

Nurses as Frontline Defenders: Pioneering Infection Control in Healthcare Systems

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Received: 07 october 2023 Revised: 22 November 2023 Accepted: 06 December 2023

Chapter 1: Introduction to Nurses' Role in Infection Control

Infection control is a critical component of healthcare systems aimed at preventing and managing infections that threaten patient safety and public health. It involves implementing evidence-based practices to reduce the transmission of infectious agents within healthcare settings (Lewis et al., 2022). Healthcare-associated infections (HAIs) such as surgical site infections, pneumonia, and bloodstream infections pose significant challenges, increasing patient morbidity and healthcare costs. Infection control encompasses various measures, including proper hand hygiene, use of personal protective equipment (PPE), sterilization of medical instruments, and adherence to isolation protocols (Limones et al., 2020). Nurses, as the largest group of healthcare professionals, play a central role in executing these measures at the bedside. Their consistent presence, vigilance, and proximity to patients enable them to act as frontline defenders in infection prevention (Adeyinka, 2020).

increased mortality, prolonged hospital stays, and higher healthcare expenses **(Matsuda, Karino& Kanno, 2020)**. In low- and middle-income countries, the burden of HAIs is particularly severe due to limited resources, poor infrastructure, and insufficient infection control measures **(Raphael, Jaeger& van Vlymen, , 2021)**. Nurses are vital in mitigating these impacts by adhering to infection control protocols, monitoring infection trends, and educating healthcare teams. By understanding the global burden of HAIs, nurses can advocate for improved resources, staffing, and education to strengthen infection prevention efforts in healthcare systems worldwide **(Toney-Butler& Thayer, 2020)**.

The concept of infection control in healthcare has evolved significantly over time. Before germ theory was established, infections in hospitals were poorly understood and inadequately managed **(Yamada et al., 2020)**. With the discovery of microorganisms by Louis Pasteur and the introduction of antiseptic techniques by Joseph Lister, infection prevention practices began to transform. Over the 20th century, advancements such as antibiotics, sterilization techniques, and immunizations further enhanced infection control efforts **(Saunders et al., 2020)**. Nurses have progressively assumed a pivotal role in applying these measures, becoming leaders in implementing and advocating for infection control practices. Today, infection control is a multidisciplinary effort, but nurses remain central due to their direct patient interactions **(Akyol , Yagci & Tekirdag, 2019)**.

Nurses' involvement in infection prevention can be traced back to Florence Nightingale, who is widely regarded as the pioneer of modern nursing. During the Crimean War, Nightingale implemented sanitary reforms in hospitals, drastically reducing mortality rates from infections **(Mehta et al ., 2019)**. Her contributions underscored the importance of hygiene and infection control in patient care. This legacy has shaped nursing education and practice, with infection prevention becoming a core competency for nurses. Over time, nurses have evolved into frontline defenders of patient safety, not only ensuring hygiene but also participating in surveillance and policy development related to infection control **(Baczynska et al ., 2020)**.

Hygiene practices, particularly hand hygiene, are fundamental to infection control, and nurses have long been its strongest advocates. By promoting and practicing proper handwashing techniques, nurses prevent the transmission of pathogens between patients, healthcare workers, and the environment **(AlDubayan et al ., 2019)**. They also ensure compliance with hygiene protocols within healthcare teams by educating and monitoring colleagues. The role of nurses as hygiene advocates has been crucial during outbreaks of infectious diseases such as SARS, Ebola, and COVID-19, where strict adherence to hygiene standards has been paramount **(O'Brien , Gupta& Itani , 2019)**.

Nurses' unique position at the frontline of care places them at the center of efforts to prevent healthcare-associated infections (HAIs). They are responsible for monitoring patients for signs of infection, implementing aseptic techniques during procedures, and

educating patients about infection prevention **(Miranda et al .,2020)**. For example, nurses ensure that central line dressings are sterile, urinary catheters are appropriately managed, and surgical sites are kept clean. By adhering to evidence-based protocols, nurses significantly reduce the risk of HAIs, contributing to better patient outcomes and reduced healthcare costs **(Rosa et al ., 2020)**.

Surveillance and monitoring are essential components of infection control, and nurses play a key role in these activities. Nurses collect data on infection rates, identify outbreaks, and report cases to infection control teams **(Metcalf et al ., 20 19)**. They also monitor compliance with infection prevention measures, such as hand hygiene adherence and environmental cleaning. By identifying potential risks and trends, nurses provide valuable insights that guide infection control strategies. Their role in surveillance highlights their contribution to maintaining a safe healthcare environment **(Ashdown-Franks et al ., 2019)**.

Patient education is a vital aspect of infection prevention, and nurses are at the forefront of this effort. Nurses educate patients and their families about proper hygiene practices, wound care, and the importance of following prescribed treatments to prevent infections **(Zhao et al., 2019)**. For instance, patients undergoing surgery may receive instructions on how to care for their incisions to reduce the risk of infection. By empowering patients with knowledge, nurses enhance their ability to participate in their own care and prevent complications related to infections **(Al-Qurayshi et al .,2019)**.

In high-risk settings such as intensive care units (ICUs), operating rooms, and emergency departments, nurses face heightened challenges in infection control. These environments often involve critically ill patients who are more vulnerable to infections due to invasive devices like ventilators and catheters **(Avallato, Nicoletti& Locatelli, 20 19)**. Nurses must be particularly vigilant in adhering to aseptic techniques, monitoring for early signs of infection, and maintaining a sterile environment. Their expertise and attention to detail are crucial in preventing potentially life-threatening infections in these settings **(Yao et al ., 2019)**.

The responsibility of infection control can take a psychological toll on nurses, particularly during outbreaks or pandemics. Constant vigilance, fear of spreading infections to family members, and the emotional burden of caring for infected patients can lead to stress and burnout. Supporting nurses through mental health resources, adequate staffing, and debriefing sessions is essential to sustain their well-being and effectiveness in infection prevention roles **(Olver et al .,2020)**.

Infection control is a collaborative effort that involves nurses, physicians, infection control specialists, and other healthcare professionals. Nurses act as liaisons between patients and the wider healthcare team, ensuring that infection prevention measures are consistently applied **(Liu, Liu& Ji, 2020)**. For example, they may work with environmental services staff to maintain cleanliness or with pharmacists to monitor

antibiotic use. This collaboration enhances the effectiveness of infection control strategies and fosters a culture of safety within healthcare settings **(Wainwright et al ., 2020)**.

Despite their critical role, nurses often face challenges in implementing infection control measures. These challenges include resource limitations, lack of training, and resistance from colleagues or patients. For instance, during the COVID-19 pandemic, shortages of PPE posed significant barriers to infection prevention. Addressing these challenges requires systemic changes, including adequate funding, comprehensive training programs, and fostering a supportive culture within healthcare institutions **(Voos et al ., 2020)**.

Nursing-led infection control measures are not only effective but also cost-efficient. Preventing infections reduces the need for extended hospital stays, additional treatments, and readmissions, leading to significant healthcare savings **(Martinez- Galiano et al ., 2019)**. Nurses' proactive involvement in infection control contributes to both improved patient outcomes and reduced financial burdens on healthcare systems. Investing in nursing education and resources for infection prevention is a wise and sustainable strategy for enhancing healthcare quality **(Tomsic et al ., 2020)**.

Nurses are indispensable to infection control efforts in healthcare systems. Their dedication to hygiene, patient education, and surveillance ensures the safety of patients and healthcare teams alike **(Matthias et al ., 2020)**. As the healthcare landscape continues to evolve, the role of nurses in infection prevention will remain vital. Strengthening support for nurses through education, resources, and policies will empower them to continue their pioneering work in infection control, safeguarding public health for generations to come **(Barnard et al ., 2019)**.

Chapter 2: Core Responsibilities of Nurses in Infection Control

Nurses are the cornerstone of enforcing hygiene protocols in healthcare settings. Hand hygiene, for instance, is one of the most effective measures to prevent healthcare-associated infections (HAIs) **(Zarei et al ., 2019)**. Nurses are responsible for adhering to and monitoring compliance with handwashing standards among patients, staff, and visitors. This includes ensuring the proper use of hand sanitizers, soap, and water as per established guidelines **(Cacciatore et al ., 2019)**. Similarly, nurses play a critical role in ensuring the correct use of personal protective equipment (PPE), such as masks, gloves, and gowns, to prevent cross-contamination. By modeling appropriate behavior and holding others accountable, nurses establish a culture of hygiene that significantly reduces infection risks. Their vigilance in these areas is vital to maintaining a safe healthcare environment for patients and staff alike **(Bohon & 2020)**.

