

ASSESSMENT OF NURSES' KNOWLEDGE ABOUT ACCIDENTS' PREVENTION AMONG THE ELDERLY IN ASSIUT GOVERNORATE

Hammam Mohammed Hammam¹; Nazek Ibrahim Abd-ElGhany²; Hoda Diab Fahmy Ibrahim³; and Safaa Rashad Mahmoud⁴

1-Professor of Community Health, Faculty of Medicine, Assiut University.

2-Professor of Community Health Nursing, Faculty of Nursing, Alexandria University.

3-Lecture of Community Health Nursing, Faculty of Nursing, Assiut University.

4-Instructor of Community Health Nursing, Faculty of Nursing, Assiut University.

ABSTRACT :

The study was conducted in 5 different setting in Assiut Governorate: Assiut University Hospitals; Health Insurance Hospital (Elmabarra); Assiut General Hospital (Elshamla); District hospitals (Dirout and Abnob Hospital); Rural Hospitals (Dronka and Banimohamadiat Hospitals). 30% of the total number of each of the previous setting was taken. The total number of the sample was 500 nurses. A written structured interview questionnaire was designed for this study. The data collection period extended for eight months from August 1998 to March1999. Only one nurse has been interviewed at a time using the study questionnaire. Each single interview took about 25 minutes. The aim of the present study is to assess the nurses' knowledge about accidents among the elderly, causes, types, complications, prevention, and the nursing role in accidents' prevention. The study showed (50%) of the sample stated that the road accident is the most common type, followed by falls (40.2%), almost half of the sample (51.4%) stated that arthritis is one of the main diseases contributing falls in the elderly. Around one third of the sample (31.4%) stated that caring for the elderly' medications while (5.4%) suggested attending training program for personnel working with the elderly are items of roles in accidents' prevention. The study recommended that Teaching curriculum should be contain more information about the elderly and their problems in all levels of education i.e., schools and university, to develop, plan, and implement educational programs related to accidents' prevention among the elderly for nurses and other personnel working with this sector, health education should be given through mass media regarding the first aid, especially during accident occurrence among the elderly.

INTRODUCTION :

Aging is a complex and dynamic process with intricately interrelated and inseparable physiological, psychological and sociologic components. The older adult has a multitude of needs and problems that require gentleness and caring from the nurse to promote health, well being, recovery from illness or disability and successful development toward senescence [1]. These age group usually experience many difficulties, which can lead to accidents. Most old people have progressively poor sight, poor hearing, poor sense of smell, failing memory, failing strength, stiffness, breathlessness, sometimes some degree of crippling with arthritis, and often mental confusion, making them liable to accidents [2]. In a number of developing countries, this phenomenon is projected to occur very rapidly. By the year 2025, while the elderly population in developed countries is expected to increase by 11 percent over the 1985 figures, the number of elderly persons living in developing countries will increase by almost thrice that rate or by 240 percent [3,4&5]. The elderly people in Egypt, 60 years of age and older, form approximately 7% of the total population [6]. The population census showed that there are 3.405 million persons aged above 60 years [7].

Accidents, one of the top 10 causes of death among elderly people. Most injuries to the older adult involve falls, car accidents, Burns and Poisoning. Occupant of motor vehicles sustains the largest percentage of fatal injuries for all ages up to age 75. Risk of injury and death is highly correlated with amount of highway travel, road characteristics, speed of vehicle, vehicle size, and use of restraint systems [8,9,10 &11].

Burns and scalds are more likely to occur with older people as the sensation for heat may be reduced. Impaired visual acuity and sense of smell increase the dangers that older people may not detect smoke or gas fumes [12 &13].

Falling poses a serious health hazard to geriatric patients. Studies conducted to determine the risk factors, rates of injury and morbidity, and economic impact involved in falling reveal several results such as, each year about 9.500 persons over age 65 die as a result of falling, making it the number one cause of accidental death in this age- group. Falls pose a greater risk to hospitalized elderly patients than to any other hospitalized population, 30% to 50% of nursing residents experience falls annually [14&15].

