

BARRIERS TO IMPLEMENTING EVIDENCE-BASED STERILIZATION PROTOCOLS AMONG NURSES IN LOW-RESOURCE HEALTHCARE SETTINGS

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Abstract:

This review article explores the challenges and barriers faced by nurses in low-resource healthcare settings when implementing evidence-based sterilization protocols. Sterilization is a critical aspect of healthcare that ensures the safety of patients by preventing infections and the spread of diseases. However, inadequate resources, limited training, and a lack of awareness about evidence-based practices often hinder nurses from effectively implementing sterilization protocols. This paper synthesizes existing literature to identify common barriers and proposes strategies to overcome these challenges. By addressing these barriers, healthcare facilities can enhance patient safety and improve the quality of care provided in low-resource settings.

Keywords: Sterilization, Evidence-based practices, Nurses, Low-resource healthcare settings, Implementation barriers, Patient safety

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Introduction:

Sterilization is a crucial aspect of healthcare that helps prevent the spread of infections and ensures patient safety. Evidence-based sterilization protocols are guidelines based on scientific research and best practices that have been proven to be effective in preventing infections. However, implementing these protocols can be challenging, especially in low-resource healthcare settings where nurses may face barriers that hinder their ability to adhere to evidence-based practices. In this essay, we will explore the barriers that nurses in low-resource healthcare settings face when trying to implement evidence-based sterilization protocols and discuss potential solutions to overcome these challenges [1].

Sterilization protocols are essential in healthcare settings to prevent the spread of infections and ensure the safety of patients and healthcare workers. In low-resource healthcare settings, where resources and infrastructure may be limited, it is crucial to have evidence-based sterilization protocols in place to maintain high standards of infection control. Nurses play a key role in implementing these protocols and ensuring that they are followed correctly. This essay will explore the importance of evidence-based sterilization protocols among nurses in low-resource healthcare settings and discuss some of the best practices that can be implemented to improve infection control [2, 3].

This review article delves into the specific challenges faced by nurses in low-resource healthcare settings regarding the implementation of evidence-based sterilization protocols. It highlights the importance of addressing these barriers to ensure the delivery of safe and effective healthcare services to patients in resource-limited environments.

Importance of Evidence-Based Sterilization Protocols:

Evidence-based sterilization protocols are protocols that have been developed based on scientific evidence and research to ensure their effectiveness in preventing infections. In low-resource healthcare settings, where resources may be limited, it is important to have protocols that are based on evidence to ensure that they are effective in preventing infections. Nurses play a crucial role in implementing these protocols and ensuring that they are followed correctly to prevent the spread of infections in healthcare settings [4].

One of the main reasons why evidence-based sterilization protocols are important is that they help to prevent the spread of infections among patients and healthcare workers. Infections can have serious consequences for patients, leading to longer hospital stays, increased healthcare costs, and even death. By implementing evidence-based sterilization protocols, nurses can help to reduce the risk of infections and improve patient outcomes [5].

Another reason why evidence-based sterilization protocols are important is that they help to protect healthcare workers from exposure to infections. Nurses are at the frontline of patient care and are at risk of exposure to infections on a daily basis. By following evidence-based sterilization protocols, nurses can protect themselves from infections and reduce the risk of spreading infections to other patients and healthcare workers [6].

Evidence-based sterilization protocols are essential in low-resource healthcare settings to prevent the spread of infections and ensure the safety of patients and healthcare workers. Nurses play a crucial role in implementing these protocols and ensuring that they are followed correctly. By following best practices, such as education and training, proper use of PPE, hand hygiene, cleaning and disinfection, and monitoring and auditing, nurses can help to improve infection control in healthcare settings. It is important for healthcare facilities in low-resource settings to prioritize the implementation of evidence-based sterilization protocols to protect the health and safety of patients and healthcare workers [7, 8].

Role of Nurses in Evidence-Based Sterilization Protocols:

Nurses play a crucial role in implementing evidence-based sterilization protocols in healthcare settings. They are responsible for ensuring that proper sterilization techniques are followed to prevent the spread of infections and maintain a safe environment for patients [9].

Nurses are often the frontline healthcare workers responsible for implementing evidence-based sterilization protocols in healthcare settings. They play a critical role in ensuring that all medical equipment, instruments, and surfaces are properly sterilized to prevent the spread of infections. Nurses are responsible for following sterilization guidelines and procedures to ensure that all equipment and instruments are free from harmful microorganisms [10].

