PERI-OPERATIVE INFECTION CONTROL PRACTICES OF OPERATING ROOM NURSES AMONG HOSPITALS IN RINCONADA

ABSTRACT

Surgical site infections (SSIs) represent a significant healthcare concern, contributing to increased morbidity, mortality, and costs. This study examined perioperative infection control practices among operating room nurses in Rinconada hospitals, analyzing the relationship between demographic profiles and infection prevention practices across all surgical phases.

A descriptive research design was employed using a structured questionnaire administered to 53 operating room staff nurses through total enumeration. Data were analyzed using percentage technique, weighted mean, and chi-square test to determine associations between demographic variables (age, sex, task performed, length of service, and training) and infection control practices during pre-operative, intraoperative, and post-operative phases.

The respondents were predominantly female (81.13%), aged 18-24 years (28.30%), with 1-5 years of service (47.17%). Most performed ward nurse duties (48.78%) and possessed basic life support training (47.17%). All perioperative phases demonstrated high adherence to infection control practices: pre-operative (weighted mean=4.19), intraoperative (weighted mean=4.14), and post-operative (weighted mean=4.18). Chi-square analysis revealed significant relationships ($p<0.05$) between infection control practices and age ($\chi^2=38.50$), task performed ($\chi^2=25.86$), length of service ($\chi^2=36.02$), and training attended ($\chi^2=50.63$). Sex showed no significant relationship ($\chi^2=7.28$, $p>0.05$).

Operating room nurses in Rinconada hospitals demonstrate consistently high adherence to infection control practices across all perioperative phases. Age, task assignment, service duration, and training significantly influence infection control implementation, while sex does not. These findings underscore the importance of targeted, experience-based training programs and standardized protocols. A comprehensive Peri-Operative Management Guide is recommended to maintain best practices, enhance staff competency through tailored education, and establish systematic monitoring systems to further reduce SSI rates and improve patient outcomes.

Keyword: *peri-operative, infection control, practices, operating nurses*

Introduction

Infection is the most dangerous variable in any operation or surgical procedure in the Operating Room. More people die from the complications and infections that result from surgery than from the surgery itself. Despite the advances in modern medicine, infection is a specter that hangs over every patient and surgeon's head when a procedure begins. Microbial agents are spread in different ways in a healthcare setup. The agents that can spread are contact, droplets, airborne transmission, vehicle-borne transmission, and vector-borne transmission of infectious agents, which can occur

either between people or in the hospital's environment, or within the patient himself.Surgical site infections are a result of microbial invasion in a sterile atmosphere.

Moreover, Infections can lead to serious medical complications, including sepsis, organ dysfunction and failure, long-term disability, or even death. Infections can also increase the cost of care and treatment, impede patients' recovery, and reduce their quality of life. Infections can spread to other patients, healthcare workers, and visitors through various routes. Given the severe consequences of infection, taking preventative measures is essential to keep patients and healthcare personnel safe in and out of the operating room. [1]Healthcare-associated infections are one of the most serious risks to patients' health and tend to be a significant concern for healthcare practitioners around the world. Surgical site infection is one of the most commonly reported infections in hospitals. It is currently a major cause of illness and mortality worldwide. Preventing infections is the key factor in improving care and ensuring the safety of both the patient and the healthcare worker. Surgical safety is of utmost importance to prevent major and life-threatening complications leading to undue loss of life and patient morbidity.The operating room is a facility within a hospital where surgical procedures are carried out in an aseptic environment. A highly sterile, aseptic, and restricted area in a hospital setting,

The World Health Organization has taken a leading role in eliminating healthcare–associated harms and has compiled guidelines to address factors that contribute to surgical site infections *in preoperative, intraoperative, and postoperative care*. Preparation of the surgical team nurses have an essential role in *Pre-operative*, ensuring that the patient is prepared mentally and physically for surgery, *Intraoperative*, a sterile technique to decrease the chance of cross-infection by ensuring safety and comfort during surgical procedures and *Post-operative*, patients receive care immediately after surgery which the nurse's role is to monitor patients recovery by controlling pain, watching for infection and assessing for post-operative complications that may arise The care will last for the
duration of the patient's hospital stay and may continue at the patient's home.

