Knowledge, Attitude and Practice Study of Infection Practice among Nurses and Housekeeping Staff of a Private Hospital in Bhubaneswar, Odisha

UNDER THE GUIDANCE OF:

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HOM: 2020-2022

INTRODUCTION:

- Healthcare workers are vulnerable to many infectious diseases while practicing the healthcare profession
- This type of exposure primarily takes place while performing major or minor surgical procedures, while rendering regular services to the patient such as physical examination by health care providers, etc.
- The mode and mechanism of transfer of an infectious agent forms the basis of infection control measures.
- With the emerging life-threatening infections like COVID-19, there exists a need for effective infection control programs in all healthcare facilities.
- The incidents of occupational exposure are often observed in hospitals settings mainly due to lack of knowledge and practice of infection control measures
- Knowledge, attitude and practice is an important cognitive tool to promote health and prevent infections

OBJECTIVE:

- To assess the knowledge of infection control protocols among nurses and housekeeping staff.
- To measure the attitude of healthcare workers towards infection control protocols
- To observe the infection control protocols practiced by healthcare workers.

METHODOLOGY:

Research Question:

How knowledgeable is the staff of the hospital with infection prevention practices?

What is the attitude of the staff towards infection control measures?

What are the practices amongst the nurses and housekeeping staff of the hospital under study?

Study Design: The study is a quantitative descriptive.

Study Setting: This study was conducted in a private hospital in Bhubaneswar, Odisha

***Study tool*:** Self- administered questionnaire

METHODOLOGY (CONTD.)

Study duration: 2 months

Sample Size: 70 participants (Nurses and housekeeping staff)

Data collection procedure: In this study, we have applied a self-evolved based questionnaire with closed-ended inquiries to accumulate facts for the study. The questionnaire consisted of 27 closed ended questions. There aren't any open- ended questions. Most of the questions are common for both the department considered for this study, i.e., nursing staff and housekeeping staff who usually work in close contact with the medically compromised patients and are more at risk to the exposure to the nosocomial infection. It consisted of a Likert scale of agree (1), disagree (2) to select from, which supplied extra uniformity of responses as such facts became effortlessly processed.

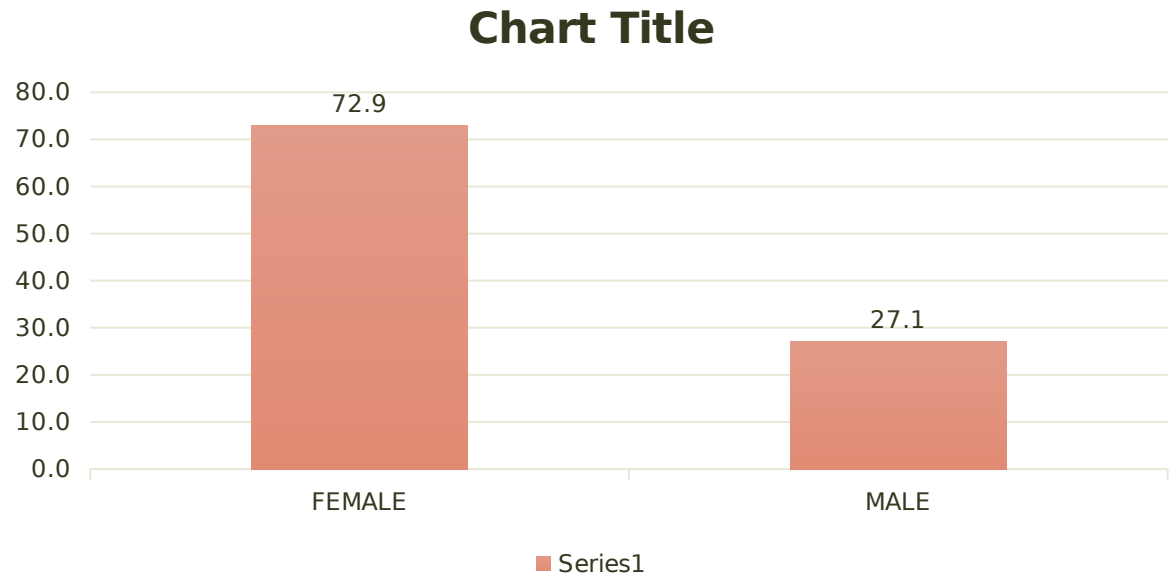
Data analysis: After completion of the study through a questionnaire, data was captured on an excel sheet and the data analysis was done. By using descriptive and inferential statistics, the data was analyzed and reported on graphically illustrated by using bar charts and as frequency tables.
The scoring of Knowledge, Attitude and practice was done by summing the correct responses or the more favorable responses to the attributes and evaluating with a percentage of the total.

