



KNOWLEDGE AND SELECTED PRACTICES OF PAID BYSTANDERS REGARDING PATIENT CARE AND PERSONAL PROTECTION IN COLOMBO-NORTH TEACHING HOSPITAL, RAGAMA



M. A. GIMHAN, I. G. V. U. GODAGE, K. P. S. P.GEETHAMALI, L. A. D. H. P. GUNAWARDENA, W. M. M. A. S. GUNAWARDANA

RESEARCH GROUP B.1.1, Faculty of Medicine, University of Kelaniya

Introduction

Caregiving plays a crucial role in a health care system. The quantity and quality of the health workforce have a direct impact on the healthcare service. In the Sri Lankan context, paid bystanders are formal caregivers providing care to an inward patient. They address the need gap created by a strained health system, particularly the dearth of qualified nurses in the public healthcare system. Caregivers attend to non-medically intensive tasks of patients and are arranged by the patients or their families. Therefore it is of utmost importance to investigate their training and basic skills pertaining to their indispensable role in the Sri Lankan healthcare system.

Objectives

To describe the knowledge and selected practices of paid bystanders regarding patient care and personal protection

Method

Design- descriptive, cross sectional study

Study setting- Colombo-North Teaching Hospital

Study population- all available paid bystanders within 3 consecutive weeks, December -2019 to January 2020

Reference Population -15 Nurses

Sample size- 90

Sampling method- consecutive sampling method

Data collection- interviewer-administered questionnaire

Data processing & analysis- Each aspect will be determined by median scores of the reference group. SPSS software used for analysis

Results

Out of 90 participants, majority were females (58.9%). Most of the participants were working for an agency (86.7%) while the rest were self-employed. They were categorized into groups depending on the level of education and the level of experience separately.

Table 1. Different groups and their boundaries depending on the level of education and level of experience

	Education	Experience
Low	Up to grade 5	Less than 6 months
Medium	From grade 6 to 10	6 months to 3 years
High	Above grade 10	More than 3 years

