

# Knowledge, Attitude, and Practice towards COVID-19 among Healthcare Workers in Peoples Dental College and Hospital, Nepal

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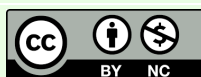
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## ABSTRACT

**INTRODUCTION:** HCWs are at risk of coronavirus disease (COVID-19) because of prolonged and repeated exposure to patients and because HCWs work in a team and physical distancing is usually not possible among them. Therefore, this study aimed to identify the current status of knowledge, attitude and practice among HCWs in Peoples Dental College and Hospital, Kathmandu, Nepal. **MATERIALS AND METHODS:** This was a cross-sectional study conducted at People's Dental College and Hospital, Kathmandu, Nepal through an online survey questionnaire from 1st July 2020 to 30th August 2020. A total of 163 HCWs were identified as eligible for study and 90 participants (HCWs) participated in the study. The data were collected through a structured questionnaire regarding COVID-19 and distributed via e-mail, Facebook, Whatsapp. The responses were presented as numbers and percentages. **RESULTS:** Among 90 participants, majority were dentist 66(73.3%), 15(16.7%) were medical doctors and few 6(6.7%) were paramedical. Majority of the participants had proper knowledge of its transmission, incubation period, isolation and treatment and showed a positive practices towards preventive measures. A vast majority of health care workers were practicing precautionary measures such as washing hand 81(90%), wearing face mask while leaving home 87(96.7%), maintaining social distancing and healthy lifestyle 60(66.7%). However, fear of human to human transmission and transmission of infection to family member had a significant impact on attitude of some of the HCWs. **CONCLUSIONS:** The majority of HCWs had proper knowledge and practices toward COVID-19. However, the level of some knowledge and practices lower than that expected and negative attitude need to be addressed. Hence additional educational interventions are required for health care workers.

**Keywords:** Knowledge; attitude; practice; COVID-19; Health care workers



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## INTRODUCTION

Coronavirus disease 2019 also known as COVID-19 is a rapidly emerging pandemic caused by human coronavirus which is SARS-CoV-2. COVID-19 was first reported in Wuhan, China at December 2019 among patients with viral pneumonia symptoms [1]. It spread globally, resulting in the ongoing 2019-22 corona virus pandemic. On January 30, 2020, the WHO declared the COVID-19 outbreak a public health emergency of international concern and on 11 March 2020, recognized as a pandemic in order to emphasize the gravity of the situation and urge all countries to take action in detecting infection and preventing spread [2]. In Nepal the first positive case was reported on 23rd January 2020 and ever

since numbers are increasing as days passed by. Currently, COVID-19 has spread to over 200 countries and territories, with over 547,901,157 cases and 6,339,899 deaths globally as of July 2022 [3]. Health care workers (HCWs) are at the center of the work system and they are at risk of infection because they help in controlling the outbreak. HCWs are at risk of coronavirus disease (COVID-19) because of prolonged and repeated exposure to patients and because HCWs work in a team and physical distancing is usually not possible among them [4]. The burden of the disease in both developed and developing countries had worsened the response and management strategies due to inadequate provision of

personal protective equipment for healthcare workers, environmental contamination, overcrowding, and absence of adequate isolation room facilities [5]. The literature suggests that lack of knowledge and misunderstandings among HCWs lead to delayed diagnosis, spread of COVID-19 among HCWs, family members, and community members and poor infection control practices. Amidst the current pandemic, WHO has issued several guidelines, and started online courses and training sessions to raise awareness and preparedness regarding prevention and control of COVID-19 among HCWs [6].

The battle against COVID-19 is still continuing in china. To guarantee the final success, people's adherence to these control measures are essential, which is largely affected by their knowledge, attitude and practices towards COVID-19.

Therefore, this study aimed to identify the current status of knowledge, attitude and practice among HCWs in Peoples Dental College and Hospital, (PDCH) and this will help to generate the evidence that can support the hospital management to design guideline and interventions to ensure safety of HCWs, patients and visitors at the time of pandemic.

## MATERIALS AND METHODS

### Study design and setting

This was a cross-sectional study conducted at People's Dental College and Hospital, Kathmandu, Nepal through an online survey questionnaire. The study period was from 1st July 2020 to 30th August 2020. Peoples Dental College and Hospital (PDCH) is a prominent institution located in Kathmandu, Nepal, committed to providing dental education and healthcare services in order to meet the nation's growing healthcare needs. PDCH provides a range of undergraduate and graduate programs that improve the general health of the local population and further dental research in the region.

### Participants, sample size and sampling technique

The study participants eligible for participation in this survey were health care workers (HCWs) working at different department of Peoples Dental College and Hospital (PDCH) that include Doctor, Nurse, Dentist, Dental assistant, Pharmacist, Lab technician. A total of 163 HCWs were identified as eligible for study across all the departments approached, and out of them, 90 participants (HCWs) participated in the study.