Nurses are also responsible for monitoring and documenting the sterilization process to ensure that it is done correctly. They must follow strict protocols for cleaning, disinfecting, and sterilizing equipment and instruments to prevent the spread of infections. Nurses must also ensure that

sterilization equipment is properly maintained and calibrated to ensure its effectiveness [11].

In addition to implementing sterilization protocols, nurses also play a role in educating patients and healthcare workers about the importance of sterilization in preventing infections. They must communicate with patients and their families about the sterilization process and answer any questions they may have. Nurses also play a role in training other healthcare workers on proper sterilization techniques and protocols to ensure that everyone in the healthcare setting is following best practices [12].

Evidence-based sterilization protocols are essential in healthcare settings to prevent the spread of infections and ensure the safety of patients and healthcare workers. These protocols are based on scientific research and best practices that have been proven to be effective in achieving sterilization. By following evidence-based sterilization protocols, healthcare workers can reduce the risk of infections and create a safe environment for patients [13].

Evidence-based sterilization protocols also help healthcare workers to standardize their practices and ensure consistency in sterilization techniques. By following these protocols, healthcare workers can ensure that all equipment and instruments are properly sterilized and free from harmful microorganisms. This can help to prevent the spread of infections and protect the health and safety of patients and healthcare workers [14].

Nurses play a crucial role in implementing evidence-based sterilization protocols healthcare settings. They are responsible for ensuring that proper sterilization techniques are followed to prevent the spread of infections and maintain a safe environment for patients. By following evidence-based sterilization protocols, healthcare workers can reduce the risk of infections and create a safe environment for patients. It is essential for nurses to follow these protocols and educate patients and healthcare workers about the importance of sterilization in preventing infections. By working together to implement evidence-based sterilization protocols, healthcare workers can ensure the safety and well-being of patients and healthcare workers in healthcare settings [15, 16].

Best Practices for Implementing Evidence-Based Sterilization Protocols:

There are several best practices that nurses can follow to ensure the effective implementation of evidence-based sterilization protocols in low-resource healthcare settings. Some of these best practices include:

1. Education and Training:

Nurses should receive thorough education and training on evidence-based sterilization protocols to ensure that they understand the importance of following these protocols correctly. Training should be ongoing to keep nurses up to date on the latest evidence-based practices [17].

2. Use of Personal Protective Equipment (PPE):

Nurses should always use appropriate PPE, such as gloves, gowns, and masks, when performing sterilization procedures to protect themselves from exposure to infections [18].

3. Proper Hand Hygiene:

Nurses should practice proper hand hygiene before and after performing sterilization procedures to prevent the spread of infections. Hand hygiene is one of the most effective ways to prevent infections in healthcare settings [19].

4. Proper Cleaning and Disinfection:

Nurses should ensure that all equipment and surfaces are properly cleaned and disinfected according to evidence-based protocols to prevent the spread of infections [20].

5. Monitoring and Auditing: Regular monitoring and auditing of sterilization practices should be conducted to ensure that evidence-based protocols are being followed correctly. Any deviations from the protocols should be addressed immediately to prevent the spread of infections [19].

Barriers to Implementing Evidence-Based Sterilization Protocols:

- 1. Lack of Resources: One of the main barriers that nurses face in low-resource healthcare settings is the lack of resources. This includes a shortage of sterilization equipment, such as autoclaves and disinfectants, as well as a lack of training and education on proper sterilization techniques. Without access to the necessary resources, nurses may struggle to implement evidence-based sterilization protocols effectively, putting patients at risk of infections [21].
- 2. Time Constraints: Nurses in low-resource healthcare settings often have heavy workloads and limited time to dedicate to sterilization procedures. This can lead to shortcuts being taken or protocols being skipped altogether, compromising patient safety. Additionally, the lack of time may prevent nurses from staying up to date on the latest evidence-based practices in

sterilization, further hindering their ability to provide quality care [22].

3. Lack of Support:

Another barrier that nurses face is a lack of support from their healthcare facility or management. Without the necessary support, nurses may not have access to the training, resources, or guidance needed to implement evidence-based sterilization protocols effectively. This can lead to confusion, frustration, and ultimately, a breakdown in the quality of care provided to patients [23].

