



Ministry of higher Education
and Scientific Research
University of Babylon
College of Nursing



**Nurses' Knowledge Regarding Prevention of
operational Site Infection in Al. Hilla Teaching
Hospitals**

Graduation project Submitted to the Faculty of Nursing University of
Babylon as Part of the Requirement for Obtaining Bachelor's Degree
in Nursing

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
(يَأْيَهَا النَّاسُ قَدْ جَاءَتْكُمْ مَوْعِظَةٌ مِنْ رَبِّكُمْ وَشِفَاءٌ لِمَا فِي
الصُّدُورِ وَهُدًى وَرَحْمَةٌ لِلْمُؤْمِنِينَ)

صدق الله العلي العظيم

سورة يونس آية (٥٧)

الاهداء

قال تعالى (وَقُلِ اعْمَلُوا فَسَيَرَى اللَّهُ عَمَلَكُمْ وَرَسُولُهُ
وَالْمُؤْمِنُونَ .)

نهدي هذه الدراسة المتواضعة الى :-

إلى كل من أضاء بعلمه عقل غيره أو هدى بالجواب
الصحيح حيرة سائليه فأظهر بسماحته تواضع العلماء
وبرحابته سماحة العارفين .

إلى أولئك الذين يفرحهم نجاحنا ، ويحزنهم فشلنا
إلى مثال التفاني والإخلاص ، أبي الحبيب .

إلى من قدمت سعادتي وراحتي على سعادتها ، أمي الفاضلة
إلى كل من دعى لي بالخير .

شكر وتقدير

نقدم شكرنا وأمتناننا الى جميع من أعاتونا وساعدونا ،في
أخراج هذا البحث بفضلهم وجهدهم على الآراء القيّمة التي
أبدوها وخصوصاً مشرف البحث الأستاذ حسنين يحيى
شمران والى الهيئة التدريسية في القسم عموماً ،وراجين
من الله أن نكون قد أصبنا أكثر مما أخطأنا وأن يستفاد مما
بذلنا من جهود، آمليين أن نكون قد أعطينا الموضوع بعض
حقه،ونسأل الله ان يُعلمنا ما ينفعنا، وينفعنا بما علمنا .

...والله ولي التوفيق

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Abstract :

Background : A postoperative wound infection known as a surgical site infection (SSI) is seen as a complication of the operation or of the postoperative care given to the surgical site. An infection at the surgical site is one that appeared after surgery in the area of the body where the procedure was performed. Infections at the site of surgery can occasionally just affect the skin. Other, more serious surgical site infections might affect organs, tissues underneath the skin, or implanted material. (CDC (2012)).**Objectives** : The study aims to assess nurses' knowledge regarding prevention of operational site infection and to find relationship between knowledge and demographical and employment characteristic .**Methodology:** descriptive –observational study design carried out to assess the Nurses' knowledge regarding prevention of operational site infection in Al. Hilla teaching hospitals .purposeful sample from (120) nurses who working in the surgical units are selected related to special criteria.. **Results:** The findings indicated that the majority of the study sample, 107 (89.2 percent), was between the ages of 20 and 30, 85 (70.8%) was female, and the majority of the research sample, 54 (45 percent), was college degree, 61 (50.8%) were married . significant relationships was found between the III nurses knowledge with respect to prevention and their employment characteristics at $P \leq 0.05$ **Conclusion** : Regarding to the nurses knowledge with respect to prevention of operational site infection during their daily caring in the surgical units the statistical results show good level of knowledge with 65% from sample .**Recommendation:** A special manual focused on the policy of infection control should be prepared and distributed to the surgical units which provide direct care to the patients to improve the nurses competence related to safety measures.

Chapter one

Introduction

1.1:Introduction

A postoperative wound infection known as a surgical site infection (SSI) is seen as a complication of the operation or of the postoperative care given to the surgical site. An infection at the surgical site is one that appeared after surgery in the area of the body where the procedure was performed. Infections at the site of surgery can occasionally just affect the skin. Other, more serious surgical site infections might affect organs, tissues underneath the skin, or implanted material. (CDC (2012) .

