



Increased Risk of Nosocomial Infection to The Patients Due To Inadequate Knowledge Among Staff Nurses

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- **Abstract:** Nosocomial infections double the mortality and morbidity risk for hospitalized patients, resulting in an estimated 20,000 deaths a year. These infections increase costs of hospitalization in addition to increasing morbidity and mortality risk. So this problem solving approach was carried out to establish valid measures to prevent and effective interventions within and across health-care settings and to maintain high standards of care at Teerthanker Mahaveer Hospital, Moradabad. The sample (staff Nurses of Teerthanker Mahaveer Hospital, Moradabad) was withdrawn by simple random sampling and data was collected by structured knowledge questionnaire on nosocomial infection including Demographic characteristics. The findings of the study reveals that 60% of nurses had average level of knowledge, 30% of them had good knowledge and 10% of nurses had poor knowledge regarding nosocomial infection with the Mean and SD of 9.4 and 3.4 respectively. The identified causes for average knowledge regarding nosocomial infection were lack of evidenced based approach, Lack of correlation of theory with practice, Less exposure to the procedures during study time, Lack of staff development programmes, Over burden of work. Solutions identified to enhance the knowledge to conduct staff development programme regarding causes and prevention of nosocomial infection and to prepare and paste charts and pictures in the hospital wards regarding administration and knowledge regarding causes and prevention of nosocomial infection.

Keywords: Risk, nosocomial infection, knowledge, patient, staff nurses

I. INTRODUCTION

Nosocomial infection, also known as **hospital-acquired infection (HAI)**, is an infection that is acquired in a hospital or other health care facility. Such an infection can be acquired in hospital, nursing home, rehabilitation facility, outpatient clinic, or other clinical settings. Infection is spread to the susceptible patient in the clinical setting by various means. Health care staff can spread infection, in addition to contaminated equipment, bed linens, or air droplets. The infection can originate from the outside environment, another infected patient, staff that may be infected, or in some cases, the source of the infection cannot be determined. In some cases the microorganism originates from the patient's own skin microbiota, becoming opportunistic after surgery or other procedures that compromise the protective skin barrier. Though the patient may have contracted the infection from their own skin, the infection is still considered nosocomial since it develops in the health care setting.

II. RESEARCH OBJECTIVES

- To assess knowledge of staff nurses regarding prevention of nosocomial infection.
- To provide the solutions regarding the prevention of nosocomial infection among staff nurses.

III. RESEARCH METHODOLOGY:

The study design/ approach was Quantitative descriptive research design. Samples were Staff nurses and setting was Teerthanker Mahaveer hospital, was withdrawn by simple random sampling technique and data was collected by structured knowledge questionnaire on nosocomial infection was used to collect the data. It consists of two parts: Part 1 deals with the demographic characteristics and Part 2 structured knowledge questionnaire on nosocomial infection.

IV. DATA ANALYSIS

Section – A: Description of Demographic Characteristics - Hefty 40% of the staff nurses belongs to the age group of 26 and above. Majority 70% of the staff nurses were male. Most of 60% of the staff nurses were unmarried. Hefty 40% of the staff nurses were having 0-2 years of experiences.

Section B: Assessment of knowledge regarding nosocomial infection among staff nurses

Table 1. Percentage of level of knowledge, Mean and standard deviation regarding nosocomial infection among staff nurses

Level of knowledge	Percentage (%)	Mean/ SD
Good	10	9.400 / 3.373
Average	60	
Poor	10	

Section C: Causes identified: From the analysis various causes which were responsible for the increase risk of nosocomial infection were identified. They were: Lack of evidenced based approach, Lack of correlation of theory with practice, Less exposure to the procedures during study time, Lack of staff development programmes, Lack of in-service education, Over burden of work, Less in touch with the theory, Continue working in one particular ward, Lack of interest, Forgetting and memory lapses, Lack of hospital experience, Lack of initiative in clarifying doubts, Lack of communication among staff nurses, doctors and other members of the team, Lack of supervision of staff nurses.

Section D: Solution for achieving the goal: Conduct staff development programme regarding causes and prevention of nosocomial infection, Prepare and paste charts and pictures in the hospital wards regarding administration and knowledge regarding causes and prevention of nosocomial infection, Make recommendations and discussions with medical and nursing superintendent to make an awareness programme regarding causes and prevention of nosocomial infection, Prepare and distribute handouts regarding prevention of transmission (hand hygiene), Continuous monitoring regarding the proper technique of performing procedures.

V. CONCLUSION:

The findings of the study reveals all the nurses had average level of knowledge with the Mean of 9.400. The identified causes for average knowledge were lack of continue education programmes, lack of EBP, lack of interest and many more. To resolve the issues a staff development programme regarding causes and prevention of nosocomial infection was conducted, Prepare and paste charts and pictures in the hospital wards regarding administration and knowledge regarding causes and prevention of nosocomial infection,

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