

# Exploring Infection Control Link Nurses' Roles, Functions, and Challenges in Brunei Darussalam

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## ABSTRACT

**Background:** Infection Control Link Nurses (ICLNs) play a key role in bridging clinical teams and the Infection Prevention and Control (IPC) team to enhance adherence to infection prevention practices. Despite their importance, the roles, challenges, and contributions of ICLNs in Brunei's hospitals remain underexplored. This study explored ICLNs' perceptions of their roles and functions, the challenges they encounter, and opportunities to strengthen their impact on infection prevention and control in hospital settings in Brunei Darussalam.

**Methods:** A qualitative descriptive study was conducted with 26 ICLNs from four district hospitals. Participants were purposively sampled and interviewed via WhatsApp voice calls. Interviews were transcribed verbatim and analysed using thematic analysis to identify key themes and patterns.

**Results:** Three themes emerged: (1) Perceived role, where ICLNs acted as educators, monitors, and liaisons to promote infection control and model best practices; (2) Challenges faced, including resistance from senior staff, time constraints, and limited managerial support; and (3) Value of an ICLN, highlighting the benefits of collaboration, knowledge transfer, and enhanced infection prevention in clinical practice. Participants emphasised that organisational support, protected time, and peer networking were critical to maximising the effectiveness of their role.

**Conclusion:** ICLNs are integral to implementing and sustaining infection prevention practices. Their effectiveness is enhanced by dedicated time, leadership support, and collaborative networks, which collectively improve adherence to infection control measures, strengthen professional development, and contribute to patient safety and the reduction of healthcare-associated infections in Brunei Darussalam.

**Keywords:** Infection control link nurse; Healthcare-associated infections; Nursing role; Qualitative; Brunei Darussalam

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## INTRODUCTION

Infection control link nurses (ICLNs) were crucial to infection prevention and control (1). Link nurses are specialists who manage local clinical teams as a 'link' or contact person. Link nurses are instrumental in the development of relationships between their specialist team and the staff of the local clinical environment, which encompasses wards, departments, and care homes. They are frequently accountable for the identification, monitoring, facilitation, and communication of ward-level infection prevention and control to colleagues, as well as the completion of specific tasks as required. The exchange of expertise, observation of care processes, and sharing of best practices with other ICLNs are also emphasised in their work, which also includes critical practices such as hand hygiene and isolation procedures (2). In addition to connecting clinical colleagues to the infection prevention and control team, they also saw themselves as role models for their colleagues, primarily in educating and motivating staff to improve practice (3).

Meanwhile, the implementation of the ICLN programme has been shown to have several positive effects, which include a significant decrease in Hospital Acquired Infections (HAIs) in various clinical settings worldwide, as well as improved compliance with hand hygiene among healthcare workers (4), which is one of the critical components of infection prevention and control. Multifaceted approaches are essential to developing and sustaining an effective ICLN programme (5). This includes a clarification of responsibilities (6), ongoing education and training, and strong support from leaders and authority figures, empowering ICLNs to effectively optimise their role, challenge poor practices, and lead practice improvement (7). Continued efforts to enhance and support the role of ICLNs are essential for sustaining successful infection prevention and control practices and ultimately improving patient outcomes.

Furthermore, the root causes and barriers to the successful implementation of an infection control link nurse programme in acute care hospitals were identified as a lack of support from ward management, insufficient time for link nurse activities, and a lack of power given to the link nurse's role (8). Conversely, hospital and ward managers' commitment and the availability of the Infection Prevention and

Control (IPC) team were considered factors that promoted work engagement among ICLNs (1). When hospital and ward managers demonstrate a strong commitment to infection control practices and prioritise their importance, it sets a positive work culture for the entire healthcare facility (9).

However, comprehensive studies focused on infection control link nurses' role perceptions are scarce, hindering a broader understanding of their roles and impact. Conducting further research into the success stories and achievements of infection control link nurses could provide valuable insights and fill this existing gap in the literature. This study aimed to examine infection control link nurses' perceptions of their roles and functions, and to explore the challenges and opportunities associated with their role in promoting adherence to infection prevention and control practices within hospital settings in Brunei Darussalam.

## METHODS

### Study Design

The descriptive qualitative analysis using thematic analysis was deemed most appropriate for answering four questions and supporting them with pertinent examples.