There are too many potential risk factors for surgical site infections, including: 1) all operations involving the belly; 2) all procedures lasting longer than two hours; 4) Patients who had three or more co-morbidities when they left the hospital; 3) an unclean or infected wound site; and 4) patients. (Gould, D. (2012).

Patients who underwent lumpectomies or mastectomies were at a higher risk of developing surgical site infections due to factors such as high body mass index, reoperation, usage of post-surgical drain, and contaminated or filthy wound sites .The wellbeing of patients is a major concern for all medical personnel. Each one of them is involved in patient care. But for nurses, it is really important. In hospitals and other healthcare facilities, they offer their patients medical care services around-the-clock. Every hospital's "heart and soul" is said to be its nurses. The expertise and techniques of nurses are crucial in the fight against infections, which ultimately improves patient care (Sickder, H. K., et all; (2014).

It has been established that surgical site infections are a big issue that is harming patient safety and the standard of medical care. In underdeveloped nations like Pakistan, the incidence rate of surgical site infections is significant. Numerous studies have shown that healthcare professionals can spread these illnesses. Nurses make up the bulk of healthcare workers, and they are more likely to contract diseases for themselves as well as spread them to others. The spread of infection, especially in open wound/site surgeries, can be caused by nurses' inadequate understanding and poor standards of practice., The World

Health Organization (WHO) has outlined several measures in its guidelines for preventing surgical site infections. By following these recommendations, nurses can protect their patients' surgical sites from infection and advance their general well-being. These recommendations include refraining from pre-operative hair removal, pre-operative showering counseling, hand hygiene tips, early and proper antibiotic administration, pre- and post-operative glycemic control, wound management, nutritional assessment, and surgical site preparation. (Allegranzi, B., et al;(2016).

1.2: importance of study .

Surgical Site Infection (SSI), which accounts for 20% to 25% of all Healthcare-Associated infections, is one of the most prevalent forms of infections related to healthcare. It is an infection that develops within 30 days of surgery or for up to a year in surgical patients who have had an implant placed in an organ. It is estimated that 2-5% of patients experience surgical site infection. Patients who experience surgical site infection have a two-fold increased risk of dying than other postoperative patients, which increases morbidity, lengthens hospital stays, and costs more money. (Diaz, V.,2015).

It poses a serious risk to patients, is a major worry in the medical community, and is a substantial patient safety issue. It puts a significant financial strain on the healthcare system. Its prevention is recognized as a crucial element of high-quality patient care. (Wilson, J. (2016).

1.3 : Statement problem

Nurses' knowledge regarding prevention of operational site infection in Al. Hilla teaching hospitals

1.4: objectives :

- To assess demographical characteristics for study sample -
- To assess nurses' knowledge regarding prevention of surgical site infection

-To find relationship between nurses knowledge and demographical characteristics .

1.5: Terms definition

1.5.1.Nurses Knowledge

1.5.1.a. Theoretical: The ability to provide standardized healthcare to a person, family, and community is a skill of nurses. These skills relate to the expertise of these nurses. (Lucatorto et al., 2016).

1.5.1.b. Operational :The fact or condition of knowing of something concerning nurses' knowledge of therapeutic communication in cardiac care units.

1.5.2.The prevention of SSI

1.5.2.a. Theoretical: Relates to the extent of the nurses' cognitive ability to recall, comprehend, and apply cognitively the methods for SSI prevention in pre-operative care and post-operative care. Preoperative care includes maintaining personal hygiene and skin preparation, managing underlying illnesses, maintaining nutritional status, and administering antibiotic . prophylaxis. (Sickder, H. K. (2010).

1.5.2.b. Operational definition :Evidence-based approach preventing patients and health workers from being harmed by avoidable infections

Chapter two

Methodology

Chapter two :

Methodology

A quantitative study descriptive cross sectional design selected to carry out the study directed to assess the nursing knowledge related to prevention of operational site infection which consider a scientific framework to solve nurses problems from the period between (1 Sep-2022 to 8 Jan- 2023).

