

## Barriers to Healthcare Workers to Adhere to Infection Prevention and Control Guidelines

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Infection prevention and control (IPC) guidelines play an important role to stop or slow down the spread of communicable/contagious diseases. The national guidelines provide safety not only to the patient but also the healthcare providers and environment<sup>1</sup>. World health organization (WHO) provided complete guidelines for the infection prevention and control measures for all countries including every state and region within the country.<sup>2</sup> IPC guidelines range from bedside preventive measures to the national and global policy making and their effective implementation.<sup>1</sup> However, implementation varies from one country to another depending on their health care system, human resources, and finances apart from the dedication and interest of the concerned department/ministry. The same is true for developing countries like Pakistan, where implementation of adherence to IPC guidelines is not easy in healthcare facilities. When new infectious diseases become widespread, such as during the COVID-19 pandemic, healthcare workers' adherence to infection prevention and control (IPC) guidelines becomes even more important. A lot of issues a healthcare worker is facing at his/her duty station while implementing IPC guidelines.<sup>3, 4</sup> Strategies adopted from these guidelines include the use of personal protective equipment (PPE), isolation as well as hygiene with a strict cleaning routine. Adherence to IPC can best be practiced by the consideration from authorities with sufficient information about the barriers and availability of the best healthcare facilities.<sup>4</sup> Following are different barriers a healthcare worker mostly encounter during their duty while sticking to the IPC guidelines:

1. Poor communication and lack of information of the minimum requirements for infection control during the transition of care is a major cause of non-compliance in the adherence to IPC guidelines.

2. Physical discomfort associated with PPE in addition to heavy workloads and extreme situations specifically in diseases like the COVID-19 pandemic, increase the risk of not following IPC guidelines.<sup>5</sup>
3. There is a lack of staffing to work as per WHO guidelines of 10 beds per nurse. In a few hospitals, there may availability of one nurse per 10 beds but in most of the hospitals and wards only one nurse deals multiple wards alone. In this situation work overload creates difficulty in implementing Infection prevention and control SOPs.
4. With huge patient overload and limited healthcare workers<sup>6</sup>, it is difficult to don and doff of PPE in limited OPD time.
5. One of the most common issues encountered by healthcare workers while adhering to IPC guidelines is resource limitation, that may be in the form of human resource shortage or limited provision of PPEs/related items. This has been witnessed in the early phase of COVID-19 pandemic, which resulted higher cases of COVID-19 among healthcare workers.
6. Healthcare workers highlighted the need for sufficient space for patients in ER, general wards, isolation, waiting rooms, overburdened OPDs, unlimited visitors and limited hand washing facilities (lack of sinks and basins in the ward to make hand hygiene) as defined by WHO IPC guidelines.
7. Also lack of trainings on IPC at facility level to healthcare workers creates hurdles in IPC guidelines implementation and adherence.
8. Disease oriented problems like in the COVID-19, hand hygiene with sanitizers every time develops allergic and cosmetic issues in their skin, reduces adherence to IPC guidelines.
9. In presence of PPEs or operating medical equipment/procedures is not an easy task especially when the patient is non-cooperative e.g., during the passage of NG tube and catheter handling of tubes in

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presence of lubricants with gloves is much more difficult. Similarly, at the time of passing intravenous cannula to the patient, while sticking surgical tape on the skin of the patient it adheres to gloves every time, and to remove the surgical tape from latex/polyethene gloves is too difficult and most of the times it tears gloves and whole of the IPC measure is wasted.

10. Provision of the PPEs based on fitting is another issue a healthcare worker faces to follow IPC guidelines.
11. Healthcare workers with eyeglasses also feel difficulty while putting in face shield/eye goggles over glasses as it creates in focusing on procedures and blurs vision.
12. It was also evident from healthcare workers that gap in adherence to IPC guidelines is lack of SOPs relevant to IPC implementation.
13. Some of the healthcare workers argue that no such legislative body is present in their hospital to see overall IPC implementation within the hospital. Some say that higher authorities are not focused on IPC implementation in the hospital.
14. Healthcare workers also state that IPC guidelines implementation needs dedication but unfortunately, in the hospitals with high burden of work if any healthcare worker try to stick on the IPC measures, then there is no appreciation by higher authorizes.
15. Literacy rate varies from one patient to another, therefore sometimes putting on PPEs in front of less educated patients makes uncomfortable moment for the patients.
16. Fear and individual attitudes are factors which affect IPC guidelines adherence.<sup>7</sup> Non-professional behavior with lack of interest by health care workers even with availability of all basic facilities and availability of required equipment and proper PPEs, non-compliance observed in the adherence to IPC guidelines. Behavioral change in health care worker can greatly improve the adherence to IPC guidelines.<sup>8</sup>

Proper training to the staff and all required basic facilitation with easy access to PPE will produce better compliance of adherence to the IPC

guidelines. Workers need reduced workload and proper space having hygiene facilities with resources and support of management for the provision of appropriate and well-fitting PPE and space to isolate patients. In addition, proper consideration by healthcare workers and better management to assure proper adherence to IPC guidelines.

Facility based development of IPC program, facility-based development of SOPs, staff training and behavior change communication work-shops, allocation of budget for supplies of PPE/logistics regarding IPC, strict monitoring of IPC practices specially in critical care units and further research may improve adherence of health care workers to IPC guidelines.

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