

The Role of The Infection Control Link Nurse in Hospital Settings: Challenges and Opportunities

Marliana Isahak¹, Yusrita Zolkefli^{2*}

¹Ministry of Health, Brunei Darussalam.

²PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam.

*E-mail: yusrita.zolkefli@ubd.edu.bn

Dear Editor,

Infection prevention and control (IPC) is considered one of the most critical components in every health care organisation. Healthcare-associated infections are the most frequent adverse event in health care delivery worldwide (1, 2). The consequences of healthcare-associated infections result in prolonged hospital stays, long-term disability, increased resistance of microorganisms to antimicrobials, massive additional costs for health systems, high costs for patients and their families and even unnecessary deaths (3). However, poor compliance and lack of knowledge in infection control among healthcare workers have been identified as one of the many reasons causing healthcare-associated infections. There is no doubt that expertise in IPC lies in the hands of specifically trained infection control doctors and nurses. However, earlier research has established that strategies to improve compliance and strengthen IPC measures are substantiated by involving infection control link nurses (ICLNs) who liaise between their clinical areas and the infection control team (4, 5).

Reflecting on Brunei Darussalam's ICLNs program, the country today has more ICLNs than when the program was first introduced in 2011. The program began with a three-day basic infection control training course for selected hospital nurses. While their appointments are usually for two years, they are held to higher standards in ways that minimise healthcare-associated infections cases and improve IPC awareness among colleagues. In other words, ICLNs'

responsibilities include facilitating liaison between their clinical areas and the Infection Control Team, serving as a role model for infection control best practices on their ward, acting as a local resource for infection control issues on the ward, and promoting and monitoring infection control practices at the ward level. The roles also include assisting in the early detection of outbreaks, providing relevant infection control training, undertaking infection control audits and conducting research (6). Individual healthcare workers and teams are simultaneously required to learn and improve their infection prevention practices through ICLNs, and if standards are not met, poor practice must be addressed (7). A systematic review has established that the ICLN programs significantly reduced nosocomial infections in a neonatal intensive care unit and improved compliance to hand hygiene (4).

However, the role of ICLN presents a unique set of challenges. First, compliance behaviour is a difficult task for most ICLNs. Improving IPC practice behaviour remains a challenge and understanding the determinants of healthcare workers' behaviour is fundamental to developing effective and sustained behaviour change interventions (8). Additionally, to serve as role models and educators for others, the ICLNs must demonstrate that their infection prevention and control knowledge and skills are current and evidence-based (9). Second, the ICLN is also faced with role and activities related constraints such as lack of time, a shortage of staff, and a high workload (4, 5). These barriers are reported to be causing

professional tensions and inhibiting attempts to reinforce IPC activities (8). Third, the power disparity, particularly in a hierarchical culture, is cited as one of the obstacles that have kept them from challenging substandard practices by some higher-ranking healthcare workers (10). While some healthcare workers, notably ICLNs, are committed, they cannot enforce good IPC practices beyond their remit (8). When senior professionals practice autonomy and work independently, disagreement in following policies is not uncommon (8).

As a result, such challenges present an opportunity for healthcare organisations to employ robust measures to enhance the role and value of ICLN. The first measure is through the multimodal strategies to help develop and sustain an effective ICLN system. For example, educational strategies for ICLN highlighted the importance of providing training to develop their knowledge in infection prevention and control, teaching, presentation and communication skills, change management, and psychological strategies (5). The ICLN must be a good communicator and influencer as they will be a role model to their colleagues in their clinical areas. Another strategy is regular meetings between the ICLNs and the IPC team, which allow networking beyond the nurse's team (6). The second measure establishes role clarity by clearly defining responsibilities (5). Third, management support empowers ICLNs to serve as role models and share information with colleagues (4). Leadership support is central as one of the attributes that motivate ICLNs (5) and confidence to carry out the role (11). Regardless of the ranking, every professional should be encouraged to address or challenge suboptimal practice (8). Fourth, the constraint of time is highlighted often in numerous narratives, indicating that the time allotted to undertake ICLNs activities should not be underestimated. ICLNs program in a Dutch hospital, for example, exempted their ICLNs from weekly duty to promote infection control procedures in the hospital wards (4).