Prevention of accidents can be enhanced by a comprehensive assessment of home situation. Also, nurses in institutional sitting are most concerned about the person's immediate environment, and this requires astute observation and assessment skills by the nurse [16,17 &18].

Study rationale :

Elderly are more susceptible to accidents and injuries than younger adults because of both internal and external factors. Nursing care of the aged is most important. It depends on the knowledge and skills of nurses and their abilities to meet the elderly's needs or give assistance in severe situations and more attention should be paid to the nurses' role in promoting, maintaining and restoring the elderly's health through decreasing the accidents and their complications. So, the assessment of how many nurses are knowledgeable about the important subject of accident prevention among the elderly and the identification of any points of knowledge deficiency is necessary to spark any effort to help them offer better service to this highly vulnerable age group.

The aim of the present study is to assess the nurses' knowledge about accidents among the elderly, causes, types, complications, prevention, and the nursing role in accidents' prevention.

MATERIAL AND METHODS:

Material :

I- Setting of the study :

The study was conducted in 5 different settings in Assiut Governorate : Assiut University Hospitals, Health Insurance Hospital (Elmabarra), Assiut General Hospital (Elshamla), District hospitals (Dairout and Abnoub Hospitals), Rural Hospitals (Dronka and Banimohamadiat Hospitals.(The study was conducted in hospitals because there are no nursing homes in Assiut.

II – Sampling :

A proportional allocation sample was done, 30% of the total number of each of the previous setting was taken. The total number of the sample was 500 nurses.

III- Tool of the study :

A written structured interview questionnaire was designed for this study to assess the knowledge of nurses about accident prevention among the elderly in Assiut Governorate. This interview format covered the following: Demographic data, such as : age, sex, education, marital status, and years of experience Attending training program about elderly care, Knowledge of nurses about aging, and Knowledge of nurses about accidents, causes, complications, prevention, and nursing role in accidents' prevention.

Methods :

The necessary official permission was obtained from the Undersecretary of Health in Assiut Governorate to obtain his vital assistance and necessary approval to conduct the study. Also, official letters from the Supervisor of the High Institute of Nursing, Assiut University to the Director of Assiut University Hospital and Health Insurance Hospital were sent. These letters included a permission to carry out the study in the previously mentioned settings. The nature and purpose of the study were briefly explained through direct personal communication.

A pilot study was performed to evaluate the questionnaire validity and reliability. It was carried out on a sample of 20 nurses chosen from the previous setting, who were excluded from the sample. The necessary modifications were accordingly fulfilled. All nurses available at time of data collection were interviewed to collect the necessary data. All departments were taken pediatrics and gynecological except departments. The data collection period extended for eight months from August 1998 to March 1999. Only one nurse has been interviewed at a time using the study questionnaire. Each single interview took about 25 minutes.

RESULTS :

Table (1) shows the distribution of socio-demographic nurses by some characteristics. As regards sex, 198 were males (39.6%), while 302 were females (60.4%). As regards age, approximately two- thirds of the sample (70.4%) were in the age group 20 -29 years, while 15.6% of the sample were in the age group (30-39), and (8.2%) of the sample were in the age group 40 years and more. The minority of the sample (5.8%) were in the age group less than 20 years. None of the sample attend training program about care of the elderly.

Regarding to nurses' qualifications, the majority of the sample (80.2%) were graduates of the Secondary Technical School of Nursing, while 16.8% were graduates of the High Institute of Nursing, 2.0% of the sample were graduated of the Technical Health Institute, and only (1.0%) had no nursing qualification and working as staff nurses. As regards marital status, almost half the sample (51.6%) were single, while 46.8% were married. Very small percent (0.8%) were widows, and the same percent (0.8%) were divorced. Regarding to job, the majority of the sample (79.8%) were working as staff nurses, while 12.2% were working as nursing supervisors and 8% were working as nursing residents. Regarding to years of experience, about three-quarters of the sample (73.2%) had nursing experience up to 9 years, while about one fourth (26.8%) had nursing experience more than 10 years.

