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# Nurses' Attitudes and Practices about Infection Control Methods at Specialized Hospitals

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#### Abstract

Primary Health Care (PHC) is the foundation of an effective healthcare system, playing a crucial role in disease prevention, health promotion, and universal health coverage. However, the utilization of PHC services faces numerous challenges that hinder its effectiveness, particularly in low- and middle-income countries. This study explores the key obstacles affecting PHC utilization and proposes viable solutions to improve accessibility and service delivery. The challenges include infrastructural deficiencies, inadequate medical equipment, and poor healthcare facility conditions. Human resource shortages, low motivation, and workforce migration further exacerbate the problem. Financial barriers such as high out-of-pocket expenses, insufficient health insurance coverage, and inadequate government funding limit access to essential services. Socio-cultural factors, including low health literacy, traditional medicine preferences, and gender-related barriers. also contribute to underutilization. Additionally. geographical challenges, weak referral systems, and ineffective policy implementation further hinder PHC effectiveness. Addressing these challenges requires a multi-faceted approach. Strengthening healthcare infrastructure, ensuring the availability of essential drugs, and expanding human resource capacity through recruitment and incentives are essential. Financial access can be improved through expanded health insurance schemes and government subsidies for vulnerable populations. Community engagement, health education, and policy enforcement are crucial in overcoming governance-related socio-cultural and Furthermore, issues. enhancing accessibility through mobile health services. telemedicine, and integrating PHC with secondary healthcare can improve service delivery. This study highlights the urgent need for

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sustainable strategies to enhance PHC utilization, emphasizing the role of government, healthcare professionals, and community stakeholders in achieving an efficient and equitable healthcare system.

Keywords: Primary Health Care (PHC), Healthcare utilization, Access to healthcare, Healthcare challenges, Health system strengthening,



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#### Introduction

Nosocomial or healthcare-associated infections (HCAIs) are infections that patients acquire while receiving treatment in a healthcare facility, which were not present at the time of admission. These infections may arise during the management of other medical conditions or even after discharge from the hospital. They also encompass occupational infections among healthcare workers (WHO, 2013). The use of invasive medical devices such as ventilators and catheters, common in modern healthcare, contributes significantly to the transmission of these infections (CDC, 2014). According to Annadurai et al. (2014), around 7% of hospitalised patients in developed nations and 10% in developing nations acquire an HCAI. Vulnerable populations include critically ill patients, organ transplant recipients, neonates, and burn victims. The EPIC II study by Vincent et al. (2009) revealed that up to 51% of patients in intensive care units are infected. Studies conducted in the United States and Europe have reported incidence densities ranging between 13.0 and 20.3 cases per 1,000 patient-days (Allegranzi et al., 2011). These infections contribute to prolonged hospitalisation, long-term disability, increased antimicrobial resistance, economic burden, and higher mortality rates. Despite their significance, many developing countries lack adequate surveillance systems to determine the actual prevalence of nosocomial infections, making prevention and control difficult.

The challenge of effectively identifying and managing HCAIs is further exacerbated by underreporting and misdiagnosis, especially in primary healthcare settings. For instance, respiratory infections that develop while managing unrelated health issues may not be classified correctly as nosocomial infections (Allegranzi et al., 2011). No country has completely eradicated this issue, and outbreaks often draw attention only when they become severe (Gutpa et al., 2015). In the United States, Anderson et al. (2008) identified nosocomial infections as the most frequent complications of hospital care and one of the leading preventable causes of death, contributing significantly to rising healthcare costs. Encouragingly, Brisbe (2013) reported that up to 70% of these infections could be prevented by implementing well-established infection control measures. Health care workers (HCWs) at all levels are typically aware that patients can be sources of HCAIs. Nevertheless, studies have shown that healthcare workers at the primary level may not fully recognise the role of hospital environments, personnel, and equipment in the transmission of these infections, compared to their counterparts in secondary or tertiary settings (Eskander et al., 2013). These realities formed the basis for the present study, which focuses on examining nurses' knowledge, attitudes, and practices regarding infection control at Ondo State Specialist Hospital in Akure.

