

Concerning marital status, a fifty-three percent of participants were married. These results come because most of these age groups are the age of marriage, especially after the completion of the study and appointment in the field of nursing. Where the Iraqi young after graduating from the study and the presence of employment opportunity take the side of marriage. In "assessment of nurses practices regarding sterile techniques critical care units in Al-Najaf AL- Ashraff city hospitals". Results find that the most of participants were married [9].

Regarding the educational achievement, for 1 year-10 years with one-time training course, most nurses were institute graduated work at prematurity wards, as the diploma degree was considered the main proportion of staff nurses in health organization, owing to the large number of institutions graduating from such degrees. This outcome is also due to the fact that hospital wards are entirely dependent on nurses graduating from nursing school and nursing high school, while nurses graduating from nursing college are allocated to special units and compared to other nurses are only in small numbers. Previous studies were in line with this outcome, consisting of studies as mentioned above, it confirmed that nursing institute degree were dominantly in study group (40%) [10].

As well as, the study that conducted at Kerman city in east of Iran, "assessed the knowledge, attitude, and performance of nurses toward hand hygiene in hospitals". They reported that the vast majority of study sample progressed from nursing institute [11]. In regard to the years of experience of the nurse, our findings indicate that a higher percentage of the nurses had (1-10) years of experience in the job as described above, this results due to very heavy work, leaving a job in prematurity wards to go to the nursing assistant sector in the office, and they need to have the proper training to do the job. The fact that rotation from one unit to another within the hospital is regular could explain the few years of nursing experience in prematurity wards. In the other hand, when nurses are younger than nurses in the higher age groups, the effect is that they would have a greater ability to develop their skills.

Overall nurses' knowledge regarding sterile performance

Nurse's knowledge questionnaire items towards sterile performance, which classified into 20 items using MCQ questionnaire's items technique which were, classified into two categories responses, such as "Pass, and Fail". Finding reveals that the majority of (56%) passed the knowledge of nurses. Versos these proportion the (44%) of nurses were failing in a very important knowledge in the health field. The deficit knowledge pretest regarding sterile performance. It may be for many reasons; nurses do not regularly improve and update their knowledge, most nurses working in health institutions stop reading books so that they do not follow up and just engage in nursing practices, so they have not been able to remember any details, especially the knowledge of sterile performance. The study conducted in Al-Najaf AL-Ashraff city, find that (60%) of nurses were sometimes applied the sterile performance [9].

Also, to assess the profession, understanding, attitude and self-efficacy of nurses in nosocomial control in Iran, which showed that (67.9) percent of nurses had moderate knowledge of "infection control", whereas research conducted in India to "evaluate the knowledge, attitudes and practices of 150 different health care staff on nosocomial infections in India", the study shows that (40) percent of nurses have poor practice [11].

Relationship between nurses' knowledge and their demographic characteristics

There is a non-significant association between them at p-value >0.05 except, with their education attainment, there were significant relationship at p-value <0.05 [12-14]. The results agree with, who assessed the awareness, attitudes and practices of nosocomial infections among different categories of health care workers and found that the level of education has a positive effect on the retention of knowledge, attitudes and practices in all categories of health workers [11].

Conclusion

The study underhand concludes that their success was not affected by the knowledge of nurses in terms of sterile performance, nurses were transfer knowledge, nurse age, marital status, work area, gender, years of experience, and training course, and the educational achievement of nurses was affected by their performance.

Recommendations

Encourage nurses to engage in training sessions to strengthen their knowledge and practice in order to keep them up to date with sterile results. After the training session, reassessment and follow-up for nurses must be carried out to track, evaluate and encourage their awareness and practice to ensure their application in the workplace. The strength point inexperience should be supported by decision-makers of the nurse to meet the needs of the patient. Special rules on the walls of various areas that can be seen by all nurses in the hospital should be enforced, stressing the basic rules of infection prevention in the hospital.

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