



**EFFECTIVE STRATEGIES FOR REDUCING HEALTHCARE-ASSOCIATED INFECTIONS: A COMPREHENSIVE REVIEW FOR NURSING PRACTICE"**

**Saleh Jebaan Alhareth**

Najran Health Cluster

Nursing

**Hanan Hassan Almaqsudi**

Aseer Health Cluster

Nursing

**Fatimah Ali Almarhabi**

Tabuk Health Cluster

Nursing

**Fatimah Qassem AL-Jaidan**

Nursing

Maternity and Children Hospital

**Afaf Abdullatif Alkhamis**

Nursing

Maternity and Children Hospital

**Seham Abdulatif Alkhamis**

MCH

Nursing

**Jameelah Abdulaziz s Almuhsin**

Nurse

Al- Ahsa Health Cluster

**Sahar Mubarak Al Hatrash**

Hatrash

King Khalid hospital

Nursing



**Abstract:**

Healthcare-associated infections (HAIs) pose a significant challenge to patient safety and quality of care in healthcare settings worldwide. Despite advancements in infection prevention and control practices, HAIs continue to exert a substantial burden on healthcare systems, contributing to increased morbidity, mortality, and healthcare costs. Nurses, as frontline caregivers, play a pivotal role in mitigating the risk of HAIs and promoting a culture of infection prevention within healthcare settings. However, several challenges and barriers hinder the effective implementation of infection control measures, including resource constraints, time pressures, knowledge gaps, resistance to change, communication barriers, and patient factors.

This comprehensive review explores effective strategies for reducing HAIs, with a specific focus on the role of nursing practice. Drawing upon current evidence and best practices in infection prevention and control, the paper discusses key principles, innovative approaches, challenges, and future directions in the field. Strategies for addressing obstacles to infection control implementation, such as investment in resources, ongoing education and training initiatives, fostering a culture of safety, leveraging technology, and promoting interdisciplinary teamwork, are highlighted.

By empowering nurses with knowledge, tools, and support to enhance infection control efforts, healthcare organizations can strengthen their capacity to prevent and control HAIs, ultimately improving patient safety and quality of care. The paper concludes with a call to action for healthcare stakeholders to prioritize infection control efforts and collaborate in implementing evidence-based strategies to address this critical issue.

This abstract provides a concise summary of the paper's focus, key findings, and recommendations, offering readers a preview of the comprehensive review on reducing HAIs through nursing practice.

keywords cover various aspects of the topic:

Healthcare-associated infections (HAIs), Infection prevention, Nursing practice, Patient, Hand hygiene, Personal protective equipment (PPE), safety, Environmental cleaning, Antimicrobial stewardship, Interdisciplinary collaboration, Evidence-based practice, Surveillance, Compliance, Education and training, Culture of safety, Communication, Innovative approaches, Resource allocation, Barrier reduction, Patient engagement

**Introduction:**

Healthcare-associated infections (HAIs) represent a significant challenge to patient safety and quality of care in healthcare settings worldwide. Despite advancements in medical science and infection control practices, HAIs continue to pose a substantial burden on healthcare systems, leading to increased morbidity, mortality, prolonged hospital stays, and additional healthcare

costs. Addressing the complex interplay of factors contributing to HAIs requires a multifaceted approach, with nurses playing a central role in implementing effective infection prevention and control measures.

HAIs encompass a diverse range of infections acquired by patients during the course of receiving healthcare treatment in hospitals, long-term care facilities, outpatient clinics, and other healthcare settings. These infections can be caused by a variety of microorganisms, including bacteria, viruses, fungi, and parasites, and may manifest as surgical site infections, urinary tract infections, bloodstream infections, pneumonia, or other localized or systemic infections. The modes of transmission for HAIs are equally diverse, encompassing direct contact, droplet transmission, airborne transmission, and contact with contaminated surfaces or medical devices.