Proper use of PPE is an essential responsibility for nurses in infection control. They educate healthcare staff on selecting and wearing PPE according to the nature of exposure and the type of infectious agent **(Xie et al ., 2019)**. For example, respiratory

protection such as N95 masks is critical in airborne disease containment, while gowns and gloves prevent contact transmission. Nurses also monitor compliance by observing whether healthcare providers and visitors are using PPE correctly. Additionally, they guide the proper disposal of PPE to avoid contamination **(Popovich et al., 2019)**. During outbreaks or pandemics, such as COVID-19, nurses often serve as role models, reinforcing the importance of consistent and proper PPE usage. Their proactive involvement minimizes errors in PPE practices and enhances safety across healthcare settings **(Bouzarjomehri et al., 2020)**.

Infection control is not limited to personal hygiene—it also extends to environmental cleanliness. Nurses oversee the cleaning and disinfection of patient rooms, medical equipment, and high-touch surfaces like bed rails and door handles. They ensure that disinfectants are used correctly and consistently and that protocols for cleaning procedures are followed by support staff **(Kim, Chang & Kim, 2019)**. Nurses also educate staff on the risks associated with inadequate environmental hygiene and implement regular audits to identify gaps. For instance, during an outbreak of *Clostridioides difficile* (C. diff), nurses ensure that enhanced disinfection protocols using appropriate agents are in place. Their commitment to maintaining a clean environment directly reduces the spread of infectious pathogens **(Calle Jimenez et al., 2019)**.

Patient education is a core responsibility of nurses in infection prevention. Nurses guide patients on proper hygiene practices, such as washing hands before meals or after using the restroom. For example, patients with catheters or surgical wounds require specific instructions to prevent infections **(Panteli et al., 2022)**. Nurses also provide tailored advice for patients with compromised immunity, such as those undergoing chemotherapy. Effective communication is key, with nurses using clear, simple language to ensure patients understand how to minimize infection risks. Through consistent education, nurses empower patients to take an active role in their care, which ultimately reduces the incidence of infections within healthcare settings **(Deanna, 2019)**.

In addition to educating patients, nurses play a critical role in training healthcare staff on infection prevention. They organize workshops and training sessions on topics such as hand hygiene, aseptic techniques, and the proper use of disinfectants. Nurses also ensure that new employees are oriented to infection control protocols during onboarding **(Wondie et al., 2019)**. For example, during flu season, nurses might conduct refresher courses on handling infectious patients and administering vaccines safely. Their expertise and leadership help create a well-informed team that adheres to best practices in infection control, ensuring a safer environment for everyone involved **(Rechmann, 2019)**.

Nurses are central to implementing isolation protocols for patients with contagious diseases. They identify patients who require isolation based on their symptoms and diagnosis and ensure that the correct isolation measures—contact, droplet, or airborne—are applied. For example, patients with tuberculosis require airborne

precautions, including negative-pressure rooms and N95 masks **(Cha et al .,2019)**. Nurses also educate visitors about isolation rules to minimize risks. Additionally, they ensure that all staff entering isolation areas follow proper protocols, such as gowning and hand hygiene. Their meticulous attention to these procedures is critical for preventing the spread of infections within healthcare facilities **(Hoang et al .,2019)**.

Isolation can be emotionally challenging for patients, leading to feelings of loneliness or anxiety. Nurses provide psychological support to isolated patients by maintaining regular communication and explaining the reasons behind isolation measures **(Shelton , Hecht &Slee ,2019)**.For example, during the COVID-19 pandemic, nurses used video calls and other virtual tools to help patients stay connected with their families. By addressing patients' emotional needs, nurses not only improve their mental well-being but also enhance adherence to isolation protocols, ultimately aiding in infection control efforts **(Patel et al.,2022)**.

During outbreaks and epidemics, nurses take on additional responsibilities to manage the containment of infectious diseases. They work closely with infection control teams to implement emergency protocols, such as contact tracing and quarantine measures **(Huette et al., 2020)**. For instance, during an outbreak of methicillin-resistant *Staphylococcus aureus* (MRSA), nurses may coordinate testing and isolate affected patients. They also educate staff on updated protocols and monitor compliance with enhanced precautions. Nurses' proactive approach in outbreak management helps to control the spread of infections swiftly and effectively **(Whitehouse et al ., 2019)**.

Effective infection control requires collaboration across various healthcare disciplines, and nurses play a pivotal role in coordinating these efforts. They work with physicians, infection control specialists, environmental services, and pharmacists to develop and implement infection prevention strategies **(Dong& Chen, 2020)**. For example, in antimicrobial stewardship programs, nurses collaborate with pharmacists to ensure the appropriate use of antibiotics, reducing the risk of drug-resistant infections. Their ability to facilitate teamwork and communication ensures a unified approach to infection control, enhancing patient outcomes **(Meerkötter& Schennetten, 2020)**.

Nurses often advocate for the development and implementation of infection control policies within their organizations. They contribute valuable insights from their frontline experiences to shape protocols that are practical and effective **(Dubbs &Sommerkamp ,2019)**. For instance, nurses may push for improved hand hygiene compliance monitoring or the allocation of additional resources, such as PPE, during flu season. Their advocacy ensures that infection control measures remain a priority within healthcare systems **(Lewis et al ., 2021)**.

Nurses are responsible for conducting audits to evaluate the effectiveness of infection control measures. These audits involve observing compliance with hygiene protocols, reviewing documentation, and identifying areas for improvement **(Li et al., 2020)**. For example, a nurse may assess whether staff are adhering to hand hygiene protocols

before and after patient contact. The results of these audits inform targeted interventions, such as additional training or changes to procedures, ensuring continuous improvement in infection control practices **(Dotson, 2020)**.

Medical devices, such as catheters and ventilators, are common sources of healthcare - associated infections. Nurses are crucial in preventing these infections by following evidence-based practices for device insertion, maintenance, and removal. For example, they ensure that central lines are inserted under sterile conditions and monitor for signs of infection. By adhering to strict protocols, nurses reduce the risk of device-associated infections, such as bloodstream infections and ventilator-associated pneumonia **(Fairhall et al .,2022)**.

Nurses play a key role in fostering a culture of safety within healthcare organizations. They encourage open communication about infection control practices and create an environment where staff feel comfortable reporting lapses or near misses **(Esterhuizen et al.,2019)**. For example, nurses may lead initiatives to celebrate hand hygiene compliance, reinforcing positive behaviors. By promoting a culture of accountability and continuous improvement, nurses ensure that infection control remains a shared responsibility **(Watkins & Van Duin ,2019)**.

The role of nurses in infection control extends beyond individual healthcare facilities to the global stage. They contribute to public health initiatives aimed at reducing the burden of infectious diseases worldwide **(Variani et al .,2019)**. For instance, during the Ebola outbreak, nurses were instrumental in educating communities about prevention measures and providing frontline care. Their expertise and dedication make nurses indispensable in the fight against infectious diseases, both locally and globally **(Vuong et al .,2019)**.

Chapter 3: Challenges Faced by Nurses in Infection Control

The shortage of personal protective equipment (PPE) during healthcare crises, such as the COVID-19 pandemic, poses significant challenges for nurses in infection control. Inadequate access to gloves, masks, gowns, and face shields increases nurses' vulnerability to infections, jeopardizing their health and that of their patients (Lin et al .,2019). Many nurses have had to reuse PPE or rely on improvised alternatives, which compromises safety standards. Resource scarcity often forces healthcare institutions to prioritize distribution, leaving some frontline staff unprotected. Governments and organizations must address these challenges by improving supply chains, stockpiling essential resources, and creating contingency plans for future crises. Ensuring an uninterrupted supply of high-quality PPE is vital to empower nurses to perform infection control effectively and safeguard healthcare systems **(De Waele& Dhaese, 2019)**.

Staffing shortages are a persistent challenge in infection control. With increasing workloads, nurses often juggle infection prevention duties with direct patient care,

leading to burnout and reduced effectiveness. During outbreaks, these shortages become more pronounced as healthcare systems are overwhelmed by the surge in patient numbers. Insufficient staff results in longer working hours, impacting nurses' physical and mental health **(Ricci et al ., 2019)**. Additionally, reduced staffing can delay timely interventions, compromising infection control measures. Addressing staffing shortages requires systemic solutions, such as hiring more nurses, implementing retention strategies, and fostering a supportive work environment. Investing in workforce development ensures nurses have the time and capacity to focus on infection control protocols without compromising patient care **(Ellis et al ., 2019)**.

