

CHAPTER IV

RESULTS

General characteristics of the sample population :

The 40 items attitude questionnaires were distributed to 120 professional nurses one week before workshop and after the workshop i.e. October 20,1993 and November 20,1993, respectively.

Results

The results are composed of three parts.

The first part is the result from analysis of 40 items attitude questionnaires that were given to 60 study nurses before and 60 control nurses after the intervention day.

From the workshop of nurses, 55 nurses representing 55 percent, participated and 53 control nurses returned the attitude questionnaires. All of them work at the Cholburi Hospital for more than 6 months.

The second part is the result from analysis of four forms of questionnaires that were given to all nurses after the end of each part during the two-day process of the study, with exception of the first questionnaire which was given to the 60 study nurses on the same day as 40 items attitude questionnaires and textbooks.

The third part is from the record of observations during the process and results from discussion of students in each topic.

THE SCHEDULE OF THE WORKSHOP.

First day of workshop : morning session

1. Discussion about GN theory .
2. Role play by participants.



3. Open discussion about role play and study topic.
4. Qualitative and quantitative of participants attitudes about GN theory, role play, study topic and the program.

Second day of workshop : morning session

1. Discussion about the understanding of GN theory in order to develop holistic approach.
2. Discussion regarding real cases (Real case study).
3. Discussion concerning the holistic approach to solve the study problem.
4. Qualitative and quantitative evaluation of participants' attitudes, understanding of the application of GN theory , and the program at each period.

THE FIRST PART

1. Results of 40 item attitude questionnaires (Quantitative Results)

1.1 The comparison of demographic data between study group and control group.

This research studied 108 professional nurses, which consisted of 55 nurses for study group and 53 nurses for the control group.

Age. For the study group, the average age was 22.8 years, with a range of 22-45 years. For the control group, the average age was 23.9 years, with a range of 23-52 years.

Table 1 The age of study and control group participants.

	STUDY GROUP	CONTROL GROUP
Age Range	22-45	23-52
Mean	22.8	23.9

Table 2 Civil status.

TYPE	STUDY GROUP	CONTROL GROUP
Single	32	22
Married and live together	19	27
Married and separate	02	01
Widow	01	00
Divorce	00	01
No answer	01	02
Total	55	53



Table 3 The time when the study and control group participants work in Cholburi Hospital.

Time in years	STUDY GROUP	CONTROL GROUP
4-6 years	26	25
9-13 years	17	17
14-18 years	11	03
19 + years	06	08
Total	55	53

Table 4 The ward where the study and control group participants work.

TYPE	STUDY GROUP	CONTROL GROUP
Gynaecology	5	5
Pediatric	7	7
Surgery	15	15
Orthopedic	2	2
Medicine	10	9
Psychiatric	1	1
E.R.	5	4
L.R.	2	2
O.R.	3	3
ICU.	2	2
NICU	3	3
Total	55	53

The participants knowledge of AIDS informations.

All of the nurses (100%) have knowledge about AIDS because of the AIDS seminar program set up for all the staff twice a year (from 1989 until now) in Cholburi Hospital

The sources of knowledge about AIDS

The two prime sources to know and to learn about AIDS are the books (44.4 %) and seminars.(26.9%)

40 Items of attitude questionnaires

After 3 times of test-retest attitude questionnaires in Chulalongkorn Hospital, the attitude questionnaires were provided to 120 nurses one week before workshop. The reliability of the questionnaires is 0.7614.

From the beginning, the results of mean of the study group and control group are not significantly different. (p-value = 0.375)