### Data collection procedure and study variables

The data were collected through a structured questionnaire regarding the knowledge and attitude of

healthcare workers regarding COVID-19 and distributed via e-mail, Facebook, Whatsapp. Contact details of all HCWs were obtained from the college respective departments, and the invitation were sent to the e-mail addresses, Facebook, and WhatsApp. They were requested to fill the form and to return it to the researcher. Reminder to fill up the form was also sent. We approached all participants, i.e. 163 HCWs working at PDCH. However, 90 had returned the filled-up questionnaire with the response rate of 55.21%. A questionnaire was developed following the instructions and guidelines of WHO that contain variables on: (i) general information of participants, (ii) knowledge on COVID-19, (iii) attitude towards COVID-19, and (iv) practice regarding COVID-19.

### Statistical analysis and data management

The obtained data were coded, validated, and analyzed. Descriptive statistical techniques were employed for data analysis. Frequency and percentage were calculated for general information of participants, knowledge, attitude, practice regarding COVID-19. The responses were presented as numbers and percentages. All data were analyzed by using Statistical Package for Social Science (SPSS version 16 for Windows).

### Ethical consideration

Ethical approval for the study was received from PDCH IRC on 29th June 2020. The sub-mission of the online answer to the questionnaire was considered as consent to take part in the study. Anonymity and confidentiality of the information were maintained.

## RESULTS

Table 1 shows the demographic characteristics of the study participants. Majority of the participants were female 48(53.3%), and 51(56.7%) belong to the age

Demographic characteristics	Number	%
<b>Age in Years</b>		
<30	27	30
31-40	51	56.7
41-50	9	10
>51	3	3.3
<b>Gender</b>		
Male	42	46.7
Female	48	53.3
<b>Occupation</b>		
Dentist	66	73.3
Doctor (Medical)	15	16.7
Paramedical	6	6.7
Others	3	3.3

**Table 2** | Knowledge about COVID 19 among the HCWs (n=90)

Questions and responses on knowledge about COVID-19	Correct response,	
	Number	%
The causative agent of COVID-19 is called as SARS-CoV-2	87	96.7
The incubation period of COVID-19 is 2-14 days	75	83.3
COVID-19 can be transmitted through respiratory droplets	90	100.0
COVID-19 can be contracted by touching a contaminated surfaces or objects (yes)	81	90.0
In severe cases, COVID-19 may leads to pneumonia, respiratory failure, kidney failure and even death (yes)	87	96.7
Currently there is no effective cure for COVID-19, but early symptomatic and supportive treatment can help most patients recover from the infection (True)	90	100
Preferred method of washing hand with soap and water is for at least 20 seconds	75	83.3
Isolation and treatment of people who are infected with the COVID-19 virus are effective ways to reduce the spread of the virus (True)	90	100.0
Which of the following hand hygiene action prevents transmission of the virus to health care worker?	72	82.8
1. After touching a patient	72	82.8
2. Immediately after exposure to body fluids	63	72.4
3. After exposure to immediate surroundings of patients	81	93.1
4. Before putting on and off Personal protective equipment		
According to WHO, the safe distance for protection against COVID-19 is at least	18	20.0
1. 1 Feet	15	16.7
2. 2 Feet	57	63.3
3. 3 Feet		
Use of Medical mask is not essential for	78	96.3
1. People who are well and do not work in clinical areas	3	3.7
2. Healthcare workers and caregivers	0	0.0
3. Older, immune-compromised people and people with comorbidities	0	0.0
4. When in close contact of a person suspected or known to have COVID-19 infection		
COVID-19 can spread from a person who has no cough or fever? (True)	60	66.7
Which of the following method is effective for the prevention of COVID-19 infection among health care workers?	90	100
1. Use Standard precaution, contact precautions, Airborne precautions and use eye protection		
Antibiotics are the first-line treatment for COVID-19 (False)	66	73.3
What personal protective equipment (PPE) should you wear when collecting specimens for molecular testing? Select all that apply		
1. N95 respirator	90	100.0
2. Long-sleeved gown	87	96.7
3. Eye protection	87	96.7
4. Gloves	87	96.7
It is helpful to collect both upper respiratory tract samples and lower respiratory tract samples for the molecular diagnosis of COVID-19 (True)	69	76.7
What specimens are recommended for COVID-19 diagnosis?		
1. Nasopharyngeal swab	87	96.7
2. Oropharyngeal swab	84	93.3
3. Sputum	6	6.7
4. Bronchoalveolar lavage	27	30.0
Do you know about RDT and RT PCR tests for COVID-19? (Yes)	90	100
Acute COVID-19 infection is diagnosed by RT PCR	78	86.7
How will you pack the specimen from COVID-19 suspected case before transporting it to reference laboratory ?	84	96.6
1. VTM, Zip Lock Bag, Air tight container, Ice box		

group of 31-40 years. About one fourth 66(73.3%) participants were dentists, 15(16.7%) medical doctors and 6(6.7%) were paramedical.

