## Academia Open Vol 9 No 2 (2024): December

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

## **Table Of Content**

Journal Cover	2
Author[s] Statement	3
Editorial Team	4
Article information	5
Check this article update (crossmark)	5
Check this article impact	5
Cite this article	5
Title page	6
Article Title	6
Author information	6
Abstract	6
Article content	7

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

# Academia Open



By Universitas Muhammadiyah Sidoarjo

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

#### **Originality Statement**

The author[s] declare that this article is their own work and to the best of their knowledge it contains no materials previously published or written by another person, or substantial proportions of material which have been accepted for the published of any other published materials, except where due acknowledgement is made in the article. Any contribution made to the research by others, with whom author[s] have work, is explicitly acknowledged in the article.

#### **Conflict of Interest Statement**

The author[s] declare that this article was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

## **Copyright Statement**

Copyright © Author(s). This article is published under the Creative Commons Attribution (CC BY 4.0) licence. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this licence may be seen at  $\frac{\text{http://creativecommons.org/licences/by/4.0/legalcode}$ 

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

#### **EDITORIAL TEAM**

#### **Editor in Chief**

Mochammad Tanzil Multazam, Universitas Muhammadiyah Sidoarjo, Indonesia

#### **Managing Editor**

Bobur Sobirov, Samarkand Institute of Economics and Service, Uzbekistan

#### **Editors**

Fika Megawati, Universitas Muhammadiyah Sidoarjo, Indonesia

Mahardika Darmawan Kusuma Wardana, Universitas Muhammadiyah Sidoarjo, Indonesia

Wiwit Wahyu Wijayanti, Universitas Muhammadiyah Sidoarjo, Indonesia

Farkhod Abdurakhmonov, Silk Road International Tourism University, Uzbekistan

Dr. Hindarto, Universitas Muhammadiyah Sidoarjo, Indonesia

Evi Rinata, Universitas Muhammadiyah Sidoarjo, Indonesia

M Faisal Amir, Universitas Muhammadiyah Sidoarjo, Indonesia

Dr. Hana Catur Wahyuni, Universitas Muhammadiyah Sidoarjo, Indonesia

Complete list of editorial team (link)

Complete list of indexing services for this journal ( $\underline{link}$ )

How to submit to this journal (link)

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

#### **Article information**

## Check this article update (crossmark)



## Check this article impact (\*)















## Save this article to Mendeley



 $<sup>^{(*)}</sup>$  Time for indexing process is various, depends on indexing database platform

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

## **Evaluating Nursing Students' Understanding of Hydatid Disease in Iraq**

Mengevaluasi Pemahaman Mahasiswa Keperawatan tentang Penyakit Hidatidosa di Irak

#### Husham Hussain Abdul Ra'aoof, husham197476@gmail.com, (1)

Community Health Nursing Department, College of Nursing, University of Basrah, Basrah, Iraq

(1) Corresponding author

#### **Abstract**

This study investigates the knowledge, attitudes, and awareness regarding Hydatid Disease among Nursing College students at the University of Basrah, recognizing its status as a neglected zoonotic disease. Utilizing a descriptive cross-sectional questionnaire-based approach, data were collected from 380 male and female students across the 2nd, 3rd, and 4th stages of study. Results reveal a significant lack of knowledge, with over half of the participants demonstrating poor understanding of the disease. Only a small fraction exhibited good knowledge, emphasizing the urgent need for heightened awareness initiatives. Interestingly, older students showed slightly better attitudes compared to younger ones. These findings underscore the necessity for targeted educational interventions to improve knowledge and attitudes toward Hydatid Disease among nursing students, ultimately enhancing public health outcomes.

#### **Highlights:**

- Significant lack of knowledge among Nursing College students regarding Hydatid Disease.
- Urgent need for heightened awareness initiatives to address the knowledge gap.
- Targeted educational interventions required to improve attitudes and knowledge among students.