Furthermore, maintaining a clean operating environment is essential because many intraoperative risk factors contribute to the development of Surgical Site Infection. Very little has changed over the years regarding the surgical rituals of scrubbing, gowning, and gloving, perhaps because of a lack of scientific data or ethical considerations.

In the Philippines, surgical site infection (SSI) prevention and management strategies have never been standardized over the years. Several international foreign bodies' published guidelines are either contradictory or unsuitable for local adaptation. The 1987 Constitution, Article II,[3] Section 15 declares that "The State shall protect and promote the right to health of the people and instill health consciousness among them." In addition, Section 12 also states that "establish and maintain an effective food and drug regulatory system and undertake appropriate health, manpower development, and research, responsive to the country's health needs and problems."

In addition, the Department of Health (DOH) is tasked to become the technical authority on health in its entirety. The primary responsibility of the Department of Health is to provide national policy direction and to develop national health plans, technical standards, and guidelines. It also provides specialized or tertiary health care services as

well as technical assistance to other health providers, particularly Local Government Units (LGU). Promotion of the health and well-being of every Filipino, in collaboration with other health providers and stakeholders; prevention and control of disease among at-risk populations; Protection of individuals, families, and communities exposed to health hazards and risks; and Treatment, management, and rehabilitation of those afflicted with disease and disability.[4]

As focused on the prevention and control of disease among at-risk populations, the Philippine College of Surgeons, in collaboration with the Philippine Hospital Infection Control Society, Philippine Hospital Infection Control Nurses Association, and Operating Room Nurses Association of the Philippines, Inc., published the country's first guidelines on the prevention and management of surgical site infections in 2017. As a result of their specificity to the Philippine healthcare system's situation and experience, it is anticipated that these recommendations will provide surgeons and other healthcare professionals with improved guidance. While there are still aspects of care with divergent recommendations (such as systemic immunosuppressive therapy), the majority of concordant and discordant recommendations have been reconciled through the expert panel's deliberation and consensus. Consequently, it is anticipated that these guidelines will increase the quality of care provided by health facilities and reduce the prevalence and incidence of SSI in the country.

To ensure the utmost safety of employees, particularly operating room nurses in Rinconada, it is vital to conduct a study on infection control practices to prevent surgical site infections in operating rooms. In this view, the researcher’s primary goal is to identify and formulate strategies that can be proposed especially those who are mostly in operating rooms to prevent surgical site infections and suggest practices to alleviate the chances of acquiring such infections. The researcher's main aim is to to reduce the risk of surgical site infections, by formulating a systematic approach to be adopted by staff nurses based on proper knowledge regarding the status of the patient, type, & time of the operation, personnel involved, and the health care facilities available during a surgical procedure.

Methodology

The study mainly focused on determining the perioperative infection control practices of operating room nurses among hospitals in Rinconada. A quantitative descriptive research design was used in the study.

Descriptive research is a way of conducting research or examining data that focuses on describing and summarizing numerical data. The main goal of this method is to give a complete and exact picture of the features of a phenomenon or sample by collecting and analyzing quantitative data this way, like counts or measurements.

The principal research instrument used by the researcher was the surveyquestionnaire which gave the perception of the respondents on determining the the peri-operative infection control practices of operating room nurses among hospitals in Rinconada.

Respondents

The respondents of the study were OR nurses with at least one year of clinical experience from five hospitals in Rinconada namely the following: Sta.

Table 1. Respondents of the Study

Hospitals in Rinconada	Number of Respondents
Sta. Maria Josefa Hospital Foundation, Inc.	15
Villanueva—Tanvhuling Medical Hospital	13
Our Lady of Mediatrix Hospital	10
Medical Mission Group Hospital	10
CHMSC Lourdes Hospital	5
Total	**53**

Maria Foundation Hospital, Villanueva-Tancguling Medical Hospital, Our Lady of Mediatrix Hospital, Medical Mission Group, and CHMSC Lourdes Hospital were contacted and were included in this study.

To gather the data, the researchers used a questionnaire checklist, in which respondents submitted their answers. Structured interviews and observation were used in this study. Operating room nurses answered the questionnaires.

The questionnaire was the main instrument used to determine the relevant data and information prepared by the researchers. It is a systematic compilation of questions that are submitted to a sample drawn from the population from which Information is desired.