The consequences of HAIs extend beyond individual patients, impacting the broader healthcare system and community at large. In addition to compromising patient outcomes, HAIs contribute to increased healthcare costs, antimicrobial resistance, and the potential for outbreaks or dissemination of infectious agents within healthcare facilities. As such, the prevention and control of HAIs have emerged as a critical priority for healthcare organizations, policymakers, and public health authorities worldwide.

Nurses, as frontline caregivers and advocates for patient safety, play a pivotal role in mitigating the risk of HAIs and promoting a culture of infection prevention within healthcare settings. Through their direct interactions with patients, adherence to evidence-based practices, and collaboration with interdisciplinary teams, nurses are instrumental in implementing infection control measures aimed at reducing the transmission of pathogens and safeguarding patient wellbeing.

This paper aims to provide an in-depth exploration of effective strategies for reducing HAIs, with a specific focus on the role of nursing practice. Drawing upon current evidence and best practices in infection prevention and control, this review will examine key principles, innovative approaches, challenges, and future directions in the field. By empowering nurses with knowledge and tools to enhance infection control efforts, we endeavor to foster a safer healthcare environment for patients, caregivers, and communities alike.

Healthcare-associated infections (HAIs) represent a persistent challenge in healthcare delivery, posing significant threats to patient safety, quality of care, and public health. Despite advancements in medical science and infection control practices, HAIs continue to exact a heavy toll on healthcare systems globally, resulting in increased morbidity, mortality, prolonged hospital stays, and substantial economic burdens. Addressing the complex and multifaceted nature of HAIs requires a comprehensive approach that encompasses both prevention and control strategies, with nurses assuming a central role in their implementation.

HAIs encompass a diverse array of infections acquired by patients during the course of receiving healthcare services in various settings, including hospitals, long-term care facilities, outpatient clinics, and ambulatory care centers. These infections, caused by a myriad of pathogens ranging from bacteria and viruses to fungi and parasites, manifest across different clinical contexts, including surgical site infections, urinary tract infections, bloodstream infections, pneumonia, and gastrointestinal infections. The modes of transmission for HAIs are equally diverse, encompassing direct contact, droplet transmission, airborne transmission, and contact with contaminated surfaces or medical devices.

The consequences of HAIs extend beyond individual patients to impact the broader healthcare system and community. In addition to compromising patient outcomes, HAIs contribute to increased healthcare costs, antimicrobial resistance, and the potential for outbreaks or dissemination of infectious agents within healthcare facilities. Consequently, the prevention and control of HAIs have emerged as a critical priority for healthcare organizations, policymakers, and public health authorities worldwide.

Nurses, as frontline caregivers and advocates for patient safety, play a pivotal role in mitigating the risk of HAIs and fostering a culture of infection prevention within healthcare settings. Their close proximity to patients, frequent interactions during care delivery, and comprehensive understanding of infection control principles position them as linchpins in the implementation of evidence-based practices aimed at reducing the transmission of pathogens and safeguarding patient well-being.

This paper endeavors to provide a comprehensive exploration of effective strategies for reducing HAIs, with a specific emphasis on the pivotal role of nursing practice. By synthesizing current evidence, best practices, and innovative approaches in infection prevention and control, this review aims to equip nurses with the knowledge, tools, and resources necessary to enhance their infection control efforts. Moreover, the paper seeks to identify key challenges and barriers hindering the effective implementation of infection control measures and proposes strategies for overcoming these obstacles.

Through a concerted effort to empower nurses and healthcare teams with the requisite expertise and support, we can fortify our collective capacity to prevent and control HAIs, thereby advancing patient safety, improving clinical outcomes, and fostering a safer and more resilient healthcare environment for all.

### **Methodology:**

This review adopts a comprehensive and systematic approach to synthesizing current evidence, best practices, and innovative strategies for reducing healthcare-associated infections (HAIs) through nursing practice. The methodology encompasses several key steps, including literature search and selection, data extraction, synthesis, and analysis.