RESULTS:

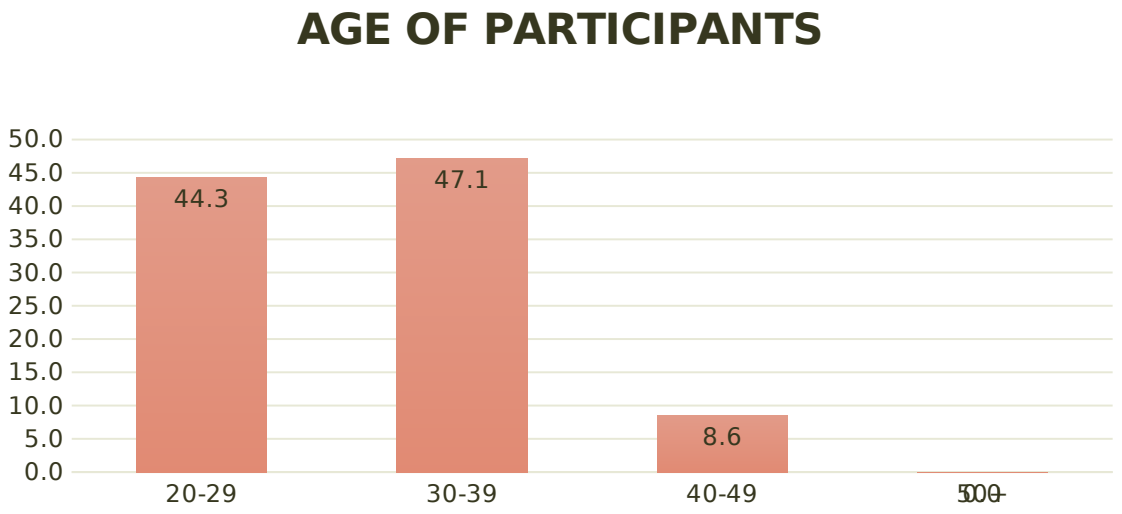
Responses form 70 healthcare workers were collected and analyzed.

Data regarding socio-demographic status, knowledge, attitude and practice in infection control formed the content of our questionnaires.

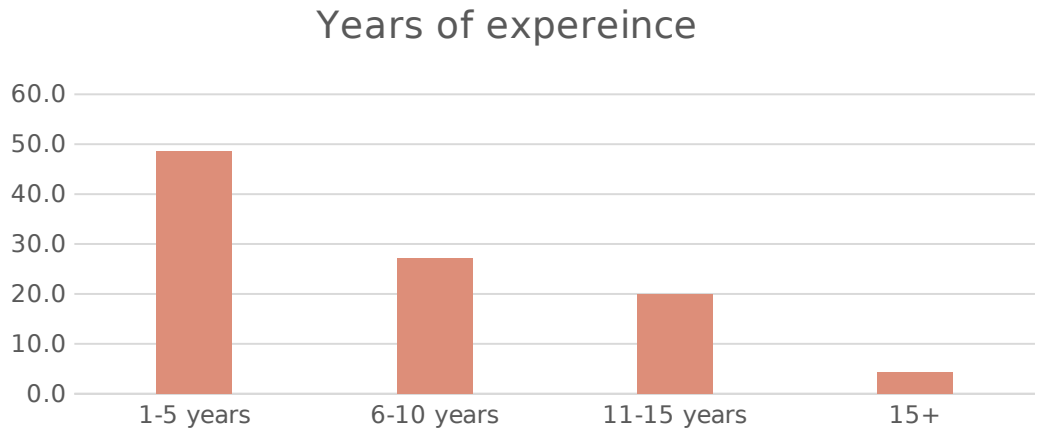
I. Gender:



