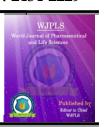


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# A REVIEW OF AWARENESS, ATTITUDE AND PERFORMANCE OF THERAPEUTIC & HYGIENIC PERSONNEL OF DIDACTIC HOSPITALS IN KERMAN FOR OBSERVING THE PRINCIPLES OF PREVENTING THE FLU IN 2015.

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#### **ABSTRACT**

**Introduction:** Flu as a diverse and viral disease can involve upper and lower respiratory tract and distribute easily and extensively. The aim of this study is considering awareness, attitude and performance of therapeutic and hygienic personnel in Kerman didactic hospitals in observing the principles of preventing the Flu in 2015. **Methodology:** This study is sectional which has done in 2015 and the research society is all personnel of didactic hospitals of Kerman, the tool of gathering

data is a self-made inventory including 10 demographic questions and 37 questions related to the field, awareness, attitude and performance. Statistical data was gathered by SPSS22 software and were analyzed by the use of 2- statements, Fridman and Khi tests. **Findings:** In this study 384members of the personnel completed the inventory. Awareness, attitude and performance of health and hygiene personnel in observing the principles of preventing HIN1 flu is evaluated good and acceptable. **Conclusion:** High level of awareness, positive attitude and proper performance by therapeutic and hygienic personnel, show a bright view to observing the principles of preventing HIN1 flu. As while they still need more and better

training and doing intervention programs to promote knowledge level, attitude and performance of the personnel.

**KEYWORDS:** awareness, attitude, performance, hospital personnel, HIN1 flu, prevention.

#### INTRODUCTION

Flu as a diverse viral disease can involve upper and higher respiratory tract and distribute easily and extensively. The first epidemic of HIN1 flu was at 21<sup>st</sup> century and according to the disease domain development to some continents and in 21<sup>st</sup> of khordad in 2009, 6th phase of epidemic was announced by the world health organization (WHO). This disease in the first days of epidemic was known as Swine flu and then was called HIN1 by WHO .Flu virus is transferred from sick people to others in 24 hours and 5-7 days after emergence of clinical symptoms although this disease usually has a slight trend but in high risk groups such as elderly people, pregnant women, children, cardiovascular patients, asthma, diabetes, cancer, those with poor safety system and in some types of flu like hyper acute avian flu may have a serious and deadly trend.

The methods of entering flu virus to the body are like other seasonal flues and mostly by the big particles that throw through cough and sneeze to 60 feet or nearer than it. Touching dirty surfaces and drop particles which are called respiratory transmission is two of the other ways. It is not specified that there is possibility of transmission through eyes, conjunctiva and digestive system. All the respiratory secretions and body liquids may be infective. More than 2000 person are hospitalized in USA hospitals because of seasonal flu or its effects and 36000 people die because of it; However there is no exact statistics in our country.

Recent pandemic of HIN1 flu in 2009 involved all the continents and world countries and it was a unique phenomenon. This pandemic caused death of at least 16000people all over the world and had vast economic, social, psychological, effects.

Experiments of this phenomenon showed that a large population of the patients referred to hospitals intentionally or unintentionally and t was apparent in Iran and Kerman hospitals and their recourses were doubt in having HIN1 flu.

The above facts and evident role of hospital personnel in different countries in dispersion of flu, epidemic and hospital infections which cause serious results show considerable role of hospital personnel confronting with flu. First they catch the disease and then transmit it to

their other colleagues, patients and their families, especially in triage contact, separation of flu patients in entering and exiting and hospitalizing other patients; total separation of flu ills is not possible. So high risk patients who refer to hospital for other causes or because of getting flu from hospital personnel, their disease trend may be intensified and they have poor prognosis.

With regard to above mentioned facts WHO and disease control and prevention center of USA (CDC) and most of the other famous therapeutic and hygienic centers in the world emphasized on making therapeutic and hygienic personnel of hospitals safety against flu and according to existing limitations in producing the flu vaccine, these groups are high risk in catching and transmitting flu and they are at the head of vaccination against flu.