Socio-demographic Characteristics	n = 500	%
1-Age group (in years)* :		
-20	29	5.8
20-29	352	70.4
30-39	78	15.6
+40	41	8.2
2-Sex :		
Male	198	39.6
Female	302	60.4
3-Qualification :		
Baccalaureate	84	16.8
Diploma	401	80.2
Technical Institute	10	2.0
Work by experience	5	1.0
4-Marital status :		
Single	258	51.6
Married	234	46.8
Widow	4	0.8
Divorced	4	0.8
5- Job :		
Nursing supervisor	61	12.2
Staff nurse	399	79.8
Nursing resident	40	8.0
6- Years of experience (in years)** :		
9-	366	73.2
+10	134	26.8

Table (1): Distribution of nurses by some socio-demographic characteristics in Assiut

* Mean values of age = 26.94± 7.02

** Mean values of years of experience = 7.29±7.00

Table (2) represents the distribution of nurses according to their knowledge about types of accidents among the elderly. None of them could define aging, aged persons or accidents. Half of the sample (50%) stated that the road accident is the most common type of accidents among the elderly, followed by falls (40.2%). Unexpectedly, one nurse (0.2%) stated that drowning is the most common type of accident among the elderly.

 Table (2): Distribution of nurses according to their knowledge about basic definitions (aging, aged persons and accidents) and types of accidents among the elderly

	n = 500			
Items	Don't	Don't know		low
	No.	%	No.	%
Definitions :				
1- Aging	500	100.0	0	0.0
2- Aged persons	500	100.0	0	0.0
3- Accidents	500	100.0	0	0.0
Types of accidents :				
1- Falls	299	59.8	201	40.2
2- Road accident	250	50.0	250	50.0
3- Burns	408	81.6	92	18.4
4- Poisoning	431	86.2	69	13.8
5- Drowning	499	99.8	1	0.2
6- Others	451	90.2	49	9.8

N.B : Others as: Fractures, suicide, scorpion and snakebites.

Table (3) shows nurses' knowledge about causes of accident among the elderly. As regards mechanical hazards, 30.8% of the sample stated that broken stairways is one of the causes of accident followed by 29.6% of the sample and 28.6% who mentioned the falling, and slippery floor, respectively. Concerning electro-thermal hazards, 34% referred to uncovered electrical outlet followed by 30.2% who referred to fires, while 5.4% mentioned that unsafe use of hot water as causes for the accident.

Regarding to chemical hazards, 15.4% of the sample mentioned the medication

overdose, while 3.2% referred to kerosene drinking.

Regarding psychological hazards, 8% stated depression, while 3 % mentioned impaired judgement as one of the causes for accidents.

As regards bacteriological hazards, 19.2% referred to food poisoning as one the causes of accident, while 2.2% stated that bad food storage is one of the causes among the elderly hospital factors, almost half of the sample (51.2%) stated high beds, followed by slippery floor (30%) and staff. ne.

