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Thesis

Assessment of knowledge of health care workers about infection control in Transplantation and dialysis center at al-Sadr Teaching Hospital in Najaf AI- Ashraf

Research submitted to the Deanship of the Institute of Medical Technology, Department of community health technologies in order to obtain a diploma in the specialty of community health technologies

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بسم الله الرحمن الرحيم

(38)وَأنَ ليۡۡسَ لِلِۡۡنسَانِ إلِّۡۡ مَا سَعۡۡ ى (39)
وَأنَّۡۡ سَعۡۡيهَۡۡ سَوۡۡفَ يرَۡۡ ى (40) ثمَّۡۡ يجُۡۡزَاهُ الۡۡجَزَاءَ
الۡۡوۡۡفَ ى (41) وَأنَّۡۡ إِل ى رَب كِۡۡ
الۡۡمُنتهَۡۡ ى 42)

سورة النجم

اهداء

إذا كان لبحثي قيمة فإن هناك كثيرين ممَّن شاركوني في ذلك..

أبي الكريم – حفضه الله - الذي تعب وسهر لإيصالي لهذه المرحلة..

أ مِّ ُي الحنونة، التي جعلتني أتمسَّك بالأمل وأتجاوز الصعب بكل ثبات..

إخوتي وأخواتي، الذين لم يبخلوا عليَّ بالجُهد الوفير..

أصدقائي وأهلي، الذين يشُاركونني الفرح والحزن على الَّدَّوام..

الشــكر والتقدير

شكر لله - عز وجل - الذي أنار لي الدرب، وفتح لي أبواب العلم وأمدني بالصبر والإرادة لإتمام هذه الرسالة، فله الحمد والشكر حمدًا طيباً مُباركًا يليق بجلاله، ومن باب قول المُصطفى صل الله علية وسلم "لَّ يشكر الله من لَّ يشكر الناس."

الشكر الجزيل الى عمادة المعهد التقني ورئاسة قسم تقنيات صحة المجتمع والكادر التدريسي جميعا لما بذلوه من جهد في تسهيل الإجراءات والمعاملة الطيبة

فإن الوفاء يقتضي أن يرُد الفضل لْهله، لذلك أتقدم بجزيل الشكر والعرفان إلى من كان له الفضل بعد الله في إخراج هذا البحث lecturer/Sadiq .

A.Rhamah Altaieعلي لتفضله بالإشراف على هذه البحث، والذي وجدت فيه أستاذاً فاضلاً معطًاء، بذل الجهد، وقدَّم التوجيه السليم والرأي السديد، الذي ساعدني في تخطى الكثير من الصعاب فجزاه الله عنى خير الجزاء وأمده الله بدوام الصحة والعافية.

Abstract

The health care staff is the cornerstone of safely managing HD patients in health care settings. They have a fundamental role in breaking the chain of infection through compliance with infection prevention and control practices. Unfortunately, sometimes nurses utilize optional approaches to infection

prevention and control practices the aim of this study was to assessment knowledge of healthcare worker about infection control

The Descriptive cross-sectional study design was carried out to accomplish the stated objectives. During the period from 1st October 2024 to 27th June 2025. A structured questionnaire is constructed through extensive review of relevant literature and related research and studies A face-to-face interview technique is used to collect staff knowledge regarding infection control

The main results were the overall assessment of knowledge of health care worker about infection control. The highest percentage of participants (60%) have moderate knowledge about infection control while only (10.8%) of them have good knowledge. On the other hand, 29.2% of the participants have poor knowledge the main$\pm$ SD (mode) of overall knowledge was 0.63 $\pm$ 0.14 (0.57)

The study concluded one to third of health care worker in Hussein haemodialysis center has poor knowledge about infection control, Half of health care worker in Hussein haemodialysis center doesn't complete their vaccination about hepatitis B vaccine

Chapter one

Introduction an literature reviews

1.1 Introduction

Hemodialysis is a therapeutic procedure for patients who have temporarily or permanently lost kidney function due to renal failure (CDC, 2016). The prevalence of patients with end-stage renal disease (ESRD) on maintenance hemodialysis therapy is growing worldwide. In Egypt, the estimated annual incidence of ESRD is around 74. per million, and the total prevalence of patients on dialysis is 264 per million (Bayoumi, Ahmed, and Hassan, 2019).

