



THE STUDY OF EFFECTS OF IMPROVING FACTORS OF HAND HEALTH ON CONTROLLING HOSPITAL INFECTIONS IN RAMHORMOZ HOSPITAL

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ABSTRACT

Objectives: The role of hands was known as an important factor to transit infection in hospitals. Hands health is recommended as one of the primary step to control infection. This study aimed to assess the effects improving health hand factors on hospital effects. **Methods:** This study aimed to assess the effect rate improving hand healthy factors on controlling hospital infections among 100 hospital's personnel in 1392. Data of hand health factors gathered in a civil-based questionnaire. They are distributed and gathered. And then the results recorded. In this paper, data analysis is based on special and sociological data. we use SPSS, a descriptive- analytical software, to analyze special and sociological data. **Conclusion:** This paper demonstrate that if we can improve hand health factors we can control

hospital infections. If we can remove the problems of improvement in the way we perform in Ramhormoz hospital we can reduce the percentage of hospital infections.

KEYWORDS: hand health, infection, hospital infection, efficient factors.

INTRODUCTION

The most important problem in hospital is hospital infection which affect over 20 percent of hospitalized people in the hospitals. It increases death rate to 30 per. In addition, it increases the hospitalization period and Therapeutic costs. In these cases, the infections were created

48 hours after hospitalization. Researchers found the role of the hands as the most important factor to transit infection in hospitals. The health services provider's hands are one of the significant sources to transit the infections. Thus, we emphasis on washing hands by health methods and by using water and soap, goloconat hexane chlorine, alcohol jelly or other special materials before and after touching sick people o equipment r. This is the most efficient way to prevent hospital infection because of removing colonized microorganism in hand skin. To have clean hands, makes researchers to study in this field. Because it is one of the most important problems in developing countries which cause many American and European countries to study a lot about the subject. In spite of this fact that health hand is easy, cheap and simple it is under expected. Although most of the medical and therapeutic centers perform many programs to train this manner but personnel rarely accept it. For example an American survey announced that just 21 per personnel agreed. Hospital personnel announce different reasons to under wash their hands such as ignorance, loss of knowledge, carelessness, getting use, the shortage of sterilizations and finally because of some problems in management system. In recent years, we fulfill positive works to reduce hospital infections .while controlling infection committee provided needed training and performed management instruction it emphasized on health hands. Thus, it seems to improve health hand factors in terms of recommends and importance of health hands especially in special sections. This paper aims to do that.

METHODS

In the descriptive- analysis study, we observe the rate of effects improving health hands factors on controlling hospital infection among 100 personnel in Ramhormoz hospital in 1392. Generally, improving health hands factors recorded in a based- civil instruction and librarian- study questionnaire and this questionnaire was distributed among 100personnel and then analyzed following data collection by SPSS software and descriptive and diagrammatic statistics.

Findings

The effects rate improving health hands factors on controlling hospital infection in Ramhormoz hospitals in 1392 were studied by results obtained from distributed as it is shown in 4-1tables. out of 100 participants,70 participants(%70) were women and 30 men(%30) and 4-2 table related to age ranging shows that36-40 aged group have the most frequency. It shows personnel maturing is %26. B.C personnel have the most frequency (34 participants)

and M.A personnel have the lowest frequency (7participants) as was shown in 4-4 table. out of 100 participants who response to questionnaire, permanent employees have the most frequency (33 participants) and temporal employees have the lowest frequency(14 participants) as shown in 4-5 table. out of 100 participants who response to questionnaire nurses have the most frequency (33 participants) and the specialist have the lowest frequency (7 participants) as shown in 4-6. out of 100 participants who response to questionnaire, employees with 1-10 years- service have the most frequency. And employees with 26-30 years- servicesn have the lowest frequency. To study The effect improving health hands factors on controlling hospital infection we use vilcation test. The result of this study is $Z = -8/638$ as shown in 4-9. There is a meaningful correlation between pre- and post –test at level $\alpha = .01$ with $N = 100$. In another word, there is a meaningful correlation between pre-and post-test scores in terms of hospital infections. Regarding to meaningful level $\alpha = .000$, descriptive findings include statically index such as average, standards deviance, variance, max and min scores for all studied variants showing in 4-7 table. In this table, average and standard derivation in the variant of improving health factors in personnel's hands are 23/45,6/88 repectively. In personnel's view, Sig value assure the factors influencing g hospital infections in chosen Ramhormoz hospitals. Their points of view are not the same in chosen hospitals.