	n = 500				
Causes of accidents	Don't k	Don't know		Know	
	No	%	No	%	
I- Mechanical hazards :					
1- Falling	352	70.4	148	29.6	
2- Slippery floor	357	71.4	143	28.6	
3- Loose clothing	411	82.2	89	17.1	
4- Broken stairways	346	69.2	154	30.8	
5- Carpeting stairs	494	98.8	6	1.2	
6- Unlighted stairs	438	87.6	62	12.4	
7- Stairs without hand-rails	412	82.4	88	17.6	
8- Unpainted stair steps	499	99.8	1	0.2	
II- Electro-thermal hazards:					
1- Uncovered electrical outlet	330	66.0	170	34.0	
2- Fires	349	69.8	151	30.2	
3- Unsafe use of matches	467	93.4	33	6.6	
4- Drinking very hot fluids	437	87.4	63	12.6	
5- Unsafe use of hot water	473	94.6	27	5.4	
6- Falling near heater	476	95.2	24	4.8	
7- Gas explosion	399	79.8	101	20.2	
8- Smoking in bed	464	92.8	36	7.2	
III- Chemical hazards :					
1- Overdose of medication	423	84.6	77	15.4	
2- Liquid or gas poisoning	426	85.2	74	14.8	
3- Drinking a poisonous agent	448	89.6	52	10.4	
4- Drinking kerosene	484	96.8	16	3.2	
5- Inhalation of carbon monoxide	474	94.8	26	5.2	
6- Food/water contaminated with a chemical agent	443	88.6	57	11.4	
7- Use of cleansing bottle for water drinking	488	97.6	12	2.4	
IV- Psychological hazards:					
1- Depression	460	92.0	40	8.0	
2- The elderly mood (aggressive or anxious)	470	94.0	30	6.0	
3- Impaired memory	479	95.8	21	4.2	
4- Loneliness and isolation	446	89.2	54	10.8	
5- Impaired judgement	485	97.0	15	3.0	
V- Bacteriological hazards :					
1- Food poisoning	404	80.8	96	19.2	
2- Bad food storage	489	97.8	11	2.2	
3- Contaminated environment for food preparation	467	93.4	33	6.6	
4- Food handlers	480	96.0	20	4.0	

Table (3): Distribution of studied sample according to their knowled	ge
about (hazards) causes of accidents among the elderly	

Table (4) shows nurses' knowledge about factors contributing to falls in the elderly. Regarding gligence (27.2%). As regards home factors, 34% stated the slippery bathroom floor, followed by stairs (28.2%), while 4.4% of the sample stated the bedroom and two highest floor. As regards personal factors, visual or hearing impairment were stated by 36% of the sample, followed by fracture or osteoporosis (32%), while 9.2% referred to medications.

Table (5) illustrates that almost half of the sample (51.4%) stated that arthritis is one of the main diseases contributing falls in the elderly, while small percent (5.6%) of the sample stated malnutrition.

Table (6) shows nurses' knowledge about prevention of fall accidents. About one third (33%) of the sample stated the maintained good psychological state, and around a quarter (23.8%) stated the arrangement of home furniture. While 6.6% of the sample stated the well illuminated stairways. Table (7) shows the nursing role in accidents' prevention as suggested by the nurses sample. Around one third of the sample (31.4%) stated that caring for the elderly medications is one of their role in accident prevention followed by caring of elderly food (27.4%) and guide the elderly about accident hazards (25.6%), while 5.4% of the sample suggested attending training program for personnel working with the elderly.

 Table (4): Distribution of studied sample according to their knowledge about factor contributing to falls in the elderly

		n = 500		
Factors contributing to falls	Don't	t know	Kn	OW
	No	%	No	%
Environmental Factors:				
A- Hospital factors :				
1-Staff negligence	364	72.8	136	27.2
2-Increased number of medications	407	81.4	93	18.6
3- High beds	244	48.8	256	51.2
4-Prolonged bed rest	441	88.2	59	11.8
5-Impaired adjustment ability to surroundings	384	76.8	116	23.2
6 – Night-time confusion	406	81.2	94	18.8
7 –Slippery floor	350	70.0	150	30.0
B- Home factors :				
1-Thresholds	415	83.0	85	17.0
2-Stairs	359	71.8	141	28.2
3 – Furniture	394	78.8	106	21.2
4 – Poor illumination in rooms/ hall ways	367	73.4	133	26.6
5-Clutter / trash	377	75.4	123	24.6
6- Exposed electrical cords	381	76.2	119	23.8
7-Thrown rugs	400	80.0	100	20.0
8- Slippery bathroom floor	330	66.0	170	34.0
9-Bedroom with two levels	478	95.6	22	4.4
C- Personal factors :				
1- Advanced age	367	73.4	133	26.6
2- Fractures or osteoporosis	339	67.8	161	32.2
3- Dementia	425	85.0	75	15.0
4- Visual or hearing impairment	320	64.0	180	36.0
5- Delayed reaction time	452	90.4	48	9.6
6- Orthostatic hypertension	411	82.2	89	17.8
7- Declining muscular endurance	446	89.2	54	10.8
8- Inter-current illness	398	79.6	102	20.4
9- Vertigo / Dizziness	412	82.4	88	17.6
10-Impaired gait / balance	395	79.0	105	21.0
11-Medication	454	90.8	46	9.2