Results and Discussion

Profile of the Respondents

Table 2 shows the respondents' profile by age, sex, task performed, length of service, and training and seminars.

Age. Of the 53 respondents, 15, or 28.30 percent, were 18-24 years old, followed by 25-29 years old with 11, or 20.75 percent, 35-39 years old with 10, or 18.87 percent, and 30-34 years old with 9, or 16.98 percent. Four or 7.55 percent of the respondents were 40-45 years old,three or 5.66 percent were 46-50 years old, and the remaining one or 1.89 percent were 50 years old and above.

Sex. 43 or 81.13 percent of the respondents were female and ten or 18.87 percent was male.

Task Performed. The respondents can perform either of the different task. Respondentswho performedasward nurse accounts 40or 48.78 percent, circulating

nurse with 19 or 23.17 percent, scrub nurse with 16 or 19.51 percent and seven or 8.54 percent as post anesthesia care nurse.

Length of Service. Of the 53 respondents, twenty-five or 47.17 percent served 1-5 years, 16 or 30.19 percent less than 1 year, 10 or 18.87 percent length of service was 6-10 years, three or 5.66 percent served 16 years and above, while the other one or 1.89 percent was already 11-15 years.

Trainings and Seminars. Of the respondents, 25 or 47.17 percent have basic life support training, 15 or 28.30 percent with advance cardiac life support training. Respondents with no trainings and seminars and with Lactation management training has five or 9.43 percent each, and the remaining three or 5.66 have Operating Room Nurses Association of the Philippines.

Table 2. Profile of the Respondents

Profile	Frequency	Percentage
Age		
18 - 24 years old	15	28.30
25 - 29 years old	11	20.75
35 - 39 years old	10	18.87
30 - 34 years old	9	16.98
40 - 45 years old	4	7.55
46 - 50 years old	3	5.66
50 years and above	1	1.89
	53	**100.00**
Sex		
Female	43	81.13
Male	10	18.87
	53	**100.00**
Task Performed		
Ward Nurse	40	48.78
Circulating Nurse	19	23.17
Scrub Nurse	16	19.51
Post Anesthesia Care Nurse	7	8.54
	82	**100.00**
Length of Service		
1- 5 years	23	43.40
Less than1 year	16	30.19
6 - 10 years	10	18.87
16 years and above	3	5.66
11 - 15 years	1	1.89

	53	100.00
Trainings and Seminars		
Basic Life Support	25	47.17
Advance Cardiac Life Support Training	15	28.30
Lactation Management Training	5	9.43
None	5	9.43
Operating Room Nurses Association of the Philippines	3	5.66
	53	**100.00**

Perioperative Infection Control Practices of Operating Room Staff Nurses

The following tables discuss the perioperative infection control practices of operating room staff nurses during pre-operative, intra operative and post operative.

Pre-Operative. Table 3 shows the respondents' perioperative infection control practices during pre-operative.

Table 3
Perioperative Infection Control Practices of Operating Room Staff Nurses during Pre-Operative

Indicator	WM	Interpretation	Rank
1. Disinfect the surfaces in the operating room and all medical equipment.	4.21	Very Highly Practiced	4
2. Making adjustments to medication	4.08	Highly Practiced	8.5
3. Scheduling tests and exams, and physical and psychological preparation.	4.08	Highly Practiced	8.5
4. Cardiopulmonary cleared	4.17	Highly Practiced	6
5. All jewelry should be removed, and artificial nails must not be worn as these are associated with enhanced hand colonization with bacteria and fungi.	4.30	Very Highly Practiced	2
6. Nothing per Orem advised to patient	4.28	Very Highly Practiced	3
7. Patient gown on	4.40	Very Highly Practiced	1
8. Personal Hygiene of the patient	4.19	Highly Practiced	5

observed			
9. Pre-operative preparation done (a.SS Enema b. Cleansing Enema)	4.15	Highly Practiced	7
10. Antibiotic-coated sutures may decrease SSI rates but are only a weak recommendation.	4.06	Highly Practiced	10
Average Weighted Mean	**4.19**	**Highly Practiced**	

Very highly practiced were patient gown on with the highest weighted mean of 4.40, followed by all jewelry should be removed, and artificial nails must not be worn as these are associated with enhanced hand colonization with bacteria and fungi with weighted mean of 4.30, nothing per orem advised to patient with a weighted mean of 4.28 and disinfect the surfaces in the operating room and all medical equipment with weighted mean of 4.21.