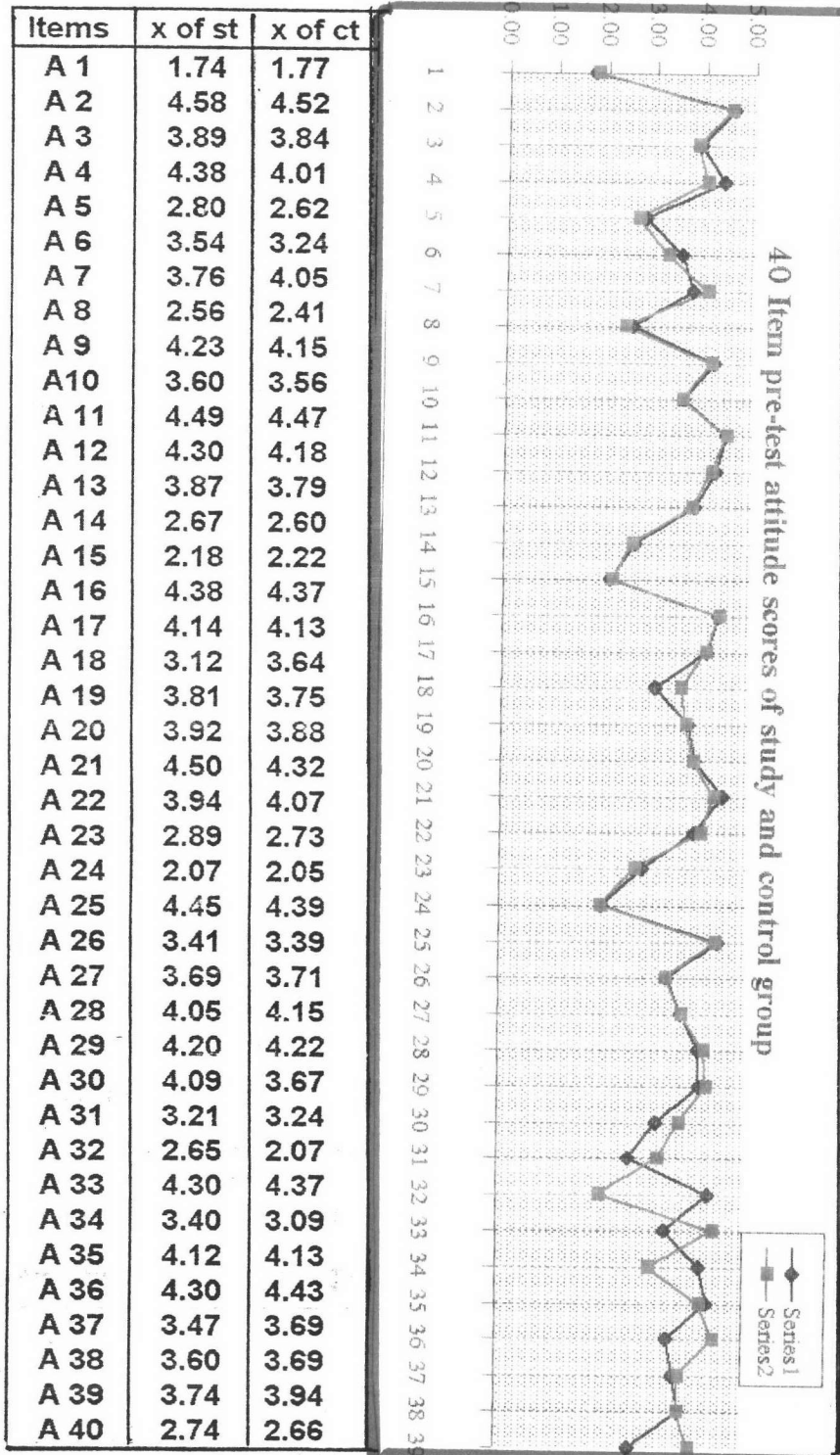
When we apply the Holistic Approach to collect all of the ideas to solve the AIDS problem, we found that 95% of study group agree with these ideas and their mean of attitude significantly changed (p-value < 0.05) to be more positive to AIDS. (p-value = 0.000)

Table 5 All of Pre-test of study and control group

Group	X	S.D	Prob.
Study Group (st)	149	12.8	0.375
Control Group(ct)	147	10.3	

Tables 5 and 6 (on page 25) are the study and control groups. Pre-test of attitude scores do not show a significant difference in study and control group.

Table 6 40 Items pre-test attitude scores of study and control group.



x of st = Mean of study group, x of ct = Mean of control group

Table 7 All of post-test of study and control group.

Group	X	S.D	Prob.
Study Group (st)	152	10.3	0.000 **
Control Group(ct)	140	11.8	

Tables 7 and 8 (on page 27) are post-tests of study and control groups. We found that the attitude scores changed significantly. (p-value <0.05)

Table 8 40 Items post-test attitude scores of study and control group.