		n = 500			
Diseases	Don't	Don't know		Know	
	No	%	No	%	
1-Arthritis	243	48.6	257	51.4	
2-Musculo-skeletal disorders	316	63.2	184	36.8	
3-Heart diseases	286	57.2	214	42.8	
4-Diabetes mellitus	271	54.2	229	45.8	
5-Malnutrition	472	94.4	28	5.6	
6-Others	462	92.4	38	7.6	

 Table (5): Distribution of studied sample according to their knowledge

 About diseases contributing to falls in the elderly

N.B: Others as: Kidney diseases, hypotension, and epilepsy.

Table (6): Distribution of studied sample according to their knowledge			
about prevention of fall accidents			

		<u>n = 500</u>			
Methods of prevention	Don't know		Know		
	No.	%	No.	%	
1-Well-illuminated hall ways	391	78.2	109	21.8	
2-Use canes and other assistive devices	460	92.0	40	8.0	
3-Support elderly during walking	311	62.2	189	37.8	
4-Wear suitable shoes	490	98.0	10	2.0	
5-Avoid wide loose cloths	461	92.2	39	7.8	
6-Early treatment of organic diseases	430	86.0	70	14.0	
7-Maintain good psychological state	335	67.0	165	33.0	
8-Keeping floor dry and presence of non-slippery bathing material	400	80.0	100	20.0	
9-Arrangement of home furniture	381	76.2	119	23.8	
10-Well-illuminated stairways	467	93.4	33	6.6	
11-Presence of stair hand-rails	402	80.4	98	19.6	
12-Painting of stair step	500	100.0	00	0.0	
13-Avoid loose or torn carpeting	458	91.6	42	8.4	

Table (7): Distribution of studied sample account	rding to their	knowledge
about nursing role in accidents' j	prevention.	

Items		n = 500		
		Don't know		Know
	No	%	No	%
1-Caring with elderly food	363	72.6	137	27.4
2-Caring with medications	343	68.6	157	31.4
3-Guide elderly about accident hazards	372	74.4	128	25.6
4-Help elderly to adjust with surrounding	466	93.2	34	6.8
5-Help elderly when getting out of bed	452	90.4	48	9.6
6-Use of bed rails	420	84.0	80	16.0
7-Training program for personnel working with the elderly	473	94.6	27	5.4
8-Learn elderly to avoid smoking in bed	455	91.0	45	9.0
9-Care and good observation of any changes of the elderly condition	402	80.4	98	19.6
10-Advice the elderly to keep periodic medical follow up	418	83.6	82	16.4

DISCUSSION :

The aim of this study is to assess the nurses' knowledge regarding accident prevention among the elderly. The investigator discovered during this conduction of the present study that none of nurses included in the study knew what aging is, or who is the old person. This shows the lack of nurses' knowledge regarding these two previous items. This finding can be attributed to the fact that there is no enough available literature about aging for the nurses to read. As regards nurses' knowledge about what is the meaning of an accident, none of them obtained the correct definition. This concludes the deficiency of knowledge about this point. Regarding attendance of inservice training program about elderly nursing care, none of them reported attending any training program about previous point. Regarding the knowledge of nurses about types of accidents among the elderly, almost half of the sample stated that the road accident is the most common type, followed by falls. The minority stated other types, such as fractures, suicide, scorpion and snake bites.

