

Knowledge, attitude and self-practice on glaucoma among staff members of St. Paul's Hospital Millennium Medical College

A thesis proposal submitted in partial fulfillment for the requirement of specialty in ophthalmology, ophthalmology department, St. Paul's Hospital Millennium Medical College. (SPHMMC)

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I would like to thank Ophthalmology department of SPHMMC for giving me the opportunity to do this research and SPHMMC to be the sponsor.

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God has given me the courage and also my daughter understanding the situation.

ACRONYMS

OAG – Open Angle Glaucoma

SPHMMC—St. Paul’s Hospital Millennium Medical Collage

ACG – Angle Closure Glaucoma

IOP—Intra Ocular Pressure

NLP—No light perception

PBS—population based study

SPSS—Statistical Package for the Social Sciences

USA—United States of America

ETB—Ethiopian Birr

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Summary

Introduction: Glaucoma is second leading cause of blindness worldwide, and it is a major concern because the blindness caused due to glaucoma is irreversible. It is called as ‘sneak thief of sight’, as the most common glaucoma type is open angle glaucoma (OAG) which is without symptoms until disease has progressed.

Early screening is the key to prevent blindness. To develop this behavior, having awareness and knowledge about glaucoma is essential.

One of the entry points to create the awareness and knowledge is through the health professionals as they are in contact with different kind of patients daily (directly or indirectly)

But it is important to assess the knowledge, awareness and self practice of the staff to know where we are standing and act accordingly to make sure information is being given and it is the correct one.

Objective: The main purpose of this study is to evaluate the knowledge, attitude and self- practice on glaucoma among staff members of St. Paul’s Hospital Millennium Medical Collage (SPHMMC).

Method: The study is a hospital based descriptive cross- sectional study. It uses structured questionnaire. The sample size is 368. Stratified simple random sampling technique will be used. The data collected will be coded, entered then processed and analyzed by using SPSS version 20. Value of $P < 0.5$ will be used to consider variables statically significant.

Work plan and budget: the study will be conducted from May, 2017 to Dec, 2018. The estimated total budget required is 26,284.50 birr.

1. Introduction

1.1. Background

Glaucoma is the general term given for a group of similar diseases(1). Glaucoma is the commonest cause of optic neuropathy with structural changes to the disc and functional loss of vision. Structural changes to optic disc are usually seen at the superior and inferior poles of the optic disc(2).

Glaucoma is classified depending on the anterior chamber angle morphology into open angle glaucoma (OAG) or angle-closure glaucoma (ACG). This classification is important as each has different presentation, prevalence varies and they have different management strategies. For differentiating between OAG and ACG one has to do gonioscopy examination(3).

In primary open angle glaucoma the angle is open but the channels that drain the aqueous fluid in the eye are blocked. This causes pressure to build up within the eye (1).

In angle closure glaucoma, the angle is closed and acute increase in intra ocular pressure (IOP) occurs. Symptoms include headache, blurred vision and pain in the eye(1).

Africans and European origin people are more likely to develop primary open angle glaucoma and those from Asian descent angle closure glaucoma(1).

There are several risk factors for developing glaucoma. Raised IOP is found to be consistent risk factor but this day's diurnal variation in IOP is more important. Advanced age, black race, having positive family history of glaucoma and type 2 diabetes mellitus are some from the list(4)

1.2. Statement of the problem

Glaucoma is the second leading cause blindness in general and leading cause of irreversible blindness(1). In 2010 about 60.5 million people were estimated to have glaucoma and this number is predicted to increase to 76 million by the year 2020 and 111.8 million by 2040(5). The mean prevalence OAG was 1.96% and angle closure glaucoma (ACG) 0.69% by 2010(6). And the prevalence of OAG was found to be higher in men (8.3%) than women (5.79%)(7).

Africa has the highest ratio of glaucoma to adult population with prevalence of 1-2%, can reach upto 10% in the Caribbean (1)(8).

