

## **Cornerstones of an Effective Infection Control Program**

Each year new infection control practitioners assume responsibility for infection control in hospitals. These newly employed practitioners are easily identified by their initial zeal and enthusiasm. They become aware early of the challenges that infection control in the hospital has to offer, and eagerly plan strategies to effect change.

There are cornerstones that must be built into the foundation of an infection control program at its onset in order to achieve the utmost objectives of the program. These constituents can be identified as: (1) rational strategy for planned change, (2) knowledge of role function, and (3) the application of scientific thinking.

### **Strategy for Planned Change**

Practitioners recognize early that they must work within the three strategies for effecting change.<sup>1</sup> The underlying assumption of the first strategy is that human beings are guided by reason and will follow rational self-interest once it has been revealed that change will lead to gains. Research and dissemination of knowledge through educational methods are examples of this strategy. The second strategy associates the human with the need for personal satisfaction and no requirement for exogenous stimuli. This concept recognizes that problems cannot be solved merely with provision of technical information, but that humans must participate in their own re-education. People technology is as important as information technology in this strategy. The third scenario relates power as the ingredient basic to all functions. The successful infection control practitioner employs each of these strategies at the appropriate time.

### **Knowledge of Role Function**

Many times the practitioner becomes perplexed with exactly what the role entails. This may be because the practitioner does not have a thorough understanding of the role, and it is even conceivable that others do not

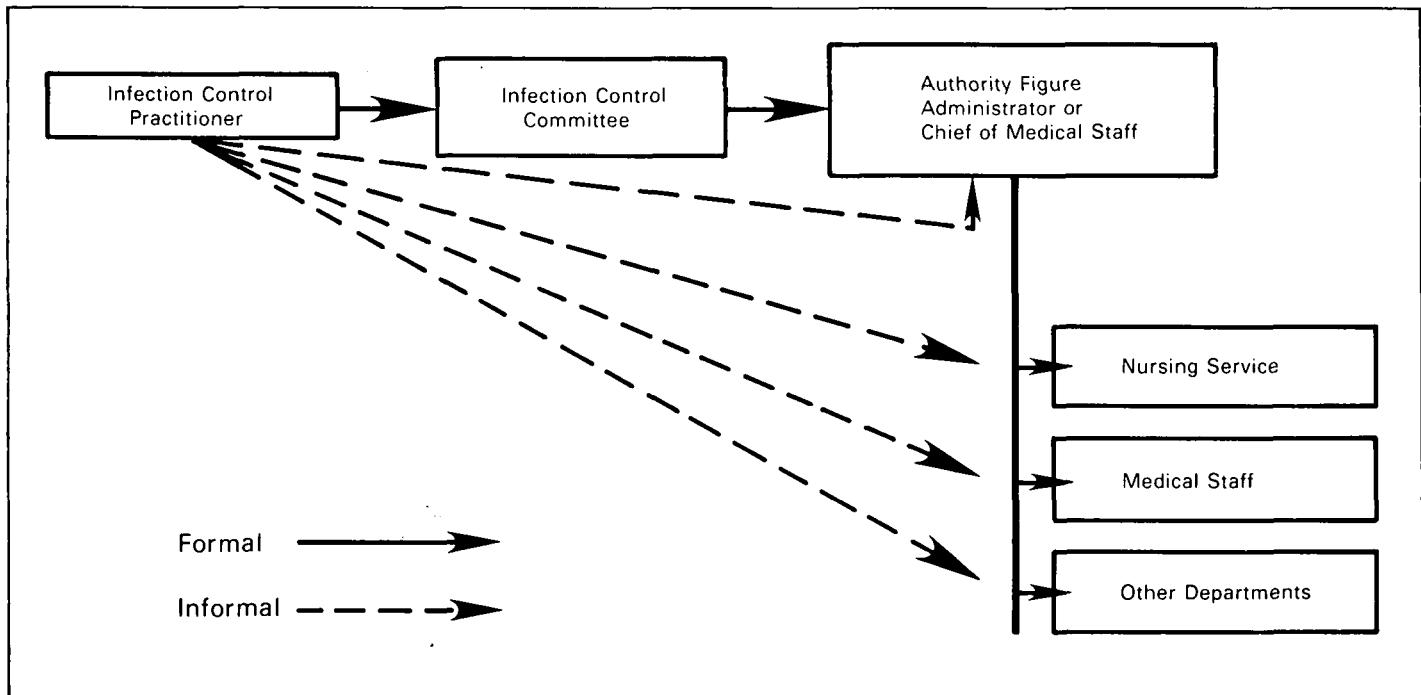
understand this position and how it affects them. This is not unusual, as roles develop over time in formal and informal settings. Many times the practitioner gropes helplessly for support in this new role and looks in many directions for its advocacy—the administration, the medical director, the chairman of the infection control committee, the committee itself. The practitioner usually finds encouragement from these people; however, another way to obtain this resounding security is to have the support come from within one's own self. A personal self-concept plays a vital part in what the practitioner can accomplish. When practitioners perceive themselves as valuable assets to the hospital and believe strongly in what they are doing, they can generate generous amounts of endorsement for their infection control programs.

The interaction of the infection control practitioner with others is so important a part of the practitioner's ability to perform that it is vital to know how others view this role. Knowledge of people and of the organizational structure are fundamental factors in reducing resistance to change. The age-old question—Where does the infection control practitioner fit into the organization?—is always an issue. A thorough understanding of where the practitioner fits is vital not only to the practitioner, but to others in the organization. Experienced practitioners have found that the role of a coordinator is most desirable, as the practitioner should be able to fit the system at any level. Figure 1 provides an illustration of this concept.

The issue should not be what department is responsible for the practitioner—the position can be managed by any department. The important aspect is that the practitioner has the autonomy to practice the coordinator role.

### **Scientific Thinking**

The practitioner can expect problems even with planned change strategy and understanding of the practitioner's role, because no position, especially that of the infection control practitioner, is static. In order to deal with the continuous problems that emerge in infection control, the newly employed practitioner must recognize



**FIGURE 1: Interactions of the Infection Control Practitioner with Other Members of the Hospital Staff**

that an open mind and ability to examine one's own feelings also are essential components.

Infection control practice is an interactive process that involves delicate and knowledgeable acts on the part of the practitioner; therefore, the process of scientific thinking is vital to the practitioner. Scientific thinking involves assessment of the basic structure of a system to determine the way in which the system usually reacts to stimuli. This assessment also includes identification and examination of the behavioral patterns of the system. Then, based on theoretical and empirical knowledge of the practitioner, the intervention is carried out and evaluated to determine the effect of the intervention.<sup>2</sup>

Experienced and inexperienced infection control practitioners have responsibilities to explore and evaluate issues affecting patient care; they must assume active roles in determining the standards of infection control health care delivery. The infection control practitioner must

acknowledge that the position requires a continuous reassessment of the system, and is one that will always carry with it role struggles; however, the true challenge of infection control is to continue to explore new and creative ways for resolving these issues.

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#### REFERENCES

1. Bennis WG, Berne KD, et al. *Planning of Change*. New York, Holt, Rinehart and Winston, 1976.
2. Allen LM. *The nursing process of the master clinician*. Unpublished paper. Northwestern State University, College of Nursing, Shreveport, LA, 1979.