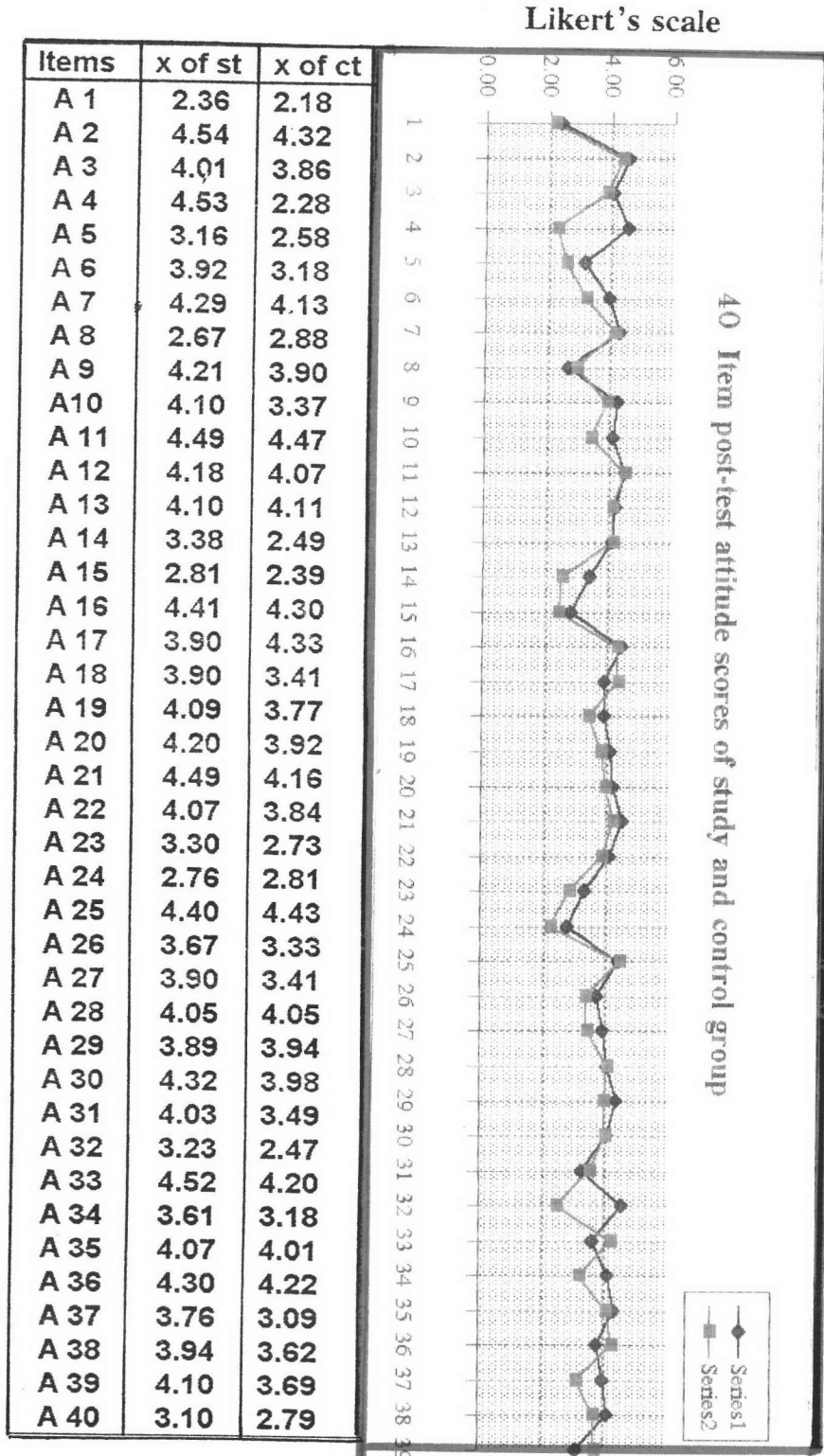


Table 9 All of 40 Items pre-post attitude scores of study group.

Group	X	S.D	Prob.
Pre-test	149	12.8	0.04 *
Post-test	152	10.3	

Tables 9 and 10 (on page 29) are pre and post attitude scores of study group. We found that the attitude scores changed significantly. (p-value <0.05)

Table 10 40 Items pre-post attitude scores of study group.