### Study Participants

Participants were ICLNs working in clinical settings across the four district hospitals in Brunei Darussalam. Eligible participants had at least two years of experience as registered nurses and had served as an ICLN in their respective units for a minimum of one year. Initially, twenty-eight ICLNs were invited using a purposive sampling technique. Of these, twenty-six participated in WhatsApp interviews, while two chose to withdraw. Purposive sampling is commonly used in qualitative research to select information-rich cases, allowing for an effective use of limited resources (10).

### Data Collection

Structured interview questions were employed to collect data, with the objective of eliciting participants' perspectives on what they do, their responsibilities, challenges, and recommendations that would improve the

ICLN role. The following interview questions were probed:

1. As an Infection Control Link Nurse, how do you perceive your role?
2. Describe your primary job in preventing HAIs.
3. What do you think are the most challenging things about being an ICLN?
4. What suggestions do you have for making ICLN's role stronger?

Interviews were scheduled at a time that was convenient for each eligible participant through WhatsApp (WA). Participants had the opportunity to respond freely while maintaining social distancing through the use of voice messages on WhatsApp for the purpose of conducting interviews. Each interview lasted between 30 and 45 minutes. Data collection continued until saturation was achieved, at which point no new themes or insights were derived from the interviews. Participants were reassured of the confidentiality of the study, encouraged to speak candidly during the interviews, and reminded of the objectives. Participants were contacted to schedule appointments, provide clarification on questions, and verify responses as required.

### Data Analysis

Thematic analysis was employed to analyse all interviews, which were transcribed verbatim (11). The primary researcher conducted the initial coding by reviewing the transcripts in a repetitive manner, identifying recurring words, phrases, and patterns, and colour-coding similar codes. Subsequently, the research team engaged in numerous meetings to deliberate and refine the emergent codes and potential themes to guarantee consistency and credibility. The final themes were arranged in accordance with the objectives of the study. The data was painstakingly coded, categorised, and managed using Microsoft Word (12).

### Trustworthiness and Rigour

Peer debriefing was ongoing with the researcher's supervisor, an experienced researcher. This inspection identified deficiencies and led the research endeavour. To ensure reliability, the researcher explained the research approach in detail. This addressed the sampling approach, data gathering, analysis,

and other related topics. Transparency and clarity in research methods improve study reliability.

### Ethical Considerations

This study was approved by the Faculty Research Ethics Committee (Reference: UBD/PAPRSBIHSREC/2021/31).

### RESULTS

The majority of the 26 participants were female (81%) and aged between 30 and 49 years (96%). Most nurses held a diploma in nursing (85%) and had 11–20 years of experience as registered nurses (58%), 6–10 years in their current location (46%), and 2–10 years of experience as infection control link nurses (81%) (**Table 1**). Thematic analysis identified three main themes: (1) Perceived role, where ICLNs serve as educators, monitors, and liaisons, promoting infection control and modeling best practices; (2) Challenges faced, including resistance from colleagues, time constraints, and limited managerial support; and (3) Value of an ICLN, highlighting their contributions to enhancing knowledge, collaboration, and infection prevention in clinical settings.

### Perceived Role

ICLNs describe their role as identifying infection control issues in their ward or unit. Infection prevention and control measures, including isolation, aim to stop the spread. One safeguard was promoting good hand hygiene, waste management, environmental cleanliness through cleaning and disinfection, and other measures. Most ICLNs said educating and monitoring hand hygiene is one of their main duties in reducing healthcare-associated illnesses among doctors. In-house seminars, demonstrations, and practical among peers emphasise hand hygiene.

*"As an infection control link nurse, I must be conscious of my hospital environment duties, especially in my assigned paediatric ward area. I must work with my ICLN colleague from our ward to ensure everyone is cooperating and supportive in keeping adequate hygiene and cleaning as instructed by our IPC team."*

(P15)

Participants also believed they liaised between the infection control nurse (ICN) and their

workplace to prevent and control infections. They shared infection prevention and control updates, including SOPs and guidelines. They

used training to educate, communicate, and raise awareness among their clinical and working peers.

