University of Basrah

College of Nursing

Assessment of the knowledge of the nursing and medical staff to know the of cystic fibrosis

A Research project

submitted to / the faculty of Nursing college University of Basrah

By Students

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وَيَشْفِ صُدُورَقَوْمٍ مُّؤْمِنِينَ (14)

سورة التوبة اية(١٤)

الأهداء

لروح أمي الراحلة من دنيانا الباقية
في قلبي الخالدة في عالمي الى العشق
المقدس الملاك الطاهر الدعوات المتواصلة
التي بها أزهرت حياتي .

والئ من جرع الكأس فارغاً ليسقيني قطرة
حب الى من حصد الاشواك عن دربي ليمهد
لي طريق العلم ابي رحمهُ الله.

Supervisors Support

I certify that this project of research

Assessment of the knowledge of the nursing and medical staff to know the incidence of cystic fibrosis

Was prepared under my supervision at the college of nursing university of Basra.

Ass prof Dr-WasfiDhahirAbid Ali Department of basic medical science University of Basrah
College of Nursing

Acknowledgment

We would like to express our thank and gratitude at first to Allah.

To the owner of excellence and bright ideas, the purest, most beautiful, best, and kindest greetings, I send them to you with all affection, love and sincerity, letters cannot write what my heart carries of appreciation and respect, and to describe the praise and admiration that filled my heart with fullness. How beautiful it is for a person to be a candle that lights the paths of the confused**Dr.wasfiDhahirAbid Ali**

Also we would like to thanks all nurses whom precipitated in the study.

Abstract of cystic fibrosis

Background:The recent study conducted in Basrah city to assess the nurses knowledge regarding cysts fibrosis . assessment questionnaire used to reach the aims and include demographic and scientific information. Data statistically analysed for percentage and mean of score.

Aim of study :-This topic aims to raise awareness of the disease and to find early detection of the disease and to reflect scientific and cultural awareness.

Methodology :-This study was across-sectional involving (50) nurses (male and female in Basra hospitals). To achieve the aim of the questionnaire was designed translated to Arabic language to assessment nurses knowledge about fibrosis cysts.The project carried out in nursing collage- University of Basra- Basra hospitals(Al- Basra Teaching hospital and Al- sader Teaching hospital) ,study start from october 2021 toApril/2022. The number of the sampleis the 234 male and female nurses with different educational education participated directly and other via Google form .The study instrument was comprised of questions taken by written. Before Introduction this items distributed for teachers of college.It divided in to Main parts, the first parts was to identify the socio- demographic characteristic and the second part include questions concerning with fibrosis cysts.

Result :-The results showed that female nurses were more 67% more than male, regarding educational level most nurses participated the questionnaire have BSc

degree(51.9%) and 52.36% of them have less than one year of experience (35%). Of participants On other hand the knowledge of participants were showed significant mean of score with some insignificant items corresponding the knowledge related to clinical signs .50% of the participants' answers were significant, regarding knowledge of the disease in terms of symptoms and clinical signsThe same percentage was not significant regarding knowledge of information related to the history of the disease case.

Conclusion:-Female nurses were more 67% more than male,Regarding educational level most nurses participated the questionnaire have BSc degree(51.9%),52.36% of them have less than one year of experience (35%).

Recommendation:-According to the results, we recommend,Increasing nurses' knowledge of information related to the disease through curriculaand educating the importance of the disease through publications.

Contents:-

Tables and figures

Chapter (1) Introduction

1-1 Introduction

Cystic fibrosis (usually called CF) is an inherited* disease. It causes certain glands in the body to not work properly. These glands are called the exocrine (outward-secreting) glands. Exocrine glands normally make thin, slippery secretions including sweat, mucus, tears, saliva and digestive juices. These secretions move through ducts (small tubes) to the surface of the body or into hollow organs, such as intestines or airways. Exocrine glands and their secretions help the body function Normally. (**17**)

Many people are confused about CF. Below are some common topics that may cause confusion: Because CF causes coughing, some people think you can "catch" it. Cysts fibrosis is genetic. You are born with it. No one can "catch" CF (cysts fibrosis)Is not Caused by Anything the Mother or Father Did, or Did Not Do, Before or During Pregnancy. Parents feel responsible for what happens to their children. When their children have CF, some parents feel guilty. Nothing parents did before or during pregnancy caused CF, CF does Not Affect the Brain. Some people confuse CF with cerebral palsy or CP. CF does not affect the brain, nervous system or the capacity to learn.CF Has No Cure at This Time.But with treatment, most people with CF grow up and lead active, full lives. A lot of time, energy and money are being spent to find new, better ways to treat CF**(26)**.