Pandemics and disease outbreaks place enormous psychological stress on nurses. Fear of contracting infections, spreading them to family members, and witnessing patient suffering contribute to high levels of anxiety and emotional exhaustion. Prolonged exposure to such stressors often leads to burnout, depression, and even post-traumatic stress disorder (PTSD) **(Hua-ping, 2020)**. Nurses may also feel undervalued when working under immense pressure with limited recognition or support. To mitigate the psychological toll, healthcare systems must prioritize mental health support for nurses **(Lin Yang et al ., 2022)**. This includes offering counseling services, creating peer support programs, and ensuring reasonable workloads. Acknowledging the emotional burden of frontline workers is crucial for sustaining their well-being and effectiveness in infection control **(Rapp et al ., 2019)**.

In addition to psychological stress, nurses face significant physical challenges during outbreaks. Long hours in PPE, including masks and gowns, can cause discomfort, dehydration, and skin issues such as pressure ulcers or rashes. Continuous physical demands, such as frequent patient handling, lead to fatigue and musculoskeletal injuries **(Cassini et al., 2019)**. Limited breaks and high workloads further exacerbate physical strain. Over time, these physical challenges reduce nurses' stamina and their ability to perform infection control duties effectively. To address this, healthcare institutions should implement ergonomic measures, ensure adequate rest periods, and provide resources like hydration stations and protective skincare products to support nurses' physical health during crises **(Woldegioris, Bantie& Getachew, 2019)**.

Nurses often struggle to balance infection control responsibilities with their primary duty of providing patient care. Tasks such as monitoring hygiene compliance, sterilizing equipment, and ensuring isolation protocols can take time away from direct patient interaction. This balancing act becomes even more difficult during outbreaks, where both infection control and patient care demands increase simultaneously **(Carrasco- Garcia et al .,2019)**. As a result, some nurses may prioritize urgent patient needs over rigorous infection control measures, inadvertently increasing the risk of infections. Structured workflows and supportive teamwork are essential to help nurses manage these dual responsibilities. Additionally, clear communication and delegation of tasks can ensure infection control does not compromise patient care quality **(Haque et al ., 2019)**.

Infection control training for nurses is often inadequate or inconsistent, leading to knowledge gaps that hinder effective implementation of protocols. Many nurses may lack up-to-date training on emerging pathogens, evolving guidelines, or the use of advanced infection control technologies **(Karimi et al.,2019)**. Limited access to training programs, especially in resource-poor settings, exacerbates this issue. Knowledge gaps can result in improper hand hygiene, incorrect PPE usage, or ineffective sterilization practices. Addressing these barriers requires standardized, ongoing training programs that incorporate the latest evidence-based practices. Online modules, simulations, and hands-on workshops can enhance nurses' knowledge and confidence in infection control **(Iwata et al.,2019)**.

Even when training programs are available, nurses may face challenges in accessing them. High workloads, staffing shortages, and financial constraints often limit opportunities for professional development. Nurses working in remote or underserved areas may struggle to access quality training due to logistical barriers **(Rahel et al ., 2020)**. To overcome this, healthcare institutions must provide flexible learning options, such as e-learning platforms and virtual simulations. Funding support and dedicated time for training should also be prioritized. Ensuring accessibility to infection control education empowers nurses to stay updated on best practices and enhances their ability to prevent infections effectively **(Junior et al ., 2020)**.

Adherence to infection control protocols is essential but challenging to sustain in busy healthcare environments. Nurses may skip steps due to time pressures, fatigue, or a perceived lack of necessity. For example, hand hygiene compliance often declines during high-stress situations, increasing the risk of infections **(Kani et al .,2019)**. Additionally, inconsistent enforcement of policies and lack of accountability can undermine adherence. To address this, healthcare institutions should foster a culture of safety, where adherence to protocols is non-negotiable and supported by leadership. Regular audits, feedback, and positive reinforcement can also motivate nurses to maintain compliance **(Palmer, 2019)**.

Strong leadership plays a critical role in addressing the challenges nurses face in infection control. Nurse managers and administrators must provide clear guidance, ensure resource availability, and advocate for staff well-being. Leaders who prioritize infection control foster a culture of accountability and teamwork, enabling nurses to overcome barriers more effectively **(Saraiva et al ., 2020)**. Leadership training programs should focus on empowering nurse managers to support their teams during crises, ensuring they have the tools and confidence to implement infection control protocols **(Tadesse , Gessesew & Medhanyie ,2019)**.

Effective communication is vital for infection control, yet it is often compromised in high-stress healthcare settings. Miscommunication between nurses, patients, or multidisciplinary teams can lead to errors, such as improper isolation or incorrect PPE use **(Faith et al ., 2019)**. Language barriers, unclear instructions, or lack of

standardized communication tools exacerbate these issues. Implementing structured communication frameworks, such as SBAR (Situation, Background, Assessment, Recommendation), can reduce misunderstandings. Encouraging open dialogue and feedback further enhances communication, ensuring infection control measures are executed correctly **(Melese ,2019)**.

Resistance to change within healthcare organizations can impede the implementation of new infection control protocols. Nurses may encounter colleagues or systems unwilling to adopt updated guidelines or technologies, creating friction and delays **(Mehta et al ., 2020)**. Organizational resistance often stems from a lack of awareness, fear of additional workload, or skepticism about the effectiveness of changes. Overcoming this resistance requires effective change management strategies, including education, stakeholder engagement, and pilot testing of new protocols. Demonstrating the benefits of change can foster acceptance and improve infection control practices **(Fernandes Agreli et al.,2019)**.

During outbreaks, nurses often feel unsupported due to insufficient resources, inadequate staffing, and lack of recognition. This lack of support can lead to frustration, decreased morale, and a reduced ability to enforce infection control protocols (Ko et al ., **2019**). Healthcare organizations must actively support nurses by addressing these systemic issues. Regular check-ins, mental health resources, and public acknowledgment of nurses' contributions can boost morale and resilience during crises. Supportive policies and practices are critical for maintaining nurses' effectiveness in infection control **(Leinweber et al ., 2019)**.

Public perception of infection control measures can influence nurses' ability to enforce them. Patients or families who distrust healthcare systems may resist isolation protocols, mask mandates, or vaccination recommendations **(Tenaw et al .,2019)**. This resistance creates additional challenges for nurses, who must navigate patient care while addressing misinformation and fear. Public health campaigns that promote infection control measures and educate communities can reduce resistance and empower nurses to perform their duties effectively **(Handoll et al .,2021)**.

The challenges nurses face in infection control, including resource limitations, psychological stress, and training barriers, require comprehensive solutions. Addressing these issues involves systemic changes, such as improving resource allocation, providing mental health support, and investing in ongoing education **(Mohsen, Riad & Badawy, 2020)**. Empowering nurses with the tools and support they need ensures they can fulfill their critical role as frontline defenders of healthcare systems. By overcoming these challenges, healthcare systems can strengthen infection control efforts and protect both patients and providers **(Sartelli et al.,2019)**.

Chapter 4: Innovations and Strategies in Nursing-Led Infection Control

Nurses play a pivotal role in implementing evidence-based infection control guidelines to ensure patient safety. These guidelines, developed through rigorous research, offer standardized practices such as hand hygiene protocols, proper use of personal protective equipment (PPE), and environmental disinfection procedures **(Swan et al .,2019)**. Nurses are instrumental in educating healthcare staff and patients on these practices and monitoring compliance. Their role extends to customizing guidelines to fit specific patient needs, such as adapting wound care protocols for individuals with compromised immunity **(Negida& Raslan, 2019)**. Challenges in implementation often include resistance to change or inadequate resources, but nurses' leadership in driving adherence can significantly reduce healthcare-associated infections (HAIs). By acting as both educators and enforcers of these practices, nurses ensure that infection control remains a priority in healthcare systems **(Neeser et al .,2019)**:

Technology has revolutionized infection control, with nurses at the forefront of utilizing tools like electronic surveillance systems to track and manage infections. These systems enable real-time monitoring of infection trends, flagging outbreaks before they escalate. Nurses analyze data to identify high-risk areas and implement timely interventions **(Ferreira, et al ., 2020)**. Mobile health tools, such as apps for tracking symptoms or infection control checklists, further empower nurses to ensure compliance among staff. Additionally, telehealth platforms allow nurses to provide remote infection control guidance to patients, reducing unnecessary hospital visits **(Neeser et al .,2019)**. While these technologies improve efficiency, challenges like data overload and the need for training persist. Nurses who embrace and adapt to these innovations strengthen healthcare systems' ability to combat infections effectively **(Suso Marti et al ., 2021)**.