Regardless of being a life-sustaining process, HD patients are uniquely vulnerable to the development of healthcare-associated infections (HAls) because of multiple factors, including exposure to invasive devices, immunosuppression, the lack of physical barriers between patients in the outpatient HD environment, and frequent contact with healthcare workers during procedures and care (Yousef et al., 2019).

Infection is considered the main reason for hospitalization and the second cause of mortality in HD patients. Poor adherence to infection control practices by healthcare personnel (HCP) is the primary reason for the incidence of infection, so consistent and strict adherence to the rules of standard precautions by the HCP is assumed to play a noteworthy role in controlling such infections (Shokri, Teymourzadeh, Bahadori, Fattahi, and Khodadost, 2019).

Best practice for infection control in dialysis has been described in several evidence-based guidelines. These include guidelines developed by the Center for Disease Control and Prevention (CDC), the Association of Professionals in Infection Control (APIC), and the World Health Organization (WHO) These guidelines address major safety measures such as hand hygiene, the use of personal protective equipment (PPE), injection safety, handling patient's items,

cleaning and disinfecting the external surface of dialysis, and the surrounding environment (APIC, 2022; CDC,2017; WHO,2020).

The nursing staff is the cornerstone of safely managing HD patients in health care settings. They have a fundamental role in breaking the chain of infection through compliance with infection prevention and control practices. Unfortunately, sometimes nurses utilize optional approaches to infection prevention and control practices (Osman et al., 2021). Therefore, constant training programs must be made by the health care settings to apply evidence based practices to prevent and control infection. These programs must consist of theoretical and practical area to enhance nursing staff's adherence to infection prevention and control practices (Osman, El Banna, Sharaf, and Mohammed, 2021)

Investigating nursing staff's knowledge and performance regarding infection prevention and control measures is necessary to provide effective training. Therefore, the aim of this study is to assess nursing staff's knowledge and performance regarding infection prevention and control measures at hemodialysis unit to identify the gaps that should be addressed by training programs.

Dialysis, dialysis, or dialysis is a technique aimed at removing waste and toxic substances from the body and compensating for the loss of kidney function. Known to the public as dialysis. Usually, patients with end-stage kidney failure (end-stage kidney disease) or patients with severe renal failure are treated with dialysis from time to time. Either by admitting the patient to the hospital or by visiting dialysis units in outpatient clinics. Kidney dialysis is performed under the supervision of specialized doctors and nurses. In rare cases, the patient may undergo dialysis at home if his transfer to the hospital is not possible.

Dialysis is an alternative treatment option for kidney failure, and for many kidney patients as a preventative treatment. It is a quick and effective way to rid the body of metabolic waste (2007:Handbook of Dialysis).

The nephrologist decides when dialysis is needed and the various parameters of dialysis treatment include the number of dialysis times per week, duration, blood flow rates, as well as the size of the dialysis machine used.

The composition of the dialysis solution is sometimes adjusted in terms of sodium, potassium and bicarbonate levels. In general, the larger the person's body size, the more dialysis sessions they will need. In North America and the United Kingdom, dialysis may take up to 3-4 hours in larger patients. It is performed 3 times a week. Dialysis sessions are limited to twice a week in patients whose kidneys still have some function. Four sessions a week are often prescribed for larger patients, as well as those with fluid overload. There is growing interest in home dialysis, which is 1.5 to 4 hours, 5-7 times a week. There is also interest in nocturnal dialysis, which involves the patient being dialysised at home for 8-10 hours a night, 3-6 nights a week. Nocturnal dialysis is offered in a center, 3-4 times a week.

1.2 Dialysis equipment

After each dialysis session, clean and disinfect the external surfaces of the HD machine with a low-level disinfectant or any registered disinfectant solution marked for use in the healthcare environment for use on non-critical products (including HD machines) according to the product manufacturer's guidelines. The impact of disinfectants will be reduced or disabled if there is a bioburden. As a consequence, if there are observable blood leaks or other infectious substances on the exterior of the HD system, they should be washed separately until the disinfectant solution is applied. All of the machine's outer surfaces, especially the front panel, which has been touched frequently, as well as the venous column, hand, and back bases, should be carefully disinfected using friction and dry air. All towels or wipes and blood-contaminated gloves should be disposed of in a critical hazard waste container. Clean hand hygiene should be performed after glove removal (Karkar et al., 2014; Rutala and Weber, 2008; Alter et al., 2001).