DISCUSSION

The results of findings analysis means that most of the hospital personnel (72%) ignore health hands, participation in training classes, using hand washing fluid, using alcoholic sterilizations, having enough time, getting use, not getting to use, not having enough time, loss of suitable place to training, training equally with a new method in Ramhormoz hospitals. Samadi pour and et al in 1386 studied about health hands manner in Sabzevar hospital's personnel. out of 100 personnel who were chosen by improbability methods, obtained results showing health hands manner was %34/4 in internal groups, % 21/3 in surgery groups % 15/7 in special groups and 16/6 in doctors groups. Totally, out of the 1356 situations of health hand manner we observe 306 situations. Totally health hands in fourth group was %22/6. They found a significant correlation between different sections of hospital which were corresponded with this study.

Most of personnel about %64 have computed meaningful level $\text{sig} = .001$ (10-4 table). It is smaller than. /05. It can say there is no correlation between health hand factors and educational grades at 95 per probability. But there is a meaning full correlation between

health hand factors scores on controlling hospital infection and educational grades in Ramhormoz hospitals. The differences average is the most between B.C and p h. D personnel. Samadipour and et al performed a study among 100 personnel. The results showed that health hand manner was %34/4 in internal sections, %21/3 in surgery groups %15/7 in special groups, %16/6 in doctors' groups. Totally out of 1356 situations of health hand manner, 306 cases exposed. And in four groups considering to health hand was %22/6. It corresponded to this paper. we obtained meaningful level value of $\text{sig}=.17$ in 4-11. it was smaller than. $.05$. It can say there is not the same defenses between improving health hands factors for controlling hospital infection and employee's services. And there is a meaningful correlation between the scores of health hand factors in controlling hospital infection and employee's services in Ramhormoz hospital. Theses differences are most in employees who had 16 to 20 years services. we obtained meaningful level value $\text{sig}=.43$ in 4- 12. It was smaller than. $.05$. so It can say there is the same differences between health hands factor and employees status. And there is a meaningful correlation between the scores of health hand factors in controlling hospital infection and employed status. The difference average in temporal employees is the most.

CONCLUSION

The results show that personnel's health manner differs in different sections and groups. Totally health hands rate among personnel in Emam Ramhormoz hospital was in middle. since it is the most important factor to control hospital infection improving health hand factors is very important. Thus, civil services 's providers and managers can enforce and improve health hand factors in Ramhormoz hospital. In this study researcher found that to improve health hand factors in Ramhormoz hospital should relieve controlling infection committee by health hand, taking an environmental healthy expertise part, permanently training and creating suitable equipment and facilities, harmony with managers to choose needed place and time. Regarding to health manner as an item for personnel's yearly assessment. and also they can use experienced and interested personnel to apply y some creations to improve health hand factors. It seems to improve the most important factors controlling hospital infection. we apply some alternatives to perform. It means that health hand is great to take care of sick people and to reduce death and hospitalization period and therapeutic costs.

REFERENECEES

1. F. Marc, La. Force. The Control of Infections in Hospitals, In: Richard P. Wenzel. Prevention and Control of Nosocomial Infections, 3rd edition, U.S.A. Williams & Wilkins, 1997; 3-17.
2. Robert P. Gaynes. Surveillance of Nosocomial Infections. In: John V. Bennett Philip S. Brachman. Hospital infection, 4th edition, U.S.A. Lippincott - Raven, 1998; P65-84.
3. Alicia J. Mangram et al. Guideline for Prevention of SSI, CDC Public Health Services, Infection Control & Hospital Epidemiol, April 1999; 20(4): 247-278.
4. Julia S. Garner, RN, MN; Guidelines for Isolation Precautions in Hospital, the Hospital Infection Control Advisory Committee. CDC Prevention Guidelines, 1996; 17: 53-80.
5. Shaffer, et al. Infection prevention & Safe practice, U.S.A, Mosby's, 1996.
6. Julia S. Garner & Martin S. Favero; Guidelines for Handwashing & Hospital Environmental Control. CDC. MMWR, 1988; 37: 24.
7. John M. Boyce: Vancomycin - Resistant Enterococcus. Infectious Disease Clinics of North America, 1997; II(2): 367-384.
8. William R. Jarvis: Selected Aspects of the Socioeconomic Impact of Nosocomial Infections. Infection Control & Hospital Epidemiology, August 1996; 17(8).
9. Garner Js, Jarvis WR, et al: CDC definitions for Nosocomial Infection, 1988. Infection Control, 1988; 16: 128-40.
10. N.N Damani, Manual of Infection Control Procedures, U.K, GMM, 1997.