In country protocol of stopping flu, preventing and therapeutic actions are advised in 4 levels. These 4 levels are: actions advised for the patients (high risk groups) having a hygienic environment and epidemic actions. Although using drugs, and immunizing, is useful towards preventing diseases, but this is expensive, and, on the other hand, drugs have their own complications. Observance of primary hygiene principles needs less cost and has no complication.

Current study reviews awareness, attitude and performance rate of hygienic and therapeutic personnel in Kerman didactic hospitals in observing the principles of preventing HIN1 flu to define awareness rate and behavior patterns of the personnel and giving necessary suggestions to promote hygienic services level.

#### **METHODOLOGY**

Current sectional research was done in didactic hospitals of Kerman related to medical science university in 2015. In this research all of the hygienic and therapeutic at hospitals (Shafa, Afzalipoor, and Bahonar) were studied. The necessary sampling size with awareness, attitude and performance in observing the principles of preventing the Flu in hospital personnel estimation of 10%, confidence 95% and d=1% (error) by the use of Cocoran formula, were 384 people.

Gathering tool was a self- made inventory that its visual transcendence was acceptable based on some epidemiology and infection specialists and its stability was inventory repetition in a small sample and was confirmed by Alpha Cronbach conclusions (0.79). This inventory has 4

sections. The 1<sup>st</sup> section includes demographic data, 2<sup>nd</sup> section is related to awareness domain (10 questions), 3<sup>rd</sup> section is about attitude domain (10 questions) and the 4<sup>th</sup> is related to performance (17 questions).

Participation of people in this study was conventionally and after explaining goals of this study and getting their oral satisfaction and giving confidence to them from secrecy observance, the questionnaire dispersion among them and after completion it was gathered and the questions were coded in answer sheets, the information entered SPSS2 software and analyzed by descriptive statistics.(abundance, average, drawing tables) analytical statistics (2-statements, Fridman and Khido tests) and the meaningful level of 0.05 were considered.

#### **FINDINGS**

This research showed that 228 ones (59.4%) of 384 people of the sample were women and 156 (40.6%) were men. From the age aspect, 163 (42.2%) of 384 were 25-35 years old, 128 (33.3%) were 35-45, 81 (21.1%) were 45-55 and 12 (3.1%) were 55 years old or more. Also 113 (29.4%) of total sample were single (38%) and 271 ones (70.6%) were married.

From the point of view of employment, 146(38%) of 384 were formal, 116 (30.2%) were contractual, 98 ones (25.5%) were conventional and 24 were projective. From education aspect 92 (24%) were diplom, 191 (49.7%) were B.A. degree, 54 (14.1%) were M.A. degree and 47 (12.2%) were P.H.D.

From the point of view of work experience, 109 ones (28.4%) had less than 5 years, 94 (24.5%) had 5-10 years, 80 (20.8%) had 11-15 years,55 (14.3%) had 16-20 years and 42 (12%) were more than 20 years.

In job shift 205 ones (53.4%) of 384 were at stable shift and 179 (46.6%) were at changeable shift.

From personnel title aspect, 42 ones (0.9%) were doctors, 256(66.7%) were nurses, 46 (12%) were laboratory personnel and 40(10.4%) were paramedic. In gob situation, 72 ones(18.8%) of total sample were at ICU, CCU, 48 (12.5%) at screen section, 44 (11.5%)at internal section, 60(15.6%) at surgery, 19 (4.9%) at children, 45 (11.7%) at laboratory and 96 (25%) at other sections.

In considering awareness rate according to the scores, 372 ones (96.9%) answered correct, 11 (2.9%) incorrect and 1 person answered "I don't know" (0.3%) about observing the principles of preventing the Flu. (table1)

In answering to attitude questions among 384 answerer, 345 (89.8%) answered "I agree" and 36(9.4%) answered "I disagree" and 3 (0.8%) answered no comments.