Highly practiced pre-operative infection control practices were personal hygiene of the patient observed with weighted mean of 4.19, then cardiopulmonary cleared with a weighted mean of 4.17, pre-operative preparation done (a.SS Enema, b. Cleansing Enema) with weighted mean of 4.15, making adjustments to medication with a weighted mean of 4.08 together with scheduling tests and exams, and physical and psychological preparation and last ranked was antibiotic-coated sutures may decrease SSI rates but are only a weak recommendation have a weighted mean of 4.06

The pre-operative infection controlwas highly practiced with an average weighted mean of 4.19

Intra-Operative. Table 4 shows the perioperative infection control practices of operating room staff nurses during intra operative. The operating staff nurses highly practiced the infection control with an average weighted mean of 4.14.

Table 4
Perioperative Infection Control Practices of Operating Room Staff Nursesduring Intra Operative

Indicator	WM	Interpretation	Rank
1. Hand hygiene is critical to infection control	4.13	Highly Practiced	6
2. Wearing proper surgical attire	4.20	Very Highly Practiced	2.5
3. Keep personnel to a minimum in the OR during a procedure.	4.15	Highly Practiced	5
4. Limit idle conversations as this creates dispersion of bacteria.	4.06	Highly Practiced	10
5. Keep doors closed, to maintain OR field sterility	4.17	Highly Practiced	4
6. Counting of instruments, sponges and needles before the procedure and before closing the incision site	4.23	Very Highly Practiced	1
7. Sterile drapes must be placed on the	4.20	Very Highly Practiced	2.5

patient and on any equipment included in the sterile field			
8. Operating lights handled with a foot pedal or reached above eye level.	4.11	Highly Practiced	7
9. The utility of delayed primary closure of the contaminated surgical site.	4.09	Highly Practiced	8
10. Applications of pressure irrigation at the time of incision closure.	4.08	Highly Practiced	9
Average Weighted Mean	**4.14**	**Highly Practiced**	

Counting of instruments, sponges, and needles before the procedure and before closing the incision site got the highest weighted mean of 4.23, followed by two indicators with a weighted mean of 4.20, which were wearing proper surgical attire and sterile drapes must be placed on the patient and on any equipment included in the sterile field. These three practices were very highly practiced by operating staff nurse during intra-operative.

The 4th rank was keeping doors closed, to maintain OR field sterility with a weighted mean of 4.17, followed by keep personnel to a minimum in the OR during a procedure with a weighted mean of 4.15, hand hygiene is critical to infection control with a weighted mean of 4.13 and operating lights handled with a foot pedal or reached above eye level with 4.11. The utility of delayed primary closure of the contaminated surgical site, applications of pressure irrigation at the time of incision closure, and limiting idle conversations as this creates dispersion of bacteria were also highly practiced by the operating room nurses with weighted means of 4.09, 4, 08 and 4.06, respectively.

Post-Operative. Table 5 shows the perioperative infection control practices of the respondents during post operative.

Monitor the patient's temperature, breathing, blood pressure, pulse rate and oxygen saturation got the highest weighted mean of 4.42 and ask the patient to take deep breaths to assess their lung function got a weighted mean of 4.21 which both interpreted as very highly practiced. Highly practiced were Watch for signs of

Table 5
Perioperative Infection Control Practices of Operating Room Staff Nurses during Post Operative

Indicator	WM	Interpretation	Rank
1. Monitor the patient's temperature, breathing, blood pressure, pulse rate and oxygen saturation	4.42	Very Highly Practiced	1
2. Ask the patient to take deep breaths to assess their lung function	4.21	Very Highly Practiced	2
3. Check the surgical site for signs of bleeding or infection	4.15	Highly Practiced	7
4. Watch for signs of an allergic	4.19	Highly Practiced	3