**Literature Search:** A systematic search of electronic databases, , was conducted to identify relevant peer-reviewed studies, systematic reviews, meta-analyses, guidelines, and other scholarly publications pertaining to infection prevention and control in healthcare settings. Keywords and Medical Subject Headings (MeSH) terms related to HAIs, infection control, nursing practice, patient safety, and related concepts were used to refine search queries and ensure comprehensive coverage of the literature.

**Exclusion Criteria:** Publications were excluded if they were not directly relevant to the topic of interest, such as studies focusing exclusively on non-healthcare settings, animal studies, editorials, opinion pieces, and non-peer-reviewed sources.

**Quality Assessment:** The quality of included studies was assessed using established criteria appropriate to their respective study designs, such as the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for systematic reviews and meta-analyses, the Newcastle-Ottawa Scale (NOS) for observational studies, and the Consolidated Criteria for Reporting Qualitative Research (COREQ) for qualitative studies. Studies were appraised for methodological rigor, risk of bias, and generalizability of findings.

**Analysis and Interpretation:** The synthesized data were analyzed to identify common themes, trends, patterns, and gaps in the literature related to infection prevention and control practices in nursing. Key findings were interpreted in the context of current evidence, guidelines, and expert recommendations, with a focus on implications for nursing practice, policy, education,.

### **Literature Review:**

The literature review synthesizes current evidence, best practices, and innovative approaches in infection prevention and control, with a specific focus on the role of nursing practice in reducing healthcare-associated infections (HAIs). Drawing upon a comprehensive search of peer-reviewed studies, systematic reviews, meta-analyses, guidelines, and Other scholarly publications, this section examines key thematic areas relevant to infection control in healthcare settings,

**Hand Hygiene:** Hand hygiene is widely recognized as a cornerstone of infection prevention and control. Numerous studies have demonstrated the effectiveness of hand hygiene in reducing the transmission of pathogens and preventing HAIs. Strategies to improve hand hygiene compliance among healthcare workers, including nurses, encompass education and training programs, provision of easily accessible hand hygiene facilities, use of alcohol-based hand rubs, and implementation of behavioral interventions.

**Environmental Cleaning:** Environmental surfaces serve as reservoirs for healthcare-associated pathogens, contributing to the transmission of infections. Effective environmental cleaning and disinfection play a critical role in reducing the risk of HAIs. Studies have evaluated various cleaning protocols, disinfectants, and technologies aimed at optimizing environmental hygiene

practices. Enhanced cleaning protocols, automated disinfection systems, and real-time monitoring tools have emerged as promising strategies to mitigate the transmission of pathogens in healthcare environments.

**Antimicrobial Stewardship:** Antimicrobial resistance poses a significant threat to public health, necessitating judicious use of antimicrobial agents in healthcare settings. Antimicrobial stewardship programs aim to optimize antimicrobial prescribing practices, minimize unnecessary antibiotic exposure, and prevent the emergence of resistant pathogens. Nurses play a crucial role in antimicrobial stewardship efforts through medication administration, patient education, surveillance for antimicrobial-related adverse events, and collaboration with multidisciplinary teams.

**Interdisciplinary Collaboration:** Effective infection prevention and control require collaboration among healthcare professionals across disciplines. Interdisciplinary teams comprising nurses, physicians, infection preventionists, environmental services staff, and other stakeholders collaborate to develop and implement comprehensive infection control strategies. Studies have highlighted the importance of interdisciplinary communication, teamwork, and shared decisionmaking in achieving optimal patient outcomes and reducing HAIs.

**Education and Training:** Education and training programs are fundamental to promoting adherence to infection control practices among healthcare workers. Nurses require comprehensive training on infection prevention principles, including hand hygiene, standard precautions, transmission-based precautions, and use of personal protective equipment (PPE). Simulation-based training, competency assessments, and ongoing reinforcement strategies are effective approaches to enhancing nursing competence and compliance with infection control guidelines.

**Innovative Technologies:** Advancements in technology offer novel approaches to infection prevention and control. UV disinfection systems, antimicrobial-impregnated surfaces, electronic hand hygiene monitoring systems, and telehealth platforms for infection control consultations are among the innovative technologies evaluated for their potential to reduce HAIs. Integration of technology into routine clinical workflows can enhance efficiency, accuracy, and effectiveness of infection control interventions.

