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A descriptive study to assess knowledge and stress regarding skin disorders among skin OPD patient at Prabhakar kore charitable and research hospital Belagavi in view to provide information booklet

[1]Mr Sanganagouda Shanabhog , [2]Dr Amey Khande

Assistant Professor Department of Mental Health Nursing, KLE University's Institute of Nursing Sciences Nehru Nagar, Belagavi– 590010, Karnataka, India.
Shananbhogsangu12@gmail.com

Assistant Professor Department of Mental Health Nursing, KLE University's Institute of Nursing Sciences Nehru Nagar, Belagavi– 590010, Karnataka, India.
ameyguruji@gmail.com

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ABSTRACT

Skin disorders are common health concerns affecting individuals worldwide, often lading to physical discomfort and psychological distress. This descriptive study aims to assess the knowledge and stress levels related to skin disorders among patients attending the outpatient's department (OPD). Understanding the extent of knowledge and stress among OPD patients can provide valuable insights for healthcare professionals in developing tailored educational interventions and supportive strategies to improve patient outcomes and quality of life. The study will employ a structured questionnaire to collect data in participant's knowledge about skin disorders and their perceived levels of stress. Results from this study will contribute to enhancing patients-cantered care and promoting holistic approaches to managing skin disorders in clinical settings.

MATERIAL AND METHODS: A Descriptive research design was adopted. A questionnaire approach and perceived stress scale was used to gather data from 60 Skin OPD patients at the selected hospital using a convenience sampling technique

RESULTS: About 55% respondents having average knowledge about skin disease.40% respondents having poor knowledge about skin disease. Remaining few 5% respondents having good knowledge about skin disease. Majority of the respondents 96.67% belongs to moderate stress level. Mild & Severe both are belonging to 1.67% respondents

CONCLUSION: The outcome of the study shows the statistically significant association of There is association between demographic variable Education with knowledge and stress

Keywords: - Knowledge, Stress, Stress scale, and Skin disorders

INTRODUCTION

Skin conditions are an important public health concern. They affect between 30% and 70% of people worldwide,[1,] and they are the most frequent reason for consultation in general practice.[2] More than 3000 skin diseases have been described, both acute and chronic, that affect individuals of all ages and social conditions. Some of them, such as skin cancer, may be life-threatening. However, even when this is not the case, they may pose a heavy burden on patients in terms of quality of the life impairment and costs.[3]

Skin diseases resulted to be the fourth leading cause of non-fatal burden expressed as years lost due to disability.[6] They are a heterogeneous group of conditions, that include chronic diseases (such as psoriasis and atopic dermatitis) and skin cancers, which affect a large part of the population, but also rare conditions, such as Geno dermatoses. The approach to investigate the epidemiology of these dissimilar types of the population is very different since the study of rare diseases is based on registries, medical literature, or case reports.

The Global Burden of Disease project has shown that skin diseases continue to be the 4th leading cause of nonfatal disease burden world-wide. However, research efforts and funding do not match with the relative disability of skin diseases. International and national efforts, such as the WHO List of Essential Medicines, are critical towards reducing the socioeconomic burden of skin diseases and increasing access to care. Recent innovations such as tele dermatology, point-of-care diagnostic tools, and task-shifting help to provide dermatological care to underserved regions in a cost-effective manner.

OBJECTIVES

. To assess knowledge regarding skin disorder.

. To assess stress level among skin patient.

. To find association between knowledge and stress with selected demographic variable

HYPOTHESIS:

- H0: There is no association between the knowledge and stress level of respondents of skin disease.
- H1: There is association between the knowledge and stress level of respondents of skin disease.

MATERIAL AND METHODS

RESEARCH DESIGN:

The entire approach for conducting a scientific investigation is represented by the research design. The research design adopted for this study was descriptive research design.

SETTING: The study was conducted at the OPD in KLE's Dr. Prabhakar Kore Hospital and Medical Research Centre, Belagavi. The criterion for selecting was feasibility for conducting the study and familiarity of research investigator with the setting. **POPULATION:** In this study population consisted of 60 OPD patients suffering from skin diseases. **SAMPLE SIZE AND SAMPLING TECHNIQUE:** In the present study, the sample includes patients suffering from skin diseases at OPD in KLE's Dr. Prabhakar Kore Hospital and Medical Research Centre, Belagavi. The sample for the present study was selected by a non-probability convenience sampling technique. The samples were selected according to the inclusion and exclusion criteria. The sample size for the present study is 60 respondents of skin diseases. **DATA COLLECTION TECHNIQUE:** A knowledge questionnaires was used to assess the knowledge among the respondents about skin disorder and Perceived Stress Scale (PSS-10) was used to assess the determinants of the level of stress among the respondents of skin disorder.