Nosocomial infections continue to pose a serious public health challenge in both developed and developing countries. In underdeveloped nations, up to 10% of patients contract such infections during hospital stays, compared to 7% in developed regions. These infections result in extended hospitalisation, increased disability, and considerable financial pressure on patients and their families. The most frequently encountered infections include central lineassociated bloodstream infections, catheter-associated urinary tract infections, surgical site infections, and ventilator-associated pneumonia. Poor infection control measures within hospitals often exacerbate these problems. Patients and caregivers have raised concerns about the financial burden of prolonged hospital stays, leading to an increase in discharge against medical advice (DAMA), which in turn escalates the risk of complications. The World Health Organization (2019) estimated that 15% of all hospitalised patients globally are



affected by these infections. Factors such as contaminated hospital environments, contact with infected individuals, and interactions with inadequately sanitised medical equipment increase the risk of infection during hospitalisation. In the case of Ondo State Specialist Hospital in Akure, the researcher observed a significant rate of nosocomial infections, a situation that affects not just the patients but also the health workers.

Although numerous studies have explored infection control practices globally, there is limited evidence of such investigations focused specifically on Ondo State Specialist Hospital. As a result, this research seeks to examine the attitudes and practices of nurses regarding infection control within this specialised facility. The general objective is to explore nurses' attitudes and practices towards infection control methods in specialised hospitals. The study's specific objectives are: to examine nurses' attitudes toward infection control in Ondo State Specialist Hospital, Akure; to determine the level of nurses' attitudes and practices towards infection control in the hospital; and to investigate the actual infection control practices carried out by nurses in the facility.

#### **Literature Review**

Nosocomial infections, also known as healthcare-associated infections (HAIs), are illnesses acquired during hospital stays or medical care, and they remain one of the most pressing global public health challenges. These infections often arise from the invasion of pathogenic microorganisms into the host's tissues, leading to visible symptoms and illness (Weber & Rutala, 2013). Despite being preventable, HAIs significantly contribute to patient morbidity, mortality, and increased healthcare costs. They commonly affect areas such as the urinary tract, blood (causing primary bacteremia), and skin, with pathogens like Pseudomonas aeruginosa and Escherichia coli playing significant roles (NOUN, 2010). Risk factors include prolonged exposure to resistant organisms, compromised immunity, and intensive care unit admissions. Although guidelines promoting best practices in infection prevention exist, adherence by healthcare workers, particularly nurses, remains inconsistent (Alessandra et al., 2011).

Infection control is an essential element of hospital safety protocols. Its primary aim is to prevent and manage the spread of infections in healthcare environments through a multifaceted approach that includes prevention, monitoring, and management. Preventative measures such as hand hygiene, surface disinfection, sterilisation of equipment, vaccination, and routine surveillance are critical (Weber & Rutala, 2013). Among these, hand hygiene is one of the simplest and most effective means of infection prevention, although compliance Sterilisation procedures—such as autoclaving or using chemical varies widely. disinfectants—eliminate microbial life when executed properly. Disinfection, though less comprehensive than sterilisation, is still vital, especially in room sanitation after patient discharge, and is often supplemented with modern techniques like ultraviolet light treatment. Nurses are frontline caregivers who frequently encounter patients and are therefore central to infection control efforts. Their knowledge, attitudes, and practices greatly affect the spread of HAIs. While many nurses understand the importance of hand hygiene, gaps remain in consistent application, particularly before procedures (Kamunge et al., 2015). A study in Kenva revealed that although all nurses claimed to practice hand hygiene, only 16.7% washed their hands before performing clinical tasks, while 100% did so after procedures perceived as contaminating, such as emptying catheter bags. This behaviour suggests that selfpreservation often takes precedence over patient protection. Therefore, continuous training



and a cultural shift in workplace attitudes are essential to improve compliance and safeguard patients.

The Theory of Reasoned Action (TRA) and its extension, the Theory of Planned Behavior (TPB), developed by Ajzen and Fishbein in 1967, offer insights into why healthcare professionals may or may not adhere to infection control practices. These theories propose that behaviour is guided by intention, which is shaped by attitudes, subjective norms, and perceived behavioural control (Ajzen, 2010). Normative beliefs—what one perceives others expect—and behavioural beliefs—perceptions of outcomes—both influence a nurse's intent to comply with infection control protocols. For instance, if a nurse believes that colleagues expect strict hygiene practices and sees positive outcomes from adherence, they are more likely to comply. Thus, shaping positive attitudes and social expectations within healthcare settings can reinforce better infection control behaviour.