2.1.Setting

2.1.1.AL.Hilla teaching hospitals selected as arch field to collect the data to obtain the objectives of the study.

2.1.2.AL.Imam Sadeq teaching hospital selected as arch field to collect the data to obtain the objectives of the study

2.2.Sample of the study

A non-probability purposive sampling approach that recruited (120) surgical nurses from two public governmental hospitals (Al-Imam Al-Sadiq hospital, and Al-Hillah teaching hospitals) at Babylon city, Nurse selected as specific sample because they are assign to provide direct care to patients. for this purpose (120)nurses selected according to the following criteria.

1_ assigned as s nursing in the surgical units .

3_ nurses agree to participate in study.

2.3:Data collection:

In order to assess the knowledge regarding prevention of operational site infection for nurses who work in the surgical units , The questionnaire is divided to (3) parts: the first part consists of demographical characteristics ;the second part includes general information ; while the third part consists (20) items related to the prevention of operational site infection . The validity is obtained by (6

experts, and reliability ($r: 0.82$), that is statistically acceptable was obtained: The adopted scoring system which used is: (true =2 and false =1)

Chapter three

Results

Results

Table 1: Distribution of the study sample related to demographical characteristics

| | | Frequency | Percent |
|---------------------------|---------------|-----------|---------|
| Age | 20-30 | 107 | 89.2 |
| | 31-40 | 9 | 7.5 |
| | 41-50 | 4 | 3.3 |
| | Total | 120 | 100.0 |
| Gender | female | 85 | 70.8 |
| | male | 35 | 29.2 |
| | Total | 120 | 100.0 |
| Educational status | secondary | 20 | 16.7 |
| | institution | 44 | 36.7 |
| | college | 54 | 45.0 |
| | Post graduate | 2 | 1.7 |
| | Total | 120 | 100.0 |
| Marital status | single | 61 | 50.8 |
| | married | 56 | 46.7 |
| | divorce | 3 | 2.5 |

Table (1): This table demonstrated the demographical characteristics of the study sample, the results recorded that the higher percentage 107 (89.2%) were between age group (20-30)years old, related to gender most of the sample 85 (70.8%) were female, also the high percentage 56 (46.7) were married related to marital status ,related to educational status most of study sample 54 (45.0) were college.

Table 2: Distribution of the study sample related to employment characteristics

| Variables | | Frequency | Percent |
|-----------------------------|------------------|-----------|---------|
| Training courses | no | 62 | 51.7 |
| | yes | 58 | 48.3 |
| | Total | 120 | 100.0 |
| Years of experience | less than 5years | 86 | 71.7 |
| | 6-10 | 27 | 22.5 |
| | 11-15 | 7 | 5.8 |
| | Total | 120 | 100.0 |
| Experience in surgical unit | less than 1 year | 65 | 54.2 |
| | 1-3 | 27 | 22.5 |
| | 4-6 | 21 | 17.5 |
| | 7-10 | 7 | 5.8 |
| | Total | 120 | 100.0 |

Table (2): this table demonstrated the employment characteristics of the study sample, the results recorded that the higher percentage 62 (51.7%) with out training course related to infection control, related to Years of experience most of the sample 86 (71.7%) less than 5 years , also the high percentage 65 (54.2) less than 1 year in surgical unit .

Table 3: knowledge of the study sample related to prevention of operational site infection