CDC and APIC guidelines do not suggest disinfecting the internal fluid pathways of "single-scroll" HD machines between the patient's uses, except when a blood leak occurs. Routine disinfection and rinsing are recommended at the beginning or end of the day (or as recommended by the device manufacturer). EBPG recommends routine cleaning of a high-definition machine after each dialysis session, either with heat or a chemical agent. Chemical cleansing is recommended before the patient uses backup machines, which can be inactive for variable periods of time and possibly develop bacterial growth. The chemical disinfection protocol must be in accordance with the recommendation of the manufacturer of the device, including concentration and time of residence (Kessler et al., 2002 ,Garthwaite et al., 2019).

1.3 Aim of study

1- To assessment knowledge of healthcare worker about infection control

2- To found out the relationship between knowledge and sex of healthcare worker in hemodialysis center

3- To found out the relationship between study variable such job title, training course , vaccination status and knowledge healthcare worker in hemodialysis center

Chapter Two Methodology

Chapter Two

Methodology

2.1.Design of the Study:

Descriptive cross-sectional study design was carried out to accomplish the stated objectives. During the period from 1st October 2024 to 27th June 2025.

2.2.Administrative Arrangements:

The first approval was obtained from Al-Furat Al-Awsat University, Kufa Technical Institute, to conduct this research after clarifying the importance of the

research and its objectives, as well as the official approval of the questionnaire, which was obtained from the Ethics Committee in the Department of the College of Nursing on 2024/2025.

2.3. Ethical Consideration:

Ethical considerations are important for protecting a person's rights related to data collected, confidentiality, and promoting professional study conduct. The following ethical issues are dependent:

The agreement to participate is voluntary.

Respect the participants' feelings by encouraging, honest, and open communication and listening effectively to understand the nurses' responses to health issues.

The questions addressed to nurses are formulated in a way that is easily understood according to their educational level and cultural background, as well as language proficiency.

2.4. Setting of the Study :

The research was conducted in Iraq, specifically in the south in Najaf Governorate (Al-Hussein Teaching Hospital). The reason for choosing those units is that they are the only units in the mentioned provinces.

2.5. The Sample of the Study:

A non-probability (intentional) sample of 65 male and female nurses working in dialysis units in the Najaf Governorate. staff were recruited for the study

according to the following criteria: Those who were working at the hemodialysis units were willing to participate.

2.6.Study Instrument

A structured questionnaire is constructed through extensive review of relevant literature and related research and studies, as well as depending on Garthwaite et al., (2019), clinical practice guideline management of blood borne viruses within the hemodialysis units.

A face-to-face interview technique is used to collect staff knowledge regarding preventive measures and precautions regarding hepatitis B and C in hemodialysis unit patients.

2.7 Statistical analysis

Data collection use Microsoft excel 2019 and analysis by use SPSS through

1- Count and percentage 2- main+SD 3- chi-square test 4- one way A nova test

Chapter Three

Chapter three

Results

3.1 Demographic Data

The dataset in table 3.1 provides an analysis of age, gender and job title distribution within the participants. The most represented age group is 20-30 years (80%). The 31-40 years' group follows at 15.4 %, while more than 40 years' accounts for 4.6%. This suggests that the health care worker mainly consists of young adults.

The majority of the participants consists of 20-30 age group (80%) and the percentage of males (44.6%), while females account for (55.4%). Also for unite of work the majority of participates consisted of female inpatient (41.3%) and male patient (30%) department compared with other center unites. Most of the participants was nursing staff compared with other center specialists.

Again for distribution of participants according to years of experience the study found the most of healthcare worker have from 2-5 years of experience in and out of the center with mean of years was equal to four years in different unit in center.

Finally, the distribution of participants according to training course most of health care worker 61.1% haven't previous training course about infection control. While the vaccination status was highest in healthcare workers received total shot of hepatitis B vaccine during working in hemodialysis center.

