

# Assessment of Nurses Knowledge upon Treatment Strategies of Irritable Bowel Syndrome

## تقييم معارف الممرضين للخطة العلاجية لمتلازمة القولون التهيجي

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### الخلاصة

**الأهداف:** تهدف الدراسة إلى التعرف على معارف الممرضين حول الخطة العلاجية لمتلازمة القولون التهيجي وإيجاد الفروق المعنوية بين معارف الممرضين وبعض المتغيرات المنهجية: دراسة وصفية أجريت على 80 ممرض وممرضة بدأت في الرابع من كانون الثاني 2010 ولغاية الرابع من حزيران 2010 وتكونت الاستبانة من محورين بالإضافة إلى صفحة الترحيب بالمبحوثين حيث شمل المحور الأول المعلومات الديموغرافية والمتكونة من 19 فقرة تكونت من الجنس والعمر والمستوى التعليمي ومكان العمل وسنين الخبرة والمحور الثاني تكون من أربع محاور لخطة علاج متلازمة القولون التهيجي وشمل محور العلاج بالعقاقير (9 فقرات) ومحور العلاج الغذائي (7 فقرات) ومحور العلاج النفسي (5 فقرات) ومحور العلاج التعويضي أو المتمم (4 فقرات) واستعمل الباحثون الإحصاء الوصفي والاستدلالي في تحليل البيانات. **النتائج:** أشارت نتائج الدراسة الحالية أن 55% من الممرضين هن إناث وغالبيتهم ضمن الفئة العمرية 31-40 سنة ومعظم الممرضين هم خريجو معاهد وبنسبة 14.2% وكانت 58.5% من إجابات الممرضين المتعلقة بمحور العلاج بالعقاقير غير صحيحة وإن نسبة 76.7% من إجابات الممرضين المتعلقة بالعلاج بالتغذية صحيحة وأشارت النتائج بوجود فروق معنوية عالية بين إجابات الممرضين لمحور العلاج بالعقاقير والعلاج النفسي وبين متغير العمر وأيضاً وجود فرق معنوي عالي بين إجابات الممرضين حول محور العلاج النفسي والمستوى التعليمي بمستوى ثقة  $0.05 \leq$  **التوصيات:** أوصت الدراسة بالعمل على تهيئة محاضرات مستمرة للممرضين لتعليمهم الخطة العلاجية لمرضى تهيج القولون العصبي وخصوصاً الممرضين العاملين في الوحدات الباطنية لتزويد المرضى بكافة المعلومات المتعلقة بالعلاج. **الاستنتاجات:** نتائج الدراسة الحالية بينت أن معارف الممرضين المتعلقة بخطة علاج متلازمة القولون التهيجي واطئة.

### **Abstract:**

**Objectives:** The study aims to identify the nurse's knowledge upon treatment strategies of irritable bowel syndrome, and to find out the significant differences between their knowledge and some variables. **Methodology:** Descriptive analytical design of the study was conducting on 80 nurses, starting from January 4<sup>th</sup> 2010 to the July 4<sup>th</sup> 2010. The questionnaire was composed of two parts and introductory page that invite the nurses who participate in the study, part one is demographic- characteristics sheet which consist of 19 items which included: Gender, age, level of education, workplace, and year of experiences Part two: Included four domains related to treatment strategies of IBS which consists of drugs therapy (9 Items), nutritional therapy (7 Items), and psychological therapy (5 Items), and complementary therapy (4 Items). The researcher used the appropriate statistical methods in the data analysis which included descriptive data analysis and inferential data analysis. **Results:** The findings of present study revealed that 55% of the nurses were females, majority of them at age 31-40 years ago, most of the nurses were institute education graduated were of (41.2%), 58.5% of nurses response was incorrect regarding to drugs therapy, and 76.7% of nurses response was correct regarding to nutritional therapy, the results indicated that there were highly significant between nurse's response about drugs therapy and Psychological therapy with age, highly significant between Psychological therapy and level of education at  $P \leq 0.05$ . **Recommendation:** The study recommends to preparing programmed lectures for the nurses to learn the treatment strategies of IBS especially for the nurse staff who

works in medical units in the hospital to provide patients all knowledge related to IBS management. **Conclusions:** the results of study concluded that the nurses have low knowledge regarding treatment strategies for irritable bowel syndrome

(**Keywords:** Treatment strategies, IBS, Psychotherapy, nurse's knowledge)