**Table 1:** Participants' Demographic Characteristics (N=26)

| Demographic Characteristics                                     | Frequency (f) | Percentage (%) |
|-----------------------------------------------------------------|---------------|----------------|
| Gender                                                          |               |                |
| Male                                                            | 5             | 19             |
| Female                                                          | 21            | 81             |
| Age                                                             |               |                |
| 20-29 years                                                     | 1             | 4              |
| 30-39 years                                                     | 13            | 50             |
| 40-49 years                                                     | 12            | 46             |
| Years of working as a registered nurse                          |               |                |
| 3-10 years                                                      | 9             | 35             |
| 11-20 years                                                     | 15            | 58             |
| 21-30 years                                                     | 2             | 8              |
| Years of working in the current location (ward, clinic or unit) |               |                |
| ≤1 year                                                         | 4             | 15             |
| 2-5 years                                                       | 2             | 8              |
| 6-10 years                                                      | 12            | 46             |
| 11-15 years                                                     | 1             | 4              |
| ≥16 years                                                       | 7             | 27             |
| Years of experience as an infection control link nurse          |               |                |
| ≤ 1 year                                                        | 1             | 4              |
| 2-5 years                                                       | 12            | 46             |
| 6-10 years                                                      | 9             | 35             |
| >11 years                                                       | 4             | 15             |
| Highest level of qualification in nursing                       |               |                |
| Master Degree                                                   | 1             | 4              |
| Bachelor Degree                                                 | 0             | 0              |
| Advanced Diploma/                                               |               |                |
| Higher National Diploma                                         | 3             | 12             |
| Diploma                                                         | 22            | 85             |

*"ICLN mediates infection control nurse-patient matters. The ICLN will report ward difficulties to the ICN and inform ward colleagues about infections."*

(P 13)

Five out of twenty-six participants reported that they do monitoring tasks. Most of the participants highlighted infection control, hand hygiene, and ambient cleanliness. In addition to inspecting and monitoring their units, some ICLNs gave on-the-spot feedback to colleagues or other healthcare workers who did something wrong.

*"We assess and reinforce ward compliance. This tests nurses' SOP compliance. Checking for things*

*like the dissolving bag for dirty linens and the presept (disinfecting tablets) used during cleaning."*

(P 20)

Participants identified the importance of a clean environment for patient, co-worker, and healthcare professional safety. They believed that environmental cleanliness is crucial to infection control. The ICLNs also believed the COVID-19 pandemic had shaped their role and allowed them to emphasise the importance of hand hygiene and proper PPE, particularly N95 respirator masks that fit correctly. Being an ICLN requires them to maintain their role as infection control role models and advocates.

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*"Being a role model at work, a reference for co-workers, and a communicator through IPC team networking."*

(P 24)

Another ICLN said her struggle is keeping her infection control role model status. This study found that participants must stay current on infection prevention and control when the ICLN is a role model. They felt appreciated as ICLNs because they were the clinical infection control experts. One participant feels that other healthcare professionals value and seek her infection prevention and control advice since becoming an ICLN. Participants felt valued and empowered, motivating them to promote infection prevention.

*"I recognise my importance as a hospital reference. Since becoming critical personnel (ICLN) for 14 years, other ICLNs or staff from other wards text or call me to ask what to do if their patients have HAIs."*

(P 25)

However, one participant said her ICLN role is unclear. This may be related to the COVID-19 pandemic, which the ICN team focuses on instead of ICLN's typical operations, which include in-house training and hand hygiene audits.

*"Honestly, my ICLN position is unclear. The pandemic/endemic blurs our duties due to fewer IPC team updates. They should focus on COVID-19 rather than our roles."*

(P 20)

### Challenges Faced

ICLNs have many challenges in promoting infection prevention and control in healthcare settings. The ICLNs faced resistance from colleagues and, more importantly, seniors. They noted infection control non-compliance and uninformed conduct. These problems have compromised patient safety, burdened the

healthcare system, and increased infection risk. These issues needed immediate attention from the ICLNs. They stressed awareness, education, and infection management to reduce HAI and improve patient safety.

*"One issue involves addressing my co-workers' substandard practices, especially my seniors. Others may be insulted because they are more experienced and superior. Some are stuck in old ways and cannot change."*

(P 7)

The study found inconsistent practices and disparities in infection prevention and control views among healthcare workers of different experience levels. Several participants struggled to enhance senior staff procedures.