This result agreed with the studies of Mohammed & Hassan, (2014), Al-Fatlawy, (2001), and AlMansory & Al-Ani, (2006), which found that most nurses in dialysis units were males. Athbi Mohammed, (2010) found the same result and his esearch "Effect of Infection Control Education Program on Nurses' Staff's Knowledge in Hemodialysis Units in Baghdad Teaching Hospitals" revealed that the high percentage (60%) were males.

Table 3.1: the sociodemographic, training and vaccination status

No	Variable	Category	Count	Percent
1	**Age**	20-30	52	80.%
		31-40	10	15.4%
		41-50	3	4.6%
		Main±SD	27+	
2	**Sex**	Males	29	44.6%
		Females	36	55.4%
3	**work unite**	male inpatient department	22	33.8%
		Laboratory	5	7.7%
		Pharmacy	10	15.4%
		female inpatient	28	43.1%
4	**Specialist**	Nursing	46	70.8%
		Tocantins	13	20.0%
		Medical	6	9.2%
5	**Years of experience**	0-1	20	30.8%
		2-5	37	56.9%
		<=5	8	12.3%
		Main±SD	4+	
6	**Training course**	No	40	61.1%
		Yes	25	38.9%
7	**Vaccination status**	No	28	43.1%
		Yes	37	56.9%

3.2 Knowledge Assessment Table

3.2 shows

The answer of questions about infection control, the study found statistical difference between answer of questions at significant P.value <0.05 except question " Do gloves provide complete protection against communicable diseases" and question " Do you wear a shoe cover before entering the dialysis unit or when finishing the work shift?" were non-significant at P.value>0.05

The highest degree of agreement found in answer about question" Have you ever heard about the principles or policies of infection control? " and question " Are syringes reused (repackaged) before being disposed of in the containers designated for sharp objects? "was same percentage (90.8%) and highest disagreement found in answer about question" Does the process of washing hands with water, soap, or alcohol provide complete protection against communicable diseases?" was equal to 76.4%. these results agreed with Garthwaite et al., (2019) defined separation between cleaned and contaminated areas in a dialysis unit as essentially perfect with no opportunity for movement between both, and a protective border such as walls or screens was proposed to separate these clean and infected places.

Table 3.2: knowledge assessment according to the answer of healthcare worker about infection control in hemodialysis center (close question)

NO	Question	Answer	count	Percent	Sig
1	Have you ever heard about the principles or policies of infection control?	Yes	59	90.8%	0.000
		No	6	9.2%	
2	Does the process of washing hands with water, soap, or alcohol provide complete protection against communicable diseases?	Yes	15	23.1%	0.000
		No	50	76.9%	

3		Yes	28	43.1%	0.477

	Do gloves provide complete protection against communicable diseases	No	37	56.9	
4	During the provision of medical services to the patient, is there exposure to severe acute infections?	Yes No	48 17	73.8 26.2	0.000
5	Do you wear a shoe cover before entering the dialysis unit or when finishing the work shift?	Yes No	36 29	55.4 44.6	0.662
6	Are the patients who are undergoing dialysis tested for viruses before each dialysis session?	Yes No	53 12	81.5 18.5	0.000
7	Are syringes reused (repackaged) before being disposed of in the containers designated for sharp objects?	Yes No	59 6	90.8 9.2	0.000
8	Is there a special mark or separation between patients and the equipment designated for patients with communicable diseases that accompanies the dialysis process?	Yes No	56 9	86.2 13.8	0.000
9	Should there be a periodic test for communicable diseases for workers every six months?	Yes No	50 15	76.9 23.1	0.00
10	Does the department need to isolate patients with communicable diseases and designate special equipment for them in case the sterilization and disinfection standards are applied to the tools and furniture?	Yes No	55 10	84.6 15.4	0.00

Again, when researchers asked thee health care worker about infection control as multiple choose or fail the blank question in table 3.3 that shows

The study finds significant statistical difference between answer of health care worker about infection control in all questions at P.value <0.05 except question "

What are the most important means by which communicable diseases are transmitted from one patient to another or to staff ……...? was statistical non-significant at P.value 0.059

The highest percentage of correct answer was found to be about question " What are the most important means by which communicable diseases are transmitted from one patient to another or to staff ……..?" was 49.2% while lowest percentage of correct answer found to be about question " What are the procedures after contact with any patient, or with blood, body fluids, or surfaces contaminated with blood ……? Was 43%

Table 3.3 knowledge assessment according to answer of MCQ about infection control.