**Patient Engagement:** Engaging patients in infection prevention efforts is crucial to promoting active participation and partnership in their care. Patient education, communication, and empowerment empower patients to advocate for their safety and adhere to infection control recommendations. Strategies to engage patients in hand hygiene, environmental cleanliness, and medication management contribute to a culture of shared responsibility for infection prevention.

Through a comprehensive review of the literature, this section highlights evidence-based strategies, best practices, and emerging trends in infection prevention and control relevant to

nursing practice. By synthesizing findings from diverse sources, this review informs clinical practice, policy development, and future research initiatives aimed at reducing HAIs and enhancing patient safety in healthcare settings.

### Discussion:

The discussion section critically examines the findings from the literature review and contextualizes them within the broader landscape of infection prevention and control in healthcare settings. It explores the implications of the identified strategies, challenges, and gaps in the literature for nursing practice, policy development, education, and future research.

**Effectiveness of Strategies:** The discussion begins by assessing the effectiveness of various strategies identified in the literature review for reducing healthcare-associated infections (HAIs). It examines the strengths and limitations of interventions such as hand hygiene promotion, environmental cleaning protocols, antimicrobial stewardship programs, interdisciplinary collaboration, education and training initiatives, and innovative technologies. Emphasis is placed on evidence supporting the efficacy of these strategies in preventing HAIs and improving patient outcomes.

**Nursing Role and Contributions:** Central to the discussion is an exploration of the pivotal role of nursing practice in infection prevention and control. The discussion highlights the unique contributions of nurses as frontline caregivers, infection control advocates, educators, and leaders in promoting a culture of safety within healthcare organizations. Nurses' roles in implementing evidence-based practices, facilitating interdisciplinary collaboration, advocating for patient safety, and engaging patients in infection prevention efforts are underscored.

**Challenges and Barriers:** The discussion acknowledges the challenges and barriers identified in the literature review that hinder the effective implementation of infection control measures. It examines factors such as resource constraints, time pressures, knowledge gaps, resistance to change, communication barriers, and patient-related factors that pose obstacles to infection prevention efforts. Strategies for addressing these challenges, including organizational support, staff empowerment, education and training, and technology integration, are explored.

**Promoting a Culture of Safety:** A central theme of the discussion is the importance of fostering a culture of safety within healthcare organizations to support infection prevention and control initiatives. The discussion emphasizes the role of leadership, organizational culture, teamwork, and continuous quality improvement in creating an environment conducive to adherence to infection control protocols. Strategies for promoting a culture of safety, such as leadership engagement, staff empowerment, open communication, and accountability mechanisms, are examined.

**Implications for Practice and Policy:** The discussion highlights the practical implications of the findings for nursing practice, policy development, and education. It underscores the importance

of evidence-based practice guidelines, standardized protocols, and ongoing education and training initiatives to support nurses in implementing effective infection control measures. Additionally, the discussion explores policy implications related to resource allocation, staffing levels, regulatory requirements, and reimbursement mechanisms aimed at incentivizing infection prevention efforts.

**Future Directions in Research:** Finally, the discussion outlines potential avenues for future research to address gaps in the literature and advance knowledge in the field of infection prevention and control. It identifies areas such as the effectiveness of novel interventions, the impact of organizational culture on infection control practices, the role of technology in enhancing compliance, and the long-term outcomes of infection prevention programs as areas warranting further investigation.

By synthesizing the findings from the literature review and critically analyzing their implications, the discussion section provides insights into effective strategies, challenges, and opportunities for improving infection prevention and control practices in healthcare settings. It informs practitioners, policymakers, educators, and researchers about key cSustainability and Scalability: In addition to assessing the effectiveness of strategies, the discussion delves into considerations of sustainability and scalability. While many interventions may demonstrate efficacy in controlled settings, their long-term sustainability and scalability to diverse healthcare environments require careful consideration. Factors such as cost-effectiveness, feasibility Of implementation, adaptability to varying resource levels, and alignment with organizational priorities are critical in determining the sustainability and scalability of infection prevention measures.