| Items | | F | % | Mean | St. deviation | Assess-ment |
|--|-------|-----|-------|------|---------------|-------------|
| 1. Which one is the best method for pre-operative shaving? | false | 75 | 62.5 | 1.38 | .486 | Poor |
| | True | 45 | 37.5 | | | |
| | Total | 120 | 100.0 | | | |
| 2. When is the best time for pre-operative hair removal? | false | 71 | 59.2 | 1.41 | .494 | Poor |
| | True | 49 | 40.8 | | | |
| | Total | 120 | 100.0 | | | |
| 3. Which one is the best agent for pre-operative skin preparation? | false | 47 | 39.2 | 1.61 | .490 | Good |
| | True | 73 | 60.8 | | | |
| | Total | 120 | 100.0 | | | |
| 4. What is the purpose for pre-operative skin preparation? | false | 22 | 18.3 | 1.82 | .389 | . Good |
| | True | 98 | 81.7 | | | |
| | Total | 120 | 100.0 | | | |
| 5. How would you as a nurse disinfect surgical site before surgery? | false | 18 | 15.0 | 1.85 | .359 | . Good |
| | True | 102 | 85.0 | | | |
| | Total | 120 | 100.0 | | | |
| 6. Which one is true answer for prophylaxis antibiotic? | false | 18 | 15.0 | 1.85 | .359 | . Good |
| | True | 102 | 85.0 | | | |
| | Total | 120 | 100.0 | | | |
| 7. When should the nurse administer prophylaxis antibiotic to surgical patients? | false | 77 | 64.2 | 1.36 | .482 | Poor |
| | True | 43 | 35.8 | | | |
| | Total | 120 | 100.0 | | | |
| 8. What is the purpose of pre-operative showering? | false | 30 | 25.0 | 1.75 | .435 | Good |
| | True | 90 | 75.0 | | | |
| | Total | 120 | 100.0 | | | |
| 9. What is the best skin agent for pre operative showering to prevent surgical site infection? | false | 21 | 17.5 | 1.82 | .382 | Good |
| | True | 99 | 82.5 | | | |
| | Total | 120 | 100.0 | | | |
| 10. What is the best antiseptic solution to disinfect the surface of dressing | false | 37 | 30.8 | 1.69 | .464 | Good |
| | True | 83 | 69.2 | | | |
| | Total | 120 | 100.0 | | | |

| | | | | | | |
|---|-------|-----|-------|-------|---------|------|
| 11. Which is the correct purpose for surgical hand washing? | false | 8 | 6.7 | 1.93 | .250 | Good |
| | True | 112 | 93.3 | | | |
| | Total | 120 | 100.0 | | | |
| 12. Which are the correct steps of hand washing? | false | 30 | 25.0 | 1.75 | .435 | Good |
| | True | 90 | 75.0 | | | |
| | Total | 120 | 100.0 | | | |
| 13. Which one is the correct answer for the benefit of wound dressing? | false | 12 | 10.0 | 1.90 | .301 | Good |
| | True | 108 | 90.0 | | | |
| | Total | 120 | 100.0 | | | |
| 14. When do you change the surgical wound dressing? | false | 95 | 79.2 | 1.21 | .408 | Poor |
| | True | 25 | 20.8 | | | |
| | Total | 120 | 100.0 | | | |
| 15. How do you select dressing solution? | false | 44 | 36.7 | 1.63 | .484 | Good |
| | True | 76 | 63.3 | | | |
| | Total | 120 | 100.0 | | | |
| 16. Which one is the correct answer for surgical patients with compromised immune system? | false | 23 | 19.2 | 1.81 | .395 | Good |
| | True | 97 | 80.8 | | | |
| | Total | 120 | 100.0 | | | |
| 17. How do you prevent infection of patients with immunodeficiency disorder? | false | 88 | 73.3 | 1.27 | .444 | Poor |
| | True | 32 | 26.7 | | | |
| | Total | 120 | 100.0 | | | |
| 18. Which statement is correct for diagnosis of surgical site infection? | false | 89 | 74.2 | 1.26 | .440 | Poor |
| | True | 31 | 25.8 | | | |
| | Total | 120 | 100.0 | | | |
| 19. Which answer is a good sign of no surgical site infection? | false | 71 | 59.2 | 1.41 | .494 | Poor |
| | True | 49 | 40.8 | | | |
| | Total | 120 | 100.0 | | | |
| 20. Which laboratory is used to ensure SSI? | false | 59 | 49.2 | 1.51 | .502 | Good |
| | True | 61 | 50.8 | | | |
| | Total | 120 | 100.0 | | | |
| General mean and standard deviation | | | | 1.611 | 0.42465 | Good |

MS(Poor knowledge =1-1.49),(Good knowledge = 1.5-2)

Table (3.) indicated that most of the basic knowledge related to prevention of operational site infection results recorded low mean score in the following items (1,2,7,17,18and 19). while item (3,4,5,6,8,9,10,11,12,13,14,15,16and 20) recorded good level, The overall level of nurses knowledge were recorded good (1.611±0.42465).

