

Tuberculosis Education to Stop TB

at a peer center for those with mental health and addiction struggles

a DNP project by Ann Ottesen

ABSTRACT

A standardized TB education intervention was provided at a peer center. Pre- and Post- education test scores were compared to see if there was improvement in TB knowledge and readiness to talk to a provider about TB risk and TB screening. It was found that the intervention increased TB knowledge but did not increase readiness to talk to a provider about TB risk and TB screening.

INTRODUCTION

Tuberculosis (TB) practice guidelines include annual TB education for all healthcare workers regardless of risk. At a peer center, peer health care workers and volunteers were not provided TB education. To address this issue, the researcher of this project, in collaboration with the manager of the peer center, conducted a quality improvement project.

PRIMARY AIMS

To increase awareness and knowledge related to the risk of TB and the importance of TB Screening.

To promote readiness to talk to a provider about TB risk and screening.

METHODS

A quantitative exploratory design was utilized for this project. Thirty-nine participants were engaged in a TB educational intervention to determine if the implementation improved knowledge of the risk of TB and the importance of TB screening and readiness to talk to a provider about TB risk and screening.

The intervention launched with a pre-test followed by a didactic session about TB knowledge and talking to a provider about care steps to be healthy. Some of the participants flipped through a binder with the materials on their own and others engaged with the researcher and/or other peers. Afterwards, participants completed the test again (post-test). The changes in the pre-test and post-test scores were evaluated to determine the effectiveness of the education intervention.

MATERIALS

Pre-Post Education Test
Education Handouts
Education Power Point



RESULTS

A paired t test was conducted to compare the pre-test to post-test scores after the educational program. There was a significant difference in the scores of the pre-test ($M=5.6667$, $SD=1.37199$) and post-test ($M=7.1111$, $SD=1.40958$). This gain is statistically significant ($t(17)=4.305$, $p<0.001$) by paired t test. The results demonstrated there was a significant increase in knowledge.

The sign test did not demonstrate a statistically significant difference in readiness to talk to a provider about care steps to be healthy, exact binomial p (1-tailed)=0.125 or TB risk and TB screening, exact binomial p (1-tailed)=0.067.

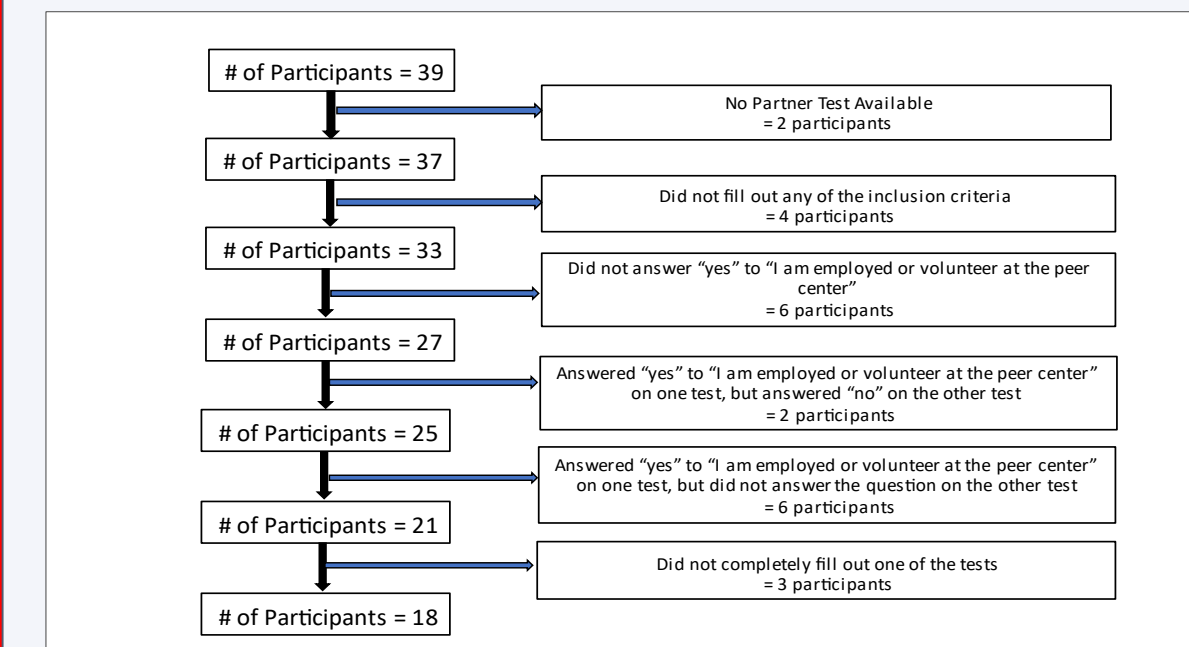
ANALYSIS

Secondary aims became more important to the researcher as the study was underway and include aligning the project with the agendas and values of the peer center, validating the vocation of the peers as healthcare workers, promoting readiness to talk to a provider about any care steps to stay healthy, providing a positive educational environment to foster excitement and regard for educational opportunities.

DISCUSSION

Maximal efforts were made to include people. It was offered on 10 consecutive days so people could see first-hand what was involved, there was flexibility in level of participation, everything was printed out in binders making it easy for people to participate, the atmosphere was informal and relaxed.

The biggest flaw that would affect generalizability was that the inclusion criteria were biased towards people that are good at following directions, resulting in many tests being thrown out. In addition, the peers utilizing the center had higher representation of being homeless due to COVID-19 circumstances.



There was a very high level of participation in the project and the researcher was invited to do future projects at the peer center. The peers naturally became involved in the process as volunteers and could become more involved in the research process if they were to be paid and there were repetition in form.

IMPLICATIONS for NURSING PRACTICE

Nurses and healthcare providers can have a special role in the research arena when their clinical skills are fully utilized to partner with a population to promote health, promote community engagement, provide education, and collect and analyze data.

IMPLICATIONS for FUTURE RESEARCH

Interventions in the community are becoming increasingly important in promoting health. Identifying communities that are at high risk for health inequities and establishing a partnership with them to do research, education, and interventions is an important avenue to utilize health resources. This pilot study demonstrates that a small intervention with limited funding can be effective at meeting aims, and with added funding and repetition, more aims could be met and capacity built.

REFERENCES & CONTACTS

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