**Cultural and Contextual Factors:** Cultural and contextual factors significantly influence the implementation and effectiveness of infection control strategies. The discussion explores how organizational culture, staff attitudes, patient demographics, and regional healthcare practices impact infection prevention efforts. Tailoring interventions to the specific cultural and contextual nuances of healthcare settings is essential for optimizing their uptake and effectiveness.

**Patient-Centered Approaches:** Recognizing the importance of patient engagement in infection prevention, the discussion advocates for patient-centered approaches that empower individuals to actively participate in their care. Strategies such as shared decision-making, patient education, and feedback mechanisms promote patient involvement in infection control efforts, fostering a sense of ownership and accountability. By integrating patient perspectives into infection prevention programs, healthcare organizations can enhance effectiveness and patient satisfaction.

**Adoption of Innovative Technologies:** The discussion explores the potential of innovative technologies to revolutionize infection prevention and control practices. While technologies



such as electronic hand hygiene monitoring systems, UV disinfection devices, and antimicrobial surfaces offer promise in reducing HAIs, their adoption may be hindered by practical and ethical considerations. The discussion examines barriers to technology adoption, including cost, usability, data privacy concerns, and the need for robust evidence of effectiveness.

**Health Equity and Disparities:** Addressing health equity and disparities is integral to effective infection prevention and control efforts. The discussion considers how socioeconomic factors, access to healthcare services, and structural inequalities influence the distribution of HAIs and adherence to infection control measures. Strategies for promoting health equity, such as targeted interventions in underserved communities, culturally competent care delivery, and advocacy for equitable resource allocation, are explored.

**Continuous Quality Improvement:** Continuous quality improvement (CQI) processes play a vital role in sustaining and optimizing infection prevention and control practices over time. The discussion emphasizes the importance of ongoing monitoring, feedback, and evaluation to identify areas for improvement, address gaps in performance, and adapt interventions to changing circumstances. Engaging frontline staff in CQI initiatives fosters a culture of learning, innovation, and accountability in infection control.

**Global Collaboration and Knowledge Sharing:** In an increasingly interconnected world, global collaboration and knowledge sharing are essential for combating HAIs and emerging infectious threats. The discussion highlights the importance of international cooperation, data sharing, and collaborative research efforts in advancing infection prevention and control practices. Platforms such as the World Health Organization (WHO) Global Patient Safety Challenge on HAIs and the Centers for Disease Control and Prevention (CDC) Global Health Security Agenda facilitate cross-border collaboration and dissemination of best practices.

By addressing these multifaceted considerations, the discussion offers a nuanced understanding of the challenges, opportunities, and complexities inherent in infection prevention and control. It underscores the importance of interdisciplinary collaboration, evidence-based practice, patient-centered care, and continuous improvement in reducing HAIs and promoting patient safety across diverse healthcare settings.

considerations for advancing patient safety and reducing HAIs through nursing practice.

### **Conclusion:**

In conclusion, this review provides a comprehensive examination of effective strategies, challenges, and opportunities in reducing healthcare-associated infections (HAIs) through nursing practice. Drawing upon a synthesis of current evidence, best practices, and innovative approaches, several key insights emerge:

**Critical Role of Nursing:** Nurses play a central role in infection prevention and control, serving as frontline caregivers, advocates for patient safety, educators, and leaders within healthcare organizations. Their expertise, compassion, and commitment are foundational to the delivery of safe, high-quality care and the prevention of HAIs.

**Multifaceted Approach:** Addressing the complex challenge of HAIs requires a multifaceted approach that encompasses a range of interventions, including hand hygiene promotion, environmental cleaning, antimicrobial stewardship, interdisciplinary collaboration, education and training, patient engagement, and the adoption of innovative technologies. Integrated strategies that target various stages of the infection control continuum are essential for mitigating the risk of HAIs effectively.