Table 4:Association between overall practices of the Nurses and their demographical characteristics

| No | Parameters | Chi square value | DF | Significance |
|----|--------------------|---------------------|----|--------------|
| 1 | overall knowledge | 43.686 ^a | 26 | .016 S |
| | Age | | | |
| 2 | overall knowledge | 15.991 ^a | 13 | .250 NS |
| | Gender | | | |
| 3 | overall knowledge | 38.104 ^a | 39 | .511 NS |
| | Educational status | | | |

Table (4.) shows that there is no relationship between nurses knowledge and demographical characteristics while significant relationship with age were distributed in $P \leq 0.05$.

Table 5:Association between overall practices of the Nurses and their employment characteristics

| No | Parameters | Chi square value | DF | Significance |
|----|-----------------------------|---------------------|----|--------------|
| 4 | overall knowledge | 45.722 ^a | 26 | .010 S |
| | Years of experience | | | |
| 5 | overall knowledge | 53.780 | 39 | .058 S |
| | Experience in surgical unit | | | |
| 6 | overall knowledge | 11.919 | 13 | .057 S |
| | Training | | | |

Table (4.) shows that there is relationship between nurses knowledge and the employment characteristics were distributed \in P ≤ 0.05.

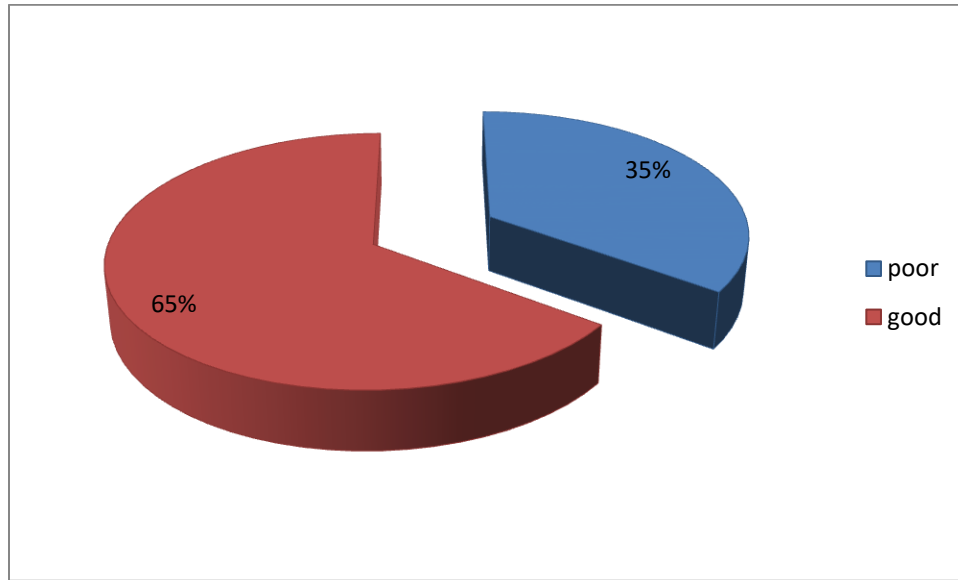


Figure 1: overall knowledge related to prevention of operational site infection

This figure shows that the level of the nurses knowledge recorded good level regard to prevention of operational site infection .

Chapter four

Discussion

Discussion

These papers will presents an abstract interpretation over logical lattices and reasonable driven argumentation for statistical outcomes which were supported by the available literatures, and the researchers opinion. Results of the study will be interpret according to the study objectives.