Lung function is often reduced in cystic fibrosis. The typical measure of lung function is forced expiratory volume in 1 second (FEV1). FEV1 is a key predictor of life expectancy in people with cystic fibrosis, and optimising lung function is a major goal of care***(18)***

1-2Importanc of the study

Cystic fibrosis is a hereditary disease that affects different parts of the body. It is also a disease that requires intensive nursing care and close monitoring, due to the discouraging possibility of recovery.

1-3 Aim of the study

This topic aims to raise awareness of the disease and to find early detection of the disease and to reflect scientific and cultural awareness.

Chapter (2) Review of literature

2-1Definition:

(6) Defined Cystic fibrosis as a life-limiting, recessive disease caused by mutations in the cystic fibrosis trans membrane conductance regulator (CFTR) gene. Increased survival outcomes and the multisystem nature of the disease, including the involvement of hepato-biliary and gastrointestinal tracts, now require the need for more extensive knowledge and expertise in cystic fibrosis among gastroenterologists. And **(29)**defined fibrosis (CF) as a multi-systemic autosomal recessive disease caused by a defect in the expression of CFTR protein, i.e. chloride channel present in the apical membrane of respiratory, digestive, reproductive and sweat glands epithelium. Also fibrosis cysts defined as a genetic disorder that affects mostly the lungs, but also the pancreas, liver, kidneys, and intestine**(32)**. Long-term issues include difficulty breathing and coughing up mucus as a result of frequent lung infectionsOther signs and symptoms may include sinus infections, poor growth, fatty stool, clubbing of the fingers and toes, and infertility in most males **(21).**

2-2Signs and symptoms:

The main signs and symptoms of cystic fibrosis are

1-salty-tasting skin **(34).**

2- Poor growth and poor weight gain despite normal food intake**,(19).**

3-Accumulation of thick, stickymucus**(10).**

4- Frequent chest infections, and coughing or shortness of breath **(31).**

5- Males can be infertile due to congenital absence of the vas deferens (**26).**Symptoms often appear in infancy and childhood, such as bowel obstruction due to meconium ileus in newborn babies **(4).**

2-3 causes:

CF is caused by a mutation in the gene cystic fibrosis transmembrane conductance regulator (CFTR). The most common mutation, ΔF508, is a deletion (Δ signifying deletion) of three nucleotides that results in a loss of the amino acid phenylalanine (F) at the 508th position on the protein**(17**).This mutation accounts for two-thirds (66–70%[20]) of CF cases worldwide and 90% of cases in the United States; however, over 1500 other mutations can produce CF.(**5)** Although most people have two working copies (alleles) of the CFTR gene, only one is needed to prevent cystic fibrosis. CF develops when neither allele can produce a functional CFTR protein. Al.In addition, the evidence is increasing that genetic modifiers besides CFTR modulate the frequency and severity of the disease. One example is mannan-binding lectin, which is involved in innate immunity by facilitating phagocytosis of microorganisms. Polymorphisms in one or both mannan-binding lectin alleles that result in lower circulating levels of the protein are associated with a threefold higher risk of end-stage lung disease, as well as an increased burden of chronic bacterial infections**(28).**

2-4 Carriers

Up to one in 25 individuals of Northern European ancestry is considered a genetic carrier. The disease appears only when two of these carriers have children, as each pregnancy between them has a 25% chance of producing a child with the disease. Although only about one of every 3,000 white newborns has CF, more than 900 mutations of the gene that causes CF are known. Current tests look for the most common mutations.The mutations screened by the test vary according to a person's ethnic group or by the occurrence of CF already in the family. More than 10 million Americans, including one in 25 white Americans, are carriers of one mutation of the CF gene. CF is present in other races, though not as frequently as in white individuals. About one in 46 Hispanic Americans, one in 65 African Americans, and one in 90 Asian Americans carry a mutation of the CF gene(**31).**