Keywords: Hydatid Disease, Nursing College Students, Awareness, Knowledge, Attitude

Published date: 2024-06-03 00:00:00

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

### Introduction

Echinococcus granulosus is the parasite illness that causes cystic echinococcosis, and humans are thought to be unintentional hosts. Liver hydatid disease (LHD) is often a quiescent condition; nonetheless, patients may be at risk for fatal consequences if a cyst bursts in the biliary tract, peritoneal or pleural cavity, or portosystemic venous system [1]. In endemic places, hydatidosis is a major public health concern that results in socioeconomic losses. The current worldwide burden of the disease is estimated to be 188,000 disability-adjusted life years [2]. Radical surgery to remove the cyst completely might be the ultimate solution for liver hydatid disease. The surgical procedures are classified into conservative and radical approaches [3]. The more conservative the approach, the lower the perioperative risk and the higher the recurrence rate and cavity-related complications [4]. Simple puncture/aspiration of the cyst, unroofing or partial cystectomies, and radical resections with total cystectomy and anatomic hepatic resections are among the conservative approaches [5].

The boldness of radical therapy for a benign illness is frequently criticized. Still, this is the most effective healing method [6]. There is bias when reporting on postoperative morbidity or recurrence rate since most research comparing conservative and radical methods does not evaluate the impact of the open cyst resection (OCR) or closed cyst resection (CCR) strategy [7]. Although the CCR may only be interested in radical surgery, this is an alternative viewpoint from the traditional topic of conservative vs radical surgery [8]. We concentrated on the opening fact rather than the distinctions between radical and conservative operations [9]. When using the opencyst approach, which tries to reduce liver and peritoneal recurrences, but carries the risk of uncontrolled accidental cyst rupture or damage to important structures surrounding the cyst, CCRs are suggested as a way to reduce the risk of small peritoneal seeding. This approach was first described by Bourgeon in 1964 [10]. This study aims to identify students' knowledge and attitude about hydatid disease.

## **Methods**

A descriptive cross-sectional study was adopted to investigate and evaluate the knowledge and attitude of the Hydatid Disease and its causing agent, complications, and treatment among the students of Nursing College at University of Basrah during the period between January 2024 and March 2024. The study was conducted at College of Nursing at University of Basrah among students in the 2nd, 3rd, and 4th of undergraduate stages. The sample of the study included 381 male and female undergraduate students of Nursing College at University of Basrah. The students are in the 2nd, 3rd, and 4th stages of study all of which keep on studying now.

Criteria of inclusion include Students of Nursing College at University of Basrah, Male and female students included in the study, Students of the levels of 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> stages, the students who agreed to participate, and Students of both morning and evening studies. Criteria of Exclusion include Students of other colleges, Students of the 1st stage undergraduate, and Students who refused to participate. The targeted data was collected using a three-part questionnaire prepared by researchers and approved by experts in the nursing college. Distribution of the questionnaire among participants was done through direct interviews with each student next to assurance of their agreement to participate. Data collection was carried out in the period between February 2024 and March 2024. Using the Arabic version of the questionnaire, each student spent approximately (5-8) minutes responding to the three parts of the questionnaire.

According to the requirements of a scientific descriptive study depending on the criteria of Medical and Nursing Colleges for research questionnaires, a questionnaire of three sections was suggested first. Then, a rough draft of the questionnaire was submitted to a group of expert lecturers in the College of Nursing for revision, edition, and evaluation purposes. The three sections included demographic information of the participants, questions about the knowledge of students, and questions assessing the possible attitudes of the participants toward the hydatid disease. The first part included demographic information of participants as (age, gender, occupation, level of study, type of study, marital status, and residency).

The second part involved 12 various and direct questions concerning general and crucial knowledge of the Hydatid Disease and the causative agent; Echinicoccocus Graniolosus. The last part included another set of 12 guided questions questing for the awareness and attitudes of the participants toward the Hydatid Disease and the proper treatment and advice recommended for infected patients. The validity of the content of the study instruments was revised and evaluated by a group of experts in the College of Nursing, University of Basrah. These experts had at least 10 years of theoretical and practical experience in their fields of specialty. The poor knowledge level is considered when the percentage of correct answers is below the cut-off point i.e. > 49%. A fair knowledge level is considered when the percentage of correct answers is between 50% - 69%. A good knowledge level is considered when the percentage of correct answers is above 69%; =< 70%. The same considerations are adopted in expressing the level of attitude. Chi-squared test was used to examine the relationship between the level of student's knowledge and attitude -separately- with the sociodemographic variants of significance; gender, age, level of study, and occupation. A probability of less than 0.05 was considered to be statistically significant.

