A STUDY TO EVALUATE THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING NOSOCOMIAL INFECTION AND ITS PREVENTION AMONG PATIENTS' ATTENDANTS AT SELECTED HOSPITALS OF BANGALORE

Ms. Lincy George* | Dr. Martha**

**Ph.D. Scholar, Himalayan University, Itanagar, Arunachal Pradesh, India.*

***Research Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India.*

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ABSTRACT

Infectious diseases are serious problem to world health. One of the important reasons for highdeath rate in developing countries is infectious diseases. The term communicable disease alsois used in place of infectious diseases, which means that disease can spread from one person toanother person. Hospitalized contamination or Nosocomial diseases are contaminations that are procured because of openness to microorganisms in a medical clinic setting. ***AIM:*** *To evaluate the effectiveness of planned teaching programme regarding nosocomial infection and its prevention among patients' attendants*

SETTINGS AND DESIGN: *A quantitative research approach was used. The pre-experimental one group pre-test post test design was used. The present study was conducted in the selected hospitals of Banglore among30 patient attendants. Non-probability purposive sampling techniques was used.*

RESULTS : *The present study indicates that in post-test the majority subjects76.66% (23) has adequate knowledge after the implementation of planned teaching program. Comparison between frequency and percentage distribution of knowledge level in pre-intervention and post- intervention among patient's attendants in pre-test it had been found that the majority subjects86.66% (26) has inadequate knowledge. After pre-test data accumulation the intervention planned teaching program was administrated. The frequency and percentage in post-test the majority subjects76.66% has adequate knowledge after the implementation of planned teaching program. The mean score has given a clear interpretation that after implementation of planned teaching program intervention the knowledge level of patient's attendant has improved. The pre-test mean and standard deviation is 34.90±3.70 and in post- test it was 46.73±4.60 and the mean difference of pre-test post-test is 11.83, here t-value stated10.854 and calculated p value was <0.001 which is lower than the pre-identified p value of <0.05, which suggested that provided intervention was effective. Mean and standard deviation comparison between pre-intervention and post-interventionknowledge level of patient's attendants revealed that the given intervention planned teaching program is an effective method to improve the knowledge level of patient's attendant. Hence,the research hypothesis H1 accepted by researcher at <0.05 level of significant.*

KEYWORDS : *Infectious, diseases, communicable, contamination, Nosocomial.*

ABOUT AUTHORS:

Author Ms. Lincy George is Research Scholar in Himalayan University, Itanagar, Arunachal Pradesh, India. She has attended various Seminars and conferences.

Author Dr. Martha is Research Supervisor in Himalayan University, Itanagar, Arunachal Pradesh, India.

INTRODUCTION

Nosocomial infection results from delivery of health service in a health care facility. Nosocomial infection is also known as hospital acquired infection or in generic terms health care associated terms.(Robert W. Bauman 2017) Hospitalized contamination or Nosocomial diseases are contaminations that are procured because of openness to microorganisms in a medical clinic setting. Medical care supplier frequently sends Nosocomial diseases from one patient to another through direct contact. Washing hands following taking care of patient also, techniques and utilizing defensive gear, for example, gloves structure the main line of guard in forestalling the spread of nosocomial diseases. Secluded diseases can be caused when the patient is brought into another region. Subsequently, care should be taken to change gloves and wash hands while moving from one undertaking to another. Around 20 million of 30 million patients conceded to the country's clinics every year, create clinic related (nosocomial) disease. Notwithstanding the impressive dismalness and mortality brought about by these diseases, their conclusion and treatment (counting extra-long stretches of hospitalization) cost more than 1 billion dollars per year.Sincethe turn of the century, critical changes have happened in the counteraction and control of transferable illnesses. Expanded information about causative living beings, advancement of inoculating specialists, also, more effective treatment with the presentation of anti-microbial have changed the nature and degree of the issue in numerous nations.(WHO 2019)

These contaminations are a critical issue in clinics in light of regular mediation and use of thatsidestep skin and mucosal hindrances, urinary catheters what's more, mechanical ventilation. The nosocomial diseases increment the span of study in clinic and furthermore the expense of treatment, by and large mortality property to nosocomial contamination is about 40%.(Diekhaus KD 1998).

The Indian Medical Association (IMA) has referred to government information that 87,000 HCWs have been contaminated and 573 of them have passed on because of Coronavirus. IMA'sown information represents 307 deaths among HCWs. A new report in the UK and the US, distributed in The Lancet, showed that HCWs have a triple more serious danger of testing positive for Coronavirus contrasted with everybody.

OBJECTIVE

1. To determine the post-test knowledge level regarding nosocomial infection among the patient's attendants following planned teaching programme.
2. To compare the pre and post teaching knowledge scores on nosocomial infection among patient's attendants.