2-5Pathophysiology

The CFTR protein is a channel protein that controls the flow of H2O and Cl− ions in and out of cells inside the lungs. When the CFTR protein is working correctly, ions freely flow in and out of the cells. However, when the CFTR protein is malfunctioning, these ions cannot flow out of the cell due to a blocked channel. This causes cystic fibrosis, characterized by the buildup of thick mucus in the lungs.Several mutations in the CFTR gene can occur, and different mutations cause different defects in the CFTR protein, sometimes causing a milder or more severe

disease. These protein defects are also targets for drugs which can sometimes restore their function. ΔF508-CFTR gene mutation,

which occurs in >90% of patients in the U.S., creates a protein that does not fold normally and is not appropriately transported to the cell membrane, resulting in its degradation. Other mutations result in proteins that are too short (truncated) because production is ended prematurely. Other mutations produce proteins that do not use energy (in the form of ATP) normally, do not allow chloride, iodide, and thiocyanate to cross the membrane appropriately,(**7**) and degrade at a faster rate than normal. Mutations may also lead to fewer copies of the CFTR protein being produced.**(35)**.Most of the damage in CF is due to blockage of the narrow passages of affected organs with thickened secretions. These blockages lead to remodeling and infection in the lung, damage by accumulated digestive enzymes in the pancreas, blockage of the intestines by thick feces, etc. Several theories have been posited on how the defects in the protein and cellular function cause the clinical effects. The most current theory suggests that defective ion transport leads to dehydration in the airway epithelia, thickening mucus**.(18)**

2-6 Diagnosis

Cystic fibrosis may be diagnosed by many different methods, including newborn screening, sweat testing, and genetic testingBy 2010 every US state had instituted newborn screening programs The newborn screen initially measures for raised blood concentration of immunoreactivetrypsinogen.[72] Infants with an abnormal newborn screen need a sweat test to confirm the CF diagnosis**(9).**

The most commonly used form of confirmatory testing is the sweat test. Sweat testing involves application of a medication that stimulates sweating (pilocarpine). To deliver the medication through the skin, iontophoresis is used, whereby one electrode is placed onto the applied medication and an electric current is passed to a separate electrode on the skin. The resultant sweat is then collected on filter paper or in a capillary tube and analyzed for abnormal amounts of sodium and chloride. People with CF have increased amounts of them in their sweat. In contrast, people with CF have less thiocyanate and hypothiocyanite in their salivaand mucus **(27)**. In the case of milder forms of CF, transepithelial potential difference measurements can be helpful. CF can also be diagnosed by identification of mutations in the CFTR gene**(37).**

Women who are pregnant or couples planning a pregnancy can have themselves tested for the CFTR gene mutations to determine the risk that their child will be born with CF. Testing is typically performed first on one or both parents and, if the risk of CF is high, testing on the fetus is performed. The American College of Obstetricians and Gynecologists recommends all people thinking of becoming pregnant be tested to see if they are a carrier**(1).**

2-7 Management:

While no cures for CF are known, several treatment methods are used. The management of CF has improved significantly over the past 70 years. While infants born with it 70 years ago would have been unlikely to live beyond their first year, infants today are likely to live well into adulthood.