Part 1: Statistical characteristics of the studied population. A study conducted in 2017 by Haleema Sadia, et al. regarding nurses' knowledge and practices regarding prevention of surgical site infection during their work reveals that the age of the nurses who participated in the study was (20–25) years. The results of the data analysis path indicate that about (89.2) were between (20–30) years old. Most of the study sample in Haleema Sadia, et al;2017 . sample was female, as were the majority of the sample. The majority of the sample (45.0%) had high educational levels (bachelor's and postgraduate), which is consistent with a 2017 study conducted in Jordan by Al Mahmoud N, et al. on knowledge of preventing surgical site infections in acute care.. The majority of the sample (50.8%) was single, according to the results, however according to (Al Mahmoud N, et al., 2017), the majority (54%) was married. This discrepancy can be attributed to the fact that the healthcare practitioners included in this study were young and just graduated.

Part II: This table showed the employment characteristics of the study sample. The results showed that the higher percentage 62 (51.7%) did not complete an infection control training course, the majority of the sample (86 (71.7%) had less than five years of experience, and the surgical unit had the highest percentage 65 (54.2) less than one year of experience. Another study (Al Mahmoud N, et al., 2017) showed the percentage 75% did not complete a training course, supported by 39.7% less time on the job.

Part II: Revealed that the following items' poor mean scores for most of the basic information relevant to preventing operational site infections (1,2,7,17,18and 19). The total level of nurses' knowledge was recorded as

good (1.611 0.42465), even though item (3.4.5.6.8.9,10,11,12,13,14,15,16and 20) had good levels. Al Mahmoud N. et al2017 .s study, when broken down, reveals a low degree of understanding.

Healthcare professionals need educational and training programs, appropriate environments, and facilities to knowledge properly. Continuous monitoring and evaluation are also necessary to maintain correct knowledge and practices in order to improve quality of care and patient safety. Infection control measures and its compliance issue frequently require special knowledge and training for the move

Table (4.) proves a connection between nurses' knowledge and the occupational qualities, which were dispersed in P 0.05. According to a 2013 study by Haleema Al-Ghabeesh, S.H., et al., there were statistically significant correlations between all of the selected personal characteristics measured at the continuous level: age, total nursing work experience, total surgical care unit work experience, number of credit hours in surgical training courses, and monthly income. Age, total years of employment, and income were all substantially associated ($p > 0.01$) with one another..

As the finding which presented in the tables and analyzed in chapter three and four the researcher accept the questions which estimated that there is significance relationships between nurses knowledge and formal training in infection control. The data clearly reported that the formal training play as effective factors to improve nurses knowledge in patient safety.

Chapter five

Conclusion and recommendations

Conclusion:

The conclusion of this study results maybe crystalized as the following:

-Most of the study sample who agree to participate in the study were female, single, between (20-30) years of age, holding highly educational levels and urban area resident.

-The majority of the study sample were nurses who have an experience in the surgical unit with ≤ 5 years. Regarding to the nurses knowledge with respect to the infection control measures during their daily caring in the surgical units the statistical results show good level of knowledge .

No significant relationships found between the healthcare providers practices and their demographical characteristics related to (gender, and educational level) except their age .

Only significant relationship found between the nurses knowledge and the hospital they work, while no relationship found between their years of experience and knowledge.

Recommendations :

According to the results of the study it is beneficial to suggest the following recommendations:

- 1- Effective educational program should take place for all nurses by task based strategies to utilize the knowledge.
- 2- Establishing infection control team in each acute health care facility to reduce and prevent cross – infection through implementing infection control recommendations.
- 3- Enhancing the policies related to infection control measures by continuous monitoring, encouraging and motivating healthcare providers to adhere infection control knowledge to maintain self and patient safety.

Chapter six

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Appendices

Appendix 1

مجلس التعليم العالي
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Appendix 2 Questionnaire

The questionnaire is composed of three parts: part A, part B, and part C.