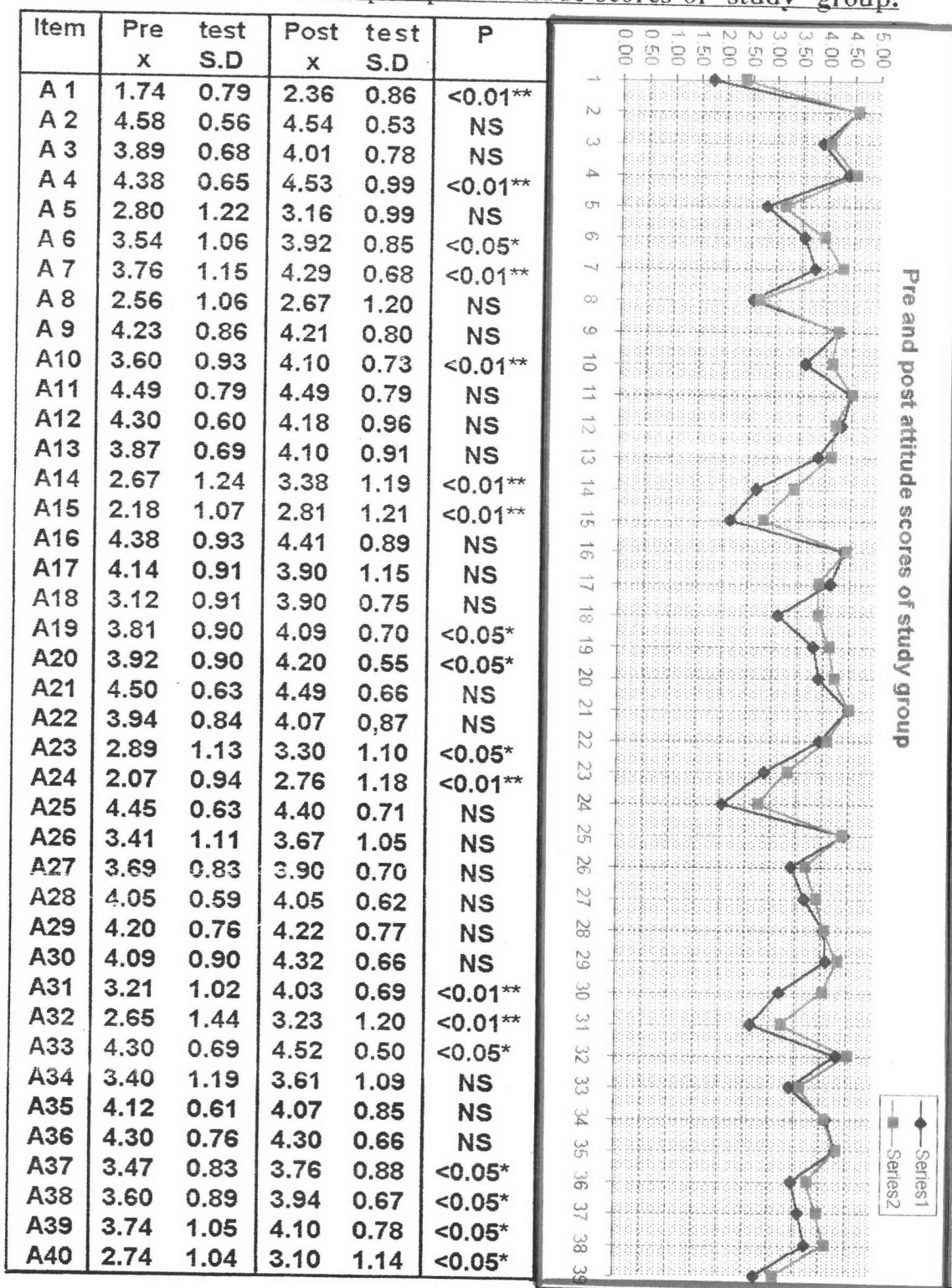


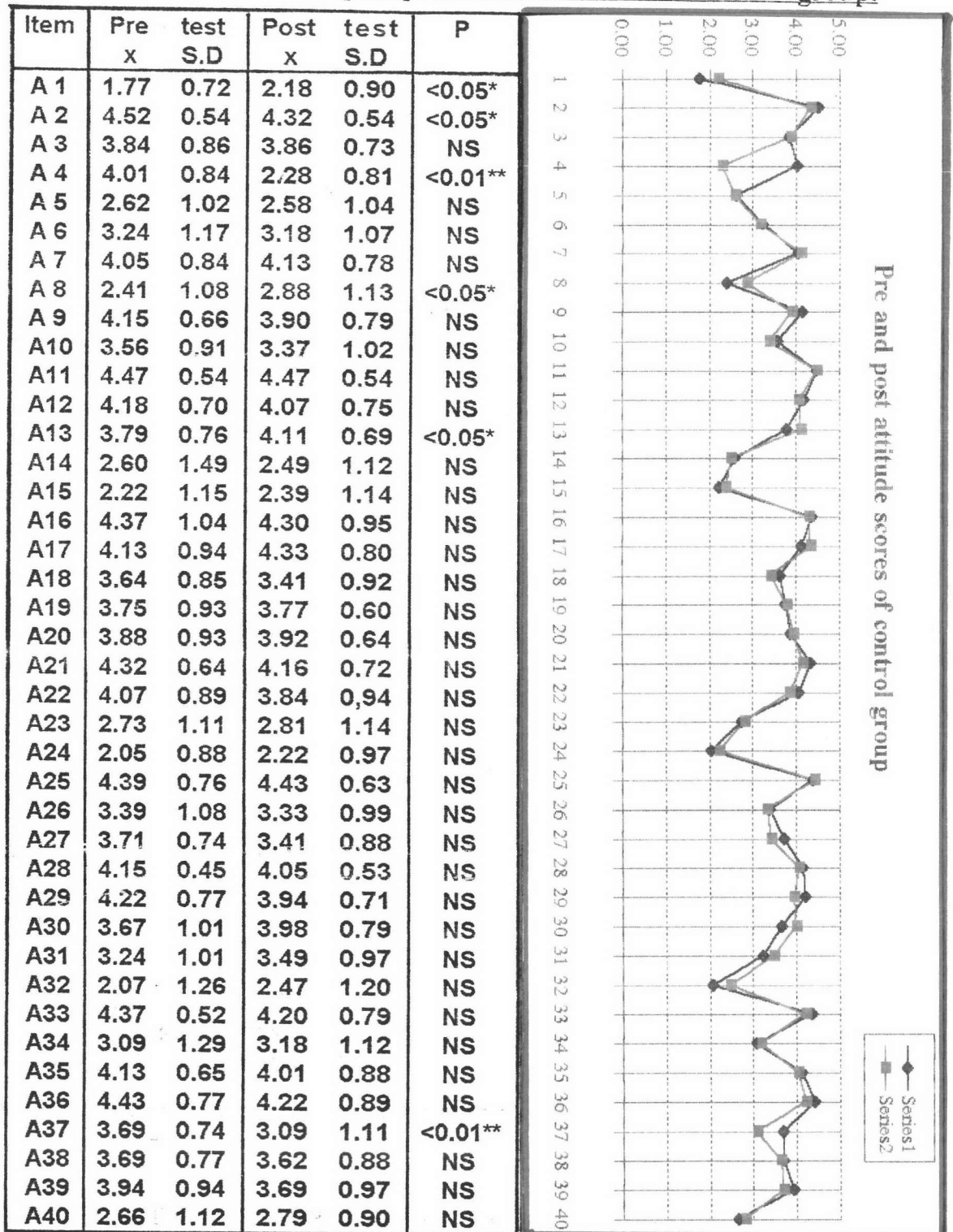
Table 11 All of 40 Items pre-post attitude scores of control group.

Group	X	S.D	Prob.
Pre- test	147	10.3	0.000 **
Post- test	140	11.8	

Tables 11 and 12 (on page 31) are pre and post attitude scores of control group. We found that the attitude scores changed significantly too (p-value <0.05) but the mean of attitude of post-test is lower than pre-test.



Table 12 40 Items pre-post attitude scores of control group.