SAMPLING CRITERIA:

The study had two criteria namely inclusion and exclusion criteria.

Inclusion criteria:

1. Respondents both male and female who were willing to participate in the study.
2. Respondents who were present at the time of study at selected OPD in the selected Hospital.
3. Respondents who can understand Kannada, Hindi and English.

Exclusion Criteria:

1. Those who are professional health caregivers.
2. Those who are under the age of 20 years.

DESCRIPTION OF TOOL:

The details of the tools are described as follows:

Part 1: Socio demographic questionnaire:

The socio demographic questionnaire consisted of 5 items such as gender, age, religion, education, type of family.

Part 2: Knowledge questionaries' which consisted 15 items about how patients feel when they are suffering from skin diseases. It is used to assess the patient's Knowledge.

Part 3: Perceived Stress Scale (PSS-10): It is a standardised stress assessment scale which consisted 10 items about how patients feel when they are suffering from skin diseases. It is used to assess the patient's stress level.

RESULT

The data was collected through:

Self-structures questionaries' was used to assess knowledge and PSS standardized tools were used to collect data regarding stress level of skin patients in selected tertiary hospital in Belagavi.

PRESENTATION OF THE DATA:

The data is presented under the following sections.

Section 1: Findings related to socio demographic characteristics of patients.

Section 2: Findings related to Knowledge regarding skin disorders

Section 3: Findings related to Stress regarding skin disorders

Section 4: Findings related to association between knowledge and Stress regarding skin disorders

Section 1: Findings related to socio demographic characteristics of patients

Table 1. Univariate distribution of the study sample.

Demographic variables		Knowledge			χ^2value	p-value
		Poor	Average	Good		
Gender	Male	13 (40.63)	18 (56.25)	1 (3.13)	0.508	0.776
	Female	11 (39.29)	15 (53.57)	2 (7.14)		
Age	21-30	10 (47.62)	9 (42.86)	2 (9.52)	5.897	0.659
	31-40	5 (38.46)	8 (61.54)	0 (0)		
	41-50	2 (28.57)	5 (71.43)	0 (0)		
	51-60	1 (16.67)	5 (83.33)	0 (0)		
	60 above	6 (46.15)	6 (46.15)	1 (7.69)		
Education	Illiterate	9 (47.37)	10 (52.63)	0 (0)	25.8	0.001*
	Primary	5 (62.5)	2 (25)	1 (12.5)		
	Secondary	6 (33.33)	12 (66.67)	0 (0)		
	Graduation	4 (28.57)	9 (64.29)	1 (7.14)		
	Post-graduation	0 (0)	0 (0)	1 (100)		
Type of Family	Nuclear	10 (28.57)	23 (65.71)	2 (5.71)	4.582	0.101
	Joint	14 (56)	10 (40)	1 (4)		
	Extended	0 (0)	0 (0)	0 (0)		
Religion	Hindu	10 (41.67)	13 (54.17)	1 (4.17)	5.758	0.451
	Christian	2 (16.67)	9 (75)	1 (8.33)		
	Muslim	5 (41.67)	7 (58.33)	0 (0)		
	Others	7 (58.33)	4 (33.33)	1 (8.33)		

Section 2: Findings related to Knowledge regarding skin disorders

Demographic variables		**n**	**%**
Gender	Male	32	53.30
	Female	28	46.70
Age	21-30	21	35.00
	31-40	13	21.70
	41-50	7	11.70
	51-60	6	10.00
	60 above	13	21.70
Education	Illiterate	19	31.70
	Primary	8	13.30
	Secondary	18	30.00
	Graduation	14	23.30
	Post-graduation	1	1.70
Type of Family	Nuclear	35	58.30
	Joint	25	41.70
	Extended	0	0.00
Religion	Hindu	24	40.00
	Christian	12	20.00
	Muslim	12	20.00
	Others	12	20.00

Table 2. Association between Knowledge and selected demographic variables

Table 2 depicts that there is no association between knowledge and gender, age, type of family, and religion. There is association between knowledge and education.

