Germ police, or trusted colleague?

How do nurses perceive the role of IPC professionals, and how do these perceptions influence their adherence to IPC practices?

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Introduction

Infection Prevention and Control (IPC) is essential to patient safety. IPC professionals reduce healthcare-associated infections (HAIs), but their effectiveness depends on how frontline nurses perceive them - as supportive colleagues or enforcement figures.

Aim

To explore how nurses perceive IPC professionals and how these perceptions influence adherence to infection prevention practices.

Research Questions

- **How do nurses percieve the role of IPC professionals?**
- **What factors influence engagement with the IPC team?**

Why it Matters

Longer stays | **Slower recovery** | **Mortality** | **Cost of care**

- 1 in 10 hospitalised patients globally affected by HAIs
- Nurse compliance with IPC protocols varies significantly
- IPC-nurse relationship quality directly influences practice
- Understanding perceptions can improve engagement and outcomes

WHAT DOES THE LITERATURE TELL US?

Trust & Respect

- Nurses who view IPC as approachable allies show higher engagement
- Trust built through consistent, non-judgmental presence
- Respectful relationships foster proactive guidance-seeking

Misconceptions of the Role

- Many nurses perceive IPC staff as auditors or enforcers
- Creates resistance, avoidance, and underreporting
- Role ambiguity contributes to negative perceptions

Communication

- Two-way communication is a key enabler
- Feedback delivery style impacts receptiveness
- Regular informal interactions build rapport

Organisational & Cultural

- Workplace culture shapes how IPC roles are perceived
- Leadership support legitimises IPC authority
- Resource constraints can position IPC as obstructive

FROM PERCEPTIONS TO SAFER PRACTICE

Perceptions of the ICN → **Engagement** → **Adherence** → **Safer Care** → **Better Outcomes**

- **Perceptions of the ICN:** How nurses view IPC professionals shapes initial attitudes
- **Engagement:** Positive perceptions lead to greater willingness to engage
- **Adherence:** Engagement translates into consistent protocol compliance
- **Safer Care:** Improved adherence reduces HAIs and protects patients
- **Better Outcomes:** Sustained safe practice improves clinical outcomes overall

FIVE BARRIERS TO COMPLIANCE

1. **Unclear responsibility**
2. **Few role models**
3. **Limited training**
4. **Poor organisational support**
5. **Lack of time**

Gaps in the Evidence

- Limited NZ/Australasian research
- Few studies from the nurse perspective
- Lack of qualitative depth in existing surveys
- Minimal exploration of cultural factors
- No longitudinal studies on perception changes

Implications for Practice

- Reframe IPC from policing to partnership
- Invest in communication training for IPC teams
- Build visibility through ward-based presence
- Foster cultures that value collaboration
- Develop feedback loops between IPC and nursing

KEY TAKEAWAY

When IPC professionals are seen as trusted colleagues rather than enforcers, nurses engage more willingly with infection prevention - leading to safer patient care and better outcomes.

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