Chapter (2) Review of literature

Recent advances in the treatment of cystic fibrosis have meant that individuals with cystic fibrosis can live a fuller life less encumbered by their condition. The cornerstones of management are the proactive treatment of airway infection, and encouragement of good nutrition and an active lifestyle. Pulmonary rehabilitation as a management of CF continues throughout a person's life, and is aimed at maximizing organ function, and therefore the quality of life. Occupational therapists use energy conservation techniques (ECT) in the rehabilitation process for patients with Cystic Fibrosis**(39).**

The most consistent aspect of therapy in CF is limiting and treating the lung damage caused by thick mucus and infection, with the goal of maintaining quality of life. Intravenous, inhaled, and oral antibiotics are used to treat chronic and acute infections. Mechanical devices and inhalation medications are used to alter and clear the thickened mucus. These therapies, while effective, can be extremely time-consuming. Oxygen therapy at home is recommended in those with significant low oxygen levels**(20).** Many people with CF use probiotics, which are thought to be able to correct intestinal dysbiosis and inflammation, but the clinical trial evidence regarding the effectiveness of probiotics for reducing pulmonary exacerbations in people with CF is uncertain**(8).**

Antibiotics: Many people with CF are on one or more antibiotics at all times, even when healthy, to prophylactically suppress infection. Antibiotics are absolutely necessary whenever pneumonia is suspected or a noticeable decline in lung function is seen, and are usually chosen based on the results of a sputum analysis and the person's past response.

This prolonged therapy often necessitates hospitalization and insertion of a more permanent IV such as a peripherally inserted central catheter or Port-a-Cath. Inhaled therapy with antibiotics such as tobramycin, colistin, and aztreonam isoften given for months at a time to improve lung function by impeding the growth of colonized bacteria**(33).**Other medication **:**Aerosolized medications that help loosen secretions include dornasealfa and hypertonic saline (24**).**vacaftor is a medication taken by mouth for the treatment of CF due to a number of specific mutations responsive to ivacaftor-induced CFTR protein enhancement.It improves lung function by about 10%; however, as of 2014 it is expensive (**38).**

2-8 Nutrient supplementation

It is uncertain whether vitamin A or beta-carotene supplementation have any effect on eye and skin problems caused by vitamin A deficiency**(11).**There is no strong evidence that people with cystic fibrosis can prevent osteoporosis by increasing their intake of vitamin D**(15).**

For people with vitamin E deficiency and cystic fibrosis, there is evidence that vitamin E supplementation may improve vitamin E levels, although it is still uncertain what effect supplementation has on vitamin E-specific deficiency disorders or on lung function**(30)**. Robust evidence regarding the effects of vitamin

K supplementation in people with cystic fibrosis is lacking as of 2020.**(22),**Various studies have examined the effects of omega-3 fatty acid supplementation for people with cystic fibrosis but the evidence is uncertain whether it has any benefits or adverse effects**(23).**

2-9 Transplantation

Lung transplantation may become necessary for individuals with CF as lung function and exercise tolerance decline. Although single lung transplantation is possible in other diseases, individuals with CF must have both lungs replaced because the remaining lung might contain bacteria that could infect the transplanted lung. A pancreatic or liver transplant may be performed at the same time to alleviate liver disease and/or diabetes **(16).** Lung transplantation is considered when lung function declines to the point where assistance from mechanical devices is required or someone's survival is threatened**(2)** , According to Merck Manual, "bilateral lung transplantation for severe lung disease is becoming more routine and more successful with experience and improved techniques. Among adults with CF, median survival post transplant is about 9 years.

2-9 Prognosis

The prognosis for cystic fibrosis has improved due to earlier diagnosis through screening and better treatment and access to health care. In 1959, the median age of survival of children with CF in the United States was six months. In 2010,

survival is estimated to be 37 years for women and 40 for men. In Canada, median survival increased from 24 years in 1982 to 47.7 in 2007. In the United States those born with CF in 2016 have an expected life expectancy of 47.7 when cared for in specialty clinics**(25).**

In the US, of those with CF who are more than 18 years old as of 2009, 92% had graduated from high school, 67% had at least some college education, 15% were disabled, 9% were unemployed, 56% were single, and 39% were married or living with a partner.

Chapter (3) Methodology

3-1 Design of the study

This study was across-sectional involving (234)and medical staff (male and female in Basrha hospitals). To achieve the aim of the questionnaire was designed translated to Arabic language to assessment nurses knowledge about fibrosis cysts.

3-2 Setting of the project

The project carried out in nursing collage- University of Basra- Basra hospitals(Al- Basra Teaching hospital and Al- sader Teaching hospital) ,study start from 28 nd Octobers2021 to 28 nd March2022.