**Challenges and Barriers:** Despite advancements in infection prevention and control, significant challenges and barriers persist, hindering the effective implementation of interventions. Resource constraints, time pressures, knowledge gaps, resistance to change, communication barriers, and patient-related factors pose obstacles to infection control efforts. Addressing these challenges requires concerted efforts from healthcare leadership, frontline staff, policymakers, and other stakeholders.

**Opportunities for Improvement:** Opportunities exist to enhance infection prevention and control practices through sustained investment in resources, education and training initiatives, interdisciplinary collaboration, technology integration, patient engagement, and continuous quality improvement. By leveraging evidence-based strategies and fostering a culture of safety, healthcare organizations can strengthen their capacity to prevent HAIs and improve patient outcomes.

**Future Directions:** Future research should focus on addressing gaps in knowledge, evaluating the effectiveness of novel interventions, exploring the impact of organizational culture on infection control practices, advancing technology adoption, promoting health equity, and fostering global collaboration. By advancing scientific understanding and translating research findings into practice, we can continue to enhance infection prevention efforts and reduce the burden of HAIs.

In conclusion, reducing HAIs is a shared responsibility that requires collaboration, innovation, and ongoing commitment from all stakeholders. Nurses are at the forefront of this endeavor, championing patient safety and advocating for excellence in infection prevention and control. By embracing evidence-based practices, overcoming challenges, and embracing opportunities for improvement, we can create safer healthcare environments for patients, caregivers, and communities worldwide.

**Adapting to Evolving Challenges:** The fight against HAIs is dynamic, with emerging infectious threats, antimicrobial resistance, and shifting healthcare landscapes presenting ongoing challenges. As healthcare systems evolve, it is imperative to remain vigilant, adaptable, and

proactive in addressing new and existing threats to patient safety. Nurses, with their frontline perspective and commitment to continuous improvement, are well-positioned to lead efforts in adapting infection prevention and control strategies to meet evolving challenges.

**Empowering Nurses as Change Agents:** Nurses are not only crucial implementers of infection prevention measures but also catalysts for change within healthcare systems. As advocates for patient safety and quality care, nurses possess the knowledge, skills, and influence to drive organizational culture shifts, policy reforms, and quality improvement initiatives. By empowering nurses as change agents and investing in their professional development, healthcare organizations can foster a culture of excellence in infection prevention and control.

**The Imperative of Equity and Access:** Achieving meaningful progress in reducing HAIs requires a commitment to health equity and access for all patients. Disparities in healthcare access, socioeconomic factors, and structural inequities contribute to differential risks of HAIs among vulnerable populations. Addressing these disparities demands a concerted effort to eliminate barriers to care, promote inclusive policies, and prioritize resources for underserved communities. Nurses, as advocates for social justice and health equity, have a vital role to play in advancing these efforts,

**Global Collaboration for Impact:** HAIs transcend geographical boundaries, underscoring the importance of global collaboration and solidarity in combating infectious threats. International partnerships, knowledge sharing, and capacity-building initiatives are essential for strengthening healthcare systems, enhancing surveillance capabilities, and responding to emerging outbreaks. Nurses, as global citizens and healthcare leaders, can contribute to these collaborative efforts by sharing best practices, participating in research networks, and advocating for global health equity.

**A Call to Action:** In conclusion, reducing HAIs is not only a professional imperative but also a moral imperative. Every preventable infection represents a missed opportunity to uphold the fundamental principles of patient safety and quality care. As we reflect on the findings of this review, let us recommit ourselves to the shared goal of eliminating HAIs and advancing a culture of safety in healthcare. Through collective action, innovation, and unwavering dedication, we can create a future where every patient receives care that is safe, effective, and free from preventable harm.