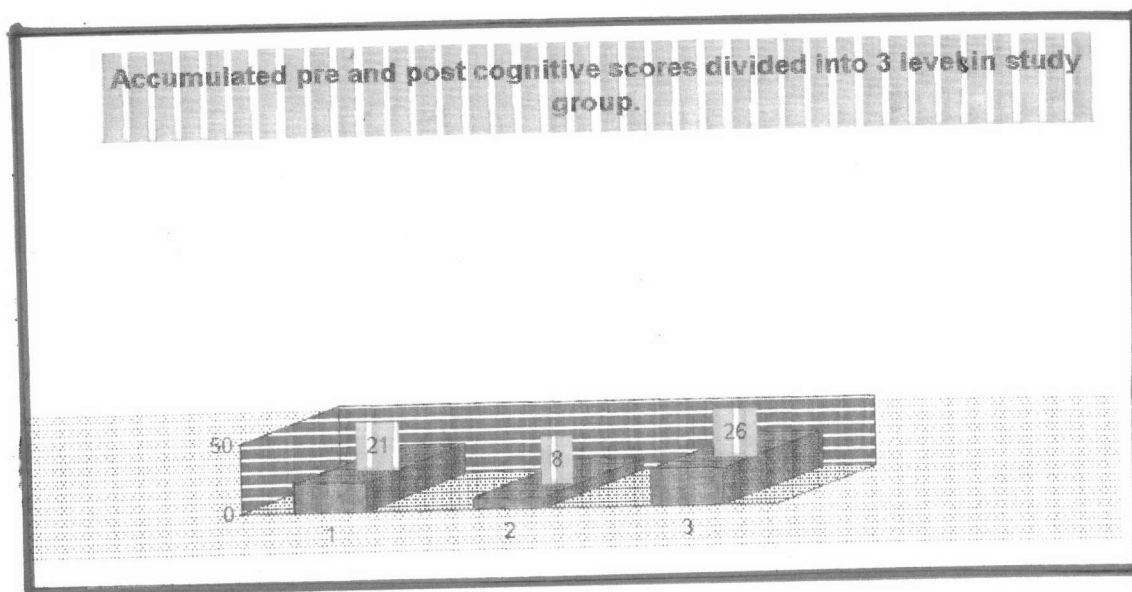


x = Mean, SD = Standard Deviation, NS = Non Signification

Table 13 All of the accumulated cognitive and attitude scores divided into 3 levels in study group. (n= 55)

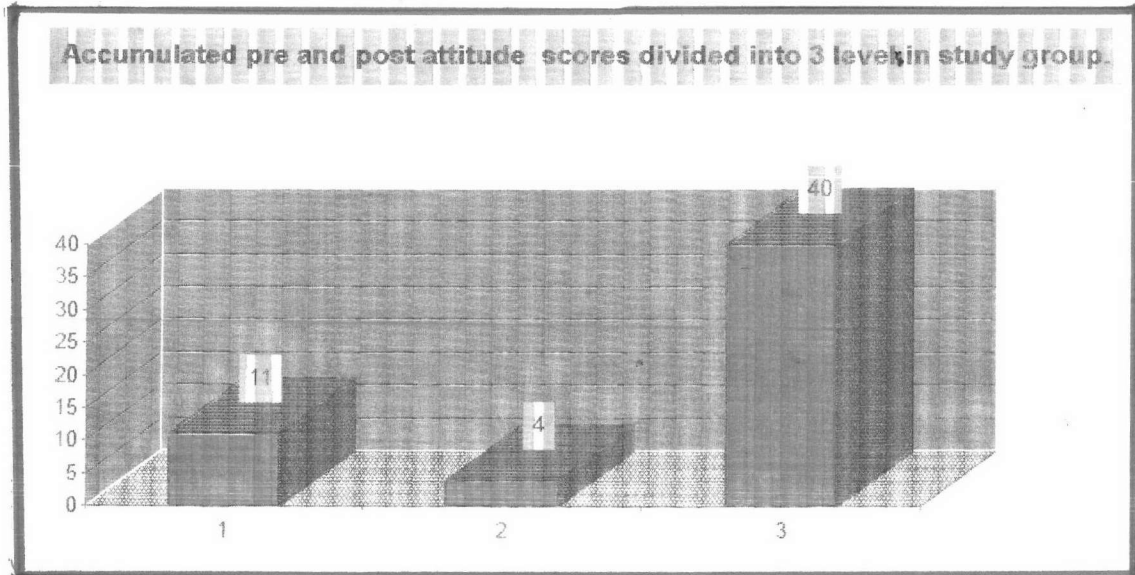
	Value	STUDY GR.	
		Freq.	Percent
COGNITIVE	1	21	38.2 (Bad)
	2	8	14.5 (Not change)
	3	26	47.3 (Better)
ATTITUDE	1	11	20.0 (Bad)
	2	4	7.3 (Not change)
	3	40	72.7 (Better)

Figure 4 Accumulated pre and post cognitive scores divided into 3 levels in study group. (n=55)



1= Bad, 2= Not Change, 3= Better.

Figure 5 Accumulated pre and post attitude scores divided into 3 levels in study group. (n=55)

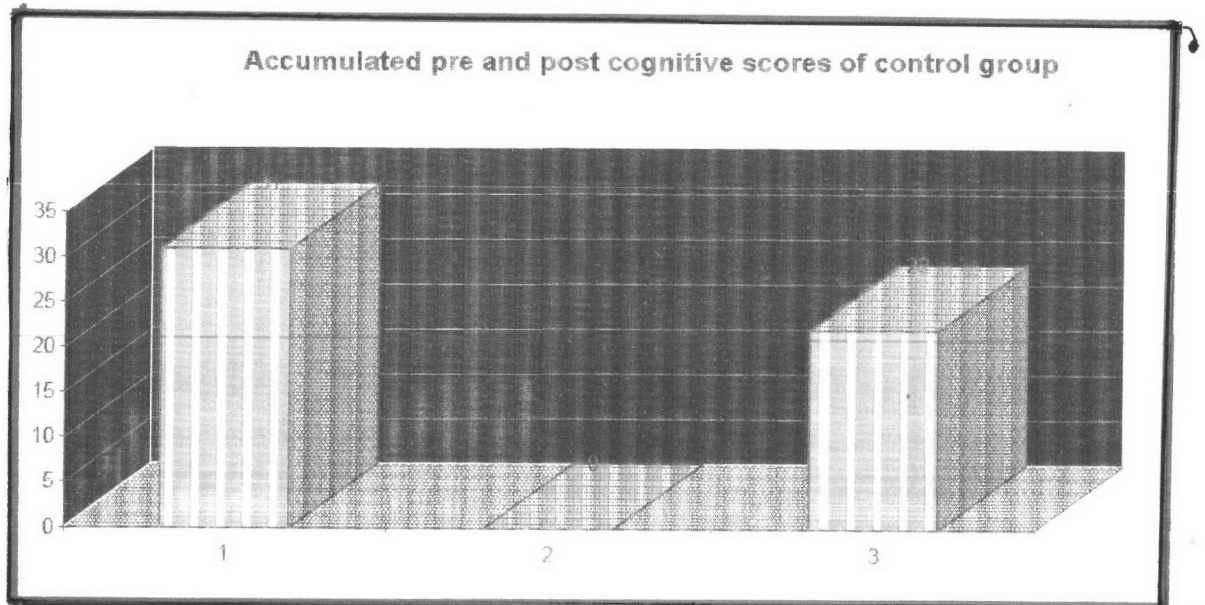


1 = Bad, 2 = Not Change, 3 = Better.