reaction			
5. Keep patient warm under droplight to prevent hypothermia and chills	4.17	Highly Practiced	4.5
6. Ambulate patient as ordered to prevent pulmonary embolism	4.11	Highly Practiced	9.5
7. Instruct and maintain the use of spirometer for lung expansion	4.11	Highly Practiced	9.5
8. Monitor patient urine output	4.15	Highly Practiced	7
9. Neuro assessment, including LOC, GCS, motor and sensory assessment	4.15	Highly Practiced	7
10. Pain management and wound care	4.17	Highly Practiced	4.5
Average Weighted Mean	**4.18**	**Highly Practiced**	

an allergic reaction with a weighted mean of 4.19, followed by keep patient warm under droplight to prevent hypothermia and chills and ambulate patient as ordered to prevent pulmonary embolism, both with 4.17. Check the surgical site for signs of bleeding or infection, monitor patient urine output and neuro assessment, including LOC, GCS, motor and sensory assessment, all got with a weighted mean of 4.15. Last ranked were ambulate patient as ordered to prevent pulmonary embolism and instruct and maintain the use of spirometer for lung expansion, both with a weighted mean of 4.11.

The post-operative infection controlwas highly practiced by operating room staff nurses with an average weighted mean of 4.18

Relationship between the Profile and the Perioperative Infection Control Practices of Operating Room Staff Nurses

Table 6 shows the test of significant relationship in the respondent's perioperative infection control practices to their profile in terms of age, sex, task performed, length of service and trainings and seminars. Other variables present the computed value, tabular value at 0.05, decision on hypothesis and the interpretation from among the profile of the total population of the study across all the perioperative infection control practices.

Table 5
Relationship between the Profile and the Perioperative Infection Control Practices of Operating Room Staff Nurses

Profile	Computed Value	Tabular Value	Decision on H_o	Interpretation
Age	38.50	36.42	Rejected	Significant
Sex	7.28	9.49	Accepted	Not Significant

Task Performed	25.86	21.03	Accepted	Significant
Length of Service	36.02	31.41	Rejected	Significant
Trainings & Seminars	50.63	46.42	Rejected	Significant

has significance to the perioperative infection control practices of operating room staff nurses.

Further, sex computed value of 7.28 was lesser than the tabular value of 9.49 at 0.05 level of significance. Therefore, null hypothesis is accepted. This suggests that age does not affect the perioperative infection control practices of operating room staff nurses.

Peri-Operative Management Guide Proposed to Enhance the Prevention of Infection

Perioperative management is a critical aspect of preventing SSIs and enhancing patient outcomes. By following these evidence-based guidelines, healthcare providers can reduce the risk of SSIs and improve patient outcomes. Surgical site infections (SSIs) are a significant concern in healthcare, leading to increased morbidity, mortality, and healthcare costs.

To combat this, a Peri-Operative Management Guide can be a powerful tool for hospitals to establish best practices and reduce infection rates.

Summary

This study aimed to determine the peri-operative infection control practices of operating room nurses among hospitals in Rinconada. Specifically, it sought to answer the following: 1. What is the profile of the respondents in terms of: a. Age, b. Sex, c. Task performed, d. Length of Service, e. Trainings/seminars attended; 2.What are the preventive practices of operating room nurses during: a. Pre-Operative, b. Intra Operative c. Post Operative; 3 Is there a significant difference between the profile of the respondents and the preventive practices of operating room nurses? and 4. What peri-operative management may be proposed to enhance the prevention of infection?

This study used a descriptive method research design. The researcher used the questionnaire as the primary data collection tool. Statistical too used were Percentage Techique, Weighted Mean and the Chi-square Test.The respondents of the study were fifty-three staff nurses who were rotated in Operating Room of the hospitals in Rinconada and gathered through total enumeration.

Findings

The following were the findings of the research study:

1. The demographic profile of the respondents, revealed that as to:

Age. Out of the 53 respondents, 15 or 28.30 percent were 18-24 yearsold, followed by 25-29 years old with 11 or 20.75 percent, 35-39 years old with 10 or 18.87 percent, and 30-34 years old with nine or 16.98 percent. Four or 7.55 percent of the respondents were 40-45 years old and three or 5.66 percent were 46-50 years old, while the remaining one or 1.89 percent was 50 years old and above.

Sex. 43 or 81.13 percent of the respondents were female and ten or 18.87 percent was male.

