

The Effect of Educational Intervention Faculty Members on Taking the Required Measures and Following the Prevention Tips for an Optimum Control of COVID-19 at a Hospital of South-East Iran

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Received: 17 Oct 2025; Accepted: 21 Nov 2025; Published: 01 Dec 2025

Citation: Ali Akbari, Fatemeh Hosseini. The Effect of Educational Intervention Faculty Members on Taking the Required Measures and Following the Prevention Tips for an Optimum Control of COVID-19 at a Hospital of South-East Iran. J Clin Exp Epidemiol Res. 2025; 1(1): 1-6.

ABSTRACT

Background: As a newly emerged infectious disease, COVID-19 is threatening human health. The most important responsibility of healthcare professionals, especially nurses, is preventing reciprocal infection at health centers. The present study carried out to determine the effect of educational intervention on taking the required measures and following the prevention tips for COVID-19 among the staff of Ali-Ebn-Abi Taleb Hospital.

Methods: This quasi-experimental intervention study was carried out on faculty members of Nursing and Midwifery School, Rafsanjan University of Medical Sciences in 1399. 377 eligible participants were recruited via convenient sampling method. Data was gathered twice; before and after educational intervention using questionnaires for demographic characteristics, infection prevention and control (IPC) checklist of taking personal and hospital measures for preventing COVID-19. The educational intervention was provided by adopting a face-to-face education method and observing the health tips for preventing COVID-19. The data were analyzed in SPSS-20 and applying Chi-square and paired t-test. The significance level was determined to be 0.05.

Results: The mean age of the people investigated was 35.78 ± 10.57 years with a working experience of more than 16 years. The results indicated that after intervention the mean score of respiratory protection ($p=0.049$), eye-face protection ($p=0.001$), hand protection ($p=0.001$), proper clothing ($p=0.027$), surface disinfection ($p=0.001$), and managers' surveillance ($p=0.001$) were significantly higher than before intervention.

Conclusion: The educational intervention provided by the faculty members was highly effective in emergency situations in taking the required measures and following the prevention tips for COVID-19. The service staff were more affected than the office and nursing staffs.

Keywords

Educational intervention, COVID-19, Nursing, Prevention and control.

Introduction

Coronavirus is one of the common viruses experienced by many

people in their life. This virus is likely to infect animals as well. However, it has the highest potential for being transmitted from one person to another especially when healthcare measures are not followed [1]. Coronavirus can be transmitted among humans, mammals, and birds; it is known as a main cause of infection in the respiratory system, liver, digestive system, and nervous system. As many as 6 types of coronavirus have been known so far. Four types

of coronavirus are the common causes of cold among individuals having immune system deficiencies. However, there are two other types known as SARS-CoV and MERS-CoV [2].

Another type of coronavirus is COVID-19 whose outbreak started for the first time in 2019 in Wuhan, the capital of Hubei Province, and seafood market in Wuhan has been widely suspected as the source of the outbreak [3]. The prevalence of this virus is spreading all over the globe [4]. By April 4th 2020, the virus involved and infected 213 countries, including Iran, and 1,844,863 infection cases (confirmed laboratory cases) and 117021 death cases have been recorded in the world [5]. According to the released statistics, the mortality rate of this disease is 3.4% [4]. The prevalence of this disease among the healthcare staff in China and Canada has been reported to be 40% and 51%, respectively [6].

As a newly emerged infectious disease, COVID-19 virus is seriously threatening human health [7]. The outbreak of COVID-19 has worried the medical society; the virus is prevalent all over the world, and the daily epidemiological status of the disease is changing every day [8]. The infection resulted from contact while providing healthcare services is increasing. Given the increased contact with different kinds of infection, the healthcare teams are at a high risk of being infected. Moreover, they have a significant role in preventing the spread of this microorganism and controlling the infection [9]. For initial prevention, Zhang et al. have introduced strategies such as using antimicrobials, adopting preventive contact measures, using personal protective equipment in providing care for infected patients, cleaning and disinfecting the equipment and the environment, and the early identification of the disease [10].

Dealing with this global infectious event has put the medical staff under tremendous pressure, both physically and mentally [11]. In this regard, it is required to be a top priority to prevent the transmission of infectious diseases to other patients and support the healthcare workers [6]. One of the most important responsibilities of healthcare professionals, especially nurses, is preventing reciprocal infection at health centers; owing to their professional position, nurses are at the highest risk of spreading the microorganisms of infection in hospitals. Moreover, nurses commonly have contact with infected objects, and most of the nursing interventions involve direct or close contact with patients; if healthcare principles are not followed, pathogens can be spread very quickly [12,13].