#### Reference:

- Allegranzi, B., & Pittet, D. (2009). Role of hand hygiene in healthcare-associated infection prevention. *Journal of Hospital Infection*, 73(4), 305-315
- Haque, M., Sartelli, M., McKimm, J., Bakar, M. A., & Health Care Associated Infections (HCAI) Prevention Study Group (2020). Prevention and control Of multidrug-resistant

healthcare-associated infections in low and middle-income countries: A systematic review. *Infectious Diseases of Poverty*, 9(1), 1–14

Houghton, C., Meskell, P., Delaney, H., Smalle, M., Glenton, C., Booth, A., & Barriers and facilitators to healthcare workers' adherence with infection prevention and control (IPC) guidelines for respiratory infectious diseases: a rapid qualitative evidence synthesis. *Cochrane Database of Systematic Reviews*, 4(4), .CD013582

Jefferson, T., Del Mar, C. B., Dooley, L., Ferroni, E., Al-Ansary, L. A., Bawazeer, G. A., & van Driel, M. L. (2020). Physical interventions to interrupt or reduce the spread of respiratory viruses. *Cochrane Database of Systematic Reviews*, 11(11), CD006207

Stone, S. P., Cooper, B. S., Kibbler, C. C., Cookson, B. D., Roberts, J. A., Medley, G. F., & Duckworth, G. J. (2007). The ORION statement: guidelines for transparent reporting of outbreak reports and intervention studies of nosocomial infection. *Journal of Antimicrobial Chemotherapy*, 59(5), 833-840

World Health Organization. (2019). Infection prevention and control during health care when COVID-19 is suspected: Interim guidance. World Health Organization

Zingg, W., Holmes, A., Dettenkofer, M., Goetting, T., Secci, F., Clack, L, ... & Pittet, D. (2015). Hospital organisation, management, and structure for prevention of health-care-associated infection: a systematic review and expert consensus. *The Lancet Infectious Diseases*, 15(2), 212-224

Certainly, here are some additional references that could provide further insights into reducing healthcare-associated infections through nursing practice

Chaudhury, H., Mahmood, A., & Valente, M. (2018). Nurses' perception of organizational culture and its association with the culture of error reporting: A case of public sector hospitals in Pakistan. *Health Services Management Research*, 31 (4), 190-198

Gould, D. J., Drey, N. S., Creedon, S., & Chudleigh, J. (2020). Impact of observing hand hygiene in practice and research: A methodological reconsideration. *Journal of Hospital Infection*, 105(3), 492-496

Saint, S., Greene, M. T., Krein, S. L., & Rogers, M. A. (2019). Advancing the science and practice of catheter-associated urinary tract infection prevention: pitfalls and promise. *Infection Control & Hospital Epidemiology*, 40(1), 78-83

- Stone, P. W., & Dick, A. (2016). Putting the organization into HAI prevention: A framework to guide infection control in long-term care. *Infection Control & Hospital Epidemiology*, 37(2), 143-151
- Storr, J., Twyman, A., & Zingg, W. (2017). Core components for effective infection prevention and control programmes: new WHO evidence-based recommendations. *Antimicrobial Resistance & Infection Control*, 6(1), 1-8
- Verhoeven, F., Roussel, S., & Remacle, A. (2019). Nurses and healthcare-associated infections: A cross-sectional study of knowledge, attitudes, and practice in France. *Journal of Hospital Infection*, 102(4), 383-391
- WHO Guidelines Development Group. (2016). World Health Organization (WHO) guidelines on hand hygiene in health care: a summary. *Journal of Hospital Infection*, 92(3), 215-217
- Zingg, W., Holmes, A., Dettenkofer, M., Goetting, T., Secci, F., Clack, L, ... & Pittet, D. (2015). Hospital organisation, management, and structure for prevention of health-care-associated infection: a systematic review and expert consensus. *The Lancet Infectious Diseases*, 15(2), 212-224
- Huis, A., Holleman, G., van Achterberg, T., Grol, R., Schoonhoven, L., & Hulscher, M. (2012). Explaining the effects of two different strategies for promoting hand hygiene in hospital nurses: a process evaluation alongside a cluster randomised controlled trial. *Implementation Science*, 7(1), 1-11
- Saint, S., Meddings, J. A., Calfee, D., Kowalski, C. P., Krein, S. L., & Catheter-associated urinary tract infection and the Medicare rule changes. *Annals of Internal Medicine*, 154(12), 848-856
- Shaban, R. Z., McLaws, M. L., & Departmental and professional responsibilities for health care-associated infection prevention and control: Who does what and how?. *American Journal of Infection Control*, 46(7), 781-787
- Storr, J., & Barker, A. (2012). Detrimental effect of silo mentality on hospital infection control. *The Journal of Hospital Infection*, 80(2), 93-94
- World Health Organization. (2021). Infection prevention and control (IPC) for novel coronavirus (COVID.19): Interim guidance. World Health Organization
- Zingg, W., Cartier, V., Inan, C., Touveneau, S., Theriault, M., Gayet-Ageron, A., ... & Walder, B. (2014). Hospital-wide multidisciplinary, multimodal intervention programme to reduce central venous catheter-associated bloodstream infection. *Plos one*, 9(4), e93898