3-3 Samples of the study

A male and female nurses with different educational level were participated directly and other via Google form .

3-4 project instruments:

The study instrument was comprised of questions taken by written. Before Introduction this items distributed for teachers of college.It divided in to Main parts, the first parts was to identify the socio- demographic characteristic and the second part include questions concerning with fibrosis cysts.

3-5 statistical data analysis

1- Percentage.

2- Frequency.

3- Mean of score

For data analysis were use

Chapter (4) Results

4-1 Demographic information

Table(1) The frequencies and percentage of demographic information Assessment of the knowledge of nursing staff regarding fibrocystic cysts .in Basrah Center hospitals

		F	%
gender	male	75	32
	Female	159	67.9
Educational level	diploma	101	44.4
	BSc	118	51.9
	MSc.	4	1.7
	Ph.D	4	1.7
Years of Experience	1>	82	35.1
	1-5	65	27.8
	6-10	31	13.3
	11.15	19	8.1
	15 more	36	15.4
Workplace	Emergency	47	20
	esoteric	28	12.01
	surgery	36	15.4
	Other	122	52.36

The table showed that female nurses were more 67% than male, regarding educational level most nurses participated the questionnaire have BSc degree(51.9%) and 52.36% of them have less than one year of experience (35%)

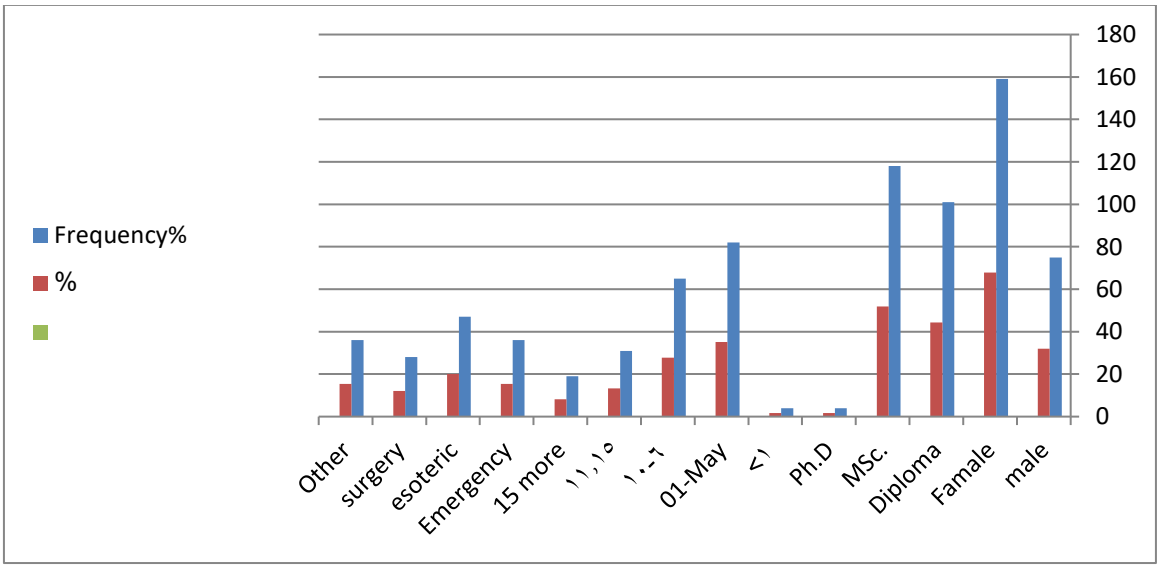


Figure (1) Demographic information

4-2 knowledge of nursing staff

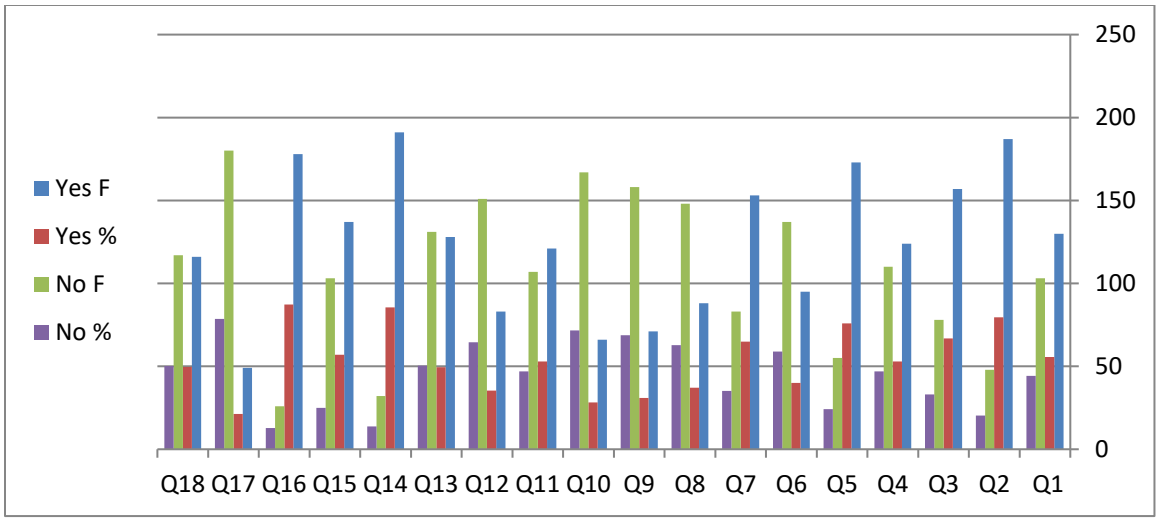
Table (2) frequencies , percentage and mean of score to assess questionnaire regarding Assessment of the knowledge of nursing staffregarding fibrocystic cysts.

NO.	Questions	yes		NO		MS	S
		f	%	f	%		
1	Is cystic fibrosis a chronic genetic disorder?	130	55.7	103	44.2	1.5	S
2	Does cystic fibrosis require daily care?	187	79.5	48	20.4	1.79	S
3	Is infertility is a symptom of cystic fibrosis?	157	66.8	78	33.1	1.66	S