The black population has higher prevalence of OAG (3.3%) than the white population (0.8%)(7). Glaucoma also starts at earlier age in blacks and has aggressive course too(9).

Blacks end up at earlier age with glaucoma caused blindness than whites(10).

Open angle glaucoma, which is the commonest type of glaucoma has few or no symptoms so patients may not know they are losing their sight to it(1)

About 15% of blindness in African is secondary to glaucoma, in sub-Saharan area the prevalence is 4%(11).

According to the national survey done in Ethiopia in 2006, the overall prevalence of blindness was 1.6% and glaucoma blindness contributes 5.2% of these(12). A study in central Ethiopia showed prevalence of blindness to be 1.1% and glaucoma was cause for 17% of cases(13).

With this increased prevalence, the low awareness adds up to the problem in Africa.

In a study from United Kingdom, presentation in 91% of patients was with visual acuity 6/12 or better(14) but in African studies the truth is opposite.

Tanzanian study showed 93% of the glaucoma patients presented to hospital with visual acuity less than 6/60(15) and in Nigerian hospital 56% were no light perception (NLP) with visual field assessment at presentation(16). In another study done in Nigeria revealed 47% of the

study population presenting with visual acuity of light perception (LP) or worse and 83% of them had poor awareness of glaucoma(17). Ethiopian study about 41% of the patients present with NLP(18).

Early detection of glaucoma will prevent further damage to the optic nerve and blindness. As it was stated adequate knowledge and attitude to glaucoma makes 62.6% variation on utilization of health service(19).

1.3. Literature review

A hospital base cross sectional study done in Indian tertiary center (2012) a sample population of mean age 54 ± 11 , the awareness of glaucoma was found to be 4.8% and only 3.1% had proper knowledge. Finishing college, having self and family history of glaucoma had influence on awareness(20).

In Tanzania 98.5% did not know they had the disease(21) similar number was found in 2 studies from South Africa (90.2% and 87.1%)(22)(23).

A population based study done in residents of Abokobi, Ghana (2016) involved 300 participants with age range 18 to 70years. Thirty-nine percent had heard of glaucoma. Age (40-49 years) and increased educational level were significant factors on awareness ($p < 0.0001$). Blindness secondary to glaucoma was described as irreversible by 28.8% of the participants (24).

In a study in rural community of Ebony states (Nigeria) 78.9% of the respondents were unaware of glaucoma and even though 62.1% of the sample population had positive attitude to screening for glaucoma only 14.4% had undergone the screening. Here also educational level more than secondary school has positive impact on awareness and attitude towards glaucoma(25).

In study done in 2009 on patients who came for seeking help on an outreach service in Agro town, Southwestern Ethiopia awareness about glaucoma was indicated to be 2.4% among 340 participants. knowledge was related with higher Education level and having a relative affected with glaucoma(26).

Among 117 glaucoma patients who were on follow up at Ghanaian teaching hospital only 74% of the patients were aware of the condition and 27% of the patients have accurate knowledge. Education level of patients and awareness have strong relation ($p < 0.001$). the patients who were aware >53% had their information from a medical personnel .The rest heard about glaucoma from a family member (13%) or from the media (30%)(27).

In ophthalmic patients presenting to Minilik II hospital only 49.1% know glaucoma causes irreversible blindness. Good knowledge level was found in 12.1% and 70.3% had poor knowledge(28)

A study done(2012) in a tertiary eye care center in India involved 119 staff members (all medical) most were aware what glaucoma was, but 24% of them did not know if it was necessary for a family member of glaucoma patient to be screened. Compared to other morbidities prevention of blindness was 1st priority for 34.6% of the physicians and 15.78% of nurses(29).

In a medical college in India (2013) 114 participants were recruited with male to female ratio of 1.035:1 and mean age 37 year $\pm$ 10.43. The awareness that glaucoma can happen in eyes with normal intra ocular pressure (IOP) was poor. Sixty five percent of the physician and 71% of the nurses did not know glaucoma affects the optic nerve. Over 13% of them believed screening is done after 60 years of age and only 15% had glaucoma screening(30).