For controlling and preventing the outbreak of this disease, it is required to conduct surveillance, early identification, diagnosis, treatment, and quarantine for the patients [11]. For controlling the outbreak of this disease, the patients are required to be followed up and tracked after being discharged [14]. According to the former experience on the management of SARS and MERS infections, the World Health Organization (WHO) has highly recommended infection control interventions for reducing the overall risk of transmitting acute respiratory infections. These interventions include avoiding close and direct contact with the individuals infected with the acute respiratory infections, frequent washing

of hands especially after having a direct contact with the infected patients or their environments, and avoiding unprotected contacts with domestic and wild animals [4].

As for the increased infected cases of this epidemic disease, nursing schools immediately respond to the need of their students and staff through providing information and listening to their main concerns. Nursing schools have also created policies for protecting university and hospital population at the outbreak of epidemics [15]. However, following healthcare principles, especially in countries with limited resources, is a serious challenge [12]. Moreover, the healthcare measures vary depending on the person, institution, culture, and many other factors. It is also required to conduct further studies on the factors affecting the infection control among professionals [13].

For achieving a stable intervention of following hand hygiene in health centers, multidimensional interventions have been recommended. For example, the International Nosocomial Infection Control Consortium (INICC) has defined Multidimensional Hand Hygiene Approach (IMHHA) as (1) administrative support, (2) supplies availability, (3) education and training, (4) reminders in the workplace, (5) process surveillance, and (6) performance feedback. Previous studies have reported a considerable improvement of hand hygiene by following IMHHA at intensive care units in different countries [16-18]. Moreover, it has been recommended to increase the prevention standards and infection control at the infection and emergency units of the centers [4,19].

The experience of other countries involved with the disease indicates that all policies and measures are required to focus on stopping the transmission chain and reducing the virus spread through reducing contact and increasing physical distancing between healthy individuals and infected ones. Moreover, it must be taken into account that most of the transmission cases occur in public environments and places; hospitals are the most dangerous public places for being infected. The strategies provided in the present study include managing public places, reducing human-to-human contact, increasing physical distancing, limiting intra-city and inter-city travels, and focusing on home-based quarantine [20].

There is no definitive treatment available for this virus and its incubation period (time from exposure to the development of symptoms) is likely to last two weeks after being exposed to this infection. Moreover, it is highly essential that the healthcare staff adopt the required prevention and follow the hygiene principles for stopping the transmission chain of this disease. Thus, the present study was conducted to determine the effect of educational intervention on taking the required measures and following the prevention tips for COVID-19 among the staff.

Materials and Methods

The present interventional study was done on staff working at Ali Ibn Abi Talib Hospital of Rafsanjan in 2020.

The project was approved at Ethics Committee of Rafsanjan University of Medical Sciences (code: IR.RUMS.REC.1399.002). Moreover, the required permits were also obtained, so that the researchers could start the project. The method applied in the present study was such that the instructor faculty members of Rafsanjan Nursing and Midwifery School visited Ali Ibn Abi Talib Hospital for 10 consecutive days in morning, evening, and night shifts. The faculty members selected the entire service, office, and nursing and medical staff who had somehow interacted with corona patients or patients suspected with corona. The samples were selected by adopting a convenient sampling method. The samples were primarily explained about the purposes of the study. The researchers then completed the demographic information questionnaire and the checklists of taking personal and hospital measures for avoiding COVID-19 by adopting an observational method. The way in which health care workers (HCWs) exposure to COVID19 virus is translated into risk of infection is critical for informing infection prevention and control (IPC) recommendations. This checklist (risk assessment tool) can be used to identify IPC breaches and define policies that will mitigate HCW exposure and nosocomial infection. To facilitate the work, the researcher selected 37 checklist items according to their relationship to 7 categories: respiratory protection (6 items), eye and face protection (5 items), hand protection (5 items), exposure duration (5 items), proper coverage (3 items), disinfection of surfaces (5 items), and monitoring (8 items). The inclusion criterion of the present study was the informed consent given by the staff of Ali-Ebn-Abi Talib Hospital of Rafsanjan. The exclusion criteria of the present study were as follows: expressing unwillingness for participating and continuing the study; failing to participate in the face-to-face educational intervention sessions; suffering from obsessive-compulsive disorder; having learning problems; death; and absence from work. After completing the questionnaire, the samples were provided with the educational intervention program of the principles of COVID-19 prevention; the program has been designed and written by the WHO [21]. The educational program included basic information about transmission ways of infection, prevention strategies, correct use of personal equipment, surface disinfection, and the identification of infection centers.