Nurses are integral to antimicrobial stewardship programs, which aim to combat antibiotic resistance and ensure the judicious use of antimicrobials. They educate patients on the importance of completing prescribed antibiotic courses and avoiding unnecessary use. Nurses also collaborate with physicians and pharmacists to monitor patients' responses to antimicrobial treatments, identifying cases of overuse or resistance early **(Solomon ,2019)**. By maintaining accurate documentation and communicating changes in patient conditions, nurses ensure optimal antibiotic therapy. Their frontline position allows them to observe patterns of antibiotic misuse and advocate for alternative treatments when appropriate. In doing so, nurses contribute to global efforts to mitigate the growing threat of antimicrobial resistance and protect future generations from drug-resistant infections **(Ripollés-Melchor et al., 2020)**.

Nurses are often at the helm of infection control education, not just for their peers but also for patients and families. They design and deliver training sessions focused on hygiene, disease transmission prevention, and the proper use of infection control equipment. Educational workshops led by nurses have shown to significantly improve hand hygiene compliance among healthcare workers and reduce HAIs **(Schoenfeld& Grgic, 2020)**. By creating a culture of accountability and awareness, nurses empower staff to adhere to best practices. Beyond formal education, nurses use bedside teaching

to guide patients on managing infections at home, such as catheter care or wound dressing. These initiatives ensure that knowledge is both widespread and practical, bridging the gap between theoretical guidelines and everyday practices (**Jordan et al ., 2019**).

Nurses often spearhead innovative approaches to infection control, leveraging their frontline experience to identify gaps in existing protocols. For instance, some nurses have introduced color-coded systems to streamline the identification of infectious patients, reducing cross-contamination risks (**Holsgaard-Larsen et al .,2020**). Others have championed the use of ultraviolet (UV) disinfection technology in high-traffic areas, significantly lowering infection rates. Nurses also explore alternative materials for PPE to improve comfort and compliance during extended use. By adopting a problem-solving mindset, nurses turn challenges into opportunities for improvement. Their initiatives, rooted in practicality and patient care, not only enhance infection control but also inspire collaborative innovation within multidisciplinary teams (**Mukagendaneza et al.,2019**).

One notable example of nurse-led infection control success is a hospital-wide hand hygiene campaign initiated by a group of senior nurses. The campaign involved educational sessions, visual reminders, and frequent compliance audits. As a result, hand hygiene adherence among staff improved from 70% to 95% within six months, leading to a 40% reduction in HAIs. Nurses were key to the campaign's success, acting as role models and providing constructive feedback to colleagues (**Liao et al .,2019**). This case demonstrates how nurses can drive behavioral change and create lasting improvements in infection control through targeted initiatives. The campaign also highlighted the importance of leadership and consistent monitoring in sustaining long-term compliance (**Smith et al.,2020**).

Another impactful example involves a nurse-led project to improve isolation practices for infectious patients. In response to an increase in hospital-acquired *Clostridioides difficile* infections, a nursing team introduced standardized isolation kits placed at patient entrances (**Zelle &Stahel , 2019**). These kits included all necessary PPE and step-by-step instructions for proper use. The initiative streamlined workflows, reduced contamination risks, and improved compliance among staff. Within a year, the hospital observed a 30% decline in infection rates. This success underscores how nurses' practical insights and leadership in implementing solutions can directly enhance patient outcomes and infection control practices (**Bodewein et al ., 2019**).

The future of nursing-led infection control lies in continuous innovation and adaptation. Emerging technologies, such as artificial intelligence (AI) and machine learning, will enable nurses to predict infection outbreaks and tailor interventions more precisely. Additionally, incorporating virtual reality (VR) into infection control training can simulate real-life scenarios, enhancing preparedness (**Miller et al .,2019**). Nurses must also advocate for policy changes to address systemic barriers like understaffing and

resource shortages. Expanding nurses' roles in leadership and research will further strengthen infection control strategies. As the healthcare landscape evolves, nurses' proactive engagement in infection prevention will remain vital, ensuring resilient and adaptive healthcare systems globally **(Blumenthal , 20 19)**.

Chapter 5: Future Directions and Recommendations

Continuous education and training are critical for equipping nurses with the knowledge and skills needed to combat evolving infectious diseases. Infection prevention courses should emphasize evidence-based practices, such as proper hand hygiene techniques, the use of personal protective equipment (PPE), and patient isolation procedures **(Berger et al .,2019)**. Simulation-based training can help nurses gain practical experience in managing high-risk situations, such as disease outbreaks. Additionally, incorporating infection control topics into nursing curricula ensures that future professionals are well-prepared from the start **(De Jonge et al. ,2019)** .Beyond formal education, periodic workshops, certifications, and online courses can keep practicing nurses updated on emerging threats and advanced control techniques. Organizations should also foster a culture of learning, encouraging nurses to share insights and best practices, ensuring infection prevention strategies remain effective and adaptable to future challenges **(Zeren, Cakir& Gurses, 2019)**.

Systemic barriers, such as inadequate funding, policy gaps, and resource shortages, significantly hinder infection control efforts. Healthcare systems must allocate sufficient budgets to ensure adequate supplies of PPE, sanitization tools, and staffing to meet infection control demands **(Ahmed & Abdou, 2019)**. Policies should focus on strengthening infection prevention infrastructure, such as establishing clear protocols and compliance monitoring mechanisms. Furthermore, governments and institutions need to prioritize equitable access to resources across urban and rural healthcare facilities to reduce disparities **(Baixinho, Presado& Ribeiro, 2019)**. Addressing these barriers also requires empowering nurses to voice their challenges and participate in policy discussions. Investing in these systemic improvements can alleviate the workload on nurses, enhance overall patient safety, and ensure a more resilient healthcare system capable of addressing current and future infectious threats **(Zhao& Davis, 2019)**.

Nurses' frontline experiences make them uniquely qualified to lead infection control efforts within healthcare systems. Promoting leadership roles for nurses in infection control committees ensures their insights shape strategies and decision-making processes **(Ikuta, Nagata & Iwasaki , 20 19)**. These roles enable nurses to advocate for practical, patient-centered solutions and influence policy development at both organizational and governmental levels. Providing leadership training and mentorship programs can help nurses develop the skills needed to excel in these positions **(Amarilla-Donoso , Roncero-Martin & Lavado-Garcia, 2020)**. In leadership roles, nurses can bridge the gap between clinical staff and administrative teams, fostering effective communication and collaboration. Recognizing nurses as key stakeholders in

infection control initiatives not only strengthens institutional resilience but also elevates their professional standing, motivating them to contribute even more effectively to public health outcomes **(Belli& Tabocchini, 2020)**.

The unpredictable nature of emerging infectious diseases demands advanced preparedness programs tailored to nursing practice. Healthcare institutions must establish proactive measures, such as simulation drills, to prepare nurses for potential outbreaks. These programs should include training on early disease detection, contact tracing, and rapid response protocols **(Tiwari et al ., 2020)**. Additionally, fostering partnerships between healthcare organizations, public health departments, and research institutions can enhance access to critical resources and data during crises. Nurses should also be trained to handle novel pathogens, ensuring they are confident in using advanced PPE and biosafety measures **(Alingh et al ., 20 19)**. Beyond clinical training, fostering mental resilience and providing psychological support for nurses is equally important in managing the stress of high-risk situations. Preparedness programs ultimately enable nurses to respond effectively to new infectious challenges while minimizing risks to themselves and their patients **(Neuman et al., 2020)**.

Infection control is a global concern that requires collaboration across countries and healthcare systems. Nurses play a critical role in sharing best practices, research findings, and innovations in infection prevention. Establishing international networks and forums can facilitate knowledge exchange, enabling nurses to learn from global experiences, particularly during pandemics or large-scale outbreaks **(Boga, 2019)**. Cross-border collaborations, such as those initiated by the World Health Organization (WHO), can also help standardize infection control guidelines and promote consistency in practices worldwide. Encouraging nurses to participate in global training programs or international conferences further enhances their skills and understanding of diverse approaches to infection control. By fostering global collaboration, healthcare systems can build a united front against infectious diseases, ensuring that nurses remain at the forefront of preventive care **(Date, Panthula& Bolina, 2021)**.

Advances in technology offer valuable tools for improving infection control measures. Digital surveillance systems can help nurses monitor infection trends, detect outbreaks early, and implement containment strategies. Wearable devices, such as smart sensors, can track vital signs and alert nurses to potential infections before symptoms escalate **(Abt, Carr& Worthington, 2019)**. Mobile applications can facilitate real-time communication between healthcare teams, ensuring quick decision-making during critical situations. Additionally, artificial intelligence (AI) can analyze large datasets to predict the spread of infections, enabling nurses to prepare proactively **(Adewuyi et al.,2019)**. However, the adoption of these technologies requires training nurses to effectively use and integrate them into their daily routines. By embracing technological innovations, healthcare institutions can enhance the efficiency and accuracy of infection prevention measures while empowering nurses to deliver safer and more effective care **(Ye et al., 2020)**.