In conclusion, the contribution of ICLN to improving infection control in hospitals is crucial. While ICLNs face a myriad of challenges, there are opportunities to emphasise the significance of role modelling

when it comes to motivating colleagues to improve infection control practices in their clinical areas. Not only do ICLNs need a strong foundation and evidence-based infection control knowledge and abilities, but they also need a strong support system, primarily from senior managers. This includes giving ICLNs dedicated time to perform their roles on a weekly basis.

Article History:

Submitted: 27 December 2021

Accepted: 29 January 2022

Published: 31 January 2022

ISSN: 2600-898X

REFERENCES

1. Sreegiri S, ShyamalaGouri DM, Madhavi DBD. Perception of health care workers on 'health care associated infections (HCAI) and hand hygiene' in a tertiary hospital in Visakhapatnam city. 2018 [cited 2021 Dec 3]; Available from: <https://www.semanticscholar.org/paper/c59bbda24c96cf74c4fd804a9e3de145087acbb2>
2. Haque M, Sartelli M, McKimm J, Abu Bakar M. Health care-associated infections - an overview. *Infect Drug Resist* [Internet]. 2018; 11:2321-33. Available from: <http://dx.doi.org/10.2147/IDR.S177247>
3. WHO | The burden of health care-associated infection worldwide. 2013 [cited 2021 Dec 1]; Available from: https://www.who.int/gpsc/country_work/burden_hcai/en/
4. Dekker M, Jongerden IP, van Mansfeld R, Ket JCF, van der Werff SD, Vandenbroucke-Grauls CMJE, et al. Infection control link nurses in acute care hospitals: a scoping review. *Antimicrob Resist Infect Control* [Internet]. 2019; 8:20. Available from: <http://dx.doi.org/10.1186/s13756-019-0476-8>
5. Peter D, Meng M, Kugler C, Mattner F. Strategies to promote infection prevention and control in acute care hospitals with the help of infection control link nurses: A systematic literature review. *Am J Infect Control* [Internet]. 2018; 46(2):207-16.

- Available from:
<http://dx.doi.org/10.1016/j.ajic.2017.07.031>
6. Ward D. Role of the infection prevention and control link nurse: Benefits and barriers to implementing link-nurse systems, and the qualities and support healthcare staff need to be effective in the role. *Prim Health Care* [Internet]. 2016; 26(5):28–31. Available from: <http://dx.doi.org/10.7748/phc.26.5.28.s29>
 7. Royal College of Nursing. The Role of the Link Nurse in Infection Prevention and Control (IPC): Developing a Link Nurse Framework. 2021. [cited 2021 Dec 2]. Available from: <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2021/march/009-595.pdf?la=en>
 8. Shah N, Castro-Sánchez E, Charani E, Drumright LN, Holmes AH. Towards changing healthcare workers' behaviour: a qualitative study exploring non-compliance through appraisals of infection prevention and control practices. *J Hosp Infect* [Internet]. 2015; 90(2):126–34. Available from: <http://dx.doi.org/10.1016/j.jhin.2015.01.023>
 9. Burnett E. Effective infection prevention and control: the nurse's role. *Nurs Stand* [Internet]. 2018; 33(4):68–72. Available from: <http://dx.doi.org/10.7748/ns.2018.e11171>
 10. Gilbert GL, Kerridge I. The politics and ethics of hospital infection prevention and control: a qualitative case study of senior clinicians' perceptions of professional and cultural factors that influence doctors' attitudes and practices in a large Australian hospital. *BMC Health Serv Res* [Internet]. 2019; 19(1):212. Available from: <http://dx.doi.org/10.1186/s12913-019-4044-y>
 11. Williams L, Cooper T, Bradford L, Cooledge B, Elner F, Fisher D, et al. An evaluation of an infection prevention link nurse programme in community hospitals and development of an implementation model. *J Infect Prev* [Internet]. 2019; 20(1):37–45. Available from: <http://dx.doi.org/10.1177/1757177418789480>