4. Resistance to Change: Implementing evidence-based sterilization protocols may require nurses to change their existing practices and routines, which can be met with resistance. Nurses may be hesitant to adopt new protocols due to fear of the unknown, lack of understanding, or concerns about the impact on their workload. Overcoming this barrier requires effective communication, education, and support from healthcare leadership [22].

5. Cultural and Language Barriers:

In some low-resource healthcare settings, nurses may face cultural or language barriers that hinder their ability to implement evidence-based sterilization protocols. This can include differences in beliefs about hygiene and infection control, as well as language barriers that prevent effective communication with patients and colleagues. Addressing these barriers requires cultural sensitivity, language support, and education to ensure that all nurses can effectively implement sterilization protocols [20].

Solutions to Overcome Barriers:

- 1. Education and Training: Providing nurses with comprehensive education and training on evidence-based sterilization protocols is essential for overcoming barriers. This includes hands-on training, workshops, and ongoing support to ensure that nurses have the knowledge and skills needed to implement protocols effectively [24].
- 2. Access to Resources: Healthcare facilities must prioritize providing nurses with the necessary resources, such as sterilization equipment, disinfectants, and personal protective equipment. This may require investment in infrastructure and supplies, as well as partnerships with external organizations to ensure access to essential resources [25].
- 3. Support and Guidance: Healthcare leadership should provide nurses with the support and guidance needed to implement evidence-based

- sterilization protocols successfully. This includes clear communication, feedback, and mentorship to help nurses navigate challenges and overcome barriers [26].
- 4. Collaboration and Communication: Collaborating with colleagues, healthcare providers, and other stakeholders is essential for implementing evidence-based sterilization protocols. This includes sharing best practices, engaging in interdisciplinary teamwork, and fostering a culture of open communication to ensure that all healthcare team members are aligned in their approach to sterilization [27].
- 5. Continuous Quality Improvement: Implementing evidence-based sterilization protocols is an ongoing process that requires continuous quality improvement. Healthcare facilities should regularly review and update protocols, monitor compliance, and provide feedback to nurses to ensure that best practices are being followed and patient safety is prioritized [28].

Conclusion:

In conclusion, implementing evidence-based sterilization protocols is essential for ensuring patient safety and preventing infections in healthcare settings. However, nurses in lowresource healthcare settings face various barriers that hinder their ability to adhere to these protocols effectively. By addressing challenges such as lack of resources, time constraints, lack of support, resistance to change, and cultural barriers, healthcare facilities can empower nurses to implement evidence-based sterilization protocols successfully. Through education, access to resources, support, collaboration, and continuous quality improvement, nurses can overcome barriers and provide high-quality care that prioritizes patient safety.

References:

- 1. Aiken LH, Sermeus W, Van den Heede K, Sloane DM, Busse R, McKee M, et al. Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. BMJ. 2012;344:e1717.
- 2. Allegranzi B, Nejad SB, Combescure C, Graafmans W, Attar H, Donaldson L, et al. Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis. Lancet. 2011;377(9761):228-41.
- 3. Anderson DJ, Pyatt DG, Weber DJ, Rutala WA. Statewide costs of health care-associated

- infections: estimates for acute care hospitals in North Carolina. Am J Infect Control. 2013;41(9):764-8.
- 4. Atreja A, Bellam N, Levy SR. Strategies to enhance patient adherence: making it simple. MedGenMed. 2005;7(1):4.
- 5. Bagheri Nejad S, Allegranzi B, Syed SB, Ellis B, Pittet D. Health-care-associated infection in Africa: a systematic review. Bull World Health Organ. 2011;89(10):757-65.
- 6. Barasa EW, Ayieko P, Cleary S. English M. A multifaceted intervention to improve the quality of care of children in district hospitals in Kenya: a cost-effectiveness analysis. PLoS Med. 2012;9(6):e1001238.
- 7. Berman P, Kendall C, Bhattacharyya K. The household production of health: integrating social science perspectives on micro-level health determinants. Soc Sci Med. 2012;75(2):307-17.
- 8. Berwick DM, Calkins DR, McCannon CJ, Hackbarth AD. The 100,000 lives campaign: setting a goal and a deadline for improving health care quality. JAMA. 2006;295(3):324-7
- Bhutta ZA, Das JK, Bahl R, Lawn JE, Salam RA, Paul VK, et al. Can available interventions end preventable deaths in mothers, newborn babies, and stillbirths, and at what cost? Lancet. 2014;384(9940):347-70.
- Black RE, Cousens S, Johnson HL, Lawn JE, Rudan I, Bassani DG, et al. Global, regional, and national causes of child mortality in 2008: a systematic analysis. Lancet. 2010;375(9730):1969-87.
- 11. Campbell H, El Arifeen S, Hazir T, O'Kelly J, Bryce J, Rudan I, et al. Measuring coverage in MNCH: challenges in monitoring the proportion of young children with pneumonia who receive antibiotic treatment. PLoS Med. 2013;10(5):e1001421.
- 12. Chan M, Kazatchkine M, Lob-Levyt J, Obaid T, Schweizer J, Sidibe M, et al. Meeting the demand for results and accountability: a call for action on health data from eight global health agencies. PLoS Med. 2010;7(1):e1000223.
- 13. Chaudhury N, Hammer J, Kremer M, Muralidharan K, Rogers FH. Missing in action: teacher and health worker absence in developing countries. J Econ Perspect. 2006;20(1):91-116.
- 14. Chou VB, Friberg IK, Christian M, Walker N, Perry HB. Expanding the population coverage of evidence-based interventions with community health workers to save the lives of