4	Does it affect the lungs only?	124	52.9	110	47	1.52	S
5	Does a fibrous cyst make itdifficult to breathe?	173	75.8	55	24.1	1.75	s
6	Does it cause a bad smell in the mouth?	95	40	137	59	1.4	NS
7	Is bowel obstruction one of the symptoms of cystic fibrosis?.	153	64.8	83	35.1	1.64	S
8	Does it cause chronic constipation?	88	37.2	148	62.7	1.37	NS
9	Do people with this diseasesuffer from weakness in gaining weight and height?	71	31	158	68.8	1.31	NS

10	Is the disease causing mental health problems?	66	28.3	167	71.6	1.28	NS
11	Is chronic sinus infection related to cystic fibrosis?	121	53	107	46.9	1.53	S
12	Does cystic fibrosis cause reduced fertility in women?	83	35.4	151	64.5	1.35	NS
13	Do infected people only live beyond their 40s?	128	49.4	131	50.5	1.49	NS
14	Genetic tests are the main solution to ? avoid infection or early detection	191	85.6	32	13.7	1.85	S
15	Is the appropriate treatment is transplantation of the affected organ (lung)?	137	57	103	24.9	1.57	S
16	Does it require surgical intervention for the injured in some cases?	178	87.2	26	12.7	1.87	S
17	Is treatment limited only to antibiotics?	49	21.3	180	78.6	1.21	S
18	Is the proportion of salts less in the ? injured	116	49.7	117	50.2	1.49	NS

F :- frequency, %/percentage, MS:- mean of score, S:-significant, NS:-non significant.

The results in Table (2) showed that the nurses had great andgoodknowledge in general, especially about scientific knowledge in Q16 and Q14 were,(85.6%_87.2 %)،while it was good in questions Q/2 and Q5 were (79.5%_75.8%) and medium in Q/3 and Q7 were (66.8%_64.8%) While they have less knowledge of the remaining questions. Where Q/1, Q/4 and Q/15 occurred between (52.9%_57%), while Q/6, Q/13 and Q/18 occurred between (49.7_40.7%), Q/8 and Q/9 occurred Q/12 was between (31%_37.2%), and Q/13, Q/6, and Q/18 got between (40%_49%), while Q/17 got the correct answer percentage where it got (78.6%).