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

## **Results and Discussion**

#### A. Results

Table (1) shows the number of participants according to each demographic variable separately and illustrates the ratio of each variable in percentages (%) as well. Students of ages between (18-22 years) comprised (68.77%) of the total sample. Female students constitute about (67.72%). The unemployed occupied more than (91.60%) of the total sample. The students in 3rd stage comprised (41.47%). Participants from evening study participants constituted about (51.18%). The single ones were approximately (85.56%). The district dwellers were (61.68%), of the total sample.

The results of Table (3) showed that the majority of both male and female participants had poor knowledge. Approximately one-quarter of females (25.58%) and a slightly more percentage of males (28.23%) had a fair level of knowledge. Besides, only 3 males (2.42%) and 1 female (0.39%) had good knowledge about hydatid disease. As it is shown in the findings of (table 5), approximately half of the participants had poor attitude; (49.24%) at 18-22 years, and (46.22%) above 22 years of age. Nearly (42.36%) of 18-22 years. had a fair attitude, and (41.18%) of older participants had a fair attitude. Approximately (8.40%) of those younger participants had a good attitude. However, a noticeable increase exists in the attitudes of older students of which (12.61%) had a good attitude. As shown in Table (7), the fourth-stage students achieved higher scores for good knowledge level (3.53%) than the students of the 2nd and 3rd stages. However, the students of the 2nd and 3rd stages achieved higher scores for fair knowledge level (26.62%) and (31.65%) sequentially, much more than the score of 4th students (16.47%).

## Academia Open Vol 9 No 2 (2024): December

DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

Characteristics of participants	Categories	Frequency	%
Age	18-22 y	262	68.77%
	Above-22 y	118	31.23%
Gender	Male	122	32.28%
	Female	258	67.72%
Occupation	Employee	31	8.14%
	Unemployed	348	91.60%
	2 <sup>nd</sup>	138	36.48%
Stages	3 <sup>rd</sup>	158	41.47%
	4 <sup>th</sup>	84	22.05%
Type of Study	Morning	185	48.82%
	Evening	195	51.18%
Marital Status	Married	55	14.44%
	Single	325	85.56%
Place of Residence	City center	118	30.97%
Place of Residence	District	234	61.68%
	Rural	28	7.35%

Figure 1. Demographic Data of the Students

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

Questions	COF	CORRECT ANSWERS				INCORRECT ANSWERS			
Of Knowledge	Male	Male		Female		Male		le	
	No.	Freq	No.	Freq	No.	Freq	No.	Freq	
Q1	12	9.76%	6	2.33%	111	90.24%	252	97.67%	
Q2	30	24.39%	76	29.46%	93	75.61%	182	70.54%	
Q3	83	67.48%	199	77.13%	40	32.52%	59	22.87%	
Q4	67	54.47%	134	51.94%	56	45.53%	124	48.06%	
Q5	50	40.65%	110	42.64%	73	59.35%	148	57.36%	
Q6	15	12.20%	23	8.91%	108	87.80%	235	91.09%	
Q7	19	15.45%	27	10.47%	104	84.55%	231	89.53%	
Q8	78	63.41%	173	67.05%	45	36.59%	85	32.95%	
Q9	21	17.07%	18	6.98%	102	82.93%	240	93.02%	
Q10	56	45.53%	112	43.41%	67	54.47%	146	56.59%	
Q11	60	48.78%	124	48.06%	63	51.22%	134	51.94%	
Q12	53	43.09%	110	42.64%	70	56.91%	148	57.36%	

Figure 2. Knowledge of participants according to gender (Total No. = 380)

Level of	(Male) (1	No.=124)	(Female)	Significant	
Knowledge	No.	%	No.	%	
poor (≤49%)	85	69.35%	190	74.03%	X2= 22.45488
Fair (50-69%)	35	28.23%	66	25.58%	df=11 p <0.025
Good (≥70%)	3	2.42%	1	0.39%	
Total	123	100.00%	257	100.00%	