No	Questions	Answer	Count	Percent	Sig
1	What are the procedures after contact with any patient, or with blood, body fluids, or surfaces contaminated with blood ……?	correct non correct	28	43%	0.0045
			36	57%	
2	What are the protective equipment used when dealing with patients undergoing kidney dialysis……?	correct	30	46.2%	0.049
		not correct	35	53.8%	
3	What are the materials used in cleaning and disinfecting, including surfaces and devices, in the dialysis unit……?	correct not correct	29	44.6%	0.001
			36	55.4%	
4	What are the most important means by which communicable diseases are transmitted from one patient to another or to staff ……..?	correct	32	49.2%	0.59
		not correct	33	50.8%	

Concerning to the overall assessment of knowledge of health care worker about infection control. The study found in figure 3.1 and table 3.4

highest percentage of participants (60%) have moderate knowledge about infection control while only (10.8%) of them have good knowledge. On the other hand, 29.2% of the participants have poor knowledge the main± SD (mode)of overall knowledge was 0.63 ± 0.14 (0.57)

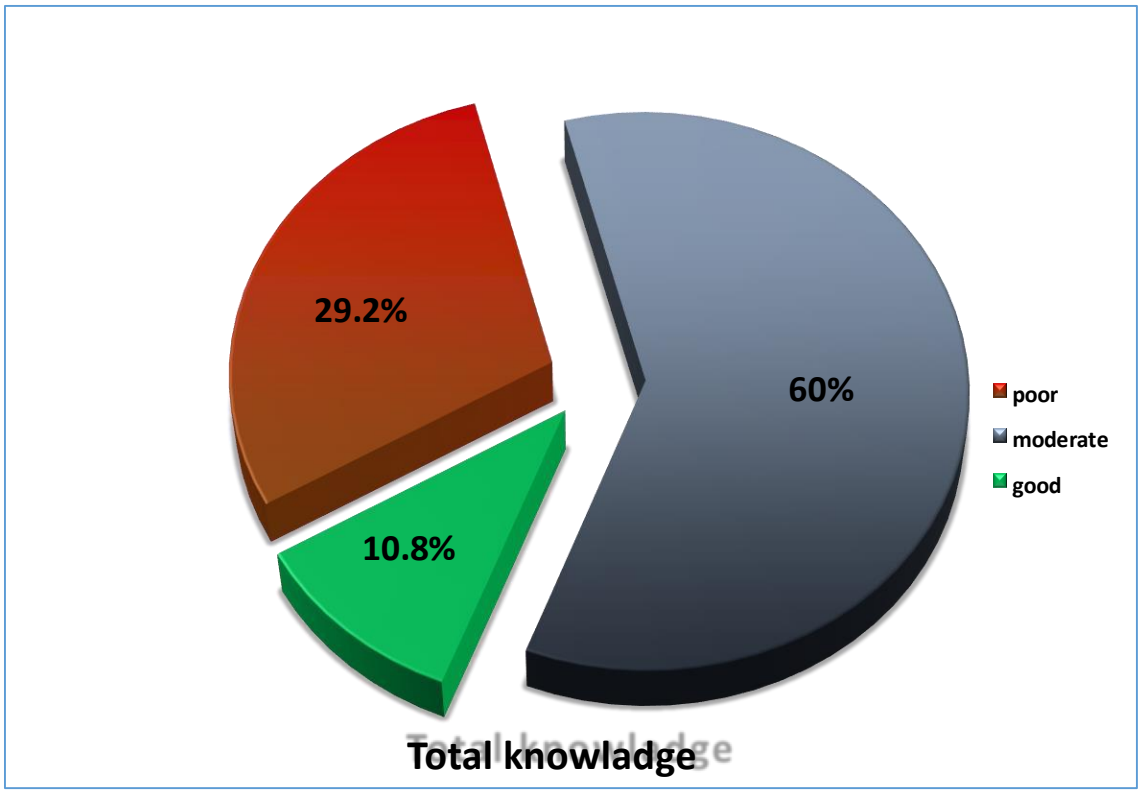

Figure 3.1 overall knowledge assessment of healthcare worker in hemodialysis center