Figure(2) knowledge of nursing staff

Chapter 5 Discussion

Cystic fibrosis associated with a shortened life span and impaired quality of life and requires lifelong medical care, as well as extensive support from relatives and friends, which may interfere with the normal daily life of both affected individuals and their relatives therefore to investigated the nurses' knowledge's concerning fibrocystic disease after introducing them to the disease through a publication that included brief scientific information for this disease.The results showed after participating in the paper and electronic questionnaire. The demographic axis Table 1 showed female nurses were more 67% more than male, regarding educational level most nurses participated the questionnaire have BSc degree(51.9%) and 52.36% of them have less than one year of experience (35%)that ,the scientific information Table 2. Showed that 61% of the answers to the questions related to the disease were statistically significant mean of score . Although the percentage is moderate, but it gives an indication of the weak scientific information related to some important questions related to the disease. Cystic fibrosis (usually called CF)

is an inherited**(18).**Regarding symptoms, questions 6, 8, 9, 11 and 12 table 1 were not statistically significant, which is considered as one of the clinical diagnostic indicators, likePoor growth and poor weight gain despite normal food intake, (**19**),Accumulation of thick, sticky mucus**(10).**Mental health among people with any chronic illness, including cystic fibrosis, remains an important part of maintaining long-term health and quality of life**(12)**.

Chapter 5 Discussion

Mental health could substantially improve physical and mental health outcomes and the functioning of individuals with CF and their families **(2**).

Chapter (6) Conclusion and recommendation

6-1 conclusions

Data of recent study concluded the following:

Female nurses were more 67% than male .Regarding educational level most nurses participated the questionnaire have BSc degree(51.9%).52.36% of them have less than one year of experience (35%).Significant total mean of score(1.53).The insignificant mean score of answered questions was

6-2 recommendation

According to the results, we recommend the following:

1- Increasing nurses' knowledge of information related to the disease through college curricula.

2- Educating the importance of the disease through publications.

3- Conducting empirical research to respond to some of the disease's related and unknown.

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Appendices

مكان العمل	الشهادة	اللقب العلمي	الاسم	ت

1-	د.احمد زياره	استاذ	بورد جراحة عامه	كلية التمريض
2-	د.احمد بدرعبد	استاذ	دكتوراه علم الفسلجة	كلية طب الزهراء
3-	د.فراس رشيد	استاذ	دكتوراه طب باطني	كلية طب الزهراء
4-	د.فراس عبدالقادر	استاذ	دكتوراه طب اسرة	كلية التمريض
5-	د.سجاد سالم	استاذ	بورد طب اسرة	كلية التمريض
6-	د.محفوظ فالح	استاذ	دكتوراه علم الفسلوجيا	كلية التمريض
7-	د.سميرة محمد	استاذ	دكتوراه طب صحة مجتمع	كلية التمريض

Abrivation:-

CF :-cystic fibrosis

CP:-Cerebral palsy

FEVI:- Forced Expiratory Volume in the first second

CFTR:-cystic fibrosis transmembrane conductance regulator

BSC:-Bachelor of Science

F:- frequency

MS :- mean of score

S:-significant

NS:-non_significant

Assessment questionnair

Assessment of medical staff knowledge regarding cystic fibrosis

First: Demographic information:

Gender : Male Female

Educational level: Secondary Diplomat BSc MSc. Ph D.