Section 3: Findings related to Stress regarding skin disorders

Table 3. Association between Stress and selected demographic variables

Demographic variables		Stress			χ^2 value	p-value
		Mild	Moderate	Severe		
Gender	Male	0 (0)	32 (100)	0 (0)	2.365	0.307
	Female	1 (3.57)	26 (92.86)	1 (3.57)		
Age	21-30	1 (4.76)	20 (95.24)	0 (0)	5.532	0.699
	31-40	0 (0)	12 (92.31)	1 (7.69)		
	41-50	0 (0)	7 (100)	0 (0)		
	51-60	0 (0)	6 (100)	0 (0)		
	60 above	0 (0)	13 (100)	0 (0)		
Education	Illiterate	0 (0)	19 (100)	0 (0)	62.356	0.000*
	Primary	0 (0)	8 (100)	0 (0)		
	Secondary	0 (0)	17 (94.44)	1 (5.56)		
	Graduation	0 (0)	14 (100)	0 (0)		
	Post-graduation	1 (100)	0 (0)	0 (0)		
Type of Family	Nuclear	1 (2.86)	33 (94.29)	1 (2.86)	1.478	0.478
	Joint	0 (0)	25 (100)	0 (0)		
	Extended	0 (0)	0 (0)	0 (0)		
Religion	Hindu	0 (0)	24 (100)	0 (0)	8.276	0.219
	Christian	0 (0)	12 (100)	0 (0)		
	Muslim	0 (0)	12 (100)	0 (0)		
	Others	1 (8.33)	10 (83.33)	1 (8.33)		

Table 3 depicts that there is no association between stress level and gender, age, type of family and religion. There is association between stress level and education.

(Note: If the chi-square calculated value is higher than chi-square critical value at 5% level of significance (where p-value is less than 0.05) then the null hypothesis will be rejected, and if the chi-square calculated value is less than chi-square critical value at 5% level of significance (where p-value is more than 0.05) then there is no evidence to reject null hypothesis.)

Section 4: Findings related to association between knowledge and Stress regarding skin disorders

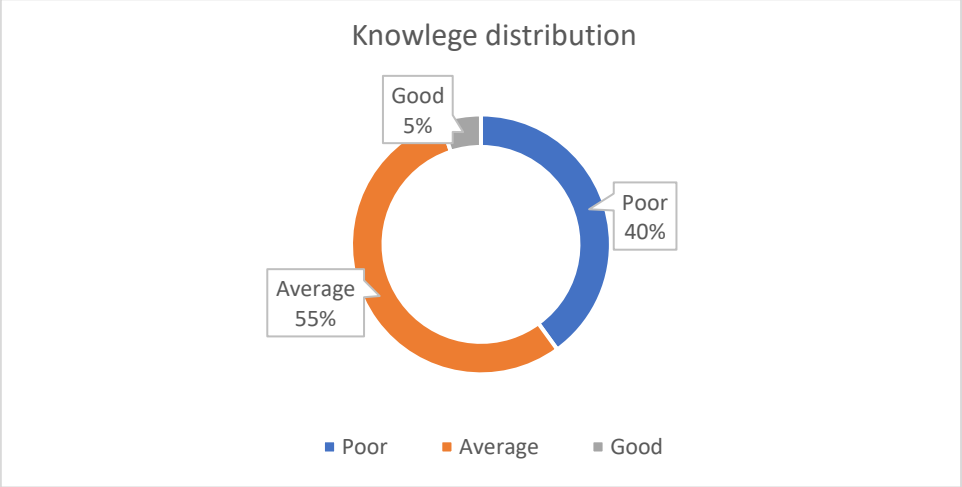
Table 4. Distribution of Knowledge and Stress of the sample

Category		**n**	**%**
Knowledge	Poor	24	40.00
	Average	33	55.00
	Good	3	5.00
Stress	Mild	1	1.67
	Moderate	58	96.67