The majority of the participants knew about the causative agent of COVID-19 as SARS-CoV-2 and the incubation period is 2-14 days as 96.7% and 83.3% respectively. All participants (100%) agreed that COVID-19 can be transmitted through respiratory droplets, whereas (90%) of them also agreed that it can

also be contracted by touching a contaminated surfaces or objects and (66.7%) thought that it can spread from a person who has no cough or fever. Majority (96.7%) of participants thought that the infection may lead to pneumonia, respiratory failure, kidney failure and even death in severe cases. All participants (100%) agreed that currently there is no effective cure for the disease, but early symptomatic and supportive treatment can help to recover from the infection and isolation and

**Table 3 | Attitude of HCWs towards COVID-19 [n=90, (%)]**

Questions	Always	Often	Sometimes	Rarely	Never
Are you scared of human-to-human transmission of COVID-19?	54 (60)	24(26.7)	12(13.3)	0	0
Are you afraid to do a health care services?	6(6.7)	30(33.3)	36(40)	12(13.3)	6(6.7)
Are you scared one of your family members may get an infection?	63(70)	21(23.3)	3(3.3)	3(3.3)	0
	SA	A	NAD	D	SD
Do you agree that this outbreak has impacted your study/ work?	66(73.3)	24(26.7)	0	0	0
Do you agree that the COVID-19 situation will stay under control?	0	18(20)	39 (43.3)	30(33.3)	3 (3.3)
Do you think if COVID-19 vaccine was available, I would have it?	30(33.3)	39(43.3)	21(23.3)	0	0

SA: Strongly agree; A: Agree; NAD: Neither agree nor disagree; D: Disagree; SD: Strongly disagree

treatment of people with COVID-19 are effective way to reduce the spread. Maximum (83.3%) of participants agreed that washing hand with soap and water for at least 20 seconds could prevent the transmission of virus and following hand hygiene action prevents transmission i.e before putting on and off Personal protective equipment (93.1%) followed by after touching a patient (82.8%), immediately after exposure to body fluids (82.8%), after exposure to immediate surroundings of patients (72.4%). The majority of the participants knew the safe distance for protection against COVID-19 is 3 feet, use of medical mask is not essential for those who are well and do not work in clinical areas and for HCWs, standard precautions, contact precautions, airborne precautions and eye protection are effective (63.3%, 96.3%, 100% respectively). Almost all participant (100%) knew about RDT and RT-PCR. Majority (86.7%) knew acute infection is diagnosed by RT-PCR and (76.7%) thought both upper and lower respiratory samples are helpful for molecular diagnosis; the recommended specimens are Nasopharyngeal swab, oropharyngeal swab, bronchoalveolar lavage, sputum (96.7%, 93.3%, 30%, 6.7% respectively). Similarly, 96.6% knew proper sample transportation method (Table 2).

The findings on attitude regarding COVID-19 are summarized in Table 3. Some of the participants had a negative attitude towards different questions. More than half (60%) of participant were scared of human to human transmission of COVID-19, Most (70%) were scared that their family members may get infection and about 40% were afraid to do health care services. Accordingly, about three fourth (73.3%) of participants thought it has impacted their work, 43.3% of them neither agreed nor disagreed that the situation will stay under control and 43.3% often thought that they could get vaccinated if available.

A total of 5 questions was used to access practice among health care workers shown in Table 4. Majority of the participants (90%) always washed hands frequently and thoroughly, 96.7% were always wearing mask while

**Table 4 | Practice of HCWs towards COVID-19 [n=90, (%)]**

Questions	Always	Often	Sometimes	Rarely	Never
Washing hands frequently and thoroughly	81(90)	9(10)	0	0	0
Wearing mask while leaving the home	87(96.7)	0	0	0	3(3.3)
Maintaining social distancing	60(66.7)	30(33.3)	0	0	0
Maintaining healthy lifestyle (eat nutritious food, exercise regularly, and get enough of rest or sleep) to maintain your body health and to avoid infection	60(66.7)	21(23.3)	9(10)	0	0
Following lockdown	36(40)	39(43.3)	9(10)	6(6.7)	0

leaving the home, 66.7% maintained social distancing and healthy lifestyle and 43.3% of the participants followed lockdown.