In a similar study in Nigeria involving both medical and nonmedical staff 95.1% have heard of glaucoma and 48.8% of them not sure whether the blindness secondary to glaucoma is reversible or irreversible. As to visit to eye clinic 41.5% had none in last 2 years(31).

In teaching hospital of Nigeria awareness was found to be 60.4% among the medical personnel and 51.2% did not know glaucoma can cause irreversible blindness(32). In same study after screening the participants the hospital prevalence of glaucoma was 11.9% and most did not know they have the disease(33).

A study held among ophthalmologists that attended the annual congress of the Ophthalmology Society in August 2013 revealed screening was only 48.7% and 14.8% of them never had proper screening for glaucoma(34).

A study done on last year health science students in Ghana revealed 28.6% had screening previously but 54.9% could not explain why glaucoma is referred as 'the silent thief of sight'(35).

In same cross sectional study held in Benin teaching hospital show low screening practice (64.3% never had eye screening). The knowledge varied from good (31%) to poor (37.8%)(36).

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1.4. Significance of the study

Nowadays glaucoma is world's main concern, as the blindness it causes is irreversible. The major road to tackle this problem is by increasing awareness and knowledge of glaucoma. For this to happen hospital personnel are the main entry point. But there are no published studies done on awareness, knowledge, attitude and self practice of hospital staff in Ethiopia.

So this research will allow us to have insight on level of awareness on glaucoma among the staff of SPHMMC and factors associated.

Also assess knowledge among the staff and the impact of level of knowledge on attitude and self practice.

According to the results we can plan further intervention.

This study can also be used as a baseline for follow up studies.

2. Objectives

2.1. Main Objective

Assess knowledge, attitude and self practice of glaucoma among SPHMMC staff members.

2.2. Specific Objective

- To assess knowledge about glaucoma among staff in SPHMMC.
- To assess attitude towards glaucoma among staff in SPHMMC.
- To assess self care practices on glaucoma among workers in SPHMMC.
- To assess factors associated with awareness, knowledge and self care practice

2. Method

3.1. Study design

A cross- sectional descriptive study.

3.2. Study area and period

The study will be conducted in St. Paul's hospital millennium medical college, which is located in Addis Ababa, Gullele sub city. It is a tertiary teaching hospital and one of the referral centers in Ethiopia. The hospital was established in 1968 by Emperor Haile Silasse. Since then it has been increasing in its service and the population coverage. At this time it has >16 major departments including specialty services. Its coverage more than 110,000 population(37).

The current total staff number is 2609 according to data acquired from the human resource office.

The study will be conducted in the time period of May 2017 to October 2019.

3.3. Source population

All individuals who are working in St. Paul's hospital millennium medical college

3.4. Study population

All individuals who are working in the hospital during the study period and fulfill the inclusion criteria

3.5. Inclusion and exclusion criteria

3.5.1. Inclusion criteria

Staff members which are willing to participate

3.5.2. Exclusion criteria

- Staff members working at ophthalmology department.
- Students working in all the departments (Interns, non staff residents)

3.6. Sampling technique

A stratified random sampling technique is used. The study will use stratified technique to allocated samples to different strata and then using simple random technique subjects are picked from each strata.

3.7. Sample size determination

Taking proportion of 50% acceptable and desired confidence level which is used in most studies of 95% =1.96 on Z- table. With maximum acceptable difference (d) of 5% the sample size is calculated using the formula

$$\underline{n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2}} \quad \text{to get a total sample size of } \mathbf{384}$$

-As the total population of the study is <10,000 we use the sample correction formula.

$$\mathbf{n_f = \frac{n}{1+n/N}}$$

nf = corrected sample size
n= total sample size = 384
N= total population size= 2609

The corrected sample size will be ==N_f = **335**

Considering 10% of non response rate → the final sample size will be

$$N = 368$$

Then we calculate the sample size for each stratum proportionally.