Table 3.4: categorical of knowledge assessment about infection control

No	Knowledge assessment	Category	Count	Percent
1	**Knowledge Category**	poor moderate	19	29.2%
			39	60.0%
		good	7	10.8%

2	**Overall knowledge**	mean+SD(mode)	0.63 ± 0.14 (0.57)

3.3 Relationship between knowledge and study variables.

Perception and Confidence Regarding Relationship between knowledge and sex, training course, vaccination status, and job title.

Table 3.5 shows that there was statistical significant difference between sex of health care worker, the study found females staff have more knowledge at mean+SD (0.65± 0.110) about infection control compared to the male's staff at mean+SD (0.61± 0.171) with P.value =0.03

Table 3.5 relationship between knowledge assessment and sex of health care worker

No Knowledge	Sex	Statistic		95% Confic Interval		Sig
				Lower	Upper	
Overall 1 knowledge	Males	N	29			0.03
		Mean	0.61	0.52	0.66	
		Std. Deviation	0.171	0.111	0.233	
		Std. Error	0.031			
	Females	Mean		0.61	0.68	
		N	36			
		Mean	0.65	0.079	0.138	
		Std. Deviation	0.110			
		Std. Error				

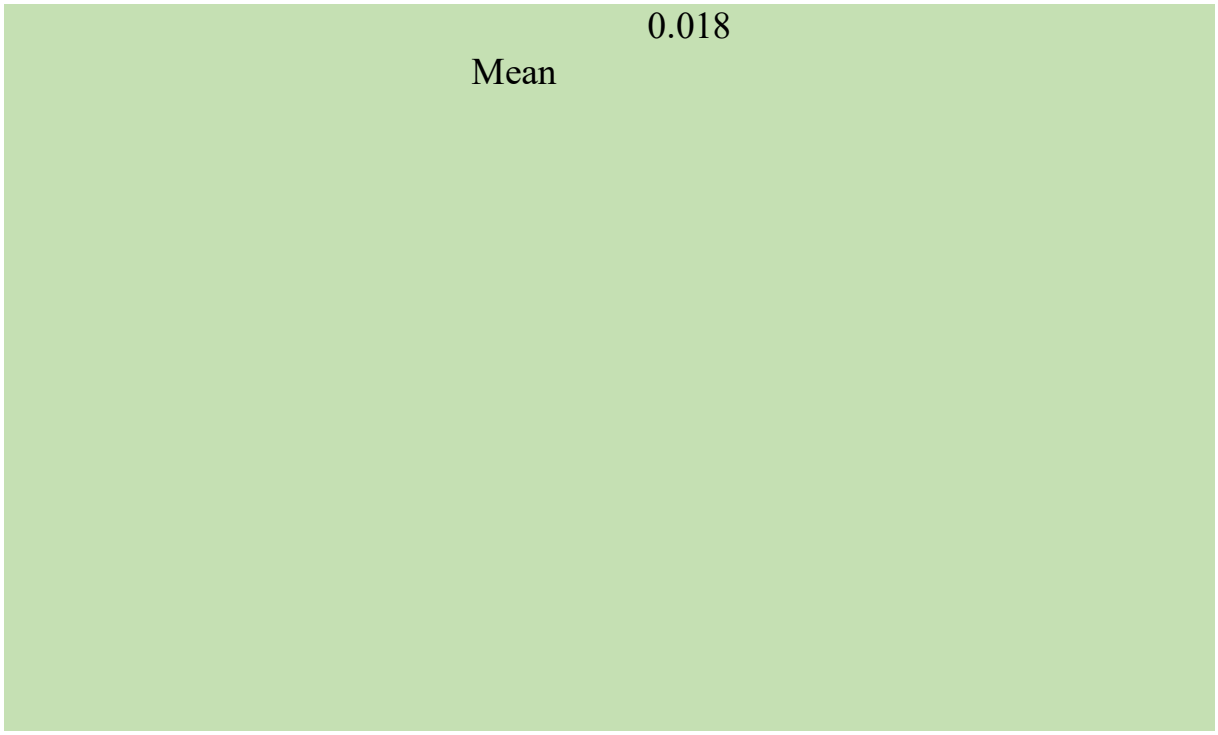

Table 3.6 shows

There was statistical significant difference between previous training course of health care worker and own knowledge of infection control, the study found tanning staff have more knowledge about infection control compared to the nontanning staff at P.value 0.0471 there was statistical non-significant difference or effect of vaccination status about their knowledge at p.value 0.196