Creating a culture of accountability is essential for the long-term success of infection prevention efforts. Healthcare organizations should establish systems for tracking adherence to infection control protocols, such as regular audits and feedback mechanisms. Nurses must feel supported and encouraged to report breaches or challenges in implementing these protocols without fear of reprisal (**Ackley et al** ,2020). Recognizing and rewarding nurses who demonstrate exceptional infection control practices can also foster motivation and commitment. Additionally, continuous improvement initiatives, such as regular evaluations of infection rates and root cause analyses of outbreaks, allow organizations to refine their strategies over time. By embedding accountability and a commitment to improvement into their culture, healthcare systems can ensure sustained progress in infection prevention and maintain trust among patients and staff (**Gryczka et al** ,2020).

References:

- **Abt, E.; Carr, A.B.; Worthington, H.V. (2019):** WITHDRAWN: Interventions for replacing missing teeth: Partiallyabsent dentition.Cochrane Database Syst. Rev.2019,7, CD003814.
- **Ackley, B. J., Ladwig, G. B., Makic, M. B., Martinez-Kratz, M. R., & Zanotti, M. (2020):** Nursing diagnoses handbook: An evidence-based guide to planning care. St. Louis, MO: Elsevier.
- **Adewuyi EO, Auta A, Khanal V, et al. (2019):** Cesarean delivery in Nigeria: prevalence and associated factors—a population-based crosssectional study. *BMJ Open*.2019;9:e027273.
- **Adeyinka,O.O.(2020):** Occupational Radiation Exposures in Aviation: Air Traffic Safety Systems Considerations Systems Considerations. 20(11), 3211-3219.
- **Ahmed and A. M. Abdou, (2019):** Diagnostic accuracy ofCA125 and HE4 in ovarian carcinoma patients and the effectof confounders on their serum levels, *Current Problems inCancer*, vo1. 43, no. 5, pp. 450—460, 2019.
- **Akyol ,A., Yagci ,S.G .,& Tekirdag, A.İ. (2019) :**The comparison of type and properties of delivery between health workers and nonhealth workers. *JOPP* 3(2):55-63.
- **AlDubayan, S. H., Pyle, L. C., Gamulin, M., Kulis, T., Moore, N. D., Taylor-Weiner, A& Lessel, D. (2019):** Association of Inherited Pathogenic Variants in Checkpoint Kinase 2 (CHEK2) With Susceptibility to Testicular Germ Cell Tumors. *JAMA Oncology*.
- **Alingh, C.W.; van Wijngaarden, J.D.; van de Voorde, K.; Paauwe, J.; Huijsman, R. (2019):** Speaking up about patient safety concerns: The influence of safety management approaches and climate on nurses' willingness to speak up. *BMJ Qual. Saf.* 2019, 28, 39—48.
- **Al-Qurayshi, Z.; Walsh, J.; Owen, S.; Kandil, E. (2019):** Surgical site infection in head and neck surgery: A nationa1perspective.Oto1aryngo1. *Head Neck Surg* 2019,161, 52—62.

- **Amarilla-Donoso FJ, Roncero-Martin R, Lavado-Garcia J, (2020):** Impact of a Postoperative Intervention Educational Program on the Quality of Life of Patients with Hip Fracture: 17(24):9327.
- **Ashdown-Franks, G.; Vancampfort, D.; Firth, J.; Veronese, N.; Jackson, S.E.; Smith, L.; Stubbs, B.; Koyanagi, A. (2019):**Leisure-Time Sedentary Behavior and Obesity Among 116,762 Adolescents Aged 12-15 Years from 4Low-and Middle-Income Countries.Obesity2019,27, 830—836.
- **Avallato, C., Nicoletti, I., & Locatelli, A. (2019):**General hemodynamic assessment. In Textbook of Echocardiography for Intensivists and Emergency Physicians (pp. 257 -268). Springer, Cham.
- **Baczjmska, K.A.; Brown, S.; Chorley, A.C.; Lyachev, A.; Wittlich, M.; Khazova, M.(2020):** Measurements ofUV—A Exposure of Commercial Pilots Using Genesis-UV Dosimeters.Atmosphere2020,11, 475.
- **Baixinho, C.L.; Presado, M.H.; Ribeiro, J. (2019):** Qualitative research and the transformation of public health. Cien. Saude Colet. 2019,24, 1583.
- **Barnard, S.G.R.; McCarron, R.; Moquet, J.; Quinlan, R.; Ainsbury, E.(2019):** Inverse dose-rate effect of ionisingradiation on residual 53BP 1 foci in the eye lens Sci. Rep.2019,9, 10418.
- **Belli, M.; Tabocchini, M.A.(2020):** Ionizing Radiation-Induced Epigenetic Modifications and Their Relevance toRadiation Protection.Int. J. Mol. Sci 2020,21, 5993.
- **Berger, T.; Marsalek, K.; Aeckerlein, J.; Hauslage, J.; Matthiä, D.; Przybyla, B.; Rohde, M.; Wirtz, M.(2019):** The German Aerospace Center M-42 radiation detector— A new development for applications in mixedradiation fields.Rev. Sci. Instrum.2019,90, 125115.
- **Blumenthal ,P,D. (2019):** Reflections on the WHI findings: avoiding a pill scare and taking sensible steps forward. Medscape women's health;7(4):6.
- **Bodewein, L.; Schmiedchen, K.; Dechent, D.; Stunder, D.; Graefrath, D.; Winter, L.; Kraus, T.; Driessen, S.(2019):** Systematic review on the biological effects of electric, magnetic and electromagnetic fields in the intermediatefrequency range (300 Hz to 1 MHz).Environ. Res.2019,171, 247—259.
- **Boga, S.M. (2019):** Nursing Practices in the Prevention of Post- Operative Wound Infection in Accordance with Evidence-Based Approach. International Journal of Caring Sciences, 12(2), 1228.
- **Bohon ,A,S.(2020):**Evaluation of the Care and Communication Bundle to Improve Evaluation of the Care and Communication Bundle to Improve Palliative Care in Intensive Care Units Palliative Care in Intensive Care Units. Graduate Theses, Dissertations, and Problem Reports. 7760. PP23-54.
- **Bouzarjomehri, F.; Dad, V.; Hajimohammadi, B.; Shirmardi, S.P.; Yousefi-Ghaleh Salimi, A.(2020):** The effectof electron-beam irradiation on microbiological properties and sensory characteristics of sausages.Radiat. Phys. Chem.2020,168, 108524.

- **Cacciatore, G.; Ugolini, A.; Sforza, C.; Gbinigie, O.; Pluddemann, A. (2019):** Long- Term effects of functional appliances in treated versus untreated patients with Class II malocclusion: A systematic review and meta-analysis. *PLoS ONE* 2019,14, e0221624.
- **Calle Jimenez, T.; Sanchez Gordon, S.; Rybarczyk, Y.; Jadàn, J.; Villarreal, S.; Esparza, W.; Acosta Vargas, P.; Guevara, C.; Nunes, I.L. (2019):** Analysis and Improvement of the web accessibility of a telerehabilitation platform for hip arthroplasty patients. In *Advances in Human Factors and Systems Interaction; AHFE 2018. Advances in Intelligent Systems and Computing*; Nunes, I., Ed.; Springer: Orlando, FL, USA, 2019; Volume 781, pp. 233—245.
- **Carrasco-Garcia, A.; Castellanos-Cosano, L.; Corcuera-Flores, J.R.; Rodriguez-Perez, A.; Torres-Lagares, D.; Machuca-Portillo, G. (2019):** Influence of marginal bone loss on peri-implantitis: Systematic review of literature. *J. Clin. Exp. Dent.* 2019,11, e1045— e1071.
- **Cassini, A., Högberg, L.D., Plachouras, D., Quattrocchi, A., Hoxha, A., Simonsen, G.S., et al. (2019):** Attributable deaths and disability-adjusted life-years caused by infections with antibiotic-resistant bacteria in the EU and the European Economic Area in 2015: a population-level modelling analysis. *Lancet Infect Dis.* 2019;19:56—66.
- **Cha YH, Lee YK, Koo KH, Wi C, Lee KH. (2019):** Difference in Mortality Rate by Type of Anticoagulant in Elderly Patients with Cardiovascular Disease after Hip Fractures. *Clin Orthop Surg.* 2019 Mar;11(1):15-20.
- **Date, A.; Panthula, M.; Bolina, A. (2021):** Comparison of Clinical and Radiological Outcomes in Intertrochanteric Fractures Treated with InterTAN Nail against Conventional Cephalomedullary Nails: A Systematic Review. *Future Sci. OA* 2021,7, FSO668.
- **De Jonge, S.W., Boldingh, Q.J.J., Koch, A.H., et al. (2019):** Timing of preoperative antibiotic prophylaxis and surgical site infection: TAPAS, an observational cohort study. *Ann Surg* 2019.
- **De Waele, J.J., & Dhaese, S. (2019):** Antibiotic stewardship in sepsis management: toward a balanced use of antibiotics for the severely ill patient. *Expert Rev Anti Infect Ther.* 2019;17:89—97.
- **Deanna, J. A. (2019):** Medical Decision Making among Individuals with a Variant of Uncertain Significance in a Hereditary Cancer Gene and those with a CHEK2 Pathogenic Variant, College of Public Health, University of South Florida, PP9-33.
- **Dong, R.; Chen, H. (2020):** Application of Functional Exercise Nursing Plan Based on Evidence-based Nursing after Hip Replacement. *J. Clin. Nurs. Res.* 2020, 4, 25—28.
- **Dotson, N.Q. (2020):** Reducing Morbidity: Establishing a Relationship Between Perioperative Normothermia and Colon Surgical Site Infections. PP8-34.
- **Dubbs SB, Sommerkamp SK. (2019):** Evaluation and Management of Urinary Tract Infection in the Emergency Department. *Emerg Med Clin North Am.* 2019; 37(4):707—23.
- **Ellis, M.A.; Sterba, K.R.; Brennan, E.A.; Maurer, S.; Hill, E.G.; Day, T.A.; Graboyes, E.M. (2019):** A systematic review of patient—reported outcome measures assessing body