Year of experience: 1-5 6-10 15-11 15>

Work Department : Emergency ICU Fractures surgery Medical X-ray

NO.	Questions	Yes	No
1	cystic fibrosis a chronic genetic disorder		
2	cystic fibrosis require daily care		
3	Infertility is a symptom of cystic fibrosis		
4	Obstructionof breathing passages		
5	lead to difficulty breathing		
6	It cause a bad smell in the mouth		
7	Bowel obstruction is one of the symptoms of cystic fibrosis		
8	Cause chronic constipation		
9	They suffer from this disease weak in gaining weight and height		
10	Illness cause mental health problems		
11	It cause low fertility in women		

12	Almost didn't live until they were 40 years old		
13	Gene testing is the key		
14	The appropriate treatment is a lung transplant		
15	Sometimes include surgical examinations of the injured		
16	The treatment limited to antibiotics only		
17	The percentage of salts is less than that of the injured		
18	Cystic fibrosis causes psychological distress		

استمارة استبيان

تقييم المعارف لدى الكوادر التمريضية و الطبية فيما يتعلق بالاصابة التليف الكيسي

المعلومات الديموغرافيةأولا:

الجنس: ذكر | انثى

المستوى التعليمي: دبلوم | بكلوريوس | ماجستير | دكتوراه | ما بعد الدكتوراه

سنوات الخبرة / سنة: اقل من | 5-1 | 10-6 | 15-11 | اكثر من 15

مكان العمل: الطوارئ | الجراحة | الباطنية | الاشعة | غير ذلك

ثانياً: المحور العلمي

ت	ألسؤال	نعم	كلا
1	مرض التليف الكيس هو مرض وراثي مزمن؟		
2	هل يتطلب مرض التليف الكيس رعاية يومية؟		
3	العقم هوعرض من اعراض التليف الكيسي؟		
4	هل يؤثر على الرئتين فقط ؟		
5	هل يؤدي التكيس الليفي إلى صعوبة في التنفس ؟		
6	لا يسبب رائحه كريهه في فم ؟		

7	يعتبرانسداد الامعاء احد اعراض مرض التليف الكيسي؟		
8	لايسبب الامساك المزمن؟		
9	لا يعاني المصابين بهذاالمرض ضعفا في اكتساب الوزن والطول؟		
10	يسبب المرض مشكلات في الصحة العقلي؟		
11	هل ان عدوى الجيوب الأنفية المزمنة له علاقة بالتليف الكيسي		
12	لا يسبب التليف الكيسي انخفاض الخصوبةعندالنساء؟		
13	هل يستمرالمصابون تقريبا ٤٠ من عمرهم فقط؟		
14	الاختبارات الجينية هي الحل الاساس لتنجب الإصابة اوكشفهاالمبكر؟		
15	هل العلاج المناسبه وزرع العضو المصاب(الرئة)؟		
16	هل يتطلبت داخل جراحي للمصابون في بعض الاحيان؟		
17	هل يقتصرالعلاج فقط على المضادات الحيوية؟		
18	تكون نسبةالاملاح اقل في المصابين ؟		

الخلاصة

أجريت في مستشفيات مدينة البصرة لتقييم معرفة الكادر الطبي والممرضات بخصوص مرض التليف الكيسي. من خلال استبيان للوصول إلى الهدف وتضمن المعلومات الديموغرافية والعلمية. وأظهرت النتائج أن الممرضين كانوا أكثر بنسبة 67٪ من الذكور ، وفيما يتعلق بالمستوى التعليمي ، فإن معظم الممرضات المشاركات في الاستبيان حاصلات على درجة البكالوريوس (51.9٪) و 52.36٪ منهم أقل من سنة خبرة (35٪). اظهرت الدراسة ان 50 % من اجابات المشاركين كانت معنوية ، فيما يتعلق بمعرفة المرض من الناحية السريرية.وكانت نفس النسبة غير معنوية بخصوص معرفةالمعلومات المتعلقة بتاريخ حالة المرض. فقا للنتائج ، توصي الدراسة بزيادة معرفة الممرضات بالمعلومات المتعلقة بالمرض من خلال المواد التعليمية والتوعية بأهمية المرض من خلال المطبوعات.

جامعة البصرة

كلية التمريض

تقييم معرفة الكادر التمريضي والطبي الإصابة بالتليف الكيسي

مشروع بحثي

مقدم الى / كلية التمريض جامعة البصرة

مقدم من قبل الطالبتان

سُرادق حيدر عايز و سهام عواد زويد

اشراف

استاذ مساعد الدكتور

وصفي ظاهر عبد علي

2012-2022