

Nurse Leaders Identify Strategies for Curbing Infections

When a nurse leader in Hong Kong issued a curt order to colleagues to adopt stricter infection control protocols in their hospital units, only 30 percent complied. Yet nearly everyone took up the recommendation after the nurse presented her reasons for the order and explained the importance of infection control.

During a breakout session on nursing leadership in infection control, Carol O'Boyle, RN, MPH, PhD, clinical nurse specialist, HIV and Emerging Infections Unit, Minnesota Department of Health, used this example to demonstrate that communication is "an effective tool for nurse leaders in gaining power and influencing people" in the health care workforce. With this tool, nurse leaders can use their power to communicate the importance of effecting change in infection control practices, she said.

Behavior modification of nursing practices is an essential component of change in infection control practices, said O'Boyle. And behavior change is likely to occur when key hospital staff, including nurse leaders, take action to influence and improve existing infection control programs.

Barbara Soule, RN, MPA, director of quality management and education, Providence St. Peter Hospital, Olympia, Washington, told the audience that a nurse leader needs to have a superior knowledge of infection control issues, including prevention strategies and knowledge of obstacles to implementing reforms. The nurse leader also should be able to substantiate data and explain logically to physicians, nurses and administrators the reasons for adopting certain infection control interventions, she said. Soule offered a checklist of steps for nurse managers to follow: explain the urgency of the need for change; sell the problem, rather than the solution; hold regular staff meetings to talk about what change will bring; and talk about expectations and attitudes toward change.

"People who admire and identify with the leader are more likely to accept that leader's suggestions," said Soule.

Larissa Konovalova, RN, chief nurse, Children's Hospital No. 2, Kiev, Ukraine, has pursued many avenues to increase infection control programs in the neonatal unit of her hospital. Konovalova told participants that she developed nurse education programs on infection control in her hospital neonatology unit using AIHA's Web site to obtain translated infection control course materials.

"By enhancing nursing practices in infection control training we have no cases of infection in our neonatal unit," she claimed

Nurse leaders can also influence infection control reforms through the many associations that have sprung up in the NIS in recent years. Association leaders in Semipalatinsk, Kazakstan effected change in existing hospital protocols in 1996, curtailing the high nosocomial infection rates there.

Semipalatinsk Nursing Association president Galiya Zhuasbaeva, MD, told participants how association leaders were instrumental in creating infection control committees and head epidemiologist positions at each of the six Semipalatinsk partnership hospitals. A committee of chief nurses and surgeons set goals and developed monetary incentives for nursing staff to encourage adherence to the more stringent protocols. The association also served as a vehicle for ongoing nursing education classes in basic and advanced infection control issues.

Zhuasbaeva credits the association for a decline in hospital infection rates, including a 1.1 percent decline in hepatitis B since 1994, a period in which the disease has escalated across the NIS. Yet, she added, "infection control is only effective when the nurse is involved."

During the session, a number of nurses identified a lack of funding for the hepatitis B vaccine as a major concern in their hospitals. Others recognized a need to increase nursing skills and knowledge of key issues related to hospital-acquired infections, citing the high number of nursing staff who work with blood, and those who have acquired the disease due to avoidable contact.

"Never give up, because infection control issues are very complicated, and it often takes months, even years, to reach your objectives," said O'Boyle.