1. Medical staff – specialists, general practitioners, nurses = 1170

$$\text{➤ } N_1 = 368 \times 1170 / 2609 = 165$$

2. Paramedical staff -- radiology, Laboratory technologists, pharmacists= 464

$$\text{➤ } N_2 = 368 \times 464 / 2609 = 65$$

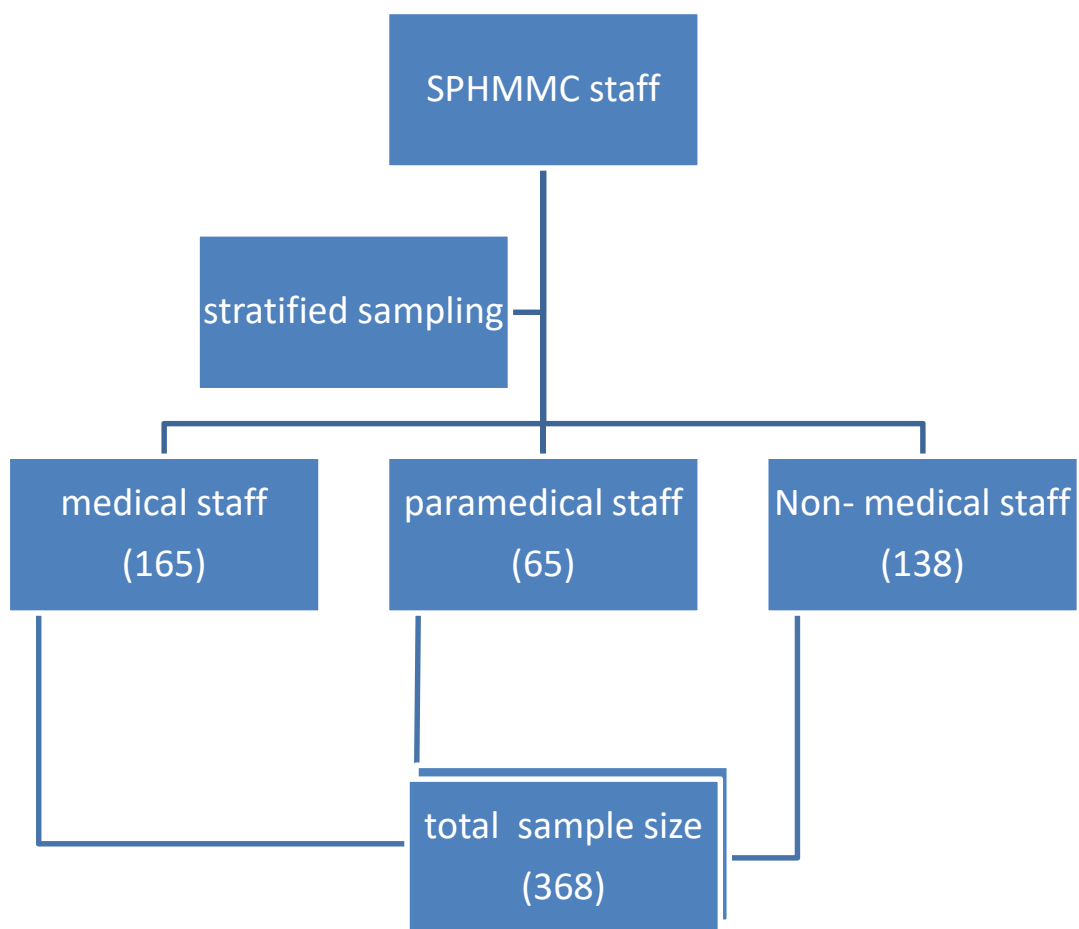
3. Non medical staff= 975

$$\text{➤ } N_3 = 368 \times 975 / 2609 = 138$$

$$\text{➤ } N_1 + N_2 + N_3 = N_T$$

$$165 + 65 + 138 = 368$$

Finally the final number of participants will be picked from the salary payroll list randomly.