## INTRODUCTION

Irritable Bowel Syndrome (IBS) refers to the intestinal medical disorder, is actually a quite common disorder, yet many people are unaware that their symptoms indicate a medical problem and they go undiagnosed and without treatment even though IBS can have a major impact on those living with the disease. Lack of awareness of IBS may affect medical treatment and care (1)

The most successful treatments for IBS are natural, though there is no cure for the disorder; there are many strategies for significantly alleviating or preventing all IBS symptoms (2)

Five key categories of treatment for IBS, an enteric nervous system disorder characterized by abdominal pain in association with constipation, diarrhea, or alternating bowel dysmotility (3)

IBS remains a poorly understood and mysterious medical condition, many IBS patients experience that they receive limited information and that the health care system does not take their complaints seriously (4)

Nurses in a variety of clinical settings are often involved in educating and managing patients with irritable bowel syndrome, though their knowledge and perceptions of irritable bowel syndrome are not well known (5)

The nurse assists the patient and family to accept and cope with this chronic situation. Thorough nursing assessment obtains health history, including information about chronic illnesses, dietary patterns, bowel habits and problems, and current medication regimen (6)

### **Aims of the study:**

- 1- To identify the nurses knowledge regarding treatment strategies of irritable bowel syndrome.
- 2- To finding out the significant differences between nurses knowledge regarding treatment strategies and variables gender, age, level of education, work place, and years of experience

## METHODOLOGY

Descriptive analytical design of the study starting from January 4<sup>th</sup> 2010 to the July 4<sup>th</sup> 2010 in order to identify the nurses knowledge upon treatment strategies of irritable bowel syndrome, The present study was carried out in the Medical City and Al- Karrama Teaching Hospitals. A non- probability (purposive) sample of 80 nurses.

The questionnaire was composed of two parts and introductory page that invite the nurses who participate in the study.

**Part I:** Demographic- characteristics Sheet: It was consisted of 19 items, which included: Gender, age, level of education, workplace, and year of experiences

**Part II:** Included four domains related to treatment strategies of IBS which consists of drugs therapy (9 Items), nutritional therapy (7 Items), and psychological therapy (5 Items), and complementary therapy (4 Items).

Face validity of the instrument was established through a panel of (7) expert. They were (5) faculty members specialized in medicine and (2) expert specialized in nursing. These experts had more than 10 years of experience in their Jobs.

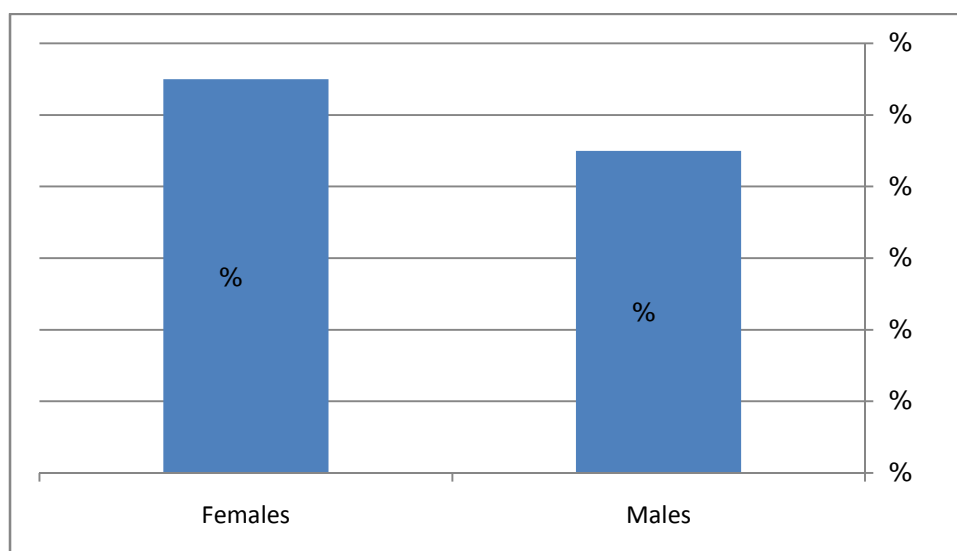
The researcher used the appropriate statistical methods in the data analysis which include the following:

**1- Descriptive data analysis:** this approach was performed through the determination of: Frequencies (F), and Percentage (%).