Numerous studies reveal variations in knowledge, attitude, and practice among healthcare workers regarding infection prevention. In Enugu, Nigeria, Okaro et al. (2010) found many radiographers were unaware of universal precautions. Similarly, Adinma et al. (2010) reported that while 92% of nurses and 97% of physicians in southern Nigeria understood universal precautions, nurses demonstrated higher compliance (75%) than physicians (15.2%). This was attributed to limited access to safety equipment. Meanwhile, Obi et al. (2010) noted unsafe practices like storing food in medical refrigerators. A study from Iran (Motamed et al., 2006) indicated younger professionals had better infection control knowledge, although Saini et al. (2011) contested that age had no significant impact on understanding. These findings suggest the need for regular, age-inclusive training to ensure uniform knowledge across all healthcare roles.

Training remains a vital tool in ensuring adherence to infection control protocols. Steed et al. (2011) emphasised that education not only increases awareness but also enhances practical application. However, Chan and Zenobia (2006) lamented the neglect of training for general assistants, despite their vital roles in maintaining hygiene. They highlighted a critical gap in healthcare education where infection control training is often excluded from auxiliary staff curricula. Without structured training programmes, many non-clinical staff remain unaware of necessary safety practices, increasing the risk of infection transmission. Employer-supported, continuous training initiatives are therefore essential to bridge knowledge gaps and promote a safety-conscious work culture among all healthcare providers.

In summary, the control of nosocomial infections demands a concerted effort grounded in adherence to evidence-based practices, supported by robust training, and informed by behavioural science. Nurses play a pivotal role, but all healthcare personnel must be engaged and adequately educated. The integration of theories such as TRA/TPB helps contextualise the behavioural elements influencing compliance, while empirical evidence underscores the critical importance of training, equipment provision, and policy enforcement.

# Methodology

This study employed a descriptive survey design to accurately capture the current state of nurses' knowledge and attitudes toward infection control methods. It involved systematically collecting data from a representative sample of the population, allowing for generalisation to the entire group. The target population comprised 150 nurses at Ondo State Specialist Hospital, Akure, holding qualifications such as BNSc, MSc, RN with post-basic certification, and RN alone. This approach ensured relevant insights into their infection control practices and perceptions.



The study utilised the Taro Yamane formula to determine the sample size. Given a nurse population (N) of 150 at the Ondo State Specialist Hospital and a precision level (e) of 0.05, the formula  $n=N/[1+N(e)2]n = N / [1 + N(e)^2]n=N/[1+N(e)2]$  yielded a sample size of 109 nurses. A simple random sampling technique was adopted to ensure each nurse had an equal chance of selection. Data were collected using a researcher-developed instrument: the Knowledge, Attitude, and Practice of Nurses towards Infection Control Technique Questionnaire (KAPNICTQ). The questionnaire comprised five sections: demographics, knowledge of nosocomial infections, attitudes towards prevention, practices, and perceived risk factors. Trained enumerators facilitated data collection to ensure clarity and accuracy. Upon completion, responses were compiled and analysed using both descriptive and inferential statistics. Descriptive tools included percentages, means, and standard deviations, while Pearson Product Moment Correlation (PPMC) assessed variable significance and relationships.

# Results

Table 1: Socio-demographic Characteristics of the Respondents on Age Group (in years)

Demographic Profile	Frequency	Percentage (%)	Mean	Standard
	(n=109)			Deviation
Age Group (in years)				
50-59	21	19.3		
40-49	38	34.9	2 5 1	1 060
30-39	23	21.1	2.51	1.008
20-29	27	24.8		

The age distribution of the respondents is displayed in Table 1. About 21 (19.0%) of them are between the ages of 50 and 59, 38 (34.9%) are between the ages of 40 and 49, 23 (21.1%) are between the ages of 30 and 39, and 27 (24.8%) are between the ages of 20 and 29. Additionally, it was found that the age group's mean score was 2.51 with a standard deviation of 1.068, and that the majority of respondents—38, or 34.9%—were between the ages of 40 and 49.

Table 2: Socio-demographic Characteristics of the Respondents on EducationalQualification

Demographic Profile	Frequency	Percentage	Mean	Standard
	(n=286)	(%)		Deviation
Educational Qualification				
MSC	7	6.4		
BNSC	53	48.6	2 4 4	700
RN+POST BASIC	43	39.4	2.44	.700
RN	6	5.5		

The sociodemographic details of the qualifying respondents are displayed in Table 2 above. Seven (6.4%) of the respondents were MSC, 53 (48.5%) were BNSC, 43 (30.4%) were RN+POST BASIC, and six (5.5%) were RN, according to the given data. Additionally, it was



found that the majority of respondents—53, or 48.6%—were BNSC, with the qualifying mean score being 2.44 and the standard deviation being 0.700.