Part A: Demographic Data Profile

Please answer the following questions and give the mark (x) on the parenthesis and fill in the blank area

1. Age years

2. Gender:

Male ()

Female ()

3. Marital
status:

Single ()

Married ()

Separated ()

Widowed ()

Divorced ()

4. Educational level:

Secondary school ()

Institution ()

College ()

Post graduate ()

◦.Name of duty ward:

Male surgical ward ()

Female surgical ward ()

Postoperative ward ()

Orthopedics ward ()

∓.Service experience:

Less than 5 years ()

6-10 years ()

11-15 years ()

16 -20 years ()

Above 20 years ()

∕.Working experience in this surgical ward years

∕.Have you ever attend any training courses regarding infection control?

No ()

Yes ()

If yes, mention the number of infection control training courses attend.....

Part B: Knowledge of Prevention of Surgical Site Infection .

1. Which one is the best method for pre-operative shaving?
 - a. Razor shaving method
 - b. Depilatory shaving method
 - c. Clipping shaving method

2. When is the best time for pre-operative hair removal?
 - a. On night preoperatively
 - b. In the morning on the day of surgery
 - c. Immediately before operation

3. Which one is the best agent for pre-operative skin preparation?
 - a. Alcohol-based products
 - b. Clorhexidine gluconate
 - c. Betadine scrub

4. What is the purpose for pre-operative skin preparation?
 - a. To prevent or inhibit bacterial growth
 - b. To prevent or inhibit viral growth
 - c. To prevent or inhibit fungal growth only

5. **How would you as a nurse disinfect surgical site before surgery?**
 - a. Applying a broad spectrum antiseptic
 - b. Applying soap
 - c. Applying savlon solution

6. **Which one is true answer for prophylaxis antibiotic?**
 - a. Prophylaxis antibiotic is an important medication for preventing surgical site infection
 - b. Prophylaxis antibiotic is less important medication for preventing surgical site infection

c. Prophylaxis antibiotic is not important medication for preventing surgical site infection

7. When should the nurse administer prophylaxis antibiotic to surgical patients?

a. Prophylaxis antibiotic is applied 30 to 60 minutes before operation.

b. Prophylaxis antibiotic is applied 2 hours before operation.

c. Prophylaxis antibiotic is applied 15 minutes before operation

8. What is the purpose of pre-operative showering?

a. To reduce the skin's microbial infection

b. To promote comfort

c. To prevent the bacterial growth

9. What is the best skin agent for pre-operative showering to prevent surgical site infection?

a. Tap-water

b. Anti-bacterial soap

c. Herbal- Soap

10. What is the best antiseptic solution to disinfect the surface of dressing trolley?

a. 70% ethyl alcohol with 0.5% chlorhexidine solution

b. 0.5% chlorhexidine solution c. 70% ethyl alcohol

11. Which is the correct purpose for surgical hand washing?

a. Reduce the risk of surgical site infection

b. Increase the risk of surgical site infection

c. Reduce the risk of dryness of nurses' hands

12. Which are the correct steps of hand washing?

a. Wet your hands, rinse, and dry

b. Wet your hands, apply antiseptic agent, rinse, dry with a paper towel

c. Wet your hands, apply soap, and rinse

13. Which one is the correct answer for the benefit of wound dressing?

a. Dressing absorbs exudates

b. Dressing does not absorb exudates

c. Dressing decreases wound pain

14. When do you change the surgical wound dressing?

a. Within 24 hours after surgery

b. When a dressing material (gauze) presents with a lot of exudate

c. When a surgeon orders

15. How do you select dressing solution?

a. Based on wound-based characteristics

b. Based on size of the wound

c. Based on depth of the wound

16. Which one is the correct answer for surgical patients with compromised immune system?

a. More vulnerable for risk of surgical site infection

- b. Have normal immune function
- c. Have no risk to develop surgical site infection

17. How do you prevent infection of patients with immunodeficiency disorder?

- a. Eat fresh fruits and fresh vegetables
- b. Eat well-cooked food
- c. Drink tap water

18. Which statement is correct for diagnosis of surgical site infection?

- a. Surgical site infection occurs within 30 days after operation
- b. Incision culture is negative
- c. Patient has fever within the first 3 days after operation