*"Senior staff may prefer the traditional approach. They influence others."*

(P 17)

The ICLNs highlighted time constraints from their part-time jobs. The ICLNs picked from diverse clinical sections or wards were mostly full-time staff nurses, some working shifts or office hours. Thus, they often had to prioritise clinical duties in their locations. The study also found that staff shortages made it harder for ICLNs to focus on nursing tasks in their assigned wards or units. ICLNs said ward staff shortages prevented them from performing their duties. Clinical workloads precluded them from dedicating enough time to ICLN duties. The staff shortfall also caused non-compliance, which led to shortcuts and potentially compromised infection control methods. In the interview, one participant reported that her ward manager was unsupportive and lacked trust in her ICLN role.

*"The ward in charge is not supportive of sharing IPC information in the ward. The ward in charge has less trust in the ICLN and does not understand the ICLN's role."*

(P 13)

Self-confidence and assertiveness are regarded as prerequisite characteristics for becoming an ICLN. ICLNs described feeling scared to correct wrong practices because they perceived themselves as 'junior' with little experience and low self-confidence.

*"I require support as I only know basic information. My experience is limited, so I cannot decide. I must*

*refer. I feel junior. Since I am new and inexperienced, no one will listen to me. I correct a colleague's mistakes, but it feels all right, maybe because we are equal."*

(P 8)

### Value of an ICLN

This theme addresses the positive impacts and advantages identified by the ICLNs in their role and the proposed strategies to enhance their effectiveness in promoting infection prevention and control practices. ICLNs believed their role benefited their colleagues, ward, and department. The findings of this study confirmed the positive impact of being an ICLN, benefiting not only the participants themselves but also the patients and the organisation as a whole. Participants emphasised the critical role of ICLNs in ensuring the implementation of effective infection control practices within their clinical settings. They repeatedly mentioned how the information and experience acquired as ICLNs greatly influenced their work, highlighting their appreciation for the expanded knowledge (both theoretical and practical) they gained. Moreover, they expressed a strong desire to share this knowledge to improve the current practices in their workplace.

*"Being an ICLN improves staff communication, infection control standards, clinical importance, and colleague knowledge."*

(P 23)

Among their most appreciated contributions are sharing information with others, particularly their co-workers, strengthening the standards of infection control practice and the quality of patient care, and serving as a unit reference.

*"I can share knowledge among nurses on the importance of hand hygiene and gain experience in doing hand hygiene audits with other departments."*

(P 21)

Other benefits stated by participants are direct access to the IPC team (such as the infection control nurses and infection control doctors) and the opportunity to collaborate with the team, which makes them feel privileged.

*"Being an ICLN allows access to and communication with the IPC team. I learnt how*

*vital it is to prevent infections from spreading and to inform nurses and colleagues."*

(P 20)

Most of the participants stated being an ICLN gives them self-awareness on preventing illnesses at home, especially during the COVID-19 pandemic. Their statements underlined ICLN's exciting role. It indicated that working in infection control had affected these nurses' awareness of infection prevention and control at home. This implies that their professional duties have shaped their daily infection control habits. This study also suggested emphasising internal aspects like support, motivation, and self-confidence and external factors like ICLN knowledge and experience to strengthen the function. Participants stated that becoming an ICLN gives them information and experience, which boosts self-confidence and improves infection prevention and control in their units. This innate motivational process can improve ICLN self-esteem when encountering adversities.

*"Being an ICLN boosts my understanding of infection control and prevention, and my confidence in sharing information and prevention practices with colleagues."*

(P 3)

Higher-ups, co-workers, and seniors motivate staff to challenge faulty practices. Helpful managers and ICLNs boost other ICLNs' confidence in rectifying healthcare professionals' mistakes. Several participants said success requires teamwork. Teams of colleagues, ICLN fellows, doctors, and nurses can raise infection prevention and control awareness. Three participants said they collaborate with other healthcare personnel to get support and ensure infection prevention and control (IPC) measures are taken. ICLNS must meet frequently with top managers and infection control nurses to successfully perform their duties and address current infection control challenges. This collaborative approach improves teamwork and understanding of obstacles.

*"Senior managers and nurses should meet with the ICLN team periodically and receive refresher training, especially annually."*

(P 6)

One of the most common ways to strengthen an ICLN's job is to attend more training and

execute infection control audits. Due to knowledge validation (for having extra certificates, up-to-date knowledge, and extra continuing professional development (CPD) points), the ICLN may feel more confident when providing direct feedback or correcting workplace mistakes. In addition to professional development training, two individuals mentioned choosing the proper ICLN applicant.