Woldegioris et al., (2019) indicated that learning institutions, and having taken training in infection prevention were significantly associated with a nurse's knowledge. Furthermore, Balodimou et al., (2018) show that here is now a substantial link between nurses' educational level and their understanding.

Table 3.6 Relationship between knowledge assessment and training course, vaccination status of participants

Knowledge

No	Variables		poor	Moderate	good	chi-square	Sig
1	Training course	Yes	3	22	4	1.121a	0.0471
			10.6%	75.8%	13.7%		
		No	16	17	3		
			44.4%	47.2%	8.4%		
2	Vaccination status	Yes	10	25	2	3.257a	0.196
			27.0%	67.6%	5.4%		
		No	9	14	5		
			32.1%	50.0%	17.9%		

Chi-square test ,N=65,sig =significance >0.05

Table 3.7 shows there were statistical significant difference between job title of health care worker the study found nursing staff have more knowledge at mean+SD (0.66± 0.140) about infection control compared to the technical, and medical staff at mean+SD (0.54± 0.144), and (0.65± 0.070) with P.value =0.045

Table 3.6 Relationship between knowledge assessment and job title of participants

NO	Job title	N	Knowledg statistic					sig
			Mean	SD	Std. Error	Min	Maxi	
1	Nursing	46	0.6637	0.140	0.02	0.36	0.93	0.045
2	Technical	13	0.5495	0.144	0.039	0.14	0.71	
3	Medical	6	0.6548	0.070	0.028	0.57	0.71	
4	Total	65	0.633	0.141	0.017	0.14	0.93	

ONE –Way Anova test

Chapter four Conclusion& Recommendation

Chapter four

Conclusions and recommendations 4,1

conclusion

1. one to third of health care worker in Hussein hemodialysis center has poor knowledge about infection control
2. Half of health care worker in Hussein hemodialysis center doesn't complete their vaccination about hepatitis B vaccine
3. Training course about infection control can be effect to increase knowledge
4. Nursing staff most effect with infection in hemodialysis unite

4.2 Recommendation

1. Increase health promotion about the positive effect about infection control program to increase knowledge of staff about protected their self from infectious disease such (hepatitis B,C , HIV)
2. Encouragement of Al-Hussain hemodialysis staff to complete their vaccination status from HBVv
3. Increase future studies about effect of educational program for infection control on health care worker

