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## A Study to Assess the Knowledge, Attitude and Pre-Procedure Anxiety Level of Patient Undergoing Upper GI Endoscopy in Krishna Hospital, Karad, India

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### **Abstract:**

*Background: Endoscopy is the visualization of internal organs for medical reason by the use of a lighted sterile endoscope. Endoscopy plays a major role in diagnosis and management of gastro intestinal disorders and in clinical research. The National Endoscopic Database reported that total number of endoscopic procedures increased by 34.1% from 2001-2005, but trends differed by procedure. Most of all procedures induce anxiety in patient. Lack of knowledge is the main reason for the increase in anxiety. If the person is having much knowledge regarding endoscopy procedure may produce decrease anxiety level.*

### *Objectives*

- 1) To assess the knowledge regarding upper GI endoscopy among patients.*
- 2) To assess the level of anxiety in patients undergoing upper GI endoscopy.*
- 3) To assess the attitude of patient undergoing upper GI endoscopy.*
- 4) To find an association between demographic data and results.*

*Methods: Descriptive approach was used to assess the level of knowledge, attitude and anxiety of patient undergoing upper GI endoscopy in K.H Karad. Total sample 60 was taken and convenient sampling technique was used. Data were collected by using a self structured questionnaire for assessing knowledge, Hamilton anxiety scale for assessing the anxiety and non standardized attitude scale for assessing the attitude. The data were tabulated and analyzed in terms of objectives of the study, using descriptive and inferential statistics.*

*Results: In the present study it was found that out of 60 patients those who are undergoing endoscopy procedure majority belonged to age group of 46 (31.66%), male patients were 51.66%, 86.66% were Hindu by religion, 71.66% married, 80% belongs to joints family. 60 (11.66%) having poor knowledge, 52(86.66%) having good and 1(1.66%) having excellent knowledge on the endoscopy procedure. Out of 60 patients no one having mild anxiety, 31(51.66%) having moderate level of anxiety and 29(48.33%) having severe level of anxiety. Assessing the attitude of patient out of 60 patients 10 (16.66%) having negative attitude, 37(61.66%) having most favorable attitude and 13(21%) having favorable attitude. It was also evident that there is no association between demographic variables with the level of knowledge and level of attitude.*

*Conclusion :The main outcome of the study that the patient undergoing endoscopy procedure may have anxiety because of the lack of knowledge. Majority of patient having moderate level of anxiety. Their attitude towards the endoscopy procedure is most favorable. Proper education may decrease the level of anxiety in patient.*

**Keywords:** Anxiety, attitude, knowledge, endoscopy.

## 1. Introduction

Anxiety is a feeling of fear, uneasiness, and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder (1). An endoscopy is a procedure in which doctor uses specialized instruments to view and operate on the internal organs and vessels of your body. It allows surgeons to view problems within your body without making large incision (2). Upper gastrointestinal endoscopy is used to examine esophagus and upper intestinal tract. The upper GI tract includes the esophagus, stomach, duodenum and the first part of the small intestine. The nurse cares for the endoscopic patients as well as the equipment required to conduct endoscopy. It is essential that the nurse must be able to interpret the data and make clinical decisions based on that data. The nurse must know how to detect and prevent complications of this clinical tool. One of the most important factor that impact patient complaints is the patient's anxiety level before procedure (3-7). So increase in the rates for diagnostic accuracy, decrease in complication to determine risk group patient, to increase the comfort of patient and physician and to increase tolerance for the process are needed.

Endoscopy procedure usually done for the purpose of diagnostic and usually creates anxiety in patient. Anxiety in patient results due to lack of awareness about the procedure and fear of discomfort or pain in procedure throughout. Prevention of anxiety during the examination is very much important, because of discomfort feeling, and due to which anxiety may increase the time of the procedure and cause more side effects in patients. Anxiety in patient before endoscopy procedure may have more adverse consequences and can increase the need for sedation and analgesics. Providing information to the patient before GI endoscopy may decrease the level of anxiety and can improve tolerance level of patient during endoscopy procedure. To ensure the quality and safety of the procedure in upper GIS endoscopy, it is important to know the patient anxiety level and the effective factors. In this study we are aimed to evaluate the relationship between anxiety level before the procedure and patients characteristic among patient scheduled to undergo an upper GIS endoscopy. (8-10). As a nurse working in outpatient or inpatient department ;her responsibility for the safety and security of the patient.