Task Performed. The respondents can perform either of the different task. Respondents who performed as ward nurse accounts 40 or 48.78 percent, circulating nurse with 19 or 23.17 percent, scrub nurse with 16 or 19.51 percent and seven or 8.54 percent as post anesthesia care nurse.

Length of Service. Of the 53 respondents, twenty-five or 47.17 percent served 1-5 years, 16 or 30.19 percent less than 1 year, 10 or 18.87 percent length of service was 6-10 years, three or 5.66 percent served 16 years and above, while the other one or 1.89 percent was already 11-15 years.

Trainings and Seminars.Of the respondents, 25 or 47.17 percent have basic life support training, 15 or 28.30 percent with advance cardiac life support training. Respondents with no trainings and seminars and with Lactation management training has five or 9.43 percent each, and the remaining three or 5.66 have Operating Room Nurses Association of the Philippines.

2. The perioperative infection control practices of operating room staff nurses were: The pre-operative infection controlwas highly practiced with an average weighted mean of 4.19. The operating staff nurses highly practiced the infection control with an average weighted mean of 4.14. Postoperative infection control was highly practiced by operating room staff nurses, with an average weighted mean of 4.18.

3. The result of statistical data showed that age, task performed, length of service and trainings and seminars with computed values of 38.50, 25.86, 36.02 and 50.63 were higher than the tabular value of 36.42, 21.03, 31.41 and 46.42, respectively at 0.05 level of significance. Therefore, null hypothesis is rejected. This implies that age, task performed, length of service and trainings and seminarshasimportanceto the perioperative infection control practices of operating room staff nurses.Further, sex computed value of 7.28 was lesser than the tabular value of 9.49 at 0.05 level of significance. Therefore, null hypothesis is accepted. This suggests that age does not affect the perioperative infection control practices of operating room staff nurses.

4. Perioperative management is a critical aspect of preventing SSIs and enhancing patient outcomes. By following these evidence-based guidelines, healthcare providers can reduce the risk of SSIs and improve patient outcomes. Surgical site infections (SSIs) are a significant concern in healthcare, leading to increased morbidity, mortality, and healthcare costs.

Conclusion

Based from the findings of this research, the following conclusions were drawn:

1. Majority of the respondents were female. Almost half already served 1-5 years, performed task as ward nurse and with basic life support training. Mostly were18-24 years old.

2. The perioperative infection control practices of operating room staff nurses during pre-operative, intra operative and post operative were all highly practiced.

3. Among the profile that shows significant relationships to the perioperative infection control practices of operating room staff nurses were the age, task performed, length of service and trainings and seminars. Sex shows a no significant relationship.

4. APeri-Operative Management Guide can be a powerful tool for hospitals to establish best practices and reduce infection rates.

Recommendations

In light of the findings and conclusions, the following recommendations were formulated.

1. Tailor training programs for operating room staff nurses based on their age,
2. tasks, experience, and prior training. Emphasize infection control practices across pre-operative, intraoperative, and postoperative phases.
3. Organize regular seminars and workshops to update staff nurses on the latest infection control guidelines and best practices. Encourage participation in advanced training courses to enhance their knowledge and skills in perioperative infection control.
4. Implement a system for monitoring and evaluating the adherence of staff nurses to infection control practices. Provide constructive feedback and support to help them improve their practices and maintain high standards of care.
5. Develop standardized operating procedures for infection control in the perioperative setting. Ensure that these procedures are easily accessible, regularly updated, and followed consistently by all staff members.
6. Foster a culture of collaboration and teamwork among operating room staff nurses to promote a shared responsibility for infection control. Encourage open communication, mutual support, and a commitment to maintaining a safe and sterile environment.

ACKNOWLEDGMENTS

I am deeply grateful to all those who have provided valuable assistance and cooperation in the completion of this study. This achievement would not have been possible without your support.

First and foremost, I would like to express my sincere gratitude to **Dr. Domingo R. Ortega**, Jr., the Dean of Graduate Studies and Research. His unwavering encouragement, intellectual support, and selfless assistance throughout the research process have been crucial to the successful completion of this study.

Furthermore, I would like to extend my heartfelt thanks to my research adviser, **Dr. Jane T. Briones**. Her help has been invaluable and multifaceted, including making follow-ups on my study, sharing her brilliant ideas, and providing unwavering support throughout the research process.