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استبانة بحث

تقييم معرفة الكادر في مركز غسل وزراعة الكلى عن برنامج مكافحة العدوى

البيانات الأساسية				
العمر		مكان العمل (الوحدة)		
الجنس		ذكر	انثى	
مستوى التعليم				
العنوان الوظيفي				
عدد سنوات الخدمة في المركز فقط				
هل انت مدرب على برنامج مكافحة العدوى في مركز غسيل الكلى		نعم	كلا	
عدد دورات الاختصاص في برنامج مكافحة العدوى				
هل انت ملقح بثلاث جرعات عن مرضى التهاب الكبد الفيروسي نمط (ب)				
الإجابة عن الأسئلة التالية				المشاهدة
1	هل سبق وان سمعت عن مبادئ او سياسة مكافحة العدوى من قبل ؟	نعم	كلا	
2	هل القفازات تعطي حماية كامله ضد الامراض الانتقالية ؟	نعم	كلا	
3	هل تعطي عملية غسل اليدين بالماء والصابون او الكحول حماية كاملة ضد الامراض؟	نعم	كلا	
4	اثناء إعطاء الخدمات الطبية للمرضى هل تتعرض الى وخز بالأدوات الحادة	نعم	كلا	
5	هل ترتدي غطاء القدم عند الدخول إلى وحدة غسيل الكلى لغاية نهاية العمل	نعم	كلا	
6	هل يتم فحص المرضى الخاضعين الى غسل الكلى الى فحص الفيروسات مختبريا قبل كل مرة غسل	نعم	كلا	
7	هل يتم إعادة غطاء الإبرة (السرنجة) قبل الرمي في الحاويات المخصصة للأدوات الحادة	نعم	كلا	
8	هل هناك علامة مميزة او فصل بين المرضى والأجهزة المخصصة للمصابين بالأمراض الانتقالية التي ترافق عملية غسل الكلى	نعم	كلا	
9	هل يجب ان يكون هناك فحص دوري عن الامراض الانتقالية للكادر كل سته اشهر	نعم	كلا	
10	هل يحتاج القسم الى ضرورة فصل المرضى المصابين بالأمراض الانتقالية في ردهه خاصة وتحديد أجهزة خاصة لهم في حالة تطبيق الشروط القياسية للتعقيم والتطهير في الردهات ؟	نعم	كلا	
11	ما هو الاجراءات بعد الاتصال مع كل مريض و ملامسة الدم أو سوائل الجسم أو الأسطح/الإمدادات الملوثة بالدم.			
12	ما هي المعدات الوقائية التي تستخدم في حالة التماس مع المرضى الذين يخضعون لغسل الكلى			
13	ما المواد التي يتم استخدامها في تعقيم وتطهير شامل اللاسطح والاجهزة في محطة غسيل الكلى			
14	ما هي اهم الوسائل التي تنتقل بها الامراض الانتقالية من مريض الى اخر او للكادر			

ملخص

طاقم الرعاية الصحية هو حجر الزاوية في إدارة المرضى الذين يعانون من أمراض عالية الدقة بأمان في أماكن الرعاية الصحية. لديهم دور أساسي في كسر سلسلة العدوى من خلال الامتثال لممارسات الوقاية من العدوى ومكافحتها. لسوء الحظ ، تستخدم الممرضات أحيانا مناهج اختيارية لممارسات الوقاية من العدوى ومكافحتها وكان الهدف من هذه الدراسة هو تقييم معرفة العاملين في مجال الرعاية الصحية حول مكافحة العدوى

تم تنفيذ تصميم الدراسة المقطعية الوصفية لتحقيق الأهداف المعلنة. خلال الفترة من 1 أكتوبر 2024 إلى 27 يونيو 2025. يتم إنشاء استبيان منظم من خلال مراجعة شاملة للأدبيات ذات الصلة والبحوث والدراسات ذات الصلة يتم استخدام تقنية المقابلة وجها لوجه لجمع معرفة الموظفين فيما يتعلق بمكافحة العدوى

وكانت النتائج الرئيسية هي التقييم العام لمعرفة العاملين في مجال الرعاية الصحية حول مكافحة العدوى. أعلى نسبة من المستجيبين) 60٪(لديهم معرفة معتدلة حول مكافحة العدوى بينما فقط)8.10٪(منهم لديهم معرفة جيدة. من ناحية أخرى ، كان لدى 2.29 ٪ من المستجيبين معرفة ضعيفة كانت الحالة الرئيسية + التنمية المستدامة)الحالة(للمعرفة الشاملة 63.0 + 14.0(57.0)

وخلصت الدراسة إلى أن ثلث العاملين في مجال الرعاية الصحية في مركز حسين لغسيل الكلى لديهم معرفة ضعيفة بمكافحة العدوى ، وأن نصف العاملين في مجال الرعاية الصحية في مركز حسين لغسيل الكلى لا يكملون تطعيمهم بلقاح التهاب الكبد الوبائي ب

وزارة التعليم العالي والبحث العلمي
جـــامعة الفـــرات الأوسط التقنية
المـــعهد التقنـــي الطبـــي كـــوفة
قســـــم صحـــــة المـــجتمـــع

تقييم معرفة العاملين في مجال الرعاية الصحية حول مكافحة العدوى في مركز زرع وغسيل الكلى في مستشفى الصدر التعليمي في النجف الْشرف

بحث مقدم إلى

عمادة معهد التقني الطبي كوفة و لقسم تقنيات صحة المجتمع من أجل الحصول على شهادة دبلوم في تخصص تقنيات صحة المجتمع من قبل

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بأشراف

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