image disturbance in patients with head and neck cancer. *Otolaryngol. Head Neck Surg.* 2019;160, 941—954.

- **Esterhuizen TM, et al.** (2019): Maternal and neonatal outcomes after caesarean delivery in the African surgical outcomes study: a 7-day prospective observational cohort study. *Lancet Glob Health.* 2019;7:e513—22.
- **Fairhall NJ, Dyer SM, Mak JC, Diong J, Kwok WS, Sherrington C** (2022): "Interventions for improving mobility after hip fracture surgery in adults". *The Cochrane Database of Systematic Reviews.* 2022 (9): CD001704.
- **Faith A, et al.** (2019): Indication and predictors for caesarean sections in Ghana and the birth outcomes. *Euro J Obstetrics Gynecology Reprod Biology.* 2019;234:e1—e13 1.
- **Fernandes Agreli, H.; Murphy, M.; Creed on, S.; Bhuachalla, C.N.; O'Brien, D.; Gould, D.; Savage, E.; Barry, F.; Drennan, J.; Smiddy, M.P.; et al.** (2019): Patient involvement in the implementation of infection prevention and control guidelines and associated interventions: A scoping review. *BMJ Open* 2019, 9, e025824.
- **Ferreira, B.A.L.S.; Gomes, T.J.B.; Baixinho, C.R.S.L.; Ferreira, O.M.R.** (2020): Transitional care to caregivers of dependent older people: An integrative literature review. *Rev. Bras. Enferm.* 2020, 73, e20200394.
- **Gryczka, U.; Kameya, H.; Kimura, K.; Todoriki, S.; Migdal, W.; Bulka, S.** (2020): Efficacy of low energy electron beam on microbial decontamination of spices *Radiat. Phys. Chem.* 2020, 170, 108662.
- **Handoll HH, Cameron ID, Mak JC, Panagoda CE, Finnegan TP** (2021): "Multidisciplinary rehabilitation for older people with hip fractures". *The Cochrane Database of Systematic Reviews.* 2021 (11): CD007125.
- **Haque, M.; McKimm, J.; Godman, B.; Abu Bakar, M.; Sartelli, M.** (2019): Initiatives to reduce postoperative surgical site infections of the head and neck cancer surgery with a special emphasis on developing countries. *Expert Rev. Anticancer Ther.* 2019, 19, 81—92.
- **Hoang, S. C., Klipfel, A. A., Roth, L. A., Vrees, M., Schechter, S., & Shah, N.** (2019): Colon and rectal surgery surgical site infection reduction bundle: To improve is to change. *The American Journal of Surgery*, 217(1), 40-45.
- **Holsgaard-Larsen, A.; Hermann, A.; Zerahn, B.; Mejdahl, S.; Overgaard, S.** (2020): Effects of progressive resistance training prior to total HIP arthroplasty—A secondary analysis of a randomized controlled trial. *Osteoarthr. Res. Soc. Int.* 2020, 28, 1038—1045.
- **Hua-ping, S.** (2020): An Analysis for the application of rapid rehabilitation surgery concept in the nursing satisfaction of the perioperative period of the elderly's hip arthroplasty. *Med. Res.* 2020, 2, 21—25.
- **Huette, P.; Abou-Arab, O.; Djebara, A.-E.; Terrasi, B.; Beyls, C.; Guinot, P.-G.; Havet, E.; Dupont, H.; Lorne, E.; Ntoub, A.; et al.** (2020): Risk Factors and Mortality of Patients Undergoing Hip Fracture Surgery: A One-Year Follow-up Study. *Sci. Rep.* 2020, 10, 9607.
- **Ikuta Y, Nagata Y, Iwasaki Y.** (2019): Preoperative radiographic features of trochanteric fractures irreducible by closed reduction. *Injury.* 2019;50:2014—21.

- **Iwata, E.; Hasegawa, T.; Yamada, S.I.; Kawashita, Y.; Yoshimatsu, M.; Mizutani, T.; Nakahara, H.; Mori, K.; Shibuya, Y.; Kurita, H.; et al. (2019):** Effects of perioperative oral care on prevention of postoperative pneumonia after lung resection: Multicenter retrospective study with propensity score matching analysis. *Surgery* 2019, 165, 1003—1007.
- **Jordan, Z.; Lockwood, C.; Munn, Z.; Aromataris, E. (2019):** The updated Joanna Briggs Institute Model of Evidence-Based Healthcare. *Int. J. Evid. Based Healthc.* 2019, 17, 58—71.
- **Júnior, D.; Castro, A.; Fonseca, E.; Baptista, E.; Padial, M.; Rosemberg, L. (2020):** Main complications of hip arthroplasty: Pictorial essay. *Radiol. Bras.* 2020, 53, 56—62.
- **Kani KK, Porrino JA, Mulcahy H, Chew FS. (2019):** Fragility fractures of the proximal femur: review and update for radiologists. *Skeletal Radiol.* 2019 Jan; 48(1): 29-45.
- **Karimi Z, Behnammoghadam M, Rafiei H, et al. (2019):** Impact of olive oil and honey on healing of diabetic foot: a randomized controlled trial. *Clin Cosmet Investig Dermatol* 2019; 12: 347—354.
- **Kim CH, Chang JS, Kim JW. (2019):** Clinical outcomes of dynamic hip screw fixation of intertrochanteric fractures: comparison with additional anti-rotation screw use. *Eur J Orthop Surg Traumatol.* 2019 Jun; 29(5): 1017-1023.
- **Ko, Y.; Lee, Y.; Oh, E.; Choi, M.; Kim, C.; Sung, K.; Baek, S. (2019):** Older adults with hip arthroplasty: An individualized transitional care program. *Rehabil. Nurs.* 2019, 44, 203—212.
- **Leinweber, K.A.; Columbo, J.A.; Kang, R.; Trooboff, S.W.; Goodney, P.P. (2019):** A review of decision aids for patients considering more than one type of invasive treatment. *J. Surg. Res.* 2019, 235, 350—366.
- **Lewis SR, Macey R, Eardley WG, Dixon JR, Cook J, Griffin XL (2021):** "Internal fixation implants for intracapsular hip fractures in older adults". The Cochrane Database of Systematic Reviews. 2021 (3): CD013409.
- **Lewis SR, Macey R, Parker MJ, Cook JA, Griffin XL (2022):** "Arthroplasties for hip fracture in adults". The Cochrane Database of Systematic Reviews. 2022 (2): CD013410.
- **Li P, Lv Y, Zhou F, Tian Y, Ji H, Zhang Z, et al. (2020):** Medial wall fragment involving large posterior cortex in pertrochanteric femur fractures: a notable preoperative risk factor for implant failure. *Injury.* 2020; 51: 683 —7.
- **Liao X, Ju Y, Liu G, Zhao X, Wang Y, Wang Y. (2019):** Risk factors for pressure sores in hospitalized acute ischemic stroke patients. *J Stroke Cerebrovasc Dis.* 2019; 28(7): 2026—2030.
- **Limones, A.; Saez-Alcaide, L.M.; Diaz-Parreno, S.A.; Helm, A.; Bornstein, M.M.; Molinero-Mourelle, P. (2020):** Medication-related osteonecrosis of the jaws (MRONJ) in cancer patients treated with denosumab VS. zoledronic acid: A systematic review and meta-analysis. *Med. Oral Patol. Oral Cir. Bucal.* 2020, 25, e326—e336.