## 2. Research Methodology

Focusing on the nature of research problem for the present study and the objectives to be study, a descriptive research was considered a benefitting approach to carry out the study. As this study involves the assessment of the knowledge, attitude and pre-procedural anxiety of those patients who are undergoing upper G I endoscopy procedure, assign a group of 60 patients, data is collected by means of self-structured questionnaires and different scales. Independent variable were demographic variable – age gender education socioeconomic states& Dependent variable were knowledge, attitude and anxiety. Hypothesis is (H1) There will be varying degree of knowledge, attitude and anxiety among patient who are undergoing upper GI endoscopy. In order to carry out the study, investigator has selected endoscopy unit in operation theatre, medical and surgical OPD of Krishna Hospital, Karad. The hospital has a strength of 1300 beds. The rationale for selection of this hospital in Karad is the geographical proximity, economy in terms of time, administrative approval, and coordination and above all, this hospital fulfilled the criteria of the sampling technique, an adequate number of sample would be available. The sample chosen for the present study were consisting of total 60 patients those who are undergoing upper G I endoscopy procedure who are able to read and write either English or Marathi in Krishna Hospital. Inclusion Criteria were Samples those who will be able to understand Marathi and English languages, those with the available during the time of study period & Samples those who will be willing to participate. Patient those who are not willing to participate in this study were excluded.

### 2.1. Development of the Tool

A structured questionnaires was prepared for assessing the knowledge of the patient regarding upper G I endoscopy procedure. Attitude Scale is used to assess the attitude of the patient. Anxiety Scale is used to assess the pre-procedural anxiety of patient.

#### 2.1.1. Description of Tool

The structured questionnaires consist of 2 sections:

Section 1: Deals with the demographic data of the samples personal data, age, religion, languages, type of family, education, residence, occupation status, family income, diet.

Section 2: Assessment of knowledge regarding & knowledge regarding the complications of endoscopy procedure. Anxiety Scale consisting of 10 questions were used to assess the pre-procedural anxiety of patient. Attitude Scale consisting of 10 questions were used to assess the attitude of patient regarding endoscopy procedure.

### 2.2. Data Collection Procedure

The research investigator obtained ethical clearance and formal permission from authorities in Krishna Hospital, Karad. The investigator introduced her and explained purpose of the study to the authorities in the hospital. At the very beginning the patient were explained the purpose of the study and informed written consent was obtained from each patient. Data collected was tabulated and analyzed. The analysis was made on the basis of objectives and hypothesis. The data was planned to include descriptive and inferential. The following plan was developed for data and analysis on the basis of the opinion of experts. For the analysis of demographic data, frequency and percentage calculated. The significance was calculated by using the chi square test.

## 2.3. Results

SI No	Variables	Frequency	Percentage
1	Age		
	15-25	13	21.66%
	26-35	14	23.33%
	36-45	14	23.33%
	46 & Above	19	31.66%
2	Sex		
	Female	29	48.33%
	Male	31	51.66%
3	Religion		
	Hindu	52	86.66%
	Muslim	3	5%
	Christian	0	0%
	Others	5	8.33%
4	Marital Status		
	Unmarried	11	18.33%
	Married	43	71.66%
	Widow/Widower	6	10%
5	Education		
	No Formal Education	5	8.33%
	Primary	18	30%
	Graduation	37	61.66%
6	Occupation		
	Employee	17	28.33%
	Self-Employee	10	16.66%
	Unemployed	5	8.33%
	Other	28	46.66%
7	Type Of Family		
	Nuclear	12	20%
	Joint	48	80%
8	Family Income		
	Below 5000	20	33.33%
	6000-10000	19	31.66%
	11000-15000	14	23.33%
	16000 & Above	7	11.66%
9	Habits		
	Tobacco	6	10%
	Cigarette	1	1.66%
	Alcohol	2	3.33%
	None	51	85%
10	Residence		
	Rural	51	85%
	Urban	9	15%
11	Diagnosis		
	Gastritis	1	1.66%
	Gastric Bleeding	2	3.33%
	Peptic Ulcer	3	5%
	Others	54	90%

Table 1: demographic Description of the Samples by Frequency and Percentage

In this study 31.66% were in the group of 46 & above yrs. of age, 52% were male, 87% were the people belonging to Hindu religion, 72% people were married, 62% patient were having education level up to graduation, 47% patient were belonging to other group, 80% patient belonging to nuclear family, 33% patient belonging in a group of family income below 5000, 85% patient belongs to the group of other in habit, 85% patient are from rural residence and 90% patient are belonging to the group others.

