanwale^c,
Robert Bollinger^d, Andrea Deluca^e^a Department of Community Medicine, Mahavir Medical College and Safdarjung Hospital, New Delhi, India^b Department of Medicine, Byramjee Jeejeebhoy Government Medical College/Sassoon General Hospital, Pune, Maharashtra, India^c Byramjee Jeejeebhoy Government Medical College/Sassoon General Hospital, Pune, Maharashtra, India^d Division of Infectious Diseases, Johns Hopkins University School of Medicine, MD, USA^e Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

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ABSTRACT

Background: The attitude of the resident doctors toward tuberculosis (TB) patients can affect their treatment seeking behavior, compliance to treatment as well as reinforce the stigma attached to the disease by the society at large.

Aims: To assess the attitudes of resident medical doctors toward TB patients.

Material and methods: A cross-sectional study was conducted among postgraduate resident medical doctors at B.J. Government Medical College and Sassoon General Hospital, Pune in September 2014. The background characteristics and attitudes were assessed using a semi-structured questionnaire. The responses were analyzed using Chi-square/Fishers exact test and calculating odds ratio (OR).

Results: Of the 212 resident doctors who responded to the question on attitudes, 132 (62%) see TB patients on a daily basis, 40 (19%) of the resident doctors had attended a training program on TB, and 99 (47%) respondents knew of a colleague with TB. Only 104 (49%) of the residents reported feeling compassion for and the desire to help TB patients. The residents who had attended a training program in TB were three times more likely to report compassion and a desire to help TB patients than those who had not undergone such training [28/40 vs 76/172; $p = 0.005$; OR = 2.95, 95% CI (1.33–6.61)]. Compared to residents who did not know of a colleague with TB, residents who knew of a colleague with TB were nearly three times more likely to avoid managing TB patients or fear them and think they may cause infection [33/99 vs 17/113; $p = 0.002$; OR = 2.82, 95% CI (1.39–5.76)].

Conclusion: The feeling of fear, lack of compassion, and tendency to avoid TB patients reported by 51% of the patients is a cause of concern. Addressing the knowledge gaps through training programs and ensuring safe working environment will make residents more supportive and compassionate toward TB patients which will contribute to TB control.

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* Corresponding author at: M-13, Nivedita Kunj, R K Puram Sector 10, New Delhi 110022, India. Tel.: +91 9921633299.

E-mail address: kanugeet@gmail.com (G.S. Pardeshi).

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1. Introduction

One of the ways by which activities of health professionals may expose patients of tuberculosis (TB) to stigmatization is their behavior toward patients with TB.¹ This may reinforce the stigma attached to the disease by the society at large which has wider socioeconomic ramifications. The feelings of Health Care Workers (HCWs) toward TB patients may have an impact on their own behaviors when they manage the TB patients.

Treatment of TB patients with the Directly Observed Treatment-Short course therapy under Revised National Tuberculosis Control Program (RNTCP) is peculiar as patients are expected to visit the health units at regular intervals and have frequent encounters with the health care workers. All TB patients need to be compliant with their treatment to get well and their interaction with health care providers can be a key factor in how compliant patients are with their care. Studies have described that the attitudes and behavior of health care workers affects the health care seeking behavior leading to delay in diagnosis as well as impairs adherence to treatment.^{2,3} Patients not treated well by the health care system or stigmatized are less likely to take their medications and be cured, increasing the risk of TB mortality and Multidrug-Resistant TB (MDR-TB) as well as continuing the chain of transmission in the community.

Resident doctors are medical graduates who have registered for post-graduation courses at teaching hospitals and play a key role in the management of patients, particularly during the initial diagnosis phase and whenever complications arise. They are key providers of diagnosis and treatment to TB patients, particularly the sickest TB patients who need hospitalization in a tertiary health care center. We do not have much information on the attitudes of resident doctors toward TB patients. We undertook this study to document their attitudes and identify opportunities to improve the care of TB patients and reduce the stigma they feel.

2. Methodology

A cross-sectional study was conducted at B.J. Government Medical College and Sassoon General Hospital, a government teaching hospital in Pune, India in September 2014. The study population included post-graduate medical resident doctors of clinical and laboratory based para-clinical departments.

A pre-tested semi-structured questionnaire was used for data collection. The question for assessing TB attitudes and stigma suggested in the World Health Organization (WHO) guide for knowledge, attitude, and practice surveys was modified to assess attitudes toward TB patients.⁴ The question enquired their feeling about patients with TB disease with the following options: (a) "I feel compassion and desire to help."; (b) "I feel compassion but I tend to avoid managing such patients."; (c) "I fear them because they may infect me."; (d) "I have no particular feeling"; and (e) Others. The responses in the 'others' category were reclassified into the four options for further analysis.

The questionnaire included questions on other variables, including residence, duration of work, frequency of exposure

to TB patients, past history of TB, training on TB and knowledge about another resident with TB.

This study was reviewed and approved by the ethics committees of B.J. Government Medical College and The Johns Hopkins University School of Medicine. Written informed consent was obtained from each respondent. Investigators distributed the questionnaires to the residents either at the beginning or end of a meeting as part of standard departmental postgraduate academic activities.

The associations between background characteristics and attitude were assessed using Chi-square/Fisher's exact test using SPSS (Version 16). A *p*-value of less than 0.05 was considered to be statistically significant. Odds ratio (OR) with 95% confidence interval were calculated to assess the strength of association.

3. Results

Of 325 resident doctors registered for postgraduate courses at the institute, 305 (94%) were invited to participate. Of the 20 resident doctors who could not be contacted, seven were on leave and 13 were posted on rotation to another department. Out of the 263 respondents (86% of residents contacted) who consented to participate, 212 (81%) responded to the question on the feeling about patients with TB disease.

Of the 212 respondents, 116 (55%) were males, 174 (82%) were residing in a hostel, 108 (51%) reported to work for 12 h or more, and 132 (62%) had daily exposure to TB patients. Only 40 (19%) reported to have attended a training program on TB in the past. A total of 35 (17%) were assessed for TB in the past while 10 (5%) had a past history of TB. A total of 99 (47%) residents knew of a colleague who had been diagnosed with TB and 59 (28%) knew of a colleague in their own department who had TB.

Only 104 (49%) residents reported feeling compassion and a desire to help TB patients. The rest reported to feel compassion yet avoid TB patients, fear and think that they may cause infection or have no particular feeling. (Table 1) The comments mentioned in the 'others' category of responses include – 'Whatever anyone may feel we have to manage patients in wards' (Category: Have no particular feeling); 'TB is treatable and would want to treat, manage and cure them' (Category: Feeling compassion and a desire to help); 'I feel compassion and desire to help but after ensuring my safety' (Category: Feeling compassion and a desire to help).

Having attended a training program in TB was significantly associated with their attitude toward TB patients ($\chi^2 = 13.54$; *df* = 1; *p* = 0.004) (Table 2). The residents who had attended a training program in TB were three times more likely to report compassion and a desire to help TB patients than those who

Table 1 – Attitude of resident doctors toward tuberculosis patients.

Feeling about patients with TB disease	N	%
I feel compassion and desire to help	104	49.06
I feel compassion but tend to avoid managing such patients	23	10.85
I fear them and think they may infect me	27	12.74
I have no particular feelings	58	27.36
Total	212	100.00

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