I would also like to thank the panel committee members, including Chairman **Cyril B. Romero, Ph.D**., and members **Dr. Luviminda V. De Villa, PhD**, and **Mr. Richard A. Naag, MAN** for their untiring efforts, valuable suggestions, and fair critiquing. Their contributions have been instrumental in ensuring the success of this research.

I would also like to express my gratitude to the respondents of the study, the Medical Directors and staff Nurses of the different hospitals in Rinconada, Camarines Sur, my family, my friends and colloquies , for their love, prayers, and l support throughout my research journey.

Lastly, I would like to acknowledge all those who have contributed in their modest ways to the success of this research. Your support and encouragement have been greatly appreciated and to the Almighty God

Researcher

References

Lucci Perri.2022. Preventing Infection InThe Operating Room. Retrieved From: https://www.infectioncontrolresults.com/preventing-infection-in-the-operating-room

Marie-Claude Roy, MD, MSc.2019 Guide To Infection Control InThe Healthcare Setting. International Society for Infection Diseases. Retrieved from https://isid.org/guide/infectionprevention/surgical-site-infections/

The 1987 Constitution, Article II. Retrieved from: Law Phil. https://www.officialgazette.gov.ph/constitutions/1987-constitution/

Saguil, E.A., Bermudez, A.N.C., Antonio, C.A.T., Kochon, K.L. (2019). Consensus Recommendations on the Prevention and Management of Surgical Site Infections (SSI) in the Philippine Setting. https://pcs.org.ph/wp-content/uploads/2022/03/PCS-v72-no2-5-consensus_recommendations1.pdf.

Infection Control Results. 2022. Preventing Infection in The Operating Room. Retrieved from: https://www.infectioncontrolresults.com/preventing-infection-in-the-operating-room

Diana Lobo Et.al., 2019. Correlation between health professionals' knowledge, attitude, and practice about infection control measures. Department of Medical-Surgical Nursing, Laxmi Memorial College of Nursing, Balmatta, Mangaluru-575002, Karnataka, India. Retrieved from: https://www.proquest.com/openview/25e74454c6fecaa8d66785c271207df1/1?pq-origsite=gscholar&cbl=706338

Calaid Home Healthcare. 2023. Pre- and Post-Operative Care. Retrieved from: https://calaidhealth.com/skilled-nursing-services/pre-and-post-operative-care/#:~:text=Pre%2Doperative%20care%20involves%20preparing,receive%20after%20a%20surgical%20procedure.

Healthline. 2023. Postoperative care. Retrieved from: https://www.healthline.com/health/postoperative-care

Patient Safety Network. 2019. Centers for Disease Control and Prevention (CDC)Retrieved from: https://psnet.ahrq.gov/primer/surgical-site-infections

Tesfaye, T., Dheresa, M., Worku, T., Dechasa, D.B., Asfaw, H., Bune, A.J. (2022). Surgical site infection prevention practice and associated factors among nurses working at public hospitals of the western part of southern nation, nationalities, and peoples' region, Ethiopia: A cross-sectional study. https://www.frontiersin.org/articles/10.3389/fsurg.2022.1013726/full

Henarejos, V., O'Connor, K., Barrasa, A., Villalonga, A., Pastor, C., Puyana, J.C., Belen, M. (2022). Implementing a mHealth-Based Patient and Nurse Educational Program to Reduce Wound Infection in Rural Philippines. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9438464/.

Morikane, K., Russo, P.L., Lee, K.Y., Chakravarthy, M., Ling, M.L., Saguil, E., Spencer, M., Danker, W., Seno, A., Edmiston Jr., C. (2021). Expert commentary on the challenges and opportunities for surgical site infection prevention through implementation of evidence-based guidelines in the Asia–Asia-Pacific region. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9438464/.

Macalindog, S.S. (2022). Surgical Site Infection (SSI) Surveillance Program for Mastectomy in the Department of Surgery of the University of the Philippines-Philippine General Hospital. https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/3586.

Merck, B., Perez, V.H., Morales, A.V., Shaw, A.B. (2022). Preventing surgical site infection through patients' education: Results from the MEDIPINAS medical mission. https://www.elsevier.es/en-revista-cirugia-espanola-english-edition--436-articulo-preventing-surgical-site-infection-through S2173507722000 527.

532

533