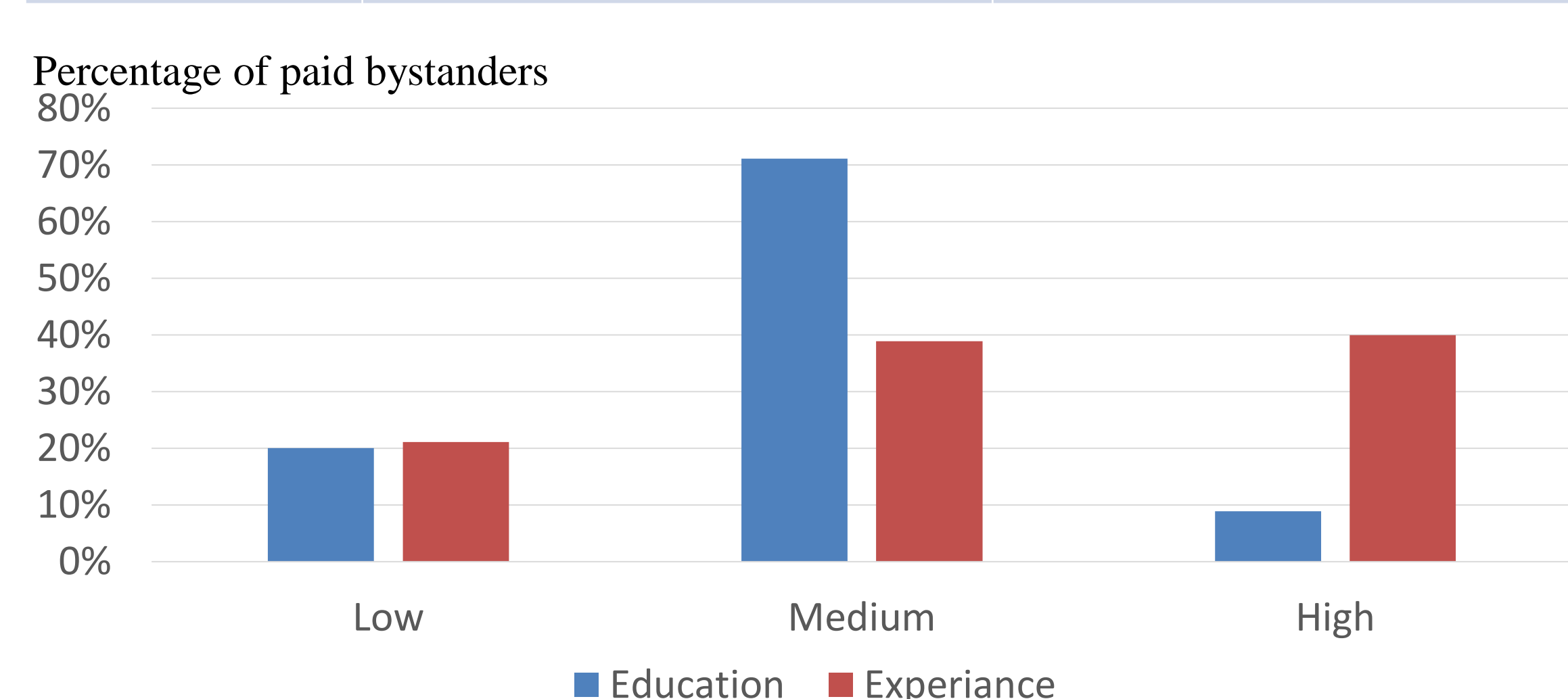


Figure 1. Distribution of paid bystanders according to their levels of experience and level of education

The four aspects of knowledge and practices focused in this study for the above two groups of paid bystanders are,

The knowledge regarding patient care

The practices regarding patient care

The knowledge regarding personal protection

The practices regarding personal protection

According to the Spearman's rank correlation test there are positive correlations between the groups and the four aspects of knowledge and practices as shown in Table 2

Table 2. Positive correlations according to the Spearman's rank correlation test

Correlation coefficient	Knowledge regarding personal protection	Knowledge regarding patient care	Selected Practices of personal protection	Selected practises of patient care
Experience groups	0.023 (p=0.831)	0.408 (p<0.001)	0.344 (p=0.001)	0.410 (p<0.001)
Education groups	0.098 (p=0.359)	0.199 (p=0.059)	0.259 (p=0.014)	0.188 (p=0.076)