REVIEW OF LITERATURE

Cancedda et al (2019) has published in their systematic review intitle with Implementation strategies for infection prevention and control promotion for nurses in Sub-Saharan Africa: a systematic review. This review aimed to synthesize and critique whatis known about implementation strategies to promote IPC for nurses in SSA. The databases, PubMed, Ovid/Medline, Embase, Cochrane, and CINHAL, were searched for articles with the following criteria: English language, peer-reviewed, published between 1998 and 2018, implemented in SSA, targeted nurses, and promoted IPC EBPs. Further, 6241 search results were produced and screened for eligibility to identify implementation strategies used to promote IPC for nurses in SSA. A total of 61 articles met the inclusion criteria for the final review. Authors concluded their review by stated that as infectious diseases, especiallyemerging and re-emerging infectious diseases, continue to challenge healthcare systems in SSA, nurses, the keystones to IPC practice, need to have a better understanding of which, in what combination, and in what context implementation strategies should be best utilized to ensure their safety and that of their patients.

Judith Hammerschmidt and Tanja Manser (2019) has published in their researched work in title with Nurses' knowledge, behaviour and compliance concerning hand hygiene in nursing homes: a cross-sectional mixed methods study. This study aimed to explore these influences of individual and organisational factors of hand hygiene in nursing home staff, with a particularfocus on the function of role modelling by nursing managers. This was a mixed-methods studysurveying 165 nurses and interviewing 27 nursing managers from nursing homes in Germany.Result of study revealed that most nurses and nursing managers held the knowledge of effectivehand hygiene procedures. Hygiene standards and equipment were all generally available but compliance to standards also depended upon availability in the immediate work area and role modelling. Study concluded that improving hand hygiene should focus on strategies that facilitate the provision of hand disinfectant materials in the immediate work area of nurses.

METHODOLOGY

A quantitative research approach was used. The pre-experimental one group pre-test post test design was used. The present study was conducted in the selected hospitals of Bangalore among30 patient attendants. Non-probability purposive sampling techniques was used.

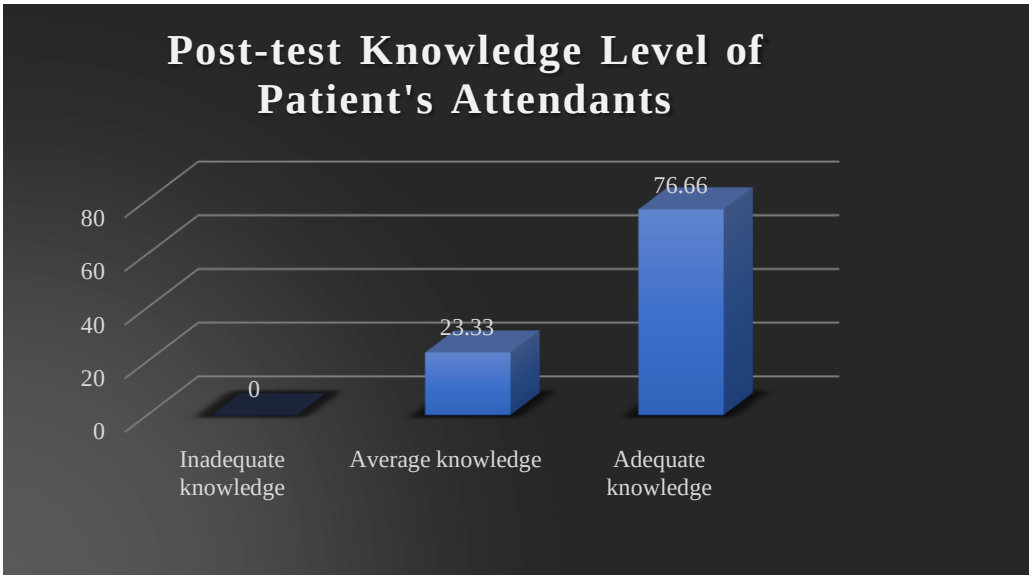
RESULTS

SECTION-I: FINDING RELATED TO POST-INTERVENTIONAL DATA ANALYSIS AMONG PATIENT'S ATTENDANTS.

Table 1: Frequency and Percentage distribution of knowledge level of patient attendantsat post-interventional stage:N-30

Knowledge Level	Frequency (F)	Percentage (%)
Inadequate knowledge	00	00
Average knowledge	7	23.33
Adequate knowledge	23	76.66

Present table indicated that in post-test the majority subjects 76.66% has adequate knowledge, then 23.33% were having average knowledge and none of the subject fall under inadequate knowledge after the implementation of planned teaching program.