In considering personnel performance rate, among 384 answerers, 364 ones (94.8%) answered yes and 20 (5.2%) answered no.

#### **DISCUSSION**

Flu as a viral disease can transmit from patients to others easily and vastly even if there is no clinical complication. This disease may have deadly effects on high risk groups such as elderly people, pregnant women, cardiovascular patients, asthma, diabetes, cancer or those with poor safety system. But flu transmission from patients to the personnel and then to other patients or those hospitalized or hospital colleagues and their families. Many evidences indicate that hospital personnel play role in occurrence of flu outburst and hospital infection which results in fatalities.

So this study is designed and done for expression of the existing statues awareness, attitude and performance of hygienic and therapeutic personnel of Kerman didactic hospitals in observing the principles of preventing HIN1 flu.

Current study results indicate that proper awareness, positive attitude and suitable performance of surveyed people in observance of HIN1 flu prevention. Proper awareness, positive attitude and suitable performance in facing this disease play significant role in decreasing its outbreak and preventing its spread.

In this research nearly all the surveyed people scored correct answer to the questions. These are consistent with findings of Hadavi, Davati, Savas, Tanriverdi which showed therapeutic and hygiene personnel have a good knowledge.

According to the results there is no immunity for the patients, having sufficient knowledge through disease symptoms recognition, referring to doctor therapeutic centers cause decrease in transmission, complications and death statistics. Generally, according to average score

calculated (1.04) there is enough knowledge for observing the principles of preventing the Flu in therapeutic and hygienic didactic hospitals of Kerman.

The results showed that the attitude of 89.8% of hospital personnel toward HIN1 flu is so high and they know it as a preventable disease that is consistent with Hadavi, Lee and Mermel studies but not in line with Savas and Tanriverdi. Lee and Mermel findings show that job situation is a disease potential and its transmission. So having positive attitude toward flu prevention can have a significant role in decreasing its risk. The Performance of 94.8% of the personnel about observing the principles of preventing the Flu is so high and positive answers are more considerable than other domains, observance of these points in preventing spread and transmission of flu to other personnel and patients have a significant effect and washing hands after cough and sneeze or using masks and gloves in is also useful in 95% of the cases which is consistent with Hadavi et al results.

Prioritizing of the factors effective on rate of observing principles of preventing flu in this study indicates that awareness, attitude and performance rate of the personnel is so high and all 3 domains are at the same level and good performance of the personnel, by considering the sensitivity of the hospitalized patients, is so important in decreasing affliction of this disease and resulted death statistics.

#### **RESULTS**

Awareness, attitude and performance of hygienic and therapeutic personnel participated in this study is acceptable and positive. It seems that it should be emphasized on didactic aspects of flu for hospital personnel because of the usefulness of education is so important in acts such as vaccination and its effects can decrease complications of flu to a high extent. It should be mentioned that improper and insufficient knowledge, attitude and performance of the personnel may have significant losses, dis adjustment of efficiency and effect on hygienic and therapeutic system.

Health and therapeutic care system for preventing employers from catching up and transmission of HIN1 flu to the patients needs their awareness about safety and its knowledge and performance rate of preventing flu because they are high risk. Against the limitations, this study I a useful tool for hygienic and therapeutic system decision makers for setting up programs with the goal of giving notification and training employers.

Table 1: frequently distribution of awareness status in rate of observing principles of preventing the flu.

%	Abundance	Variable level
96.9	372	Correct
2.9	11	Incorrect
0.3	1	I don't know
100	384	Total

Table 2: frequently distribution of attitude status in rate of observing principles of preventing the flu.

%	Abundance	Variable level
89.8	345	Agree
9.4	36	Disagree
0.8	3	No comment
100	384	total

Table 3: frequently distribution of performance status in rate of observing principles of preventing the flu.

%	Abundance	Variable level
94.8	364	Yes
5.2	20	No
100	384	total

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