*"To increase awareness training on healthcare-associated infection prevention, stay current, and choose nurses willing to become ICLNs, because it is difficult."*

(P 14)

## DISCUSSION

This research reinforces the importance of Infection Control Link Nurses (ICLNs) in the prevention and control of infections, which is in line with previous research that has emphasised their roles in the identification, monitoring, education, and facilitation of ward-level infection control practices (8,13). Participants emphasised that ICLNs actively advocate for evidence-based practices, such as the appropriate segregation of clinical waste and sharps, environmental cleansing, and hand hygiene (14,15). Although these practices are widely acknowledged as essential for infection prevention, this study indicates that organisational and hierarchical constraints limit their consistent implementation. Literature indicates that seniority and entrenched habits can undermine evidence-based interventions, as evidenced by the frequent impediment to the adoption of updated protocols by resistance from senior staff and adherence to traditional practices (16,17).

The theme of perceived role demonstrates that ICLNs regard themselves as educators, monitors, and liaisons, thereby bridging the distance between the IPC team and ward personnel. This is consistent with international research that emphasises the ICLN's function as a crucial intermediary for converting policy into action (8,13). However, the inherent tensions that result from the dual responsibilities of clinical duties and infection control roles are present. The majority of participants reported difficulties in balancing ward responsibilities with ICLN tasks, which were further exacerbated by staff shortages and part-time allocation (18). This structural

challenge is in line with the results of other healthcare systems, which indicate that ICLNs may encounter difficulties in achieving a significant impact in the absence of dedicated time or resources (2,7).

Next, the theme of challenges encountered highlights systemic and cultural barriers. Insufficient managerial support, inconsistent adherence to IPC guidelines, and resistance from senior staff were persistent challenges (16,17). These results underscore the fact that role assignment alone is insufficient; to effectively influence behaviour, ICLNs necessitate formal authority, organisational support, and a culture that prioritises patient safety (3,5,7,19). Furthermore, the necessity of strategies to engage senior staff, such as targeted education, evidence-based rationale for change, and active leadership involvement, is underscored by hierarchical barriers and entrenched traditional practices (16,17).

Meanwhile, the theme of the value of an ICLN emphasises the positive effects of the role when it is adequately supported. Participants reported improved patient safety outcomes, collaboration, confidence, and knowledge (20,21). Knowledge transfer, the reinforcement of best practices, and the strengthening of professional networks were facilitated by peer collaboration and regular engagement with the IPC team (20,21). These results emphasise that ICLNs operate most efficiently when they are implemented within an environment that prioritises shared accountability, continuous learning, and cooperation (7).

Significantly, the study illustrates that optimising the efficacy of ICLN necessitates the consideration of both individual and systemic variables. To facilitate the implementation and maintenance of infection control practices within ICLNs, it is imperative that they receive leadership support, protected time, structured training, and peer networking (3,5,7,19). The COVID-19 pandemic has underlined the importance of adaptability and flexibility, as emergent infection threats can result in operational gaps and role ambiguity. The potential of even highly motivated and competent ICLNs may be restricted if these organisational and cultural barriers are not addressed (18). These results indicate that healthcare institutions must cultivate an environment that integrates ongoing education, structural support, and a culture of

accountability to guarantee that ICLNs can make a substantial contribution to infection prevention and control, thereby enhancing patient outcomes and minimising healthcare-associated infections (2,7).

## CONCLUSION

The study demonstrates that ICLNs are instrumental in the identification and resolution of infection control issues. They implement a variety of strategies, including staff education, hand hygiene audits, and appropriate clinical waste management, to mitigate the transmission of infections within their wards. Nevertheless, the efficacy of these measures is contingent upon the provision of organisational support, particularly the allocation of protected time to conduct infection control responsibilities without interruption from routine clinical tasks. In addition to allowing ICLNs to focus on infection prevention, this support also serves as a testament to the organisation's dedication to patient safety and the prevention of healthcare-associated infections. The results also emphasise that ICLN programs are most effective when they are supported by teamwork, peer collaboration, and networking, which promote knowledge sharing, professional development, and coordinated responsibility. Ultimately, this improves the quality and sustainability of infection prevention practices.

## CONFLICTS OF INTEREST

The authors declared no conflict of interest.

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## AUTHOR CONTRIBUTIONS

**MI:** Responsible for study conception and design, data collection, and initial data analysis.

**YZ:** Contributed to the interpretation of results, theme development, and manuscript preparation.

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