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Exploring knowledge, attitudes and practices of RNs regarding the spread of nosocomial infections

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Background: Nosocomial infections (NIs) are new localized or systemic infections that develop in patients receiving medical care in a hospital or other healthcare facilities. The infections are not incubating or present during a patient's admission into the healthcare facility and are identified at least forty-eight to seventy-two hours following the patient's admission. Episodes of NIs are recognized in hospitalized patients world-wide and are prevalent in all age groups. They are caused by pathogens present on surfaces or equipment and are often transmitted by indirect and direct contact. Some of the pathogens are resistant to antimicrobial agents. The burdens of NIs include prolonged duration of hospitalization for patients resulting in increased costs of healthcare and deaths. Implementation of safe patient care activities is the role of healthcare workers such as physicians, dental health care workers and nurses. Therefore these healthcare workers should be familiar with practices to prevent the occurrence and spread of NIs. It has been documented in the literature that at the time of their graduation from their professional education, healthcare professionals have sufficient knowledge to practice patient safety and infection control guidelines. However, the evidence suggests otherwise since healthcare workers including nurses are implicated in the transmission of nosocomial infections. With nurses having the most contacts with patients; understanding of their knowledge, attitudes and practice patterns with regard to the spread of NIs may provide one approach by which this health care issue would be addressed.

Methods & Materials: This exploratory, cross-sectional and descriptive study was conducted using on-line survey responses from 352 registered nurses. Data was analyzed with descriptive and inferential non-parametric statistics.

Results: The participants demonstrated high levels of knowledge, adherence to recommended guidelines of infection control practices, and positive attitudes. These results, in addition to the observed significant associations between organizational support and registered nurses' knowledge, attitudes and practices, lend support to the recent CDC data on reduced incidence of NIs.

Conclusion: Findings in this study suggest that nursing education, concerted efforts of infection control, state mandates and organizational support play pivotal roles toward reducing the spread of NIs.

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Treatment outcome of tuberculosis patients registered at DOTs centre in a tertiary care hospital

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Background: Pakistan has 5th position amongst highest burden of tuberculosis (TB) countries, contributes to 61% of total burden of Eastern Mediterranean Region. Increase incidence of multidrug resistance tuberculosis (MDR-TB) and lack of compliance with anti tuberculosis therapy (ATT) are major national public health problem. Implementation of directly observed treatment-short course (DOTS) strategy has been widely reported to improve the treatment outcome in different health settings. We, therefore, conducted current study in DOTs Centre of tertiary care hospital with objective to investigate the treatment outcome among tuberculosis patients.

Methods & Materials: A Prospective observational study was conducted in DOTS centre of teaching hospital, District Mirpurkhas, province Sindh,Pakistan from January- December, 2012. All newly diagnosed patients were registered and followed up during their course of treatment to assess treatment outcome in accordance of World Health Organization (WHO) guideline as: cure, treatment completed, default, treatment failure, death or other. Data of their treatment outcomes were analyzed using EpiInfo® version 7.0

Results: There were 609 patients with mean age of 28 years (range 07-63 years), 327(53.6%) were female. 117(19%) cases belong to 25-29 age group. TB cases were classified as smear positive 447(73%), smear negative 93(15.2%) and extrapulmonary 69(11.8%), among them 341(76.2%) were cured in sputum smear positive category; treatment completed in 55(59%) smear negative and 25(36%) in extrapulmonary case. Overall treatment success was 421(69%). Other treatment outcome were defaulter in 148(24.3%), relapse in 16(2.6%), transferred out in 13(2.1%) and deaths in 11(1.8%) cases among hospitalize patients. Age below 60 years, extrapulmonary TB (p=0.0003), rural residents (p=0.0000), and illiteracy (p=0.02) were significantly associated with failure of treatment among TB patients.

Conclusion: Treatment success rate among tuberculosis patients was fairly satisfactorily. with high defaulter rate is a challenge, which may be corrected by enhance supervision, improved counseling activities and implementation of default tracing and home visit by health worker. However, further research needs to be conducted to understand the reasons of defaulter and treatment failure.