For conducting the required intervention, the educational program (the same for everyone and every shift) was provided for ten consecutive days, three times a day (morning, evening, and night shifts) with the aim to educate all employees at least once at Ali Ibn Abi Talib Hospital through visiting different medical and official units. The education was provided face-to-face by following all immunity and infection control principles. After the completion of the educational intervention, the samples performance was reevaluated by the researcher and the related checklists were completed.

The tools used for collecting the data included a questionnaire and checklists. The questionnaire deals with the demographic information, and the checklists deal with the personal and hospital measures adopted for preventing COVID-19 that had been designed by the Center for Disease Control and Prevention (CDC)

[22].

Data were analyzed in SPSS-20 using Chi-squared test for comparing demographic variables. Moreover, paired t-test was applied for comparing the mean of following prevention tips among the hospital staff.

It is worth noting that according to the last report released on April 14th, 2020, there were 57 positive infection cases for COVID-19; 27 males and 30 women. Moreover, as many as 12 death cases had been reported for this disease. In addition, comparing the infection statistics of Rafsanjan with those of other cities in Iran indicates a relative control of the disease; the city almost enjoys safe condition (white status). Besides the general health policies (such as screening all households) as well as the optimal management of the authorities and policy makers of Rafsanjan University, these conditions will highlight the effective role of education.

Results

Table 1: The comparison of absolute and relative frequency distribution of individuals investigated based on demographic features.

Variable		Before N (%)	After N (%)	X ²	p-Value
Gender	Female	245(31.3)	230(29.03)	0.54	0.816
	Male	162(20.7)	147(18.8)		
Marital status	Single	86(11.0)	82(10.5)	0.045	0.832
	Married	321(40.9)	295(37.6)		
Educational level	Under high school diploma	7(0.9)	6(0.8)	0.516	0.972
	High school diploma	23(2.9)	18(2.3)		
	Associate degree	23(2.9)	19(2.4)		
	Bachelor	317(40.4)	300(38.3)		
	Master and higher	37(4.7)	34(4.3)		
Professional category	Office	47(6.0)	43(5.5)	0.123	0.941
	Medical	316(40.3)	296(37.8)		
	Service	44(5.6)	38(4.8)		
Age range	Under 20	17(2.2)	17(2.2)	0.060	0.996
	21-40	265(33.8)	244(31.1)		
	41-60	123(15.7)	114(14.5)		
	Over 60	2(0.3)	2(0.3)		
Working experience (years)	1-5	89(11.4)	84(10.7)	0.037	0.998
	6-10	102(13.0)	95(12.1)		
	11-15	58(7.4)	54(6.9)		
	More than 16	158(20.2)	144(18.4)		

The results indicated that before intervention the mean score of

respiratory protection ($p=0.049$), eye-face protection ($p=0.001$), hand protection ($p=0.001$), proper clothing ($p=0.027$), surface disinfection ($p=0.001$), and surveillance ($p=0.001$) were significantly higher than before intervention. However, the duration of risk exposure and total protection indices ($p=0.389$) did not change significantly after the intervention (Table 2).

The results indicated the mean age of the participants was 35.78 ± 10.57 years, ranged from 18 to 61. Most of them were within the age range of 21-40 years (64.9%) with a working experience of more than 16 years (38.5%). Most of the participants were women and married. Moreover, most of the participants had the educational levels of bachelor and higher. Most of the participants belonged to the nursing category. Chi-squared test did not show a significant difference before and after the intervention in terms of gender, marital status, educational level, profession, age range, and working experience (Table 1).

Table 2: The comparison of protective indices of individuals before and after the intervention.

Variable	Before Mean $\pm$ SD	After Mean $\pm$ SD			
			df	t	p-Value
Respiratory protection	8.28 $\pm$ 0.74	8.49 $\pm$ 0.81	782	4.671	0.049
Eye-face protection	5.59 $\pm$ 1.27	5.85 $\pm$ 1.40	782	2.972	0.001
Hand protection	8.22 $\pm$ 1.11	8.45 $\pm$ 1.04	782	-25.820	0.001
Duration of risk exposure	6.29 $\pm$ 1.00	6.41 $\pm$ 1.00	782	37.164	0.506
Proper clothing	3.79 $\pm$ 1.16	4.00 $\pm$ 1.22	782	-48.675	0.027
Surface disinfection	7.12 $\pm$ 0.73	7.36 $\pm$ 0.81	782	39.959	0.001
Surveillance	9.27 $\pm$ 0.77	9.63 $\pm$ 1.10	782	82.911	0.001
Total	48.59 $\pm$ 3.06	50.22 $\pm$ 2.92	782	18.016	0.389

Table 3: The comparison of the individuals' protective indices based on the professional category before and after intervention.