Bates and DiMauro [19] stated that falls, burns, and road traffic accidents cause most accidental deaths among people aged 65 years and over. Also, Abd El-Aly and Boucher [20 & 21] mentioned that 82% of the fatal accidents in the elderly occur in the person's own home, and this type of accident increases with the age and those with poor health, 95% of the fatalities result from falls, burns, and scalds and poisoning household gas. As regards nurses' knowledge about

accident hazards, regarding mechanical hazards, electro-thermal hazards, chemical hazards. *bacteriological* hazards. and psychological hazards, the present study indicates poor knowledge of nurses about accident hazards, and this area of knowledge necessitates more emphasis in order to be improved. These findings are in agreement with those of Abou Aecha [22]; which revealed highly prevalent misunderstanding as well as the very poor knowledge among care-givers related to environmental hazards leading to accidents in nursing homes.

Many authors reported that mechanical, thermal, chemical, psycho-social and bacteriological hazards are the main leading causes for accidents [10,23,24 and 25]. The findings of this study reveal the insufficiency of knowledge of nurses about the factors contributing to falls in the elderly. The investigator believes that there is an urgency to give the nurses the correct, complete, and up-to-date knowledge, especially about these factors.

Brady [26] reported that falls account for 29% to 89% of all accidents reported in hospitals. 50% of accidents are caused by environmental factors, such as broken stairs, slippery sidewalks, inadequate lighting, throw rugs, and exposed electrical cords [27].

As regards medical conditions contributing to occurrence of falls in the elderly, the findings of the present study is in agreement with that reported [28 & 29], where ischemic heart disease as a medical disorder predisposing the residents to accident was reported by 32.29%, and hypertension by 37%. Also the finding of this study is in the same line with the findings of the study [22], which showed that nearly one third of care providers indicated diabetes mellitus and the minority were aware of the other diseases, such as, heart disease, hypertension, or cancer.

Concerning the nurses knowledge about prevention of falls and accidents, it is serious to note that there is poor and insufficient knowledge of nurses about prevention of falls among the elderly and consequently, there is an urgent need to reinforce this knowledg Concerning the nurses' role in accident prevention, the present study revealed that inadequate knowledge of nurses about their role in accidents' prevention among the elderly. These results are in agreement with those of Abd El-Ghany [30] regarding the nurses' knowledge about the efforts that must be done to minimize the accidents' hazards among the elderly which reflects a great deficiency and lack of knowledge toward accidents' prevention.

CONCLUSION :

Since the present study has been carried out to assess the nurses' knowledge about accidents prevention among the elderly. There is a serious lack of knowledge among the nurses as regards accidents among the elderly, types, causes, complications, prevention, and the nurses' role in accidents' prevention. So, the study recommended the following: Teaching curriculum should contain more information about the elderly and their problems in all levels of education i.e., schools and university, health education to both the staff members working with the elderly and the family relatives must be involved about care of this vulnerable sector, expanded refresher- teaching courses for medical and paramedical personnel, nursing care of the elderly must be fulfilling safety precautions and in a pleasant manner, emphasis should be given to the libraries by increasing the number of books and periodicals in the geriatric field, to develop, plan, and implement teaching programs related to accidents' prevention among the elderly for nurses the proposal of the program in appendix (1) health education should be given through mass media regarding the first aid, especially during accident occurrence among the elderly.