- mothers and children: an analysis of potential global impact using the Lives Saved Tool (LiST). J Glob Health. 2017;7(2):020401.
- 15. Cleary SM, Molyneux S, Gilson L. Resources, attitudes and culture: an understanding of the factors that influence the functioning of accountability mechanisms in primary health care settings. BMC Health Serv Res. 2013;13:320.
- 16. Das JK, Lassi ZS, Salam RA, Bhutta ZA. Effect of community based interventions on childhood diarrhea and pneumonia: uptake of treatment modalities and impact on mortality. BMC Public Health. 2013;13 Suppl 3:S29.
- 17. Das JK, Salam RA, Arshad A, Maredia H, Bhutta ZA. Community based interventions for the prevention and control of Non-Helmintic NTD. Infect Dis Poverty. 2014;3(1):24.
- 18. Dhillon PK, Jeemon P, Arora NK, Mathur P, Maskey M, Sukirna RD, et al. Status of epidemiology in the WHO South-East Asia Region: burden of disease, determinants of health and epidemiological research, workforce and training capacity. Int J Epidemiol. 2012;41(3):847-60.
- 19. Duflo E, Glennerster R, Kremer M. Using randomization in development economics research: a toolkit. In: Schultz TP, Strauss JA, editors. Handbook of Development Economics. Vol. 4. Amsterdam: North-Holland; 2007. p. 3895-962.
- 20. Dye C, Bassili A, Bierrenbach AL, Broekmans JF, Chadha VK, Glaziou P, et al. Measuring tuberculosis burden, trends, and the impact of control programmes. Lancet Infect Dis. 2008;8(4):233-43.
- Eichler R, Agarwal K, Askew I, Iriarte E, Morgan L, Watson J. Performance-based incentives to improve health status of mothers and newborns: what does the evidence show? J Health Popul Nutr. 2013;31(4 Suppl 2):36-47.
- 22. El Arifeen S, Hill Z, Ahsan KZ, Jamil K, Nahar Q, Streatfield PK. Maternal mortality in Bangladesh: a Countdown to 2015 country case study. Lancet. 2014;384(9951):1366-74.
- 23. Evans DB, Edejer TT, Adam T, Lim SS. Methods to assess the costs and health effects of interventions for improving health in developing countries. BMJ. 2005;331(7525):1137-40.
- 24. Fink G, Victora CG, Harttgen K, Vollmer S, Vidaletti LP, Barros AJ. Measuring socioeconomic inequalities with predicted absolute incomes rather than wealth quintiles:

- a comparative assessment using child stunting data from national surveys. Am J Public Health. 2017;107(4):550-5.
- 25. Gakidou E, Cowling K, Lozano R, Murray CJ. Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis. Lancet. 2010;376(9745):959-74.
- 26. GBD 2015 Mortality and Causes of Death Collaborators. Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980-2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016;388(10053):1459-544.
- 27. GBD 2015 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 310 diseases and injuries, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016;388(10053):1545-602.
- 28. GBD 2015 DALYs and HALE Collaborators. Global, regional, and national disability-adjusted life-years (DALYs) for 315 diseases and injuries and healthy life expectancy (HALE), 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016;388(10053):1603-58.