**2. Inferential data analysis:** Analysis of variance.

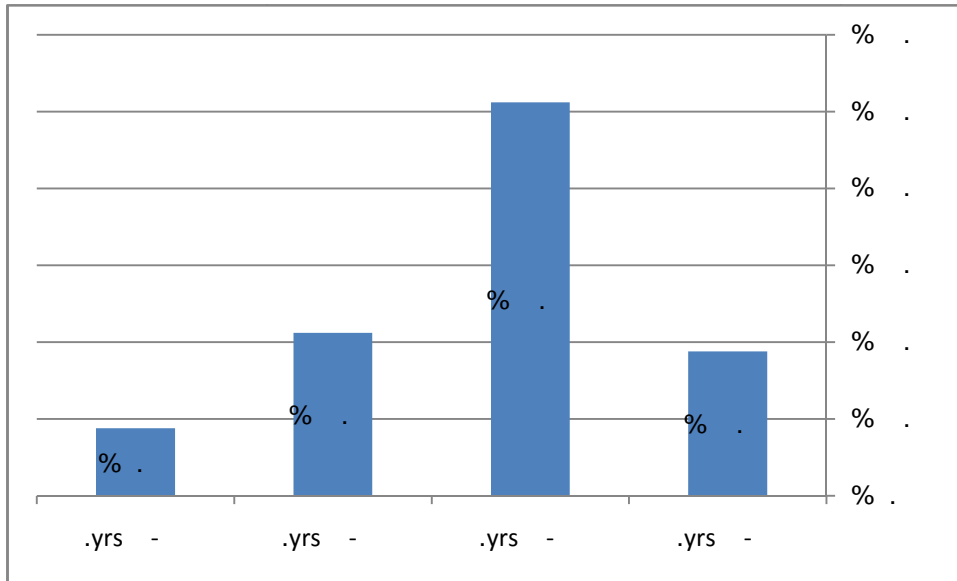
## RESULTS

### Socio-demographic Characteristics of the study samples



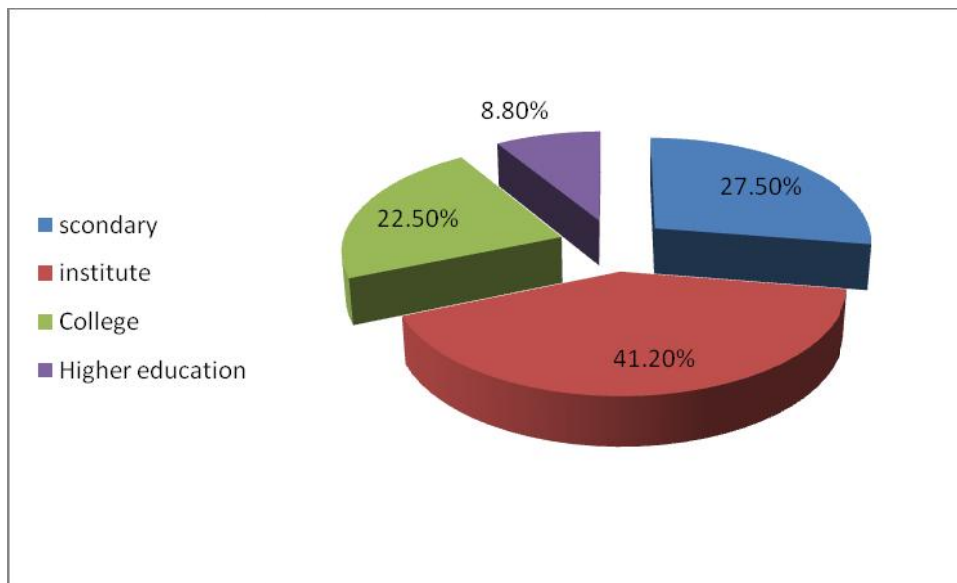
**Figure 1: Gender of the Study Samples**

Figure 1 shows that 55% of the nurses were females.



**Figure 2: Age groups of the study sample nurses**

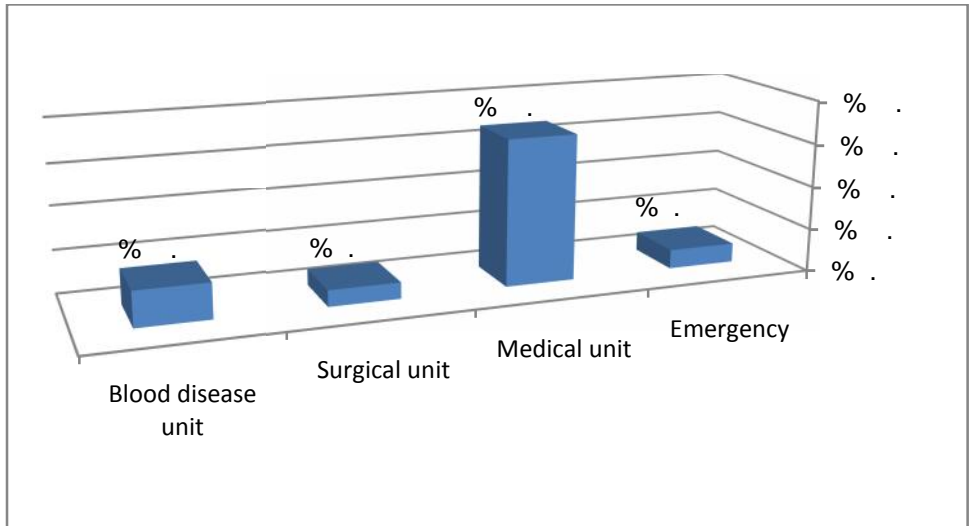
The figure shows that the majority of the nurses (51.2%) at age 31-40 years ago.