Table 14 All of the accumulated cognitive and attitude scores divided into 3 levels in control group. (n= 53)

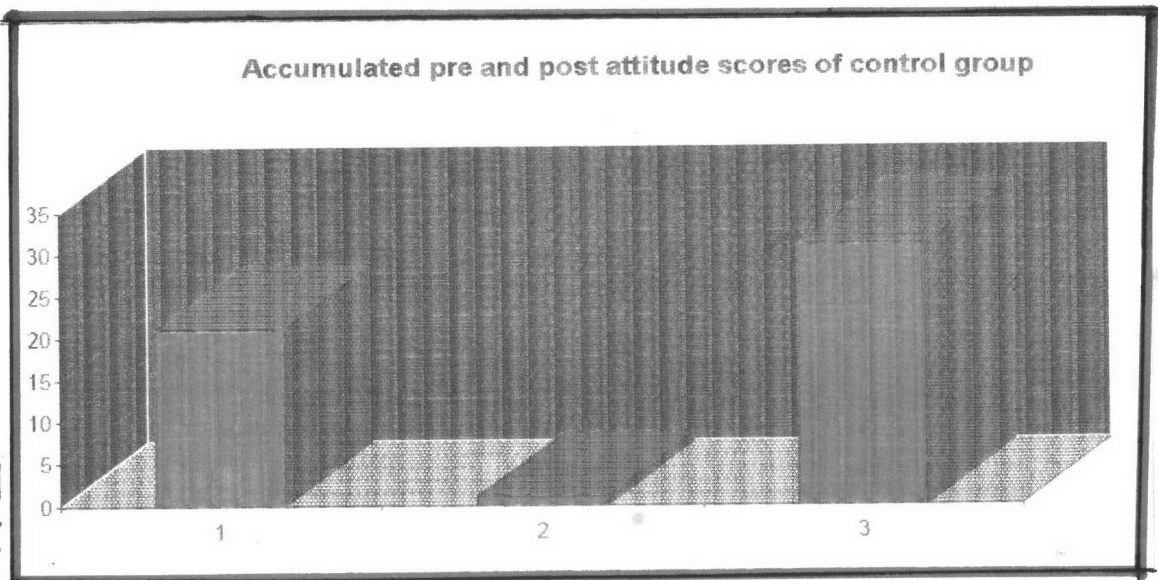
		CONTROL GR.	
	Value	Freq.	Percent
COGNITIVE	1	31	58.5 (Bad)
	2	-	- (Not change)
	3	22	41.5 (Better)
ATTITUDE	1	21	39.6 (Bad)
	2	1	1.9 (Not change)
	3	31	58.5 (Better)

Figure 6 Accumulated pre and post cognitive scores divided into 3 levels in control group. (n=53)



1= Bad, 2= Not Change, 3= Better.

Figure 7 Accumulated pre and post attitude scores divided into 3 levels in control group. (n=53)



1= Bad, 2= Not Change, 3= Better.

Table 15 Response of the study and control group participants on item W1“ Is it useful to use universal precaution ?”

TYPE	STUDY GROUP	CONTROL GROUP
	Pre/post	Pre/post
Useful	53/54	52/53
Not useful	01/01	01/00
No comment	01/00	00/00
TOTAL	55/55	53/53

Table 16 Response of the study and control group participants on itemW2. “ If you can choose, will you take care of the AIDS patients ?”

TYPE	STUDY GROUP	CONTROL GROUP
	Pre/post	Pre/post
Yes	18/30	20/23
No	33/23	33/27
No comment	04/02	00/03
TOTAL	55/55	53/53

Table 17 Response of the study and control group participants on item W3.
“Do you think AIDS problem can not be solved with all the present ways and methods?”

TYPE	STUDY GROUP	CONTROL GROUP
	Pre/post	Pre/post
Yes	14/08	11/07
No	28/15	41/15
Not sure	09/22	01/27
No comment	04/10	02/04
TOTAL	55/55	53/53

THE SECOND PART (Qualitative Results)

1. Results of questionnaire before training (Questionnaires No.1)

Table 18 Pre test of the acceptance to the ideas of "Living with AIDS".