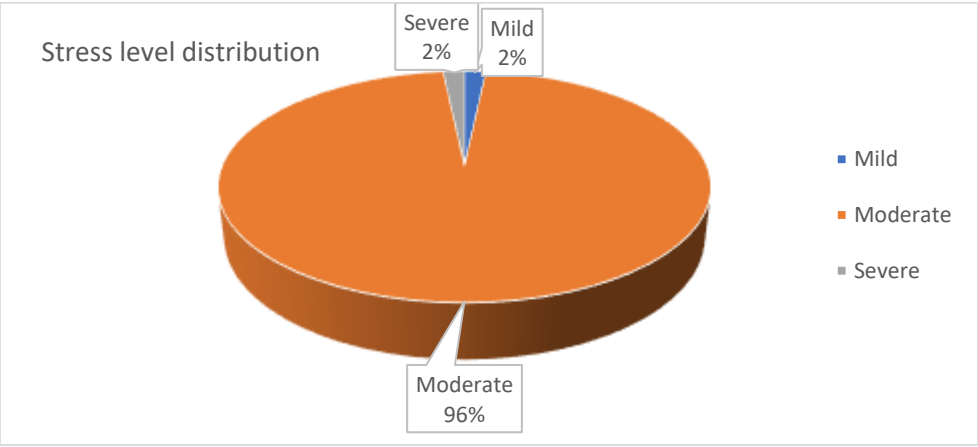
	Severe	1	1.67

Table 4 depicts that nearly 55% respondents having average knowledge about skin disease.40% respondents having poor knowledge about skin disease. Remaining few 5% respondents having good knowledge about skin disease. Majority of the respondents 96.67% belongs to moderate stress level. Mild & Severe both are belonging to 1.67% respondents.

Graph 1 shows the Pie chart showing the percentage distribution of knowledge



Graph 1: Pie chart showing the percentage distribution of knowledge



Graph 2: Pie chart showing the percentage distribution of stress

Graph 2 shows the Pie chart showing the percentage distribution of stress

Table 5. Association between Knowledge and Stress of the study participants.

Category		Knowledge			χ^2value	p-value
		Poor	Average	Good		
Stress	Mild	0	0	1	20.819	0.00*
	Moderate	23	33	2		
	Severe	1	0	0		

Table 5 depicts that there is association between knowledge and stress of the study participants. Majority of 33 respondents are having average knowledge about skin disease with moderate stress level.

DISCUSSION

The main objective was to study the assess knowledge and stress regarding skin disease in skin OPSD of KLES Dr. Prabhakar Kore Charitable Hospital Belagavi.

Results of the study were discussed as follows

1. Results related to Socio demographic variables

Most of the respondents (35%) belonged to the age group of 21-30 years, while (21.7%) belonged to the age group 31-40 years and 60 years and above, (11.7.4%) belonged to the age group of 41-50 years and (10%) belonged to the age group of 51-60 years respectively.

Majority of the male respondents (53.3%) patients and female respondents (46.7%) patients. Majority of the male respondents (53.3%) patients and female respondents (46.7%) patients.

Majority qualification is illiterate (31.7%), primary education (13.3%), secondary education (30.0%), graduation education (23.3%) and (1.7%) falls under post-graduation qualification.

Majority of the respondents around 40% belong to the Hindu community. Around 20% and 20% spouses, belong to the Christian and Muslim families respectively. And 20% respondents belong to other religion.

Reveals that majority (58.3%) belongs to nuclear family, whereas minority (41.7%) belongs to Joint family and (0.0%) is extended family

2. Findings related to knowledge regarding skin disorders.

Nearly 55% respondents having average knowledge about skin disease.40% respondents having poor knowledge about skin disease. Remaining few 5% respondents having good knowledge about skin disease.

3. Findings related to perceived stress regarding skin disorders

Majority of the respondents 96.67% belongs to moderate stress level. Mild & Severe both are belonging to 1.67% respondents.

4. Findings related to association between knowledge and stress regarding skin disorders

there is no association between knowledge and gender, age, type of family, and religion. There is association between knowledge and education. And there is no association between stress level and gender, age, type of family and religion. There is association between stress level and education.

CONCLUSIONS

The conclusion drawn from this study includes the level of stress of respondents. Nearly 55% respondents having average knowledge about skin disease.40% respondents having poor knowledge about skin disease. Remaining few 5% respondents having good knowledge about skin disease. There is association between knowledge and education

Majority of the respondents 96.67% belongs to moderate stress level. Remaining 1.67% of the respondents having mild & severe stress level.

The findings of the study states that there is no significant association between level of stress of respondents and selected demographic variables except educational status.

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