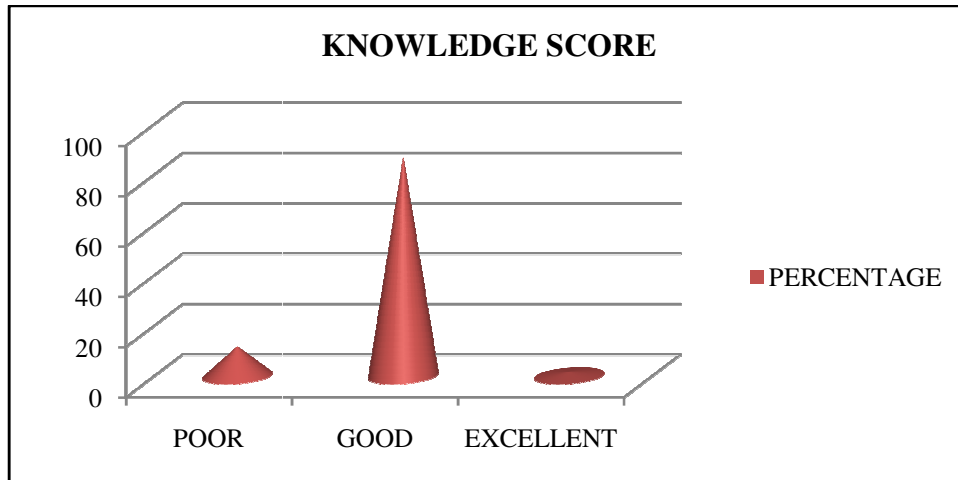


Figure 1: Level of Knowledge of Patient Regarding Upper GI Endoscopy Procedure

11.66% people having poor knowledge regarding endoscopy, 86.66% having good knowledge attitude and only 1.66% patient having excellent knowledge on endoscopy procedure.

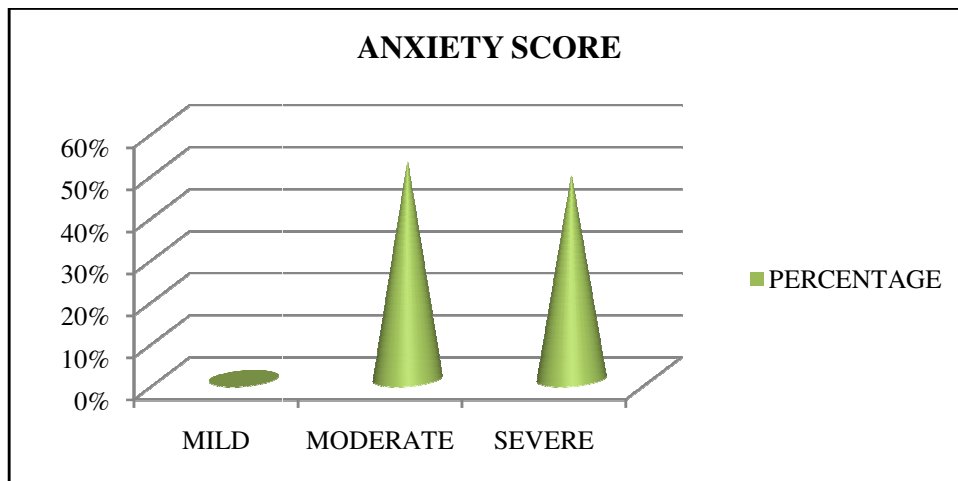


Figure 2: Level of Anxiety of Patient Regarding Upper GI Endoscopy Procedure

No any patient with mild anxiety, 51.66 % having moderate anxiety and 48.33% people having severe anxiety.