REFERENCES:

- 1-Staab AS and Hodges LC (1994) :Essentials of gerontological nursing. JB Lippincott Co .Philadelphia, USA.
- 2-Kemp B, Smith KB and Ramsdell JW (1990 :(Geriatric rehabilitation. A college-Hill publication. Little, Brown and company Inc. Boston /Toronto/London.
- **3-WHO(1987): Reports of expert committee on health for elderly 0031.**
- 4-WHO (1989) :Health of the elderly Report of WHO experts committee. Technical Report Series, No. 779. Geneva. pp.7-30, 36-39.
- 5-WHO (1995): Epidemiology and prevention of the cardiovascular diseases in the elderly people. TRS, NO. 853. Reports of WHO study group. Geneva. 1-5, 8-21.
- 6-Abd El-Ghany NI (1986): Elderly in Egypt. J Geront Nurs, 12(5): 35-8.
- 7-Central Agency For Public Mobilization And Statistics, (CAPMAS) (1998): General demographic survey for population and

establishment. The final results for the total of republic. Part one. No. 1102/Dec.

- 8-Clemen SA, Egsti DG and McGuire SL (1981) : Comprehensive family and community health nursing. McGraw-Hill book Co.
- 9-Green LW and Ottoson JM (1994) : Community health. 7th Edn. Mosby, St Louis Baltimore, Boston, Chicago, London, Madrid, Philadelphia, Sydney, Toronto. Pp.387-391.
- 10-Heath HB (1995) :Foundation in nursing theory and practice. Mosby-Year Book, Inc.
- 11-Noble J, Green HL and Levinson W (1996 :(Textbook of primary care medicine. 2nd Edn. Mosby. St Louis, Baltimore, Boston, Carlsbad, Chicago, Naples, New York, Philadelphia, Portland, London, Madrid, Mexico City, Singapore, Sydney, Tokyo, Toronto, Wiesbaden. pp.52-54.
- 12-Lewis JM (1985) : Prevent burn injury to older adults. J Geront Nurs, 11:8
- **13-Christ M and Hohloch F (1993) :** Gerontologic Nursing. 2nd Edn. Spring house Co. pp.126-49.
- 14-Mooney RA and Greenway MM (1996): Gerontologic rapid nursing intervention. DELMAR Publisher. pp. 31-39.
- 15-Pousada L and Nahemow L (1983) : Geriatric diagnostic: A case study approach. Springer Publishing Co. New York.
- 16-Miller CA (1995): Nursing care of the older adult. 2nd Edn. Philadelphia, Lipincott.

- 17-Rice R (1996) : Home health nursing. Practice, concept and application. 2nd Edn. P. 428.
- 18-Staab AS and Hodges LC (1996) : Essentials of gerontological nursing. JB Lippincott Company, Philadelphia,USA.
- 19-Bates GF and DiMauro N (1997) : Mason's Basic Medical-Surgical Nursing. 6th Edn. McGraw-Hill Co. pp. 30-50.
- 20-Abd El-Aty MA (1990) :Health profile of geriatric group in Assiut Governorate. Thesis submitted for partial fulfillment for doctoral degree in Public Health and Preventive Medicine. Assiut University.
- 21-Boucher CA (1966 :(Accidents in the elderly in England and Wales. Abstract of Papers Presented at the 7th International Congress for Gerontology, Vienna. pp. 226.
- 22-Abou Aecha NA (1996) :Assessment of environmental hazard leading to accidents in geriatric homes in Alexandria. Thesis submitted to the Faculty of Nursing, Alexandria University in partial fulfillment of the Degree of Master of Science in Public Health Nursing.
- 23-Gross YT, Shimamoto Y, Rose CL and Frank B (1990): Why do they fall? Monitoring risk factors in nursing homes. Journal of Gerontological Nursing. 16(6): 20-25.
- 24-Hazzard WR, Andres R, Bieman EL and Blass JP (1995): Principals of geriatric medicine and gerontology. 2nd Edn. McGraw-Hill, Inc, p.1197.
- 25-Mallik M, Hall C and Howard D (1998) : Nursing knowledge and practice: A decision- making approach. Bailliere Tindall. pp.8-12.