- **Lin Yang***, Hao Yang², Qian Chen³, Huarui Shen⁴, Zhihui Wang (2022) :Analysis of risk factors for 90-day mortality after surgery in elderly patients intertrochanteric fractures and a history of cardiovascular disease.
- **Lin, F., Gillespie, B.M., Chaboyer, W., Li, Y., Whitelock, K., Morley, N., & Marshall, A.P.** (2019): Preventing surgical site infections: Facilitators and barriers to nurses' adherence to clinical practice guidelines-A qualitative study. *Journal of clinical nursing*, 28(9-10), 1643-1652.
- **Liu, W.; Liu, J.; Ji, G.** (2020): Comparison of Clinical Outcomes with Proximal Femoral Nail Anti-Rotation versus InterTAN Nail for Intertrochanteric Femoral Fractures: A Meta-Analysis. *J. Orthop. Surg. Res.* 2020, 15, 500.
- **Martínez-Galiano, J.M.; Hernández-Martínez, A.; Rodríguez-Almagro, J.; Delgado-Rodríguez, M.;Gómez-Salgado, J.** (2019): Relationship between parity and the problems that appear in the postpartum period.*Sci. Rep.*2019,9, 11763.
- Matsuda, Y.; Karino, M.; Kanno, T. (2020): Development and Validation of the Ora1 Health—Related Self—EfficacyScale for Cancer Patients *J. Cancer Educ* 2020.
- Matthias, M. M., et al .(2020): Radiation in the Atmosphere—A Hazard to Aviation Safety?.pp24-55.
- **Meerkiitter, R.; Schennetten, K.**.(2020): Validation of a radiative transfer model with measurements of UV radiationinside a commercial aircraft *J. Radiol. Prot* 2020,40, 181—196.
- **Mehta C, Ali M, Mehta Y, George JV, Singh MK.** (2019):MDRPU -anuncommonly recognized common problem in ICU: a point preva-lence study.*J Tissue Viability.*2019;28(1):35—39.
- **Mehta, S.; Hume, E.; Troxel, A.; Reitz, C.; Norton, L.; Lacko, H.; McDonald, C.; Freeman, J.; Marcus, N.; Volpp, K.G.; et al.** (2020): Effect of Remote Monitoring on Discharge to Home, Return to Activity, and Rehospitalization after Hip and Knee Arthroplasty. A Randomized Clinical Trial. *JAMA Netw. Open* 2020, 3, e2028328.
- **Melese A.** (2019): Magnitude of cesarean section delivery and its associated factorsamong mothers who gave birth at public hospitals in north wollo zone,northern Ethiopia. (Msc dissertation, Haramaya University); 2019.
- **Metcalfe D, Judge A, Perry DC, Gabbe B, Zogg CK, Costa ML** (2019): "Total hip arthroplasty versus hemiarthroplasty for independently mobile older adults with intracapsular hip fractures". *BMC Musculoskeletal Disorders.* 20 (1): 226.
- **Miller, A.B., Sears, M.E., Morgan, L.L., Davis, D.L., Hardell, L., Oremus, M., & Soskolne, C.L.** (2019): Risks to health and well-being from radio-frequency radiation emitted by cell phones and other wireless devices. *Frontiers in Public Health*, 7, 1-10.
- **Miranda, T.P.S.; Caldeira, S.; de Oliveira, H.F.; lunes, D.H.; Nogueira, D.A.; Chaves, E.D.C.L.; de Carvalho, E.C.** (2020): Intercessory prayer on spiritual distress, spiritual coping, anxiety, depression and salivary amylase in breastcancer patients during radiotherapy: Randomized clinical tria1.*J. Relig. Health*2020,59, 365—380.

- **Mohsen, M. M., Riad, N. A., & Badawy, A. I.** (2020): Compliance and Barriers Facing Nurses with Surgical Site Infection Prevention Guidelines. *Open Journal of Nursing*, 10(1), 15-33.0, 15-33.
- **Neeser ,O., Branche ,A., Mueller, B.,& Schuetz, P.** (2019): How to: implement procalcitonintesting in my practice. *Clin Microbiol Infect.* 2019;25:1226—30.
- **Negida, A., & Raslan, A. M.** (2019): Invitation to the GNS-I Study; a Global Evaluation of Traumatic Brain Injury in Low-, Middle-, and High-income Countries. *Advanced Journal of Emergency Medicine*, 3(3), e21-e21.
- **Neuman MD, Feng R, Carson JL, Gaskins LJ, Dillane D, Sessler DI, et al.** (2020): Spinal Anesthesia or General Anesthesia for Hip Surgery in Older Adults. *The New England Journal of Medicine.* 385 (22): 2025—2035.
- **O'Brien ,W.J., Gupta, K.,& Itani ,K,M,F.** (2019): Association of postoperative infection with risk of long- term infection and mortality. *JAMA Surg*2019;1—8.
- **Olver, I.; Keefe, D.; Herrstedt, J.; Warr, D.; Roila, F.; Ripamonti, C.I.** (2020): Supportive care in cancer—A MASCCperspective *Support. Care Cancer*2020,28, 3467— 3475.
- **Palmer, V, M.** (2019): Staff Education Program to Promote Breast Cancer Prevention Among African American Women, *College of Nursing, Walden University*,pp 3-94.
- **Panteli, M.; Vun, J.S.H.; West, R.M.; Howard, A.; Pountos, I.; Giannoudis, P.V.** (2022): Subtrochanteric Femoral Fractures and Intramedullary Nailing Complications: A Comparison of Two Implants. *J. Orthop. Traumatol.* 2022, 23, 27.
- **Patel R, Judge A, Johansen A, Marques EM, Griffin J, Bradshaw M, et al.** (2022): "Multiple hospital organisational factors are associated with adverse patient outcomes post-hip fracture in England and Wales: the REDUCE record- linkage cohort study". *Age and Ageing.* 51 (8).
- **Popovich, K. J., Calfee, D. P., Patel, P. K., Lassiter, S., Rolle, A. J., Hung, L., Chopra, V.** (2019): The Centers for Disease Control and Prevention STRIVE initiative: Construction of a national program to reduce health care—associated infections at the local level. *Annals of Internal Medicine*, 171(7_Supplement), S2- S6.
- **Rahel, M., Awole ,S., Teshome ,G., Tangut ,D ., & Addisu , G.(2020):** Prevalence and root causes of surgical siteinfections at an academic trauma and burncenter in Ethiopia: a cross-sectional study.*PP*33-66.
- **Raphael, M.; Jaeger, M.; van Vlymen, J.** (2021): Easily adoptable total joint arthroplasty program allows discharge home in two days. *Can.J. Anaesth.* 2021, 58, 902—910.
- **Rapp K, Büchele G, Dreinhöfer K, Bücking B, Becker C, Benzinger P** (2019): "Epidemiology of hip fractures : Systematic literature review of German data and an overview of the international literature". *Zeitschrift für Gerontologie und Geriatrie.* 52 (1): 10—16.
- **Rechmann, P. (2019):** Caries Management by Risk Assessment — Guidelines To Improve Caries Risk Level Assignments. *Clifornia Dental Association Journal*;47(1):49- 55.