3.8. Variables

3.8.1. Dependent variables

- Knowledge, Attitude and practice on glaucoma

3.8.2. Independent variables

- Sex
- Age
- Educational status
- Duration as employment in hospital
- Self history of glaucoma
- Family history of glaucoma

3.9. Operational definition

- Awareness of glaucoma: - defined as having heard of glaucoma from any source.
- Knowledge of glaucoma: - understanding of glaucoma as measured objectively by giving +1 for each correct answer and 0 for incorrect answer. Knowledge is considered good when participant score 70% and more, fair when the score is between 69 and 50% and poor when less than 50 %.(adopted from Nigerian study(36) with modification).
- Attitude for glaucoma:- classified as positive or negative depending on the priority given for glaucoma.
- Self practice said well when a participant of age >40 years or had family history, had screening for glaucoma once in last 2 years.

3.10. Data collection

Data will be collected using structured questionnaire. The questionnaire was adopted with some modification from similar studies (29)(36).It consists five parts (demography, awareness, knowledge, attitude and self practice).Data will be collected by 2 ophthalmology residents and the principal investigator. The questionnaire is prepared originally in English language. The questionnaire will be presented orally to the participants in private after explaining the study purpose and taking written consent. It is estimated to take 7- 10 minutes to complete the questionnaire.

3.11. Data quality control

The data will be collected by residents from ophthalmology department who have adequate knowledge on glaucoma and experience in interviewing. The research purpose and how to collect data will be given in short training to the data collectors. Each questionnaire will be checked for completeness at the end of the day by the principal investigator.

3.12. Data processing and analysis

The data collected will be coded, entered and analyzed using SPSS Statistics version 20 (New York 10589, USA). Proportions, ranges, standard deviation, and association to demographic factor, education level and duration in hospital will be delivered using chi-square test. Variables with p-value <0.05 will stastically be significant.

3.13. Ethical Consideration

Ethical clearance will be obtained from the Ethical committee of SPHMMC. Every questionnaire will be delivered after an oral consent is taken. Each questionnaire will be coded and made available only to the data collector, principal investigator and advisor.

3.14. Dissemination and utilization of result

The end result this study data will be submitted to SPHMMC eye department. The data will be presented at a conference involving the staff and also on annual medical conferences. Possibility made to publish it on medical journals.

4. Work Plan

Activities	Time										Activity carried out by
	2017					2018			2019		
	Apr - Jun	July	Aug	Sep	Oct - Dec	Jan - Apr	May - Sep	Oct - Dec	Jan		
Proposal development										Investigator.	
Proposal defense										Investigator	
ethical approval										Investigator	
Securing budget										Investigator	
Data collection form preparation										Investigator	
Data collectors selection and training										Investigator	
Data collection										Investigator & data collectors	
Data entry & analysis										Investigator	
Result and discussion preparation and submission										Investigator	
Defense										Investigator	
Revision and final report writing and submission										Investigator	

5. Budget

5.1. Equipment and consumable

Item	Unit	Quantity	Unit cost (ETB)	Total cost(ETB)
Pen	single	10	50.00	50.00
Pencil	single	5	25.00	25.00
Paper	packet	1	100.00	100.00
Photocopy	Per page	1600	1.00.00	1600.00
Printing	Per page	100	1.00.00	100.00
Binding	each	7	20.00	120.00
Mobile card	each	5	100.00	5x100=500
Total				2495.00

5.2 Personal cost

Responsible body	Per case	Total (ETB)
Data collectors	50	368x 50= 18,400
Statistian	---	3000.00
Total		21,400.00

5.3 Budget summary

Summary	Cost (ETB)
Equipment and Consumables	2495.00
Personal cost	21,400.00
Contingency--10%	2,389.50
Grand total	26,284.50

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Annex

Annex-1. Information sheet

Research title– Knowledge, attitude and self practice on glaucoma of staff members of St. Paul's Hospital Millennium Medical Collage, 2017.