Ass. Univ. Bull. Environ. Res. Vol. 3 No. 1, March 2000

- 26-Brady R, Chester F, Pierce L (1993) : Geriatric falls: Prevention strategic for the staff. J Geront Nurs, 19(9): 26.
- 27-Edelman CL and Mandle CL (1994) : Health promotion throughout the life span. 3rd Edn. St. Louis. Mosby.
- 28-Mostafa SR (1990) : A multidimensional assessment of geriatric mental health profile in Alexandria. Ph.D. Dissertation, Faculty of Medicine, Alexandria University.
- 29-Cadigan DA, Magaziner J and Fadder O (1989) :Poly-medicine use among community resident older women: how much of a problem? AJPH, 79(11): 1537-41.
- 30-Abd El-Ghany NI (1978): Study of knowledge and performance of nurses and workers working with the aged population in Alexandria. Thesis submitted to the HIN, Alexandria University, in partial of the requirement for Master of Science in Nursing.

Ass. Univ. Bull. Environ. Res. Vol. 3 No. 1, March 2000

تقييم معلومات الممرضات عن منع الحوادث للمسنين بمحافظة أسيوط همام محمد همام ' ، نازك إبراهيم عبد الغنى ' ، هدى دياب فهمى إبراهيم ' ، صفاء رشاد محمود ''

١- قسم الصحة العامة والطب الوقائى - كلية الطب - جامعة أسيوط .
 ٢- قسم تمريض صحة المجتمع - كلية التمريض - جامعة الاسكندرية .
 ٣- قسم تمريض صحة المجتمع - المعهد العالى للتمريض - جامعة أسيوط .

أجريت الدراسة فى خمس أنواع مختلفة من المستشفيات بمحافظة أسيوط ، وقد اشتملت هذه الدراسة مستشفيات : جامعة أسيوط ، مستشفى أسيوط العام (المبرة)، مستشفى أسيوط العام (الشاملة) ، المستشفى المركزى بكل من ديروط وأبنوب ، المستشفى القروى بكل من درنكه وبنى محمديات

وقد أجريت الدراسة فى المستشفيات بسبب عدم وجود دار للمسنين فى أسيوط . واحتوت العينة على ٣٠ (من العدد الكلى للممرضات فى الأماكن المذكورة ، ممثلة فى ٥٠ ممرضة ، وقد صممت استمارة استبيان لجمع البيانات ، واستغرق جمع البيانات ثمانية أشهر فى الفترة من أغسطس ١٩٩٨ إلى مارس ١٩٩٩ ، وأجريت المقابلة الشخصية لكل ممرضة على حدة فى حوالى ٢٥ دقيقة . وكان الهدف من هذه الدراسة هو تقييم معلومات الممرضات عن الحوادث وأسبابها وأنواعها ومضاعفاتها بالنسبة للمسنين ، وكيفية منع حدوثها ودور الممرضة فى منع حدوث الحوادث .

وقد أوضحت النتائج أن ٥٠% من العينة يرون أن أكثر الحوادث شيوعاً هى حوادث الطرق ، ويليها ٢, ٢ كلام حوادث السقوط ، كما أن ٢, ١٥% منهن يرون أن التهاب المفاصل يعد واحداً من الأمراض الرئيسية التى تسبب السقوط ، وحوالى ثلث العينة (٣١,٤%) يرون أن العناية بالمسنين وإعطائهم الأدوية يحد من حدوث الحوادث لهم ، بينما ٤, ٥% يقترحن أن البرامج التدريبية للأشخاص الذين يقومون بالعناية بالمسنين لهم دور كبير فى منع حدوث الحوادث بالنسبة لهم ، وقد أوضحت هذه الدراسة أن المناهج التعليمية لابد أن تحتوى على معلومات كافية عن المسنين ومشاكلهم فى جميع المستويات وخاصة فى حوادث الطرق ، كما أوصت الدراسة بالعسنين ومشاكلهم عن حميع المستويات وخاصة فى حوادث الطرق ، كما أوصت الدراسة بالعمل عن زيادة الوعى الصحى للمجتمع عن طريق وسائل الإعلام وخاصة بالنسبة للإسعافات الأولية لحوادث المسنين .