

CHAPTER V

DISCUSSIONS



5.1 Hypotheses testing

5.1.1 There are differences in level of knowledge, attitudes and practices among different groups of healthcare workers.

Different groups of healthcare workers were different in level of knowledge and attitude toward Universal Precautions practice (both with p-value less than 0.01) but they had the same practice for Universal Precautions (with p-value of 0.158).

5.1.2 Healthcare workers who have better knowledge will have better compliance to Universal Precautions than those who have lesser knowledge.

There was no statistically significant difference in Universal Precautions practices between doctors, dentists and nurses who had high level of knowledge and those who had moderate and low level of knowledge about Universal Precautions (P-value = 0.459 and 0.090 respectively), but there were statistically significant differences in practices between other healthcare workers those who had high level knowledge and who had moderate and low level of knowledge about Universal Precautions (p-value <0.01). There are some explanations for this result. Since practice of Universal Precautions is a complex behavior, many other factors aside from knowledge can affect their practices. Other possible explanation might be that the sample size of doctors and dentists group was too small to represent the real population.

5.1.3 Healthcare workers who have positive attitude toward Universal Precautions will have better compliance to Universal Precautions than those who have negative attitude.

There was no statistically significant difference in Universal Precautions practices between the group of doctors and dentists who had positive attitude toward Universal Precautions and those who had negative attitude (p-value = 0.058). However there was difference in practices between nurses and other healthcare workers who had positive and negative attitude toward Universal Precautions (both with p-value less than 0.01). The explanation might be that since practice is a complex behavior, many other factors aside from attitude can also affect their practices. Other possible explanation was that the sample size of doctors and dentists group was too small to represent the real population.

5.2 Discussions

This study showed that Bamrasnaradura Institute had higher number (68.5%) of healthcare workers with good compliance to Universal Precautions than the previous studies from other places. The increase in compliance rate is because Bamrasnaradura Institute, which specializes in handling infectious patients, provides training program to all healthcare workers. As be seen from the study that all the nurses have been through Universal Precautions training program.

Many factors that affected Universal Precautions practice were demonstrated in this study. Most factors were related to the respondents' level of knowledge and experience toward Universal Precautions. These factors include age, level of education, work experience, UPs experience, UPs training, level of knowledge about UPs and attitude toward UPs. These can be explained by many behavioral models, such as Health Beliefs Model, Precede-Proceed Model therefore Universal Precautions is one of the behaviors. Other factors aside from knowledge and experience which affected Universal Precautions practices were work place and hospital's policy. This study had the results with same factors as the study of

Hiriwattanawong (1998). All of these factors should be considered when we plan health education program about Universal Precautions.

Different healthcare workers groups were different in their level of knowledge, attitude and background. It can be conclude that the main concern in planning the Universal Precautions training program should based the group of audiences. From this study, even healthcare workers who had good knowledge and positive attitude toward Universal Precautions such as the nurses still had poor compliance to Universal Precautions. This can be due to multiple factors that affect Universal Precautions. It can also be interpreted that more training are needed on practical part. Other reason might be due to the small number of doctors and nurses who had neutral attitude toward UPs which may lead to some error in the study.

One important thing that was found in this study was that healthcare workers were afraid that Universal Precautions might not be effective enough to protect them from contracting HIV from HIV-infected patients. The reason may be that HIV/AIDS are lethal. They would try to avoid contact with patients rather than using Universal precautions guidelines.

The weakness of this study was the low returned rate of questionnaires from doctor and dentist group. There are many ways to solve this problem such as re-collection of questionnaires to improve returned rate, in-depth interview to see if the non-response group has the same idea as the response group. In this study, statistical method was used to demonstrate that there was no demographic difference between response group and non-response group; however, this problem should be taken in account for future study for more valid results.

Universal Precautions guidelines should increase their importance. Especially in the presence of Severe Acute Respiratory Syndrome (SARS) which is a fatal

disease. Universal Precautions practice should reach 100%, in order to prevent healthcare workers from SARS. After SARS patients had been discovered in Thailand, many hospitals had re-evaluated and improved their Universal Precautions policies. As researcher has seen, personnel in unprepared hospitals were panic when they know that there were short supplies of protective barriers, while there is increasing number of SARS patients reported. This can be explained that most healthcare workers do not have a fully understanding of the Universal Precautions principles and do not prepare themselves to face with this SARS and many other infectious diseases.

The results of study might be useful for Infectious Control Committee of Bamrasnaradura Institute for future development of Universal Precautions policy and training programs at the institute. The researcher as one of the institute member will report this results to the infectious control committee.