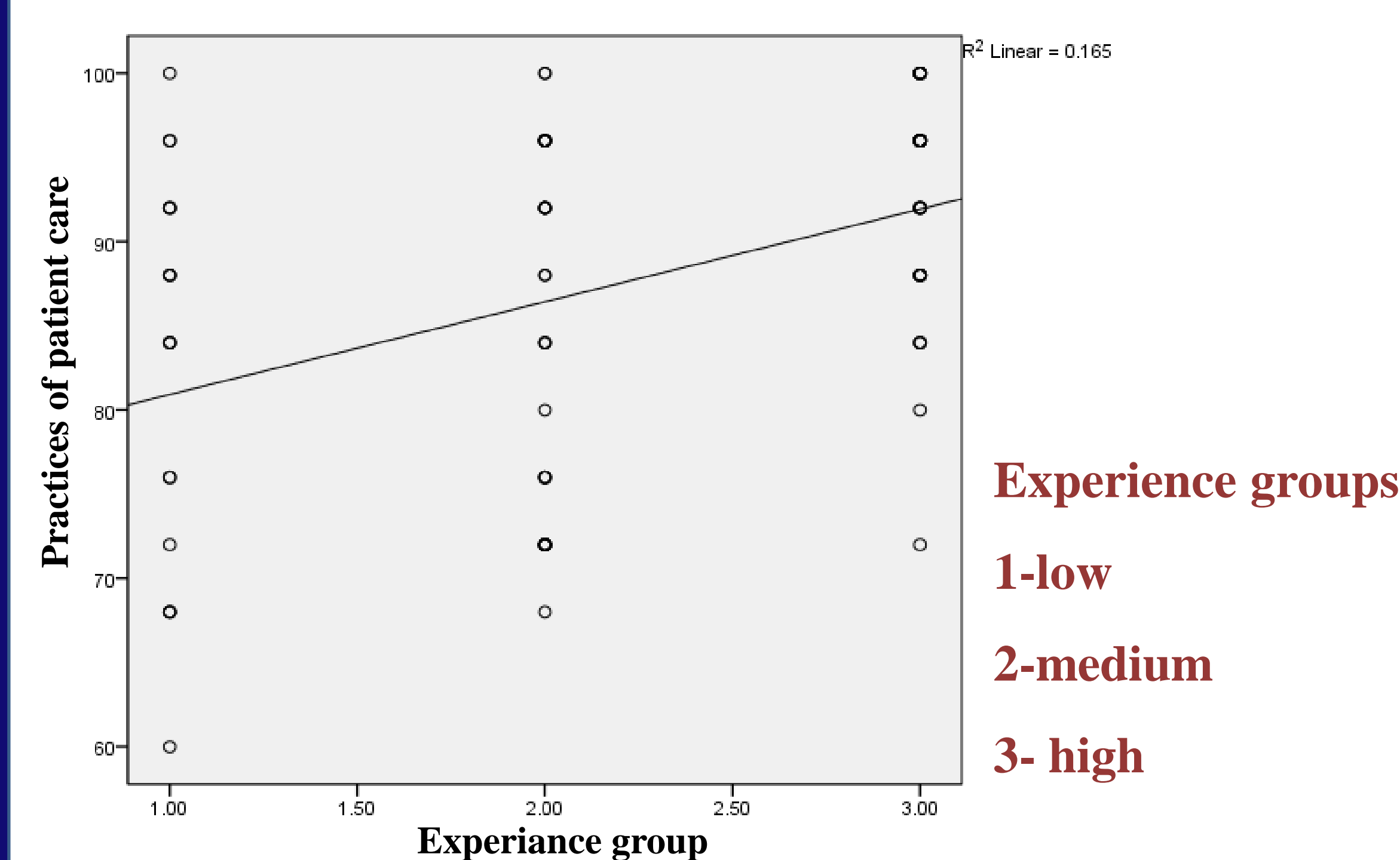


Figure 2. Correlation between the level of experience and practices of patient care.

Adequacies of the knowledge and practices in the study sample are shown in figure 3.