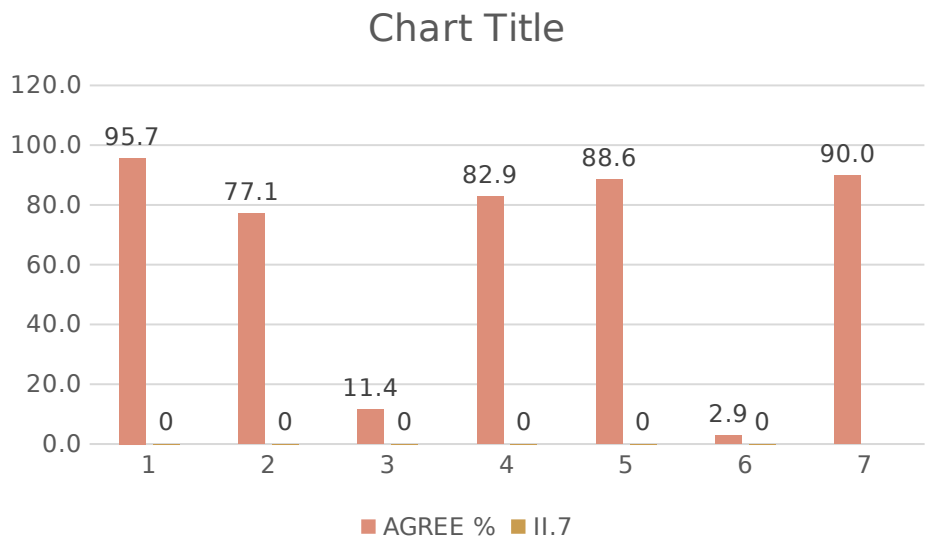
Age:



Years of experience:



KNOWLEDGE OF STAFF ABOUT INFECTION PRECAUTIONS:



II.7: 95.7% of the staff agreed to transmission of HAI is possible through medical equipment.

II.8: 77.1% of the staff agreed to know World health Organization's 5 moments of practice of hand hygiene

II.9: 11.4% agreed that by using only clean water, micro-organisms can be destroyed.

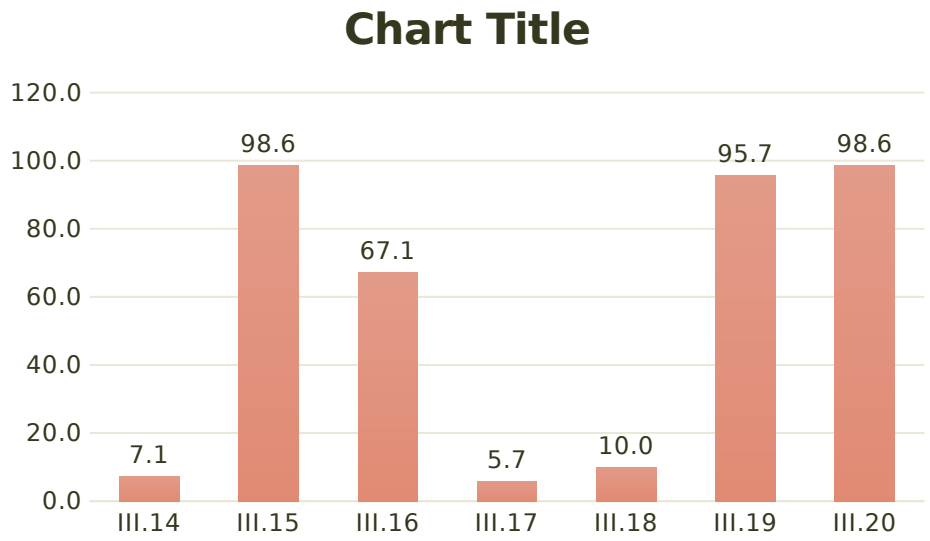
II.10: 82.9% of the staff agreed that regardless of a patient diagnosis, standard precautions is applied to all.

II.11: 88.6% of the staff agreed for being familiar with HAI's guidelines.

II.12: 2.9% of the staff agreed that without gloves, they could handle bodily fluids with bare hands.

II.13: 90% of the nurses agreed about knowing the prevention and control HAI.

ATTITUDE OF THE STAFF TOWARDS INFECTION CONTROL AND PRECAUTIONS:



III.14: 7.1% of the staff agreed of not washing their hands after using gloves.

III.15: 98.6% of staff agreed that at all times, infection control policies and procedures should be adhered.

III.16: 67.1% of the staff agreed that their ability of applying infection prevention guidelines is affected by the immense workload.