- **Secondary:27.5%**
- **Institute 41.2%**
- **College:22.5%**
- **Higher education: 8.8%**

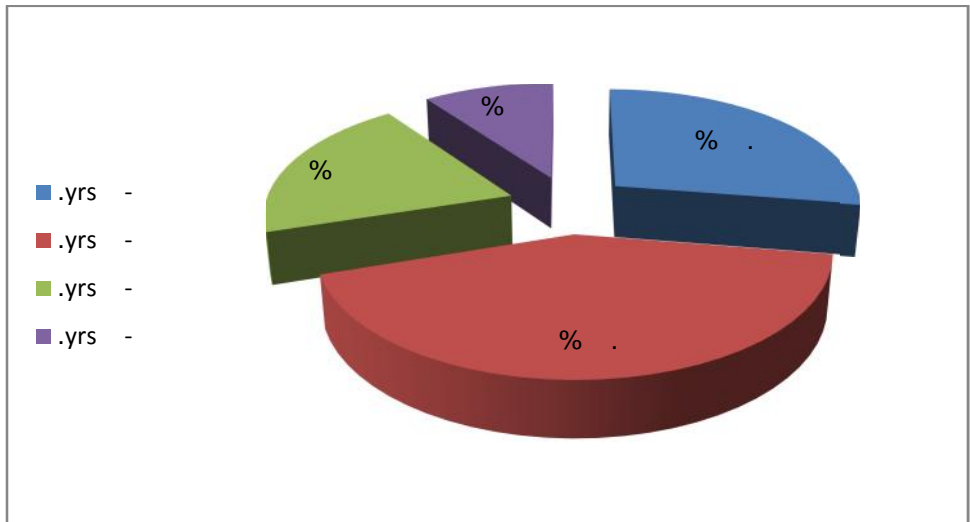
**Figure 3: Educational Level of the Study Samples**

Figure3 presented that the majority of the nurses were institute education graduated were of (41.2%).



**Figure 4: Workplace of nurses**

Figure 4 shows that 67.5% of nurse's works in the medical unite in the hospital.



- 1-10 years: 27.5 %
- 11-20 years: 42.5%
- 21-30 years: 20%
- 31-40 years: 10%

**Figure 5: Year of experiences of the study samples**

Majority of the study nurses were have 11-20 years of experience.

**Table 1: Correct and Incorrect Response of the Nurses Regarding to Treatment Strategies for IBS (NO. = 80)**

| Variables                                   | Correct responses |             | Incorrect responses |             | Total |     |
|---|-------------------|-------------|---------------------|-------------|-------|-----|
|   | NO.               | %           | NO.                 | %           | NO.   | %   |
| <b>1-Drugs therapy</b><br>(9 Items)         | 299               | 41.5        | 421                 | <b>58.5</b> | 720   | 100 |
| <b>2-Nutritional therapy</b><br>(7 Items)   | 430               | <b>76.7</b> | 130                 | 23.3        | 560   | 100 |
| <b>3-Psychological therapy</b><br>(5 Items) | 230               | <b>57.5</b> | 170                 | 42.5        | 400   | 100 |
| <b>4-Complementary therapy</b><br>(4 Items) | 229               | <b>71.5</b> | 91                  | 28.5        | 548   | 100 |

The findings of the table 1 presented that 58.5% of nurse's response was incorrect regarding to drugs therapy, and 76.7% of nurse's response was correct regarding to nutritional therapy.