Graph-1:Column chart representing post-intervention knowledge level among patientattendants

SECTION-II: FINDING RELATED TO EFFECTIVENESS OF PLANNED TEACHING PROGRAM AMONG PATIENT'S ATTENDANTS REGARDING NOSOCOMIAL INFECTION AND PREVENTION.

Table 2: Comparison between frequency and percentage distribution of knowledge levelin pre-intervention and post-intervention among patient's attendants: N-30

Level of Knowledge	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Inadequate knowledge	26	86.66	00	00
Average knowledge	3	10	7	23.33
Adequate knowledge	1	3.33	23	76.66

Table 2 indicated that in pre-test the majority subjects86.66% has inadequate knowledge,then 10% (3) were having average knowledge and very least 3.33% has reflected adequateknowledge level. After pre-test data accumulation the intervention planned teaching program was administrated. The frequency and percentage in post-test the majority subjects 76.66% has adequate knowledge, then 23.33% were having average knowledge and none of the subject fall under inadequate knowledge after the implementation of planned teaching program.

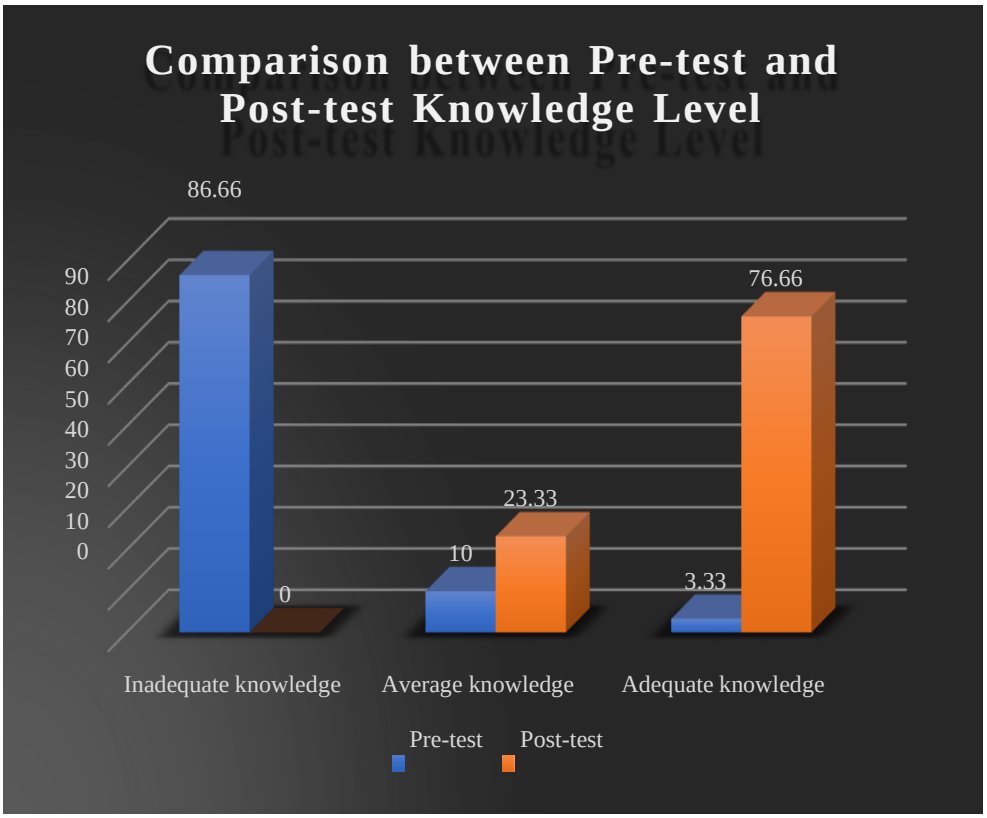
Table 3: Mean and standard deviation comparison between pre-intervention and post-intervention knowledge level of patient's attendants: **N-30**

Group	Mean	Std. Deviation	Mean difference	t value	P value	Non- significant/ Significant
Pre-test	34.90	3.70	11.83	10.854	<0.001	S
Post-test	46.73	4.60				

S-significant **p<0.05 level of significance**

Table 3 has shown that the mean score has given a clear interpretation that after planned teaching program intervention the knowledge level of patient's attendant has improved.Thepre-test mean and standard deviation is 34.90±3.70 and in post-test it was 46.73±4.60 andthe mean difference of pre-test post-test is 11.83, here t-value stated 10.854 and calculated p value was <0.001 which is lower than the pre-identified p value of <0.05, which suggested thatprovided intervention was effective.

Table 2 and 3 revealed that the given intervention planned teaching program is an effective method to improve the knowledge level of patient's attendant. Hence, the research hypothesis H1 accepted by researcher at <0.05 level of significant.



Graph-2 : Bar chart representing comparison between pre-test and post-test level ofknowledge among patient's attendants

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