Name of principal investigator – Kalkidan Kornsa (MD)

Name of organization- St. Paul's Hospital Millennium Medical Collage, Department of Ophthalmology.

Name of sponsor - St. Paul's Hospital Millennium Medical Collage

Purpose of the research

The main purpose this study is to assess the awareness, knowledge, attitude and self care practice on glaucoma among the staff members of SPHMMC.

Data collection

Data will be collected by two ophthalmology residents and the principal investigator. You are selected randomly from the staff. After you understand propose of the research and give your consent to participate, you will be provided with a questionnaire consisting of 21 questions in form of multiple choices.

If you need further explanation on the questions you can ask the data collector. You are kindly requested to answer all the questions and give genuine answers as the research result will depend on it.

Benefits, Risks and/of Discomfort

There is no risk and benefit provided for participating in this research.

By participating in this research you may feel that you are wasting 10-15 minutes of your time but your participation is very important to assess knowledge, attitude and self practice on glaucoma. Depending on the results we will be able to know the gap and plan intervention.

Incentives/Payments for Participating

You will not be provided any incentives or payment to take part in this project.

Confidentiality

You are not requested to write your name. The questionnaire will be coded and kept confidential. Hence, no report of the study ever identifies you.

Right to Refusal or Withdraw

You have the full right to refuse from participating in this research and to withdraw at any time you wish.

Annex 2. Informed consent form

Code number _____

Dear participant,

You are participating in the study that aims to assess the knowledge, attitude and self practice on glaucoma among staff members of SPHMMC. In this research you will be required to fill a questionnaire in private. If you need explanation you can ask the data collector.

The result of this research will be disseminated to SPHMMC eye department, presented on conferences and published on medical journals.

You will not be identified by name anywhere in the research and the questionnaire you filled will be kept confidential.

You can withdraw your consent any time.

I acknowledge that I have understood this consent and the reasons for the study have been explained to me. I give my consent to participate in the study.

Participant signature _____ date _____

Data collector /witness signature _____ date _____

Part II:

9. Have you ever heard about glaucoma?

A. Yes B. No (if No, u can stop here)

10. If yes, what is your Source of information? (choose all that apply)

A. Have attended class/ school

E. Friends / family member

B. TV, radio

F. person with Glaucoma

C. Newspapers / Magazines

G. Doctor

D. Internate

H. other _____

11. Have you been diagnosed of glaucoma

A. yes

B. no

12. Do you have family history of glaucoma

A. yes

B. no

Part III. Knowledge

14. Glaucoma is (choose all that apply)

A. Increased eye pressure

B. Eye disease causing blindness

C. Increased eye pressure causing visual field loss and causing ultimately blindness

D. Not sure

15. Risk factors for glaucoma (choose all that apply)

- A. Increased eye pressure
- B. Old age
- C. Positive family history
- D. Corticosteroid medications
- E. Not sure

16. A person could have glaucoma and not know it.

- A. Yes
- b. No
- c. not sure

17. Is glaucoma treatable?

- A. Yes
- b. No
- c. I do not know

18. If yes, what are the treatment options for glaucoma? (choose all that apply)

- A. medical
- B. surgical
- C. laser
- D. not sure

19. Blindness due to glaucoma is

- A. Reversible
- b. Irreversible
- c. Not sure

Part IV. Attitude

20. Arrange the disease according to treatment priority _____

- A. Cataract
- B. glaucoma
- C. diabetic retinopathy

21. How serious do you think glaucoma is?

- A.1 (not a problem at all)
- B. 2(it is a problem)
- C.3 (a very big problem)

Part V. Self care practice

22. When did you last visit an ophthalmologist (full examination)?

- A. Never
- B. <1 year
- C. 2 years
- D. 3 years
- E. Do not remember

Declaration

I declare this thesis proposal is my original work in partial fulfillment for the award of Degree of masters in medicine and it has not been published or presented for a degree in any other university.

Principal Investigator

Dr. Kalkidan Kornsa

Signature_____date_____

This thesis proposal was submitted for ethical examination with approval of advisors

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