

Abstract

Background: The Full Outline of Un-Responsiveness (FOUR) score is a new and better coma grading scale in critically ill patients. However, there is a paucity of data on its knowledge, perception, and acceptability among health workers in sub-Saharan Africa.

Study aim: To determine the perception and acceptability of the FOUR Score after training on it and assess the effects of this educational intervention on healthcare workers' knowledge at Mbarara Regional Referral Hospital

Methods: Using a quasi-experimental design, the effect of an educational intervention on the Knowledge was assessed, and by cross sectional design, perception and acceptability of the FOUR score among conveniently sampled health workers attending to critically ill patients was determined. Data was collected using a questionnaire. Participants who had low and moderate pre-test knowledge attended an educational intervention regarding FOUR score. In the post-intervention, data on knowledge, perception, and acceptability of the FOUR Score was collected for all participants, seven days after training. Data was analysed using STATA-17.

Results: We recruited 146 participants, of whom 50.68% and 45.21%—were nurses and doctors, respectively. Over 113 (77%) had at least a degree, 114 (78.1%) had no prior training in FOUR Score. The median (IQR) knowledge level was 34.78% (34.78%) in the pre-test and 82.61% (8.69%) in the post-test, respectively. A Wilcoxon Signed-Rank test showed a significant difference in the median pre-test and post-test knowledge scores ($Z = -10.41$; $p < 0.001$). Higher level of education ($X^2_{(3)} = 10.33$, $P = 0.016$), working in ICU ($X^2_{(2)} = 13.81$, $P = 0.001$), and prior training on FOUR Score ($Z = -6.308$, $P < 0.001$) were significantly associated with high pre-test knowledge of FOUR Score but were not significant in the post-test. The mean scores of health workers' perception and post-intervention acceptability of FOUR Score was 4.35 and 4.59 ± 0.49 , respectively

Conclusion: Health workers had low baseline knowledge of FOUR Score and high knowledge after training on it. Educational intervention was effective in increasing the knowledge of health workers regarding FOUR score and there was a favorable perception and high post intervention acceptability of FOUR score.

Recommendation:

Ward/unit managers should organize refresher trainings on the different grading scales as part of continuous professional Development (CPD).

Key Words: Full Outline Un-responsiveness, Knowledge, Perception, Acceptability, Health workers.