19. Which answer is a good sign of no surgical site infection?

- a. No discharge, no fever
- b. No discharge, edema of the skin around the wound
- c. No discharge, open suture line

20. Which laboratory is used to ensure SSI?

- a. Swab culture investigation
- b. Blood culture investigation
- c. Urine culture investigation

Appendix 3

قائمة خبراء

| اسم الخبير | اللقب العملي | الاختصاص | مكان العمل | سنوات الخبرة |
|--------------------------|--------------|---------------------------------|------------|--------------|
| • امين عجيل ياسر | استاذ | دكتور تمرير صحة المجتمع | جامعة بابل | ٣٨ سنة |
| • سحر ادهم | استاذ | تمرير بالغين | جامعة بابل | ٣٤ سنة |
| • علي احمد كاظم | مدرس | تمرير صحة نفسية | جامعة بابل | ١٤ سنة |
| • امنه عبد الحسن | مدرس | تمرير بالغين | جامعة بابل | ٣ سنة |
| • انيس فليح عبد الحسن | مدرس مساعد | تمرير بالغين | جامعة بابل | ٩ سنة |
| • زمن احمد | مدرس مساعد | تمرير الصحة النفسية والعقلية | جامعة بابل | ٩ سنة |

الخلاصة

الخلفية العلمية: يُنظر إلى عدوى الجرح بعد العملية الجراحية المعروفة باسم عدوى الموقع الجراحي (SSI) على أنها مضاعفة للعملية أو الرعاية بعد الجراحة المقدمة إلى موقع الجراحة. العدوى في موقع الجراحة هي التي ظهرت بعد الجراحة في منطقة الجسم التي أجريت فيها العملية. يمكن أن تؤثر العدوى في موقع الجراحة أحياناً على الجلد فقط. قد تؤثر التهابات الموقع الجراحية الأخرى الأكثر خطورة على الأعضاء أو الأنسجة الموجودة تحت الجلد أو المواد المزروعة. (CDC (2012).

الأهداف: تهدف الدراسة إلى تقييم معرفة الممرضات فيما يتعلق بالوقاية من عدوى الموقع التشغيلي وإيجاد علاقة بين المعرفة والخصائص الديموغرافية والتوظيفية. **طريقة العمل:** تم اختيار عينة هادفة من (١٢٠) ممرضاً يعملون في الوحدات الجراحية وفقاً لمعايير خاصة .

النتائج: أشارت النتائج إلى أن غالبية عينة الدراسة ١٠٧ (٨٩,٢٪) ، تتراوح أعمارهم بين ٢٠ و ٣٠ سنة ، ٨٥ (٧٠,٨٪) كانت من الإناث ، وكانت غالبية عينة البحث ٥٤ (٤٥٪) شهادة جامعية ، ٦١ (٥٠,٨٪) متزوجون. معرفة الممرضات الثالث فيما يتعلق بالوقاية وخصائص التوظيف في P 0.05

الاستنتاج: فيما يتعلق بمعرفة الممرضات فيما يتعلق بالوقاية من عدوى موقع التشغيل أثناء رعايتهن اليومية في الوحدات الجراحية ، تظهر النتائج الإحصائية مستوى جيد من المعرفة بنسبة ٦٥٪

التوصيات: يجب إعداد دليل خاص يركز على سياسة مكافحة العدوى وتوزيعه على الوحدات الجراحية التي تقدم رعاية مباشرة للمرضى لتحسين كفاءة الممرضات فيما يتعلق بإجراءات السلامة.



وزارة التعليم العالي والبحث
العلمي
جامعة بابل / كلية التمريض



معرفة الممرضين باتجاه الوقاية من عدوى الموقع الجراحي
في مستشفيات الحلة التعليمية

مشروع تخرج مقدم لكلية التمريض جامعة بابل ضمن متطلبات الحصول على
درجة البكالوريوس في التمريض

اعداد

زينب حسين هاشم

زينب حسين عمران

زينب حيدر طالب

اشراف

م.م حسنين يحيى شمran

شوال ١٤٤٤

مارس ٢٠٢٣