Table 1. Analysis of the knowledge of the participants according to gender

Vol 9 No 2 (2024): December

DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

	CORR	CORRECT ANSWERS				INCORRECT ANSWERS			
Questions Of Attitude	Betwe	een 18-22	Above 22		Between 18-22		Above 22		
	NO	Freq	NO	Freq	NO	Freq	NO	Freq	
Q1	61	23.28%	41	34.45%	201	76.72%	78	65.55%	
Q2	66	25.19%	43	36.13%	196	74.81%	76	63.87%	
Q3	190	72.52%	81	68.07%	72	27.48%	38	31.93%	
Q4	176	67.18%	71	59.66%	86	32.82%	48	40.34%	
Q5	224	85.50%	98	82.35%	38	14.50%	21	17.65%	
Q6	33	12.60%	19	15.97%	229	87.40%	100	84.03%	
Q7	121	46.18%	73	61.34%	141	53.82%	46	38.66%	
Q8	139	53.05%	65	54.62%	123	46.95%	54	45.38%	
Q9	146	55.73%	60	50.42%	116	44.27%	59	49.58%	
Q10	134	51.15%	54	45.38%	128	48.85%	65	54.62%	
Q11	121	46.18%	58	48.74%	141	53.82%	61	51.26%	
Q12	28	10.69%	24	20.17%	234	89.31%	95	79.83%	

Figure 3. Attitude of participants according to their ages. (Total No. = 380)

Level of Attitude	Age (18-22 y	y) (No.=262)	Age (Above 22	2 y) (No.=118)	Significant
	No.	%	No.	%	
poor (≤49%)	129	49.24%	55	46.22%	$X^2 = 17.69001$
Fair (50-69%)	111	42.36%	48	41.1070	df=11 0.05 < P < 0.1
Good (≥70%)	22	8.40%	15	12.61%	0.1
Total	262	100.00%	118	100.00%	

Table 2. Analysis of the attitude of participants according to their ages

Level of	(2nd) (	n=139)	(3rd) (1	n=158)	(4th) (n=85)		Total
Knowledge	NO	%	NO	%	NO	%	
poor (≤49%)	102	73.38%	107	67.72%	68	80.00%	276
Fair (50-69%)	36	26.62%	50	31.65%	14	16.47%	100
Good (≥70%)	0	0.00%	1	0.63%	3	3.53%	4
Total	138	100.00%	158	100.00%	85	100.00%	380

Table 3. Analysis of the knowledge of the participants according to level of study

#### **B.** Discussion

This study aimed to identify the level of students' knowledge and attitudes. So, this part is classified into three parts.

#### 1. Discussion of students' demographic data

According to the results of this study, the majority of the study sample is female (67.72%). This is approximately similar to the results of the study [11] conducted in Corum Province, Turkey during February-May 2016, where

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

female participants made up (63.7 %) of the total sample.

Also, these results agreed with studies [12] which stated most of the study sample was female.

Also, the majority of the study sample (68.77%) are under 23 years old, and the minority (31.23%) are above 23 years of age [13]. The mean score of students' ages is 23.12 years. This comes in contrast with the study [14] conducted in Shiraz at Fars Providence, southern Iran, where the mean score of ages was (35.64) years.

#### 2. Discussion of students' knowledge

According to the current study, the fourth-stage students achieved higher scores for good knowledge level (3.53%) than the students of the 2nd and 3rd stages. However, the students of the 2nd and 3rd stages achieved higher scores for fair knowledge level (26.62%) and (31.65%) sequentially, much more than the score of 4th students (16.47%).

Most students have poor knowledge, the researcher believes that students' knowledge deficit regarding hydatid disease might be due to many causes; students have not studied hydatid disease, the students do not have any training courses about hydatid disease, the students do not develop and update their knowledge continuously, and finally, the students not in direct contact with hydatid disease patients.

#### 3. Discussion of students' attitude

According to the present study, approximately half of the participants had poor attitude; (49.24%) at 18-22 years, and (46.22%) above 22 years of age. Nearly (42.36%) of 18-22 y. had a fair attitude, and (41.18%) of older participants had a fair attitude. Approximately (8.40%) of those younger participants had a good attitude. However, a noticeable increase exists in the attitude of older students of which (12.61%) had a good attitude.

These results are consistent with a study [15] which stated most of the study sample have poor attitude.

#### Conclusion

This study concluded the majority of both male and female participants had poor knowledge. Approximately one-quarter of females and a slightly more percentage of males had a fair level of knowledge. This current research paper indicated that more than half of the students of the 2nd, 3rd, and 4th stages had poor knowledge and poor attitude about Hydatid disease. Approximately less than ten percent of those younger participants had a good attitude. However, most of the students have poor attitudes about Hydatid disease.