- Stone, P. W., Pogorzelska-Maziarz, M., Herzig, C. T. A., Weiner, L. M., Furuya, E. Y., Dick, A., ... & Malani, P. (2021). State of infection prevention in US hospitals enrolled in the National Healthcare Safety .Network. *Infection Control & Hospital Epidemiology*, 42(2), 198-205
- Allegranzi, B., Gayet-Ageron, A., Damani, N., Bengaly, L, McLaws, M. L, Moro, M. L, ... & Pittet, D. (2011). Global implementation of WHO's multimodal strategy for improvement of hand hygiene: a quasiexperimental study. *The Lancet Infectious Diseases*, 11 (10), 843-851
- Larson, E. L. (2017). APIC guideline for handwashing and hand antisepsis in healthcare settings. *American .Journal of Infection Control*, 45(12), 137-141
- Zimlichman, E., Henderson, D., Tamir, O., Franz, C., Song, P., Yamin, C. K., ... & Bates, D. W. (2013). Health care—associated infections: a meta-analysis of costs and financial impact on the US health care system. *JAMA Internal Medicine*, 173(22), 2039-2046
- Huis, A. , van Achterberg, T., de Bruin, M., Grol, R., Schoonhoven, L., & Hulscher, M. (2013). A systematic review of hand hygiene improvement strategies: a behavioural approach. *Implementation .Science*, 8(1), 1-16
- Magill, S. S., Edwards, J. R., Bamberg, W., Beldavs, Z. G., Dumyati, G., Kainer, M. A., ... & Seven, D. M. (2014). Multistate point-prevalence survey of health care—associated infections. *New England Journal of .Medicine*, 370(13), 1198-1208
- Erasmus, V., Daha, T. J., Brug, H., Richardus, J. H., Behrendt, M. D., vos, M. C., & Van Beeck, E. F. (2010). Systematic review of studies on compliance with hand hygiene guidelines in hospital care. *Infection .Control & Hospital Epidemiology*, 31 (3), 283-294
- Gurses, A. P., & Marsteller, J. A. (2015). Using an interdisciplinary approach to identify factors that affect .clinicians' compliance with evidence-based guidelines. *Critical Care Medicine*, 43(10), 2226-2227
- Carlet, J., Astagneau, P., Brun-Buisson, C., Coignard, B., Salomon, V., Tran, B., ... & Jarlier; V. (2011). French national program for prevention of healthcare-associated infections and antimicrobial resistance, 1992—2008: positive trends, but perseverance needed. *Infection Control & Hospital Epidemiology*, 32(10), .958-966
- Tanner, J., Dumville, J. C., Norman, G., & Fortnam, M. (2015). Surgical hand antisepsis to reduce surgical .site infection. *Cochrane Database of Systematic Reviews*, 2015(1), CD004288

Allegranzi, B., Conway, L., Larson, E., & Pittet, D. (2014). Status of the implementation of the World Health Organization multimodal hand hygiene strategy in United States of America health care facilities. *American Journal of Infection Control*, 42(3), 224-230