- **Ricci, M.J.; McAndrew, C.M.; Miller, A.N.; Kamath, G.; Ricci, W.M.** (2019): Are Two- Part Intertrochanteric Femur Fractures Stable and Does Stability Depend on Fixation Method? *J. Orthop. Trauma* 2019, 33, 428—431.
- **Ripollés-Melchor, J.; Abad-Motos, A.; Díez-Remesal, Y.; Aseguinolaza-Pagola, M.; Padin-Barreiro, L.; Sánchez-Martín, R.; Logroño-Egea, M.; Catalá-Bauset, J.C.; García-Orallo, S.; Bisbe, E.; et al.** (2020): Association between Use of Enhanced Recovery after Surgery Protocol and Postoperative Complications in Total Hip and Knee Arthroplasty in the Postoperative Outcomes within Enhanced Recovery after Surgery Protocol in Elective Total Hip and Knee Arthroplasty Study (Power2). *JAMA Surg.* 2020, 155, e196024.
- **Rosa, R.R.; Bueno, M.; Migliorucci, R.R.; Brasolotto, A.G.; Genaro, K.F.; Berretin—Felix, G.** (2020): Tongue function and swallowing in individuals with temporomandibular disorders. *J. Appl. Ora1 Sci.* 2020, 28, e20190355.
- **Saraiva, P.; Anunciação, S.; Pontinha, C.; Neves, I.; Batista, A.; Monteiro, G.** (2020): Gains in functional independence as a promoter of quality of life. *Millenium* 2020, 2, 225–231.
- **Sartelli ,M., Di Bella ,S., McFarland, L,V., Khanna, S., Furuya-Kanamori ,L., AbuzeidN., et al.** (2019): update of the WSES guidelines for management of Clostridioides (Clostridium) difficile infection in surgical patients. *World J Emerg Surg.* 2019;14:8.
- **Saunders, D.P.; Rouleau, T.; Cheng, K.; Yarom, N.; Kandwal, A.; Joy, J.; Kayhan, K.B.; van de Wetering, M.; Brito-Dellán, N.; Kataoka, T.; et al.** (2020): Systematic review of antimicrobials, mucosal coating agents, anesthetics, and analgesics for the management of oral mucositis in cancer patients and clinical practice guidelines. *Support. Care Cancer* 2020, 28, 2473—2484.
- **Schoenfeld, B.J.; Grgic, J.** (2020): Effects of range of motion on muscle development during resistance training interventions: A systematic review *SAGE Open Med* 2020, 8, 2050312120901559.
- **Shelton T, Hecht G ,Slee c,** (2019): cooperation of geriatric hip fracture databases' *Am A cad Orth surg.* 27:e135-e141.
- **Smith TO, Gilbert AW, Sreekanta A, Sahota O, Griffin XL, Cross JL, et al.** (2020): "Enhanced rehabilitation and care models for adults with dementia following hip fracture surgery". *The Cochrane Database of Systematic Reviews.* 2020 (2): CD010569.
- **Solomon AA.** (2019): Prevalence of Cesarean Section and Associated Factors in University of Gondar Comprehensive Referral Hospital, North West Ethiopia *BMC Res Notes Rev.* 2019.
- **Suso Martí, L.; La Touche, R.; Herranz Gómez, A.; Angulo Díaz Parreño, S.; Paris Alemany, A.; Cuenca Martinez, F.** (2021): Effectiveness of telerehabilitation in Physical Therapy Practice: Na Umbrella and Mapping Review with Meta—Meta—Analysis. *Phys. Ther.* 2021, 101, pzab075.

- **Swan, K.; Cordier, R.; Brown, T.; Speyer, R.** (2019): Psychometric properties of visuoperceptual measures of videofluoroscopic and fibre—endoscopic evaluations of swallowing: A systematic review. *Dysphagia* 2019, 34, 2—33.
- **Tadesse H, Gessesew A, Medhanyie AA.** (2019): Trends and outcomes of cesarean delivery in Ayder comprehensive specialized hospital, Mekelle City, northern Ethiopia. *East Afr J Health Sci.* 2019;1(1):62—77.
- **Tenaw Z, Kassa ZY, Kassahun G, Ayenew A.** (2019): Maternal Preference, Mode of Delivery and Associated Factors among Women Who Gave Birth at Public and Private Hospitals in Hawassa City, Southern Ethiopia. *Ann Global Health.* 2019;85(1):1—7.
- **Tiwari T, Rai NK, Wilson AR, Gansky SA, Albino J.** (2020): What Can We Learn from Parents of Caries-Free and Caries-Active Hispanic Children? *JDR Clin Trans Res.* 2020;10:2380084420904043.
- **Tomsic, I., Heinze, N. R., Chaberny, I. F., Krauth, C., Schock, B., & von Lengerke, T.** (2020): Implementation interventions in preventing surgical site infections in abdominal surgery: a systematic review. *BMC health services research*, 20(1), 1-21.
- **Toney-Butler, T.J.; Thayer, J.M.** (2020): Nursing process. In *StatPearls*; StatPearls Publishing: Treasure Island, FL, USA, 2020.
- **Variani, A.S., Saboori, S., Shahsavari, S., Yari, S., & Zaroushani, V.** (2019): Effect of occupational exposure to radar radiation on cancer risk: A systematic review and meta-analysis. *Asian Pacific Journal of Cancer Prevention*, 20(11), 3211-3219.
- **Voos, M.C.; Albuquerque-Goya, P.S.; Leal de-Freitas, B.; Teixeira-Pires, A.M.; Meire-Favero, F.; Aparecida-Caromano, F.** (2020): Timed immersion expiration measures in patients with muscular dystrophies. *Arch. Physiother.* 2020, 10, 4.
- **Vuong, C., Kittelson, S., McCullough, L., Yingwei, Y., & Hartjes, T.** (2019): Implementing primary palliative care best practices in critical care with the Care and Communication Bundle. *BMJ Open Quality*, 8(3), e000513.
- **Wainwright, T.; Gill, M.; McDonald, D.; Middleton, R.; Reed, M.; Sahota, O.; Yates, P.; Ljungqvist, O.** (2020): Consensus statement for perioperative care in total hip replacement and total knee replacement surgery: Enhanced Recovery after Surgery (ERAS) Society recommendations. *Acta Orthop.* 2020, 91, 3—19.
- **Watkins, R.R., & Van Duin, D.** (2019): Current trends in the treatment of pneumonia due to multidrug-resistant Gram-negative bacteria. Version 2. *F1000Res.* 2019 Jan 30 [revised 2019 Jan 1];8.
- **Whitehouse, M.R.; Berstock, J.R.; Kelly, M.B.; Gregson, C.L.; Judge, A.; Sayers, A.; Chessier, T.J.** (2019): Higher 30-day mortality associated with the use of intramedullary nails compared with sliding hip screws for the treatment of trochanteric hip fractures. *Bone Jt. J.* 2019, 101-B, 83—91.
- **Woldegioris, T., Bantie, G., & Getachew, H.** (2019): Nurses' knowledge and practice regarding prevention of surgical site infection in Bahir Dar, Northwest Ethiopia. *Surgical infections*, 20(1), 71-77.

- **Wondie AG, Zeleke AA, Yenus H, Tessema GA. (2019):** Cesarean delivery among women who gave birth in Dessie town hospitals, Northeast Ethiopia. *PLoS One*. 2019;14(5):e0216344.
- **Xie, L.; Solhaug, K.A.; Song, Y.; Brede, D.A.; Lind, O.C.; Salbu, B.; Tollefsen, K.E.(2019):** Modes of action and adverse effects of gamma radiation in an aquatic macrophyte *Lemna minor* *Sci. Total Environ.* 2019, 680, 23—34.
- **Yamada, S.I.; Soutome, S.; Hasegawa, T.; Toujou, I.; Nakahara, H.; Kawakami, M.; Hirose, M.; Fujita, S.; Komori, T.; Kirita, T.; et al. (2020):** A multicenter retrospective investigation on the efficacy of perioperative oral management in cancer patients. *Medicine* 2020, 99, e19129.
- **Yao K, Yao Y, Shen X, Lu C, Guo Q. (2019):** Assessment of the oral health behavior, knowledge and status among dental and medical undergraduate students: a cross-sectional study. *BMC Oral Health*. 2019;19(1):26.
- **Ye KF, Xing Y, Sun C, Cui ZY, Zhou F, Ji HQ, et al. (2020):** Loss of the posteromedial support: a risk factor for implant failure after fixation of AO31—A2 intertrochanteric fractures. *Chin Med J (Engl)*. 2020;133:41—8.
- **Zarei E, Madarshahian E, Nikkhah A, Khodakarim S. (2019):** Incidence of pressure ulcers in intensive care units and direct costs of treatment: evidence from Iran. *J Tissue Viability*. 2019;28(2):70—74.
- **Zelle ,B.A., & Stahel ,P.F. (2019):** Lessons learned for postoperative wound healing: respect the past and embrace the future. *Patient Saf Surg*. 2019;13(1):5.
- **Zeren, M.; Cakir, E.; Gurses, H.N. (2019):** Effects of inspiratory muscle training on postural stability, pulmonary function and functional capacity in children with cystic fibrosis: A randomised controlled trial. *Respir. Med*. 2019, 148, 24—30.
- **Zhao, J.; Davis, S.P. (2019):** integrative review of multimodal pain management on patient recovery after total hip and knee arthroplasty. *Int. J. Nurs. Stud*. 2019, 96, 94—106.
- **Zhao Q, Wang SB, Xu G, Song Y, Han X, Liu Z, et al. (2019):** Periodontal health: A national cross-sectional study of knowledge, attitudes and practices for the public oral health strategy in China. *J Clin Periodontol*. 2019;46(4):406—419.