### References

- 1. P. Moro and P. M. Schantz, "Echinococcosis: A Review," International Journal of Infectious Diseases, vol. 13, pp. 125-133, 2009.
- P. R. Torgerson, B. Devleesschauwer, N. Praet, N. Speybroeck, A. L. Willingham, F. Kasuga, et al., "World Health Organization Estimates of the Global and Regional Disease Burden of 11 Foodborne Parasitic Diseases, 2010: A Data Synthesis," PLoS Medicine, vol. 12, p. e1001920, 2015.
- 3. T. D. Sielaff, B. Taylor, and B. Langer, "Recurrence of Hydatid Disease," World Journal of Surgery, vol. 25, p. 83, 2001.
- 4. S. Demirci, S. Eraslan, E. Anadol, and L. Bozatli, "Comparison of the Results of Different Surgical Techniques in the Management of Hydatid Cysts of the Liver," World Journal of Surgery, vol. 13, pp. 88-90,
- 5. C. Kayaalp, B. Bostanci, S. Yol, and M. Akoglu, "Distribution of Hydatid Cysts into the Liver with Reference to Cystobiliary Communications and Cavity-Related Complications," The American Journal of Surgery, vol. 185, pp. 175-179, 2003.
- 6. Q. Pang, H. Jin, Z. Man, Y. Wang, S. Yang, Z. Li, et al., "Radical Versus Conservative Surgical Treatment of Liver Hydatid Cysts: A Meta-Analysis," Frontiers of Medicine, vol. 12, pp. 350-359, 2018.
- 7. O. Yüksel, N. Akyürek, T. Şahin, B. Salman, C. Azili, and H. Bostanci, "Efficacy of Radical Surgery in Preventing Early Local Recurrence and Cavity-Related Complications in Hydatid Liver Disease," Journal of Gastrointestinal Surgery, vol. 12, pp. 483-489, 2008.
- 8. M. A. Secchi, R. Pettinari, C. Mercapide, R. Bracco, C. Castilla, E. Cassone, et al., "Surgical Management of Liver Hydatidosis: A Multicentre Series of 1412 Patients," Liver International, vol. 30, pp. 85-93, 2010.
- 9. H. El Malki, A. Souadka, A. Benkabbou, R. Mohsine, L. Ifrine, R. Abouqal, et al., "Radical Versus Conservative Surgical Treatment of Liver Hydatid Cysts," Journal of British Surgery, vol. 101, pp. 669-675, 2014
- R. Bourgeon and J. Mouuiel, "The Merits of Radical Surgery in the Treatment of Hydatid Cysts of the Liver," Mémoires de l'Académie de Chirurgie (France), vol. 90, pp. 355-361, 1964.
- 11. A. R. Safarpour, M. Omidian, A. Pouryousef, M. R. Fattahi, and B. Sarkari, "Serosurvey of Cystic

Vol 9 No 2 (2024): December DOI: 10.21070/acopen.9.2024.9093 . Article type: (Medicine)

- Echinococcosis and Related Risk Factors for Infection in Fars Province, Southern Iran: A Population-Based Study," BioMed Research International, vol. 2022, 2022.
- 12. A. M. Tiryag and H. H. Atiyah, "Nurses' Knowledge Toward Obesity in Al-Basra City," Annals of the Romanian Society for Cell Biology, vol. 26, pp. 4667-4673, 2021.
- 13. A. M. Tiryag and H. H. Atiyah, "Nurses' Knowledge Toward Bariatric Surgery at Surgical Wards at Teaching Hospitals in Al-Basra City," Indian Journal of Forensic Medicine & Toxicology, vol. 15, pp. 5152-5159, 2021.
- A. Khan, K. Naz, H. Ahmed, S. Simsek, M. S. Afzal, W. Haider, et al., "Knowledge, Attitudes and Practices Related to Cystic Echinococcosis Endemicity in Pakistan," Infectious Diseases of Poverty, vol. 7, pp. 79-93, 2018.
- 15. A. Tiryag, M. Atiyah, and A. Khudhair, "Nurses' Knowledge and Attitudes Toward Thyroidectomy: A Cross-Sectional Study," Health Education and Health Promotion, vol. 10, pp. 459-465, 2022.