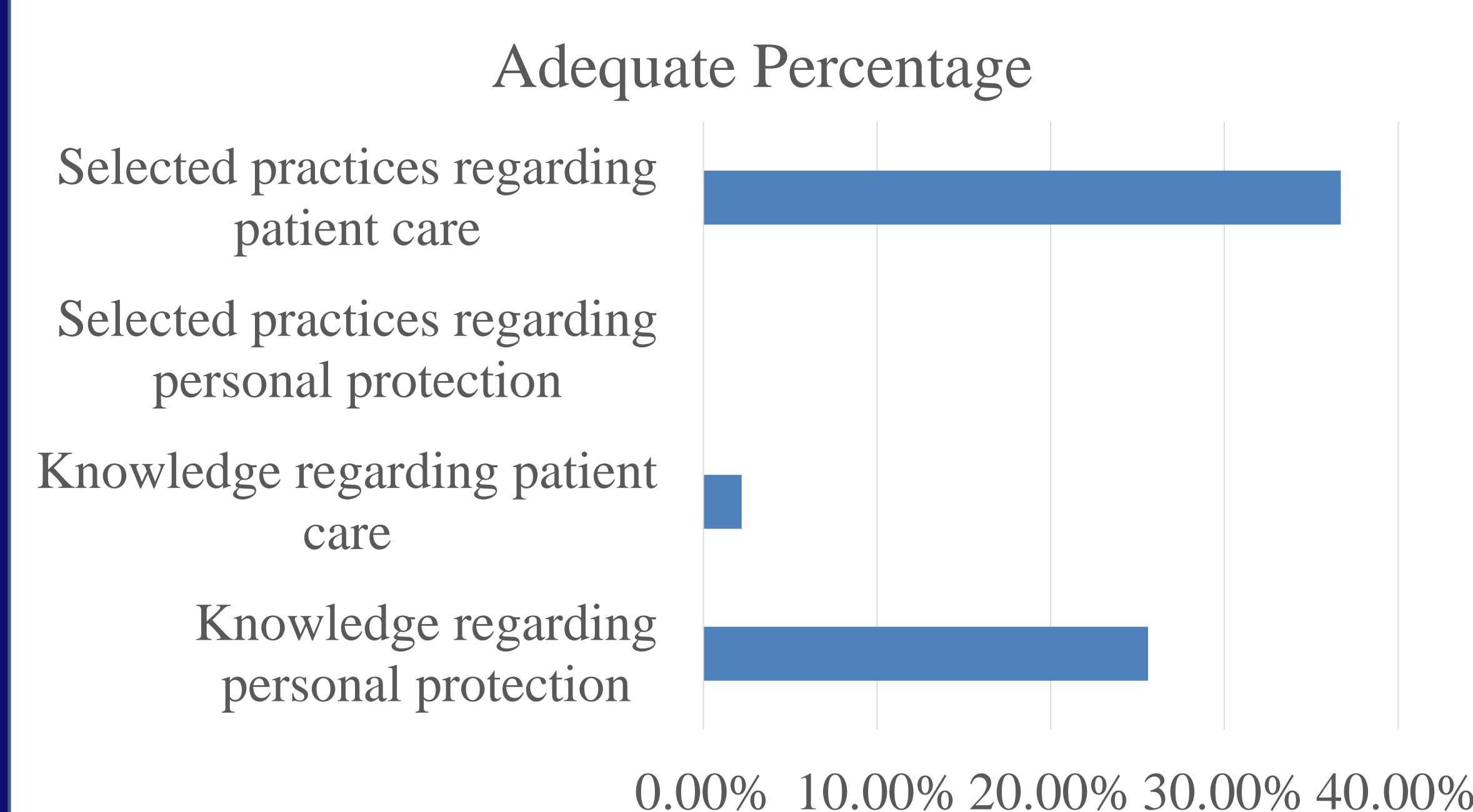


Figure 3. Adequacy of knowledge and selected practices regarding personal protection and patient care

According to Kruskal-Wallis H test, there is a significant median difference between low and high experience groups for knowledge regarding patient care (p value 0.009), selected practices of personal protection (p value <0.001) and selected practices of patient care (p value 0.006). There is a significant median difference between low and high education groups for Knowledge regarding patient care (p value 0.034).

Adequacy of selected practices of patient care is significantly associated with the experience groups (p value 0.006, according to the Chi-Squared test).

Table 4. Percentage of paid bystanders with adequate selected practices of patient care according to the experience

Experience groups	Percentage with adequate selected practices of patient care
Low	15.7%
Medium	28.5%
High	55.5%

Conclusions

The level of experience and education of the paid bystanders are positively correlated with their knowledge and practices regarding personal protection and the patient care. The median knowledge regarding patient care in the high education group is significantly higher than that of the low education group. The medians of the knowledge regarding patient care, practices regarding personal protection and the practices regarding patient care in the high experience group is significantly higher compared to the low experience group. The adequacy of practices regarding patient care is significantly associated with the level of experience. The percentage of paid bystanders with adequate knowledge (25.6%) and adequate practices (00%) regarding personal protection and the percentage of paid bystanders with adequate knowledge (2.2%) and adequate practices (36.7%) regarding patient care is low.

Recommendations

Consideration of a minimum educational level is recommended to be eligible to become a bystander. A minimum period of training under a standard training programme is recommended. provision of thorough knowledge and training regarding personal protection and patient care via the training programme is recommended.

References

- Akpunne, B. C. (2015). Psycho-social factors and psychological wellbeing of formal caregivers. *European Journal of Humanities and Social Sciences*, 34(1).
- Samaraweera, D., & Maduwage, S. (2017). Meeting the current and future health-care needs of Sri Lanka's ageing population. *WHO South-East Asia Journal of Public Health*, 5(2), 96. <https://doi.org/10.4103/2224-3151.206259>

Acknowledgement

Supervisor of this research. All the consultants and the director of the hospital. All participant & Public Health department.