

Effects of an Educational Intervention on Knowledge and attitudes of infection prevention and control

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Background:

Healthcare-associated infections (HAIs) produce negative impact on both healthcare providers and patients. They increase the incidence of work absenteeism, consumption of healthcare resources, and patient morbidity and mortality. According to the Ministry of Health and Population of IRAN, there is little to no surveillance of infection, which leads to misconceptions about the incidence of hospital-acquired infections among healthcare workers (HCWs). Infection control is a very pertinent issue within clinical circles, in public health, and among health service consumers. A number of reports on poor hospital hygiene have been published, including reports about patients' fears about safety in hospitals. A few patients have sued healthcare facilities and providers for perceived infection stemming from treatment received at these centers. This should raise concern among healthcare personnel, both qualified and in training, and among administrators and educators. Infection control is necessary to reduce the high levels of HAIs and curb the proliferation of antibiotic-resistant bacteria. Hand hygiene by healthcare staff has been reported to be of vital importance in the control of infection. Other protective measures such as masks, gloves, and vaccinations are useful in ensuring that healthcare personnel are not exposed unnecessarily to occupation-related infections, nor do they pass them on to patients. Several effective evidence-based interventions for reducing the occurrence of HAIs have been proposed, and the Centers for Disease Control and Prevention has developed specific guidelines aimed at preventing the transmission of pathogens within the hospital setting. National infection control guidelines in hospital practice published by the Iranian Ministry of Health and Population have been renewed periodically to reduce contamination and cross-infection in different medical aspects. To benefit from these available protective measures, it is recommended that a strong emphasis be placed on infection control in the undergraduate and postgraduate curricula of medical and other healthcare programs. Several authors have reported that nonadherence to infection control behaviors such as putting on and changing gloves for every patient is typically multifaceted and extends beyond a lack of knowledge or forgetfulness. Therefore, it is important to promote an educational approach that emphasizes behavioral change and maximizes the personal freedom of HCWs to choose to adhere, yet maximizes the potential healthcare and social costs.

Conclusions:

The results show that the educational programme was successful in increasing the participants' infection prevention and control-related knowledge and attitudes, and in decreasing their risk behaviours. Educational intervention in the form of information leaflets appears effective in creating awareness and improving knowledge. Findings showed that this educational intervention improved Healthcare' knowledge, attitude and performance. So, executing educational programs in hospital, with a focus on common diseases, should be seriously considered by hospital officials and health managers. Thus, continuous education, efficient in-service training, and monitoring and evaluation practices play a pivotal role in the sustainability of application of UP and infection control practices. There is a need for health education campaigns for health workers so that they can understand the risks that they are exposed to and the importance of practicing control measures.

Key word: *Educational Intervention , Knowledge , attitudes, infection prevention and control*