**Table 2: Analysis of Variance for the Nurse's Response upon Treatment Strategies Regarding to Gender, Age, Educational level, Workplace, and year of Experiences.**

| Treatment strategies | Drugs therapy |                            | Nutritional therapy |                | Psychological therapy |                            | Complementary therapy |                |
|----------------------|---------------|----------------------------|---------------------|----------------|-----------------------|----------------------------|-----------------------|----------------|
|                      | F             | Sig.<br>P≤0.05             | F                   | Sig.<br>P≤0.05 | F                     | Sig.<br>P≤0.05             | F                     | Sig.<br>P≤0.05 |
| <b>-Gender</b>       | 2.38          | .127<br>N.S.               | .415                | .521<br>N.S.   | .684                  | .411<br>N.S.               | 2.54                  | .114<br>N.S.   |
| <b>-Age</b>          | 4.665         | <b>.005</b><br><b>H.S.</b> | 1.02                | .386<br>N.S.   | 4.29                  | <b>.007</b><br><b>H.S.</b> | 1.42                  | .241<br>N.S.   |

|                             |       |      |      |             |      |             |      |             |
|-----------------------------|-------|------|------|-------------|------|-------------|------|-------------|
| <b>-Level of education</b>  | 1.253 | .295 | 2.84 | <b>.029</b> | 7.23 | <b>.000</b> | 1.94 | .110        |
|                             |       | N.S. |      | <b>S.</b>   |      | <b>H.S.</b> |      | N.S.        |
| <b>-Workplace</b>           | .723  | .578 | .651 | .628        | .524 | .718        | 1.63 | .173        |
|                             |       | N.S. |      | N.S.        |      | N.S.        |      | N.S.        |
| <b>-Year of experiences</b> | 1.144 | .342 | 1.24 | .300        | .885 | .477        | 2.42 | <b>.055</b> |
|                             |       | N.S. |      | N.S.        |      | N.S.        |      | <b>S.</b>   |

The results of the table 2 revealed that there were highly significant between nurse's response about drugs therapy and Psychological therapy with age, highly significant between Psychological therapy and level of education, and there were significant differences between complementary therapies and their year of experiences at  $P \leq 0.05$ .

## **DISCUSSION:**

Socio-demographic characteristics of the nurses in the present study was 55% were females, the majority of them (51.2%) at age 31-40 years ago, most of nurses were institute education graduated were of (41.2%), 67.5% of nurse's works in the medical unite in the hospital, and the majority of the nurses were have 11-20 years of experience.

The findings of the present study revealed that 58.5% of nurse's response was incorrect regarding drugs therapy, and 76.7% of nurse's response was correct regarding nutritional therapy at  $P \leq 0.05$ . Heitkemper, et al., (2002) presented in their study on one hundred practicing registered nurses, the majority of registered nurses interviewed (75%) felt that nurses played a moderate-to-major role in counseling patients with irritable bowel syndrome. Only 13%, however, were aware of the diagnostic criteria for irritable bowel syndrome. The majority of nurse subjects felt the current therapies for irritable bowel syndrome had limited effectiveness varying from 6-21% depending on the symptom being treated (5). Jones, et al., (2000) stated that many irritable bowel patients experience disabling symptoms and negative interference in daily life, and feel that they are not taken seriously in their contact with the health care system. This could partly be due to limited knowledge about functional gastro-intestine disorders among health care workers IBS patients often ask for explanations and education about their disease rather than a pill to cure their

symptoms and educational guidelines can improve the management of IBS patients in primary care (7).

There were highly significant in the present study between nurse's response about drugs therapy and Psychological therapy with age, highly significant between Psychological therapy and level of education, and there were significant differences between complementary therapies and year of experiences at  $P \leq 0.05$ . Chen and McCutcheon, (2001) explore in their study on 120 registered nurses from a large tertiary acute care facility in Taiwan, that Taiwanese nurses who participated in this study had little specific knowledge about IBS treatment (8). Gisela, et al., 2010 reported that the written information by the nurses and healthcare workers has also been shown to be effective in the treatment of IBS patients in order to increase self-care activity for patients, decrease primary care visits, and enhanced ability to cope with symptoms in daily life (9)

## **CONCLUSION:**

The study concluded that the nurses have low knowledge about the treatment strategies in aspect of drugs and psychological therapy, and there were significant differences between psychological therapy for IBS patients regarding to age and level of education.

## **RECOMMENDATION:**

- 1- Increase body of nurses knowledge by lectures related to Irritable Bowel Syndrome and how to treated and to limited patient symptoms.
- 2- Encourage the nurses to use internet technology to identify the advanced preventive measures for reducing from impact of Irritable Bowel Syndrome on clients lifestyle.
- 3- Motivate the nurses to doing study or research about nurses knowledge related to chronic syndrome in the community to reduce the effect of this syndrome on individual daily activities and supported these researches by re-enforcement or appreciation.



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