

CHAPTER VI

CONCLUSIONS AND SUGGESTIONS

This study was a cross-sectional descriptive research, using self-administered questionnaire to assess factors affecting practice of Universal Precautions in Bamrasnaradura Institute, Ministry of Public Health. Questionnaire was pre-tested and calculated for Cronbach's Alpha coefficient, the results were 0.90 for attitude part, 0.86 for practice part, and 0.77 for other enabling factor part. The researcher distributed 351 questionnaires to healthcare workers in Bamrasnaradura Institute, 311 questionnaires were returned. The returned rates were 49% in doctor and dentist group, 92% in nurse group and 95% in other healthcare worker group. All questionnaires were calculated for Cronbach's Alpha Coefficient again for each part, the results were 0.69 for attitude part, 0.81 for practice part and 0.66 for other enabling factor part. The results were shown in Chapter IV.

It was found that age, level of education, work experiences, work place, UPs experience, previous UPs training, level of knowledge, attitude and hospital's policy affected Universal Precautions practice among healthcare workers. While sex, marital status, and working position of healthcare workers did not affect Universal Precautions practice among healthcare workers.

All healthcare workers had different background of knowledge and attitude, but they practiced Universal Precautions in the same way. Nurses had the highest number of persons who had high level of knowledge and positive attitudes toward Universal Precautions (77.3% and 95.5%, respectively); while doctors and dentists had 65% and 95%, and other healthcare workers had 50.3% and 84.5%, respectively. Of all various types of knowledge about Universal Precautions, healthcare workers had lower knowledge about principle of Universal Precautions and selection of

appropriate protective barriers. Most healthcare workers had positive attitudes toward Universal Precautions but they did not believe in effectiveness of Universal Precautions against HIV infection; as a result, they were afraid to take care of HIV-infected patients. One error in their practices was that they sometimes neglected Universal Precautions practice in emergency situations, or when they practiced it with known patients, such as their friends and relatives.

Most of healthcare workers had positive attitudes toward institute policy about Universal Precautions. However, they were still unsatisfied with it (doctors and dentists, 90%, other healthcare workers, 84%, and nurses, 74.5%). One suggestion, from healthcare workers, was that the institute needs to improve on is the availability of protective equipment.

6.1 Conclusions

This study was a merely first step to assess level of knowledge, attitude, and practices of Universal Precautions among healthcare workers in Bamrasnaradura Institute. Although Universal Precautions have been practiced for quite some time at the institute but some healthcare workers still can not practice it properly. For knowledge part, healthcare workers had weak knowledge about Universal Precautions principles and selection of appropriate protective barriers. One important issue on attitude was that healthcare workers were reluctant to take care of serious infected patients such as HIV-infected patients. Some healthcare workers still have negative attitude toward patients who are infected with these deadly diseases. Given a new deadly disease like Severe Acute Respiratory Syndrome (SARS), which seem to affect more to healthcare workers, the importance of Universal Precautions practice is increased. In order to prevent all staff from occupationally acquired

infections, Bamrasnaradura Institute should improve the practice of Universal Precautions to obtain 100% coverage, appropriate usage, and should try to sustain it.

Many factors affect the practice of Universal Precautions among Bamrasnaradura Institute staff, for example, knowledge about Universal Precautions, attitudes toward Universal Precautions, Universal Precautions training and experience. All of these factors should be used to develop a Universal Precautions training program in the Institute.

6.2 Limitations of this study

6.2.1 Sampling frame in this study included all healthcare workers in Bamrasnaradura Institute who were different background and educational level. The problem was that the questions were not appropriate for all healthcare workers in one survey.

6.2.2 Response rate from doctor and dentist group was low. This can be improved by changing the method of data collection. For example, interview them individually or provide some forms of incentive.

6.3 Suggestions

6.3.1 Suggestions for Bamrasnaradura Institute

6.3.1.1 Hospital policy and its implementation

Universal Precautions policy in Bamrasnaradura Institute should be improved in order to obtain 100 % coverage and sustainability. A few strategies for this policy are, for example, a) supporting and providing adequate protective equipment in all areas of the hospital, b) providing appropriate training programs for all healthcare workers both old and new ones, c) setting up a surveillance and monitoring system for occupational acquired infection, and finally, d) setting up rules and regulations to strengthen and improve Universal Precautions practices in the institute.

6.3.1.2 Hospital environment

Every department should also have the Universal Precautions guidelines available for the healthcare workers.

Universal Precautions equipment must be readily available in all departments for easy access by healthcare workers.

Reminders or warning signs in work places should be presented to remind healthcare workers, so that they will not neglect to practice Universal Precautions in some situations such as emergency situations.

6.3.1.3 Supervision

Each department should follow hospital's surveillance guidelines for occupationally acquired infection and follow hospital's monitoring and reporting system. Chief of each department should reinforce peer pressure for Universal Precautions practice among healthcare workers in their department.

A Monitoring system to ensure availability of equipment should be in place for all departments. This could be done by adding a new element into the existing system. For example, the institute has a system of handling over of duty shift (8 hours period). At this handing over, a checklist of equipment and supplies would be examined and reported to the next shift. Universal Precautions equipment can be added to this checklist for monitoring. This will make Universal Precautions equipment become readily available, therefore easier to mandate its available.

6.3.1.4 Skills improvement

All healthcare workers should be trained for Universal Precautions practice, but the programs should be adjusted according to their different needs. For doctors, dentists and nurses, who already have high level of knowledge and positive attitude toward Universal Precautions, the training should emphasize more on practical part.

However, their knowledge and attitude also need to be refreshed and updated from time to time. Training for other healthcare worker group needs to emphasize on knowledge, attitudes and practice.

One major weakness of healthcare workers' understanding was about Universal Precautions principles and the selection of appropriate protective equipments. Both problems need to be addressed by Bamrasnaradura Institute when develops Universal Precautions training program.

For attitude toward Universal Precautions, most of healthcare workers were not sure about the effectiveness of Universal Precautions against HIV infection. Education program on Universal Precautions should emphasize more on improving their attitudes. All healthcare workers will be safely protected if their attitude is positive. However, this may be resulted from negative attitude toward HIV-infected patients of healthcare workers. More study should be conducted to elaborate this issue.

6.3.2 Suggestions for Future study

6.3.2.1 Future studies on Universal Precautions practices should be aware of non-response bias, especially among doctors and dentists. This study received very low returned rate (49%). Although it is possible to install an incentive mechanism to encourage doctors and dentists to return the questionnaire, this strategy could lead to another response bias. Changing or adding the methods of data collection can minimize this problem. Example methods are observation research, peer interview, equipment usage records.

6.3.2.2 More in-depth study using qualitative study should be conducted to gain more specific insights of healthcare workers compliance to

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