S/N	Nosocomials are transferred to	Strong Agree	ly	Agree		Disagr	ee	Strong Disagr	ly ee	Mean	Stan d.	Ranke d
	patients through the following modes	Fre q	(%)	Fre q	(%)	Fre q	(%)	Fre q	(%)		Dev	
1	Hands of health care workers	55	50.5	45	41.3	9	8.3	0	0.0	3.42	.643	3 <sup>rd</sup>
2	Cloth of health care workers	33	30.3	50	45.9	24	22.0	2	1.8	3.05	.774	6 <sup>th</sup>
3	Contact with droplets from infected persons	64	58.7	42	38.5	3	2.8	0	0.0	3.56	.552	1 <sup>st</sup>
4	Medical Instruments	45	41.3	56	51.4	8	7.3	0	0.0	3.34	.612	$4^{th}$
5	Improper use of antibiotics	24	22.0	37	33.9	42	38.5	6	5.5	2.72	.870	7 <sup>th</sup>
6	Bedlinens	40	36.7	59	54.1	6	5.5	4	3.7	3.24	.719	5 <sup>th</sup>
7	Shares object	57	52.3	44	40.4	8	7.3	0	0.0	3.45	.631	2 <sup>nd</sup>
	Total Average	45	41.68	47	43.63	14	13.1	1	1.57	3.25	0.68	

Table 3: level of knowledge of Nurses towards infection control

Table 3 shows how the nurses at Ondo State Specialist Hospital in Akure, Nigeria, feel about infection control. Both positive and negative (High, Moderate, and Low) responses are justified because the mean score of all the items is higher than 2.50. It also shows that 41.68% of nurses strongly agreed, 43.63% agreed, 13.1% disagreed, and 1.57% strongly disagreed. due to the fact that the percentage of respondents who agreed and strongly agreed was greater than the percentage of respondents who disagreed. "Hands of health care workers," "Shares objects," and "Contact with droplets from infected persons" were ranked first, second, and third, respectively, with mean scores of 3.56 for item 3, 3.45 for item 7, and 3.42 for item 1.

#### Table 4: level of attitude of Nurses towards infection control

S/	ATTITUDE	Always	5	Somet	Sometime		Rarely			Mean	Stan	Ranke
Ν											d.	d
		Fre	(0/2)	Fre	(0/2)	Fre	(0/2)	Fre	(0/2)		Dev	
		q	(70)	q	(70)	q	(70)	q	(70)			
1	Do you feel normal											11 <sup>th</sup>
	when you see											
	someone with	9	8.3	18	16.5	22	20.2	60	55.0	1.78	1.0	
	nosocomia of any											
	kind											
2	Do you normally											2 <sup>nd</sup>
	have concerns											
	when you hear	95	87.2	9	8.3	1	.9	4	3.7	3.79	.63	
	about a case of											
	nosocomia?											
3	Do you feel like											1 <sup>st</sup>
	doing something	00	02.0	10	165	1	0	0	0.0	2.02	4.1	
	whenever you come	90	82.6	18	16.5	1	.9	0	0.0	3.82	.41	
	across a case of											

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	nosocomia?											
4	Do you belief something can be done to eradicate nosocomia?	85	78.0	21	19.3	3	2.8	0	0.0	3.53	.53	7 <sup>th</sup>



#### Table 5: level practice of Nurses towards infection control

S/ N	PRACTICE	Always	5	Someti	ime	Rarely		Never		Mean	Stan d.	Ranke d
		Fre q	(%)	Fre q	(%)	Fre q	(%)	Fre q	(%)		Dev	
1	Proper hand washing	103	94.5	5	4.6	1	.9	0	0.0	3.94	.281	1 <sup>st</sup>
2	Property waste disposal	94	86.2	14	12.8	1	.9	0	0.0	3.85	.381	6 <sup>th</sup>
3	Abiding by infection control policy	95	87.2	13	11.9	1	.9	0	0.0	3.85	.427	7 <sup>th</sup>
4	Provide infection control information	80	73.4	28	25.7	0	0.0	1	.9	3.72	.511	8 <sup>th</sup>
5	Use of hand gloves	96	88.1	11	10.1	1	.9	1	.9	3.85	.448	5 <sup>th</sup>