## DISCUSSION

This study was aimed to investigate the knowledge, attitude and practice of health care workers toward COVID-19 in PDCH, Nepal. Our study revealed that most of the respondents have good knowledge about COVID-19. This finding is consistent with other studies that have shown satisfactory levels of knowledge, in Nigeria [7] across Saudi Arabia [8] and in Bangladesh [9]. We found that 96.7% of the HCWs knew the causative agent of COVID-19, 83.3% were aware of the incubation period and 100% of HCWs knew the mode of transmission of the COVID-19. This is in accordance with Zhong et al. [10] that showed 90% of participants had good knowledge. The high rate of correct answer to knowledge related questions among HCWs were not surprising. This may be due to the characteristics of the participants, as 73.3% were Dentist and 16.7% Medical

doctor and 56.7% were aged between 31 to 40 years. This could be due to good knowledge, as both medical doctors and dentists are more educated in infectious diseases and are actively involved in seeking information due to their active roles in improving treatment outcomes of patients with COVID-19. A possible explanation of this can also be that the coronavirus pandemic is being widely talked about in the world and information about it is disseminated on various social media daily. Majority of the HCWs (96.7%) knew that in severe cases, it may lead to pneumonia, respiratory failure, kidney failure and even death and all (100%) knew that currently there is no effective cure for COVID-19 as of the date of this study. This is similar to a study by Bhagavathula et al. [6], and Giao et al. [11]. Viral infections have been documented to be highly contagious among people in close proximity [4]. Nevertheless, early symptomatic and supportive treatment can help most patients recover from the infection.

All of the participants in our study agreed that isolation and treatment of infected people are effective ways to reduce the spread of virus. This finding is consistent with the previous studies in Nigeria by F.E. Ejeh et al. [12]. Generally most participants had sufficient knowledge about COVID-19, which is inconsistent with the finding by Bhagavathula et al. [6] which revealed insufficient knowledge about COVID-19. Both sample size and directional questions of our study could be responsible for the discrepancies in our findings. However, discrepancies were identified in the knowledge of different categories of HCWs. A finding of considerable concern is that one third of the HCW were not aware of the preferred method of hand hygiene activities, only 63.3% of HCWs knew the safe distance for protection against COVID-19. These responses of HCWs could have adverse consequences on patient care, personal care and also on the dynamics of potential COVID-19 outbreaks.

All of the participants had accurate knowledge about the personal protective equipment, RDT and RT-PCR test. A vast majority of HCWS knew the specimen recommended for COVID-19 diagnosis and 96.6% knew that the specimen from COVID-19 suspected cases should be packed in VTM, Zip Lock Bag in an air tight container and transport it to reference laboratory in an ice box. Generally most the participants in our study reported good practices related to COVID- 19. That shows that the participants sufficient knowledge about COVID-19 translated into good and safe practices and it

suggest that practices of HCWs at PDCH are very cautious. Almost 90% of participants washed hand frequently and thoroughly, 96.7% didn't leave home without wearing mask, 66.7% maintained social distancing and healthy lifestyle. We found that overall higher preventive practices, similar to a study done by Mbachu CNP et al. [13] and Haque T et al. [14]. In order to minimize the crowded and slow the spread, 40% of respondents were willing to follow the lockdown as directed by government of Nepal.

However, some of the participants reported negative attitude toward COVID-19. The negative attitude was significantly influenced by various fears and perceived impact of the disease on the HCWs. This finding coincides with a study conducted in Nepal by Basnet et al. [15] and in Bangladesh by Haque T et al. [14]. The negative attitudes towards COVID-19 were related to impact their work or study (73.3%). This is possibly due to fear of transmitting the disease to family member (70%), human to human transmission (60%). In contrast, a positive attitude was reported among Vietnamese health care workers by Giao et al. [11]. A possible explanation of this type of attitude can be due to the evolving nature of the disease even in developed countries like Italy and the United States of America where over fifteen thousand death and over one lakh total infected cases have been reported [16].

This study assessed Knowledge, Attitude, and Practice towards COVID-19 among healthcare workers in Peoples Dental College and Hospital, Nepal. However, this study has some limitations. First, the study was conducted in a single centre and therefore the results may not be generalized to the entire hospital's HCWs. Second, an electronic platform was used to collect data through online questionnaire, which may increases the chances of bias. Third, the study was done early in the pandemic and not much information was available and hence further study needed in future research.

## CONCLUSIONS

The majority of healthcare workers from this center had good knowledge and practice towards COVID-19. However, some of the participants had negative attitude towards COVID-19. Hence, despite better knowledge and practices, there is need for more positive attitude. Thus, education and training on protection and protective measures are required for subsequently improving positive attitude and better practices at work during the

COVID-19 pandemic response. As the understanding of this disease is rapidly evolving, there is also a constant

need for updating the HCWs regarding new protocol and guidelines for COVID-19

#### ADDITIONAL INFORMATION AND DECLARATIONS

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write up of final manuscript, interpretation of results, and revision of the manuscripts. All have read and agreed with the contents of the final manuscript.

**Data Availability:** Data will be available upon request to corresponding authors

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