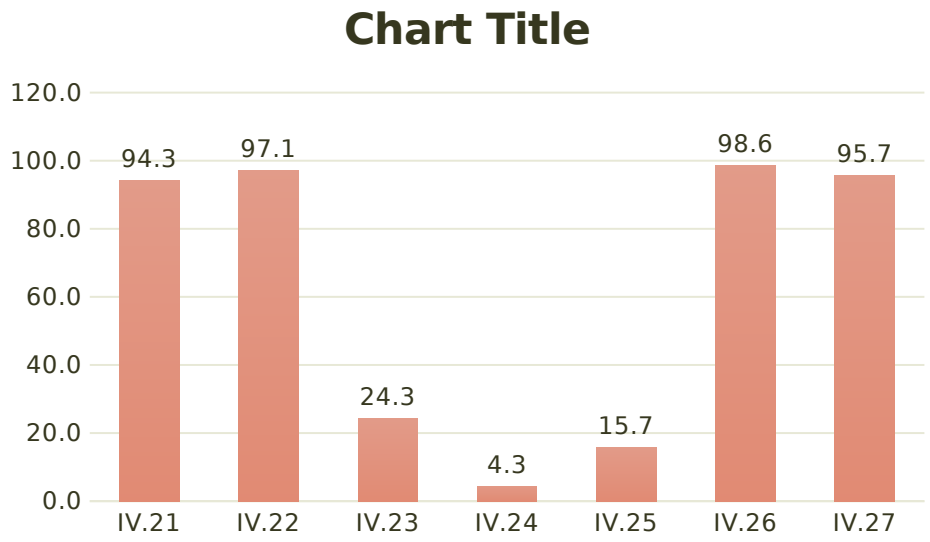
III.17: 5.7% of the staff agreed to recapping the needles after use and before disposal.

III.18: 10% of the staff agreed to comply with hospital acquired infection guidelines is not necessary.

III.19: 95.7% of the staff agreed before disposal of hospital waste, it is needed to be categorized.

III.20: 98.6% of the staff agreed that health workers hands can be a vehicle for nosocomial pathogen transmission.

PRACTICE OF INFECTION CONTROL BY HOSPITAL STAFF:



IV.21: 94.3% of the staff agreed that their knowledge of IPC are being monitored in the hospital.

IV.22: 97.1% of the staff agreed the provision of Hepatitis B vaccination after joining in the hospital.

IV.23: 24.3% of the staff agreed that PPE is always accessible

IV.24: 4.3% of the staff agreed that IP does not improve patient outcome in the hospital.

IV.25: 15.7% of the staff agreed wearing PPE while handling linen.

IV.26: 98.6% of the staff agreed to attending in-service training/ workshop related to IPC yearly as scheduled by hospital.

IV.27: 95.7% of the staff agreed that they wear masks while dealing with TB suspected patients.

DISCUSSION:

Knowledge, attitude and practice of the staff was observed to be satisfactory.

Majority of the healthcare staff was aware of the components of infection control precautions, moments of hand hygiene and advantages of infection control precautions.

Knowledge of the staff was thus, assessed to be good with respect to infection control precautions.

The attitude of the staff was seen to be positive from the results obtained.

Practice of the staff was found to be good as seen in results. The comparative study of our literature review suggests that although, the practices were satisfactory on an overall basis, a scope of improvement through trainings exists.

The strength of this study is that the survey was collected from two most important department of the hospital.

Additionally, my tenure in the operation department gave me a bird’s eye view of the compliance with the relevant guidelines in a day-to-day operations of hospital which helped me to conduct this study.

RECOMMENDATIONS:

- Random spot checks should be conducted in the hospital by the managers to ensure that resources are not deviated which were allocated for the IPC.
- The infection control committee should be more proactive to monitor the rate of HAI by delivering feedback to staffs and relevant authorities.
- Availability of PPE for the staff should be done when needed, specially while dealing with air-borne risk infected patients.
- In-service training of the IPC should be ensured by the hospital for all the newly appointed employee under the guidance of their respective managers or superintendent.
- To help control transmission of infections in hospital, increase in manpower is needed to decrease the exhaustion among staff, is a favorable approach. Therefore, recommendations like improving staffing and alleviating job-related burnout should be made, eventually improving the quality of patient care.

THANK YOU