Items	Number	Percent
1.1 Acceptance to the idea of "Living with AIDS" from the view point of health education. Nurses accepted this idea for some reasons; AIDS is not easily communicated	32	58.18
AIDS can be preventable with health education.	18	37.72
The nurses sympathized AIDS patients.	14	25.45
The nurses did not accept the idea for the reason of fear of contagion.	2	3.64
1.2 Acceptance to the idea of "New Health Paradigm" in the field of medicine.	16	29.09
The nurses accepted this idea for some reasons; they thought it may promote health status.	15	27.27
It was effective and practical.	14	25.45
The problem solving through cooperation was the best way.	8	14.55
It could solve the cause of the problem .	5	9.09
The nurses could not understand it.	1	1.82
The nurses were not clear in detail.	1	1.82

Items	Number	Percent
1.3 Overall impression on the textbook. It was an interesting package and printing.	2	3.64
It is a textbook that was difficult to understand, some terms of references were very difficult and confusing.	30	54.55
If it is explained with more examples, it would be easier to understand.	2	3.64
Difficulty on reading the textbook, terms of references were too difficult to understand.	27	49.09
Some nurses have less time to read.	8	14.55
Some of them had no basic knowledge about this concept.	3	5.45
1.4 Recommendation for this workshop. The nurses suppose that they will be able to exchange their ideas among each other.	7	12.73
They think that the seminar should be set up after the end of the semester.	5	9.09
They hope that it is interesting and useful.	3	5.45
They would like to know the pattern of workshop before participating.	13	23.64

Table 19. Impression after the role-play

Item	Good	Average	Bad
1. Total impression about this role-play	28 (54.9%)	19(37.3%)	0
Item	Very exciting	Normal	Dull
2. Discussion after the role-play	9 (17.6%)	37 (72.5%)	3 (5.9%)
Item	Very attentive	Attentive	Recessive
3. Commitment in the program	14(27.5%)	33(64.7%)	0
Item	Very useful	Useful	No need
4. Usefulness of this role-play program	14 (27.5%)	33 (64.7%)	0
Item	Very much	Little	Very little
5. Empathy with patients .	36 (70.6%)	12 (23.6%)	0

From table 19, 94.5 % was impressed about the role play. Most of them felt good about the discussion after the role play (54.9%) Most of them was attracted to commitment in the program (64.7%). Some of them felt little empathy with patients(23.6%) and most of them felt very much empathy (70.6 %).

Table 20. Impression on content and teaching method .

Items	Number	Percent
2.1 The importance of health education on living with AIDS. All of the nurses agreed with this idea for some reasons; health education can improve nurses' attitude towards AIDS patients and help us get rid of the behavior towards AIDS patients, so we can live with them.	15	27.27

Items	Number	Percent
2.4 Prevention and control of AIDS. The nurses are afraid of AIDS patients but they sympathize them. AIDS patients should be given a chance to live a normal life in the community. These patients who are exposed to public for promoting health education should be admired.	2	3.64
In general, health education should be seriously campaigned for prevention of AIDS.	10	18.18
AIDS patients should not spread the disease.	1	1.82
AIDS is a deadly disease but if we know the method to prevent it, it is not different from any other communicable diseases. We should not act to AIDS patients as if they are strange person.	40	72.73
AIDS patients die.	3	5.45
AIDS can be prevented.	15	27.27
AIDS is a communicable disease.	5	9.09
Since we rarely encounter the AIDS patients, we do not know and are not sure to the usual way of living with them.	3	5.45
2.5 The ideas of participants about problem solving. To solve the problem, everyone should pay much attention to cooperate and brainstorm more ideas for searching the best way.	17	30.91

Items	Number	Percent
To consider the problem, the person must look around.	4	7.27
A problem may cause another problem, so the person must identify the whole or related factors that may affect the problem.	2	3.64
About the AIDS patients.		
A person should sympathize the AIDS patients.	12	21.82
A person should look at the AIDS patients like an ordinary person since they are merely less fortunate. We should support them up to the last stage of their lives.	2	3.64
If everyone does not act together to support AIDS patients, AIDS will soon be more threatening us .	1	1.82
Everyone should give friendly greetings to the AIDS patients.	3	5.45
Nurses perceive and sympathize the HIV infected persons.	17	30.91
The public should understand the AIDS patients.	18	32.73
Perceive that HIV infected persons are human beings.	4	7.27
The public should have a good thinking of HIV infected cases.	22	40.00

Items	Number	Percent
2.6 Feelings about General Networking approach in total aspects.		
It is a good model in aspect for looking at the overview of problem and brainstorming.	20	36.36
It may be appropriate for some problems because the conclusions are derived from experts and various people.	5	9.09
It is an interesting model but it has some weak points that should be cleared before spreading out.	3	5.45

Table 21 Results of post-test questionnaire on the second day of workshop.

Items	Number	Percent
3.1 Impressions on "General Networking (GN) Approach"		
It is a good model. It looks at the overview of the problem, identify in detail and take into consideration of feelings too.	25	45.45
It is a process of using scientific methods and human beings in problem solving. It can be applied to almost all of the problems.	20	36.36
It is like a part of scientific method.	2	3.64
It is appropriate for long-term problem solving but not for active problem.	1	1.82



Items	Number	Percent
The application depends on the type of problem. It is appropriate with public health care.	5	9.09
It is a good concept but it focuses more in theory.	10	18.18
Gained some new knowledge about the theory.	27	49.09

Figure 8 Some ideas and pictures of the studied nurses about GN.

Nurse - Using systemic Holistic

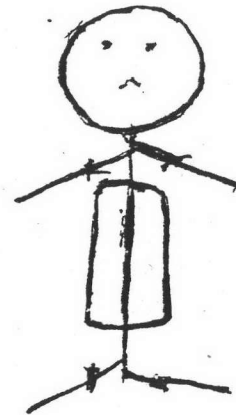
Approach will solve the
AIDS problem.

Head (In the picture)-Main organ
upholding the policy

Two hands - The department for
doing the concrete
policy.

Two legs - Community, family and
health personnels
are the components.

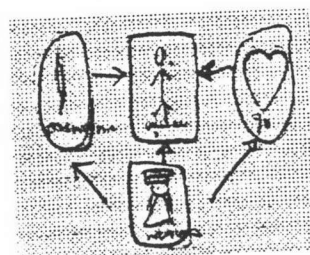
Body - The main problem is the
patients.