Intervention	Professional category	Mean $\pm$ SD	Paired t-test		
			df	t	p-Value
Before-intervention	Office	47.78 $\pm$ 2.63	2	2.551	0.079
	Service	48.63 $\pm$ 3.06			
	Nursing	43.20 $\pm$ 3.34			
After-intervention	Office	50.44 $\pm$ 2.79	2	4.621	0.010
	Service	49.99 $\pm$ 2.80			
	Nursing	51.43 $\pm$ 3.60			

In Table 3, the before- and after-intervention protective indices are compared and investigated for three professional categories i.e. office, service, and nursing categories. The results indicated that the before-intervention protective indices were not significantly different among the three professional categories involved ($p=0.079$). However, after the intervention, the professional categories were significantly different in terms of protective indices ($p=0.10$). (Table 3).

Discussion

The results of the present study indicated that the before-

intervention mean values of respiratory protection, eye-face protection, hand protection, proper clothing, surface disinfection, and managers' surveillance increased significantly after conducting the intervention.

In this regard, the results of the study conducted by Rubino et al. indicated that adopting an interventional program for respiratory protection is an important non-pharmacological intervention widely used across the world for preventing epidemic and pandemic diseases, and surgical masks as well as N95 masks are two main tools for protecting the person's respirational system [23]. In another research, Eikenberry et al. indicated that teaching people how to use face masks (even if it is relatively ineffective) can significantly reduce COVID-19 transmission in the society and decrease hospitalization and mortality rates [24]. In addition, a study conducted by Gettings and et al. showed that the link between mask usage was robust to a host of variables, including cultural tightness-looseness, political affiliation, demographics, population density, socioeconomic indicators, universal health coverage, government response stringency, and time [25]. This is in line with the results of the present study. Using face masks has some obstacles such as failing to establish a relationship with others; providing proper education and removing these obstacles will encourage more hospital staff to use such protective equipments.

In line with the results of the present study in terms of hand hygiene, in a review study, Sohrabi et al. indicated that the most essential measures for preventing the outbreak of COVID-19 is following health and hygiene principles including the frequent washing of hands and wearing face masks [26]. The results of the study conducted by Rodríguez et al. indicated that educational intervention could increase the preventive measures related to hand by 18.4% [27]. Moreover, the results of the study conducted by Kiersnowska et al. indicated that proper hand hygiene is an essential step in reducing this phenomenon. In any medical institution, especially in hospitals, staff must be reminded and trained to maintain proper hand hygiene [28].

Other research findings indicated that hand hygiene significantly increased after providing hand hygiene education at the intensive care unit [29]. However, the duration of risk exposure and physical distancing and total protection indices ($p=0.389$) were not significantly different after the intervention. In a similar study, WHO reported that education and keeping a physical distance (at least one meter) from the individuals with respiratory symptoms will prevent the outbreak of the disease [21]. Moreover, in another study Lai et al. indicated that limiting the movements of the healthcare workers has been effective in reducing secondary infections and preventing further spread of the infection [30]. The results of the two aforementioned studies are not in line with those of the present study; this is owing to different environments for conducting the studies as well as the geographical aspect.

Moreover, the results indicated that the pre-intervention protective indices were not significantly different for all three professional

categories i.e. office, service, and nursing. However, they were significantly different after the intervention. In comparison to the office and nursing staff, the service staff were more affected by the educational intervention; they followed the prevention tips of COVID-19 more than the other two groups. No similar study was found in this regard. However, in a study that was similar to the present one in terms of content, Mahmoodi et al. indicated that the individual's job is significantly associated with behaviors promoting health and hygiene [31]. This is in line with the results of the present study.

A major limitation of the present study was that the results of this study are based on a direct observation checklist, and infection control measures may not reflect the individual's actual actions. Another limitation of this study was the short follow-up time. Therefore, future studies to assess the stability of the effectiveness of the intervention are essential to be done with long-term follow-up.

Conclusion

The results of the present study indicated that the educational intervention provided by the faculty members was highly effective in taking the required measures and following the prevention tips for COVID-19 among the staff. In comparison to the office and nursing staff, the service staff seem to be more affected by the educational intervention; they followed the prevention tips for COVID-19 more than the other two groups. This means that it is highly essential to organize and hold workshops for the hospitals staff involved with the disease. Awareness will definitely result in the increased importance of prevention and infection control. Moreover, the nursing staff and healthcare workers are required to identify the infection sources as well as the protective criteria.

The effect of theoretical-oriented educational interventions are recommended to be evaluated and compared, so that the preventive behaviors of COVID-19 will be affected. At the end, it is recommended to conduct similar studies at schools of nursing and medicine as well as para medicine schools.

Funding/Support

This project is supported by Rafsanjan University of Medical Sciences.

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