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# Test of Hypotheses

**Ho 1:** There is no significant relationship between level of knowledge and infection control among nurses

Table 6: Relationship between level of knowledge and infection control among nurses										
Variable	Ν	Mean	SD	Df	Calc. r-value	Critical r-value	Decision			
Infection control	109	43.13	2.92	107	0.513	0.116	Rejected			
level of knowledge	109	22.77	3.02				-			

The link between nurses' knowledge and infection control at Ondo State Specialist Hospital in Akure is seen in Table 6. The examination of the data showed that, at the 0.05 level of significance, the computed r of 0.513 is higher than the crucial r of 0.116, with a P-value of 0.000. Therefore, the theory is disproved. This indicates that nurses' expertise and infection control at Ondo State Specialist Hospital in Akure are significantly correlated.

**Ho2:** There is no significant relationship between level of attitude and infection control among nurses

nurses							
Variable	Ν	Mean	SD	Df	Calc. r-value	Critical r-value	Decision
Infection control	109	43.13	2.92	106	0.599	0.116	Rejected
level of attitude	109	37.21	3.06				

Table 7: Relationship between level of attitude and infection control amongnurses

The association between nurses' attitude and infection control at Ondo State Specialist Hospital in Akure is displayed in Table 7. The examination of the data showed that, at the 0.05 level of significance, the computed r of 0.599 is higher than the crucial r of 0.116, with a P-value of 0.000. Therefore, the theory is disproved. This indicates that nurses' attitudes and infection control at Ondo State Specialist Hospital in Akure are significantly correlated.



Но	3:	There i	s no	significant	relationship	between	level	of	practices	and	infection	control
am	ong	nurses										

nurses							
Variable	Ν	Mean	SD	Df	Calc. r-value	Critical r-value	Decision
Infection control	109	43.13	2.92	106	0.710	0.116	Rejected
Level of practice	109	34.61	2.49				

 Table 8: Relationship between level of practices and infection control among nurses

The link between nurses' infection control methods and their level of practice at Ondo State Specialist Hospital in Akure, Nigeria, is displayed in Table 8. The results of the investigation showed that, at the 0.05 level of significance, the computed r of 0.710 is higher than the crucial r of 0.116. Therefore, the theory is disproved. This indicates that there is a substantial correlation between nurses' infection control methods and their level of practice at Ondo State Specialist Hospital in Akure.

# Conclusion

Based on the findings, it can be concluded that the socio-demographic profile of nurses at Ondo State Specialist Hospital in Akure reveals a predominantly middle-aged and welleducated workforce, with a significant proportion holding bachelor's degrees in nursing. The study established that nurses possess a relatively high level of knowledge about infection control, particularly recognising key transmission routes such as contact with droplets, shared objects, and healthcare workers' hands. Their attitudes towards infection control were generally positive, as most expressed concern and a proactive stance when confronted with nosocomial infections. Furthermore, infection control practices among the nurses were commendable, with consistent adherence to proper handwashing, use of gloves, and compliance with institutional policies. Importantly, the study revealed statistically significant relationships between infection control and nurses' levels of knowledge, attitudes, and practices, suggesting that these factors are interconnected and crucial for effective infection prevention. These findings underscore the importance of continuous professional development and reinforcement of positive attitudes and practices to strengthen infection control measures within healthcare settings.

# Recommendations

- 1. Regular in-service training and workshops should be organised to reinforce and update nurses' knowledge of infection control measures. Emphasis should be placed on emerging infection risks, standard precautions, and evidence-based practices to ensure that all staff remain competent and current in their understanding and response to nosocomial infections.
- 2. Hospital management should establish a robust system for monitoring adherence to infection control protocols. This includes regular audits, feedback mechanisms, and supportive supervision to ensure that knowledge and attitudes are consistently translated into safe and effective practices.
- 3. To sustain positive attitudes and behaviours, hospital leadership should foster a workplace culture that prioritises infection prevention. This can be achieved by recognising and rewarding exemplary practices, encouraging open communication about



infection risks, and ensuring that infection control policies are clearly communicated and uniformly enforced.

4. The availability of essential materials such as gloves, hand sanitisers, personal protective equipment (PPE), and waste disposal containers must be guaranteed at all times. Resource adequacy is critical in enabling nurses to consistently apply infection control practices and maintain high standards of patient and staff safety.

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