Items	Number	Percent
3.2 The importance of health education from viewpoint of prevention and control of disease.		
Health education is the most important method because prevention and control of disease is better than curative.	45	81.82
The person who has knowledge of health care can act preventively and provide a self care.	2	3.64
If everyone is able to act accordingly to the goal of health, it can decrease the load of health personnel and budget.	2	3.64
Also the people will have a quality of life.	2	3.64
Health educational approach must realize the causes and preventions of the disease.	33	60.00

Figure 9 Some ideas and pictures of the studied nurses about attitude to AIDS.

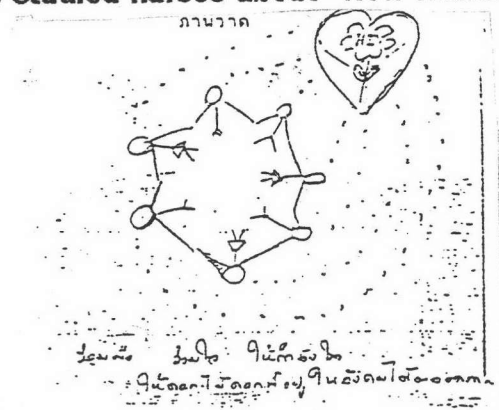
Nurse - In taking care of the patients, we should treat and support them physically, mentally and give the best counselling. We should not overlook on the mental conditions of all the patients. We should think about the humaneness.



Items	Number	Percent
3.3 Feelings about “New Health Paradigm”		
It is a good concept because it solves the overview of problems and gives intension of environmental data.	5	9.09
The new ideas of the theory can be understood very easily and it is very modern. Almost all the theories can be used in the present time and even in the future.	20	36.36
The new ideas of the theory show more details on how to solve the health problems and have to understand more about humanity.	33	60.00
The theory can be approached for problem solving in nursing practices.	15	27.27
It is a good concept because it solves the overview of problems and gives intension of environmental data.	25	45.45
It is a profound concept that focuses on subjectivity.	15	27.27
We have no idea because we are not clear of its meaning.	1	1.82

Figure 10 Some ideas and pictures of the studied nurses about “New Health Paradigm”

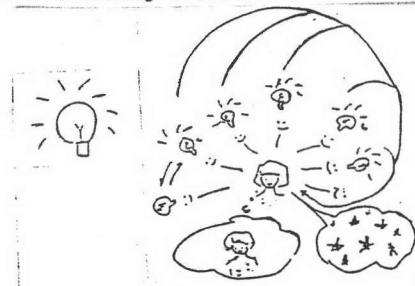
Nurse - The new image for HIV positive patients is like the fresh flowers. They are protected and paid attention by all of the staff in health team.



Items	Number	Percent
3.4 Importance of community participation. It is very important since human beings are part of the community. If there is no community participation, a work becomes rarely successful.	15	27.27
The work that does not have community participation is like giving something which the receiver does not need, it is worthless.	12	21.82
3.5 Ideas in illustrations and comments. To achieve a goal, everyone should spend some time when obstacles are encountered.	13	23.64
In problem solving, we must choose the best way from many alternatives.	18	32.73
If everyone cooperate in problem solving, we will be successful.	5	9.09
In problem solving, there are many alternatives but we should select the shortest, uncomplicated and effective way .	24	43.64
This concept focus on the importance of human being and Thai style concept that it is appropriate and practical for Thai people.	5	9.09

Figure 1 1 Some ideas and pictures of the study nurse after the participation in workshop.

Nurse - Understand more than before.



4 Results of impression on discussions during the interview.

Table 22. Impression on discussions during the interview

Item	Good	Average	Bad
1. An interview similar to one's expectation	8 (14.4%)	38(70.4%)	5(9.3%)
Item	Very exciting	Normal	Dull
2. Discussion after the interview	23 (42.6%)	19(35.2%)	11(20.4%)
Item	Very attentive	Attentive	Recessive
3. Usefulness of this program	34 (63.1%)	18(33.33%)	1(1.9%)
Item	Very useful	Useful	No need
4. Understand the patients	27(50.0%)	25 (46.3%)	0
Item	Very much	Little	Very little
5. Attitude of the patients as you have expected.	49 (90.7%)	3 (5.56%)	1(1.94%)

From table 22. An interview like the one mostly and mainly expected (8). Most of them feel the attitudes of the patients as they have expected (23). Most of them think that the discussion after the interview, is a different feeling from yesterday (14). Most of them feel the usefulness of this program (34). And most of them understand the patients very much, they think that it is very useful (50%), Useful (46.3%).

Items	Number	Percent
The feeling on illustrations and comments. The acceptance of all ideas is a way to success. The meeting will be effective if every participant hopes to receive no personal benefits/gains.	1	1.82
We think that this model can be applied for depending on the time span of organization and coordination. With some points, we generally agree to this model. The GN Model should be improved and developed to provide a clear and easy understanding of its objectives.	14	25.45

THE THIRD PART

The third part is from the record of observations by note taker, radio tape, and video during the process, and result from discussions of nurses in each topic.

The first day.

At the first time, most of the participants don't understand about Holistic Approach but after participating in open discussion where they were encouraged to freely express their concepts, suggestions, recommendations and experiences, they understandably learned how to solve the problem. Each participant's opinion was fully considered, regardless of being right or wrong, and acknowledged by everyone.

The second day.

After the personal interview and exchange of views with the AIDS patients, the nurses' attitude towards them have changed to pity and sympathy.