

Research Article

Comparing the Effects of Face to Face and Distance Training on Awareness of Health Workers to Drug Abuse and Its Prevention

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ABSTRACT

Addiction is one of the major of health, social and political problems in the world, especially in developing countries. One of the ways of preventing is to increase awareness of health workers with educational programs. The major part of staffs learning includes acquiring information, skills and new ideas in the relevant job. The aim of this study was a comparison of face to face and Distance training in health workers about addiction to opium and surveys their awareness.

This research was a semi-experimental study. All 70 health workers selected randomly and assigned into two groups: Before the training, health workers were evaluated using a questionnaire.

For the first group training was face to face and the second group was indirect (film and book) education. After education programs, two groups were assessed by the same questionnaires. Then Data were analyzed by using SPSS software and statistic tests.

The Results showed that the level of awareness of health workers in both groups has increased after face to face and distance training. There was no Significant difference between the scores of awareness in both groups by face to face and Distance training (P value >0.05) .

Two methods of face to face and Distance training had identical effects on awareness of health workers in the prevention of addiction.

Keywords: Face to face training, Distance Training, Addiction, opium.

[I] INTRODUCTION

Addiction is a major problem in society ruining the life and leading to use of national assets for combating addiction and its defects. Unfortunately, the number of addicts gradually elevates that suffer from its mental, physical, familial, cultural, economical, as well as the social consequences of addiction. Our community is prone to turning to substance use because of its especial conditions such as special geographical conditions, cultural aspects, and myths [1]. Opium addiction is a disorder with clinical, behavioral, cognitive and drowsiness symptoms affected by psychological, social, pharmacological and biological factors [2].

Addiction to opium and drug abuse in Iran is a national and international problem [3].

According to the United Nations Office on Drugs and Crime (UNODC) in 2004 the numbers of consumers of narcotics 185 million people have estimated [4].

In the studies of Iran the number of people, 800000 to 2500000 have been announced. Because many complications and morbidities it is important to prevent, diagnose and treat. Drug addiction treatment is costly, difficult and exhausting; therefore, prevention of opium addiction can avoid the heavy costs to society. One of the important ways of preventing

addiction Inform health professionals of the risks and dangers of opium [5], and on the other hand training programs have been effective in raising awareness. Training programs, including readings, internet-based courses, stand-alone lectures, taped video [6]. Face to face and distance training are educational methods that use in health care systems [7].

The aim of this study was to increase the awareness and Comparison of the effects of Face to Face and Distance training in awareness of primary health workers about prevention of addiction in narcotic substances in Sarvabad city.

[II] MATERIALS AND METHODS

The Sarvabad is the smallest and most deprived city in Kurdistan province and located in the southwest of this province and in the West of Iran. Because of deprivation, distribution of excessive villages and Lack of facilities, no research has been done in this area.

This study was Interventional and Semi Experimental and was done in the Sarvabad city in Kurdistan, Iran in 1390. This sample of convenience included 70 health workers that participated in this study. For Data gathering used the census. Total data were collected from Personnel files health workers (age, Gender) and Questionnaires. The questionnaire had 15 items that has proven its reliability and validity. The measure aware was for each correct answer per question a rating was intended.

Finally earned a score of 15 and then the average of the scores of aware before and after training and also face to face with Distance training have been compared. Health workers divided randomly into two groups of 35 persons. The cases divided in two groups and the Pre-test awareness was done. For group one the 35 case

selected and face to face training about the preventing the addiction conducted by the Health education expert man with talking and Questions and Answers (FAQ) in three hours and three meetings.

The next group was presented with the same subjects in the first group that includes a pamphlet and an educational film was accompanied by two DVDs. Then after one month the post-test was performed in each group. After the pre-test and post-test results the effectiveness of Face to Face and Distance training on awareness of health workers were compared. Data analyzed by using SPSS software and statistical test, including parametric (T-test) and non-parametric test.

[III] RESULTS AND DISCUSSION

The 70 health workers voluntarily participated in this research (35 mails and 35 females). Ages ranged from 24 to 54 years old.

The average age in face to face and Distance training was 39.1 ± 7.12 and 34.2 ± 6.78 respectively.

The educational level of the participants was Elementary school, junior high and high school with the 11 %, 36% and 53 % respectively. The scores range for pre-test was from 2 to 12 and for post-test was 7 to 15.

The results showed that the face to face training significantly raised the awareness of health workers (P value<0.001, Table 1).

As well as Distance training had a similar effect to raise awareness of the health workers (P value <0.002, Table2), but there was not a significant relationship between face to face and Distance training to raise awareness in health workers (P value<0.126, Table 3 and 4).

Table 1: Pre-test and post-test scores of health workers in face to face training

Average scores of post-test training	Average scores pre test during training
70.66 ±9.12	57.33 ±8.64

P value <0.001 *T=2.79*

Table 2: Pre- test and post- test scores of health workers in Distance education

Average scores post test in Distance education	Average scores pre test in Distance education
72 ± 9.89	59.33±8.39

P value <0.002 *T=2.28*

Table 3: comparison the mean scores of pre test in face to face training and Distance in health workers

Average scores pre test in Distance education	Average scores pre test in face to face education
59.33±8.93	57.33±8.64

Table 4: comparison the mean scores of post test in face to face training and Distance in health workers

Average scores post test in Distance education	Average scores post test in face to face education
59.33±8.93	57.33±8.64

P value <0.126

T=3.25

Jalilian and Barati (2001) emphasized the benefit of training sessions on knowledge of participants towards substance abuse and its consequences [8, 9]. Baer *et al.*, (2001) Surveyed a 2-day MI (motivational interviewing) workshop for 22 addiction treatment counselors MI skills before, after, and at 2 months following training using the HRQ (helpful responses questionnaire) and SP (Standardized patient) interactions scored with the MI Skills Code.

After training, percentage of open-ended questions, and percentage of MI-consistent behavior and HRQ scores, the ratio of reflections to questions, showed significant increases from baseline levels. However, at 2 months, only HRQ scores and the ratio of reflections to questions remained significantly improved [10]. Face to face training on patient hemodialysis show that the individual's physical, social functioning, general health force and vital energy prior to the implementation of educational programs was significantly [11].

The present study, findings suggest that distance training has a significant relationship with the increasing awareness of health workers, $P < 0.002$. Vaisi indicated the indirect training was effective on the military staffs [12]. Distance training, via computer or videotaped training can have a modest impact on skills. It seems that educational programs have beneficial results [13, 14].

Indirect education practices with respect to the features that are favorable and acceptable context for purposes such as education and job training or retraining of teachers. This type of training has been adopted in many countries in Asia and the Pacific [15].

Determine the effects of distance training on awareness of nursing students and midwifery in Breast Self-Examination showed that this approach would lead to significantly increase the level of awareness [16].

In this present study compared the effects of face to face and Distance training on increasing the level of awareness in health workers and no significant differences was observed. Our results are similar to other studies [17].

The effectiveness of the two methods face to face and distance training in clinical skills in nurses was compared and results about affection in two methods were identical [18].

Vanek and *et al* show that these two methods have been effective in improving practical skills [19]. The effect of face to face and distance training on self-care quality of life and physical problems of patients treated with maintenance hemodialysis performed in selected hospitals in Tehran.

The results showed, there was no significant difference between efficacies in two methods.

[IV] CONCLUSION

According to this study and several studies have shown usefulness by the use of face to face and distance training in elevate of awareness. Lack of facilities and training can underlying prevent of increasing awareness. Providing continuous training programs to better services recommended and be noted this kind of training can even be helpful in enhancing the skills.

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