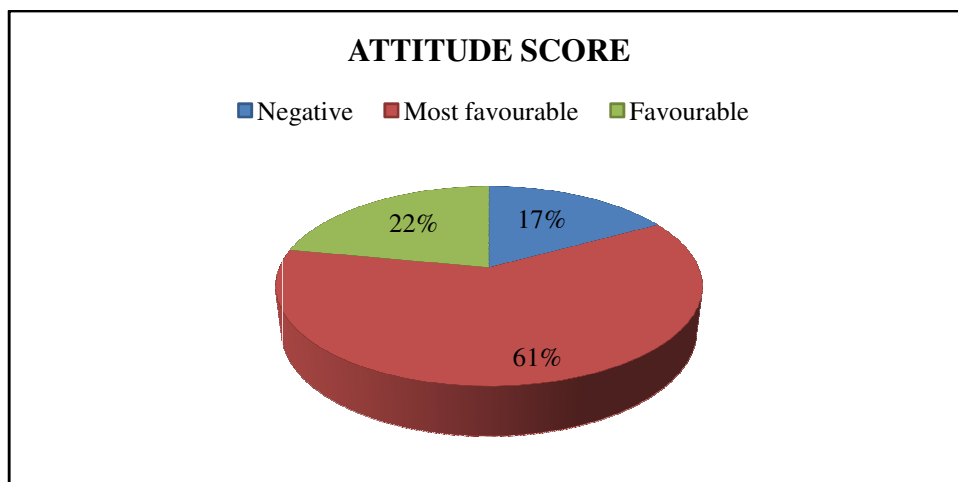


Figure 3: Level of Attitude of Patient Regarding Upper GI Endoscopy Procedure

17 % patient with negative attitude, 61% patient with most favourable attitude and 22 % having favourable attitude.

Demographic Data	X <sup>2</sup> VALUE	DF	P Value	Significance
Age	0.06302	1	0.8018	NS
Sex	0.07576	1	0.7831	NS
Religion	2.181	1	0.7831	NS
Marital Status	1.627	1	0.2021	NS
Education	1.066	1	0.3018	NS
Occupation	0.05994	1	0.8066	NS
Type of Family	1.055	1	0.3044	NS
Monthly Income	0.7418	1	0.3891	NS
Habits	0.1471	1	0.7014	NS
Residence	0.000	1	1.000	NS
Diagnosis	0.02022	1	0.8869	NS

Table 2: Association of Demographic Variables with the Knowledge of Patient

Demographic Data	X <sup>2</sup> VALUE	DF	P Value	Significance
Age	0.6109	1	0.4345	NS
Sex	0.06734	1	0.7452	NS
Religion	0.1617	1	0.6876	NS
Marital Status	0.9686	1	0.3250	NS
Education	0.8724	1	0.3502	NS
Occupation	0.8724	1	0.3502	NS
Type of Family	0.1042	1	0.7469	NS
Monthly Income	2.637	1	0.1044	NS
Habits	4.706	1	0.0301	SIGNIFICANT
Residence	0.1307	1	0.7177	NS
Diagnosis	0.1617	1	0.6876	NS

Table 3: Association of Demographic Variables with Anxiety of Patient

Demographic Data	X <sup>2</sup> VALUE	DF	P Value	Significance
Age	0.9260	1	0.3359	NS
Sex	0.006122	1	0.9376	NS
Religion	0.0353	1	0.8508	NS
Marital Status	0.0003805	1	0.9844	NS
Education	0.02435	1	0.8760	NS
Occupation	0.2182	1	0.6404	NS
Type of Family	0.07409	1	0.7855	NS
Monthly income	0.1442	1	0.7041	NS
Habits	2.778	1	0.0955	NS
Residence	0.04621	1	0.8298	NS
Diagnosis	0.06734	1	0.7952	NS

Table 4: Association of Demographic Variables with Attitude of Patient

### 3. Implication

#### 3.1. Nursing Practice

The nurse has a key role in health care delivery system mainly emphasizing on diagnosis, prevention, and treatment. Endoscopy procedure can create anxiety in patient. Nurses can use communication skill to help patients before any surgical procedure like endoscopy. How anxiety affects patients undergoing surgery is unique to the individual. Patient centered communication is the bedrock of a positive nurse - patient relationship.

#### 3.2. Nursing Education

Nurse is the person who is working with the patient 24hours. So she knows about patient's condition their emotions and feelings. Arrangements of awareness program enhances the management of anxiety among the patient. Nurse educator must upgrade their concept in nursing curriculum about anxiety and its management.

### 3.3. Nursing Administration

The findings of the study reveals that most of patient undergoing endoscopy procedure have always mild anxiety. So we must do some plan that will include all nursing staff should be effectively involved in the awareness programme in their respective hospital. The nurse administrator can utilize these types of awareness programmes on anxiety and its management to enhance the knowledge of students.

### 3.4. Nursing Research

Other researcher may utilize the suggestions and recommendation for conducting further study. The tools and technique used has added to the body of knowledge and can be used for further references.

### 3.5. Limitations of the Study

- No broad generalization could be made due to small size of sample and limited area of settings.
- The study dimensions are limited to assess the attitude, anxiety and knowledge among patients undergoing upper GI endoscopy.
- No any intervention method was used, study done only through interview method.

### 3.6. Recommendations

- The similar study can be done on large size to confirm the result of the study.
- The similar study can be done by providing education on endoscopy procedure among patients to increase their knowledge
- The similar study can be done by providing the guidelines to patient to minimize the anxiety

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