

What fuels suboptimal care of peripheral intravenous catheter-related infections in hospitals? A qualitative study of decision-making among Spanish nurses.

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The authors have no conflicts of interest. This study was published in **Antimicrobial Resistance and Infection Control**.

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Background

Peripheral intravenous catheters (PIVC) are commonly used in hospital worldwide. However, PIVC are not exempt from complications. **Catheter-related bloodstream infections (CRBSI) increase morbidity and mortality rates, and costs for the healthcare organization.** PIVC care is shaped by the complex mix of professional and organizational culture, such as knowledge gaps, low perception of impact of PIVCs on patient safety, or lack of hospital guidelines.

Aim

To explore **determinants of decision-making about the prevention of PIVC-BSI** among nurses in Spanish hospitals.

Methods



Design

Descriptive qualitative study with semi-structured interviews



Population

Three public hospitals of the Balearic Islands Health Care Service between September and November 2018



Procedures

Hospital ward nurses working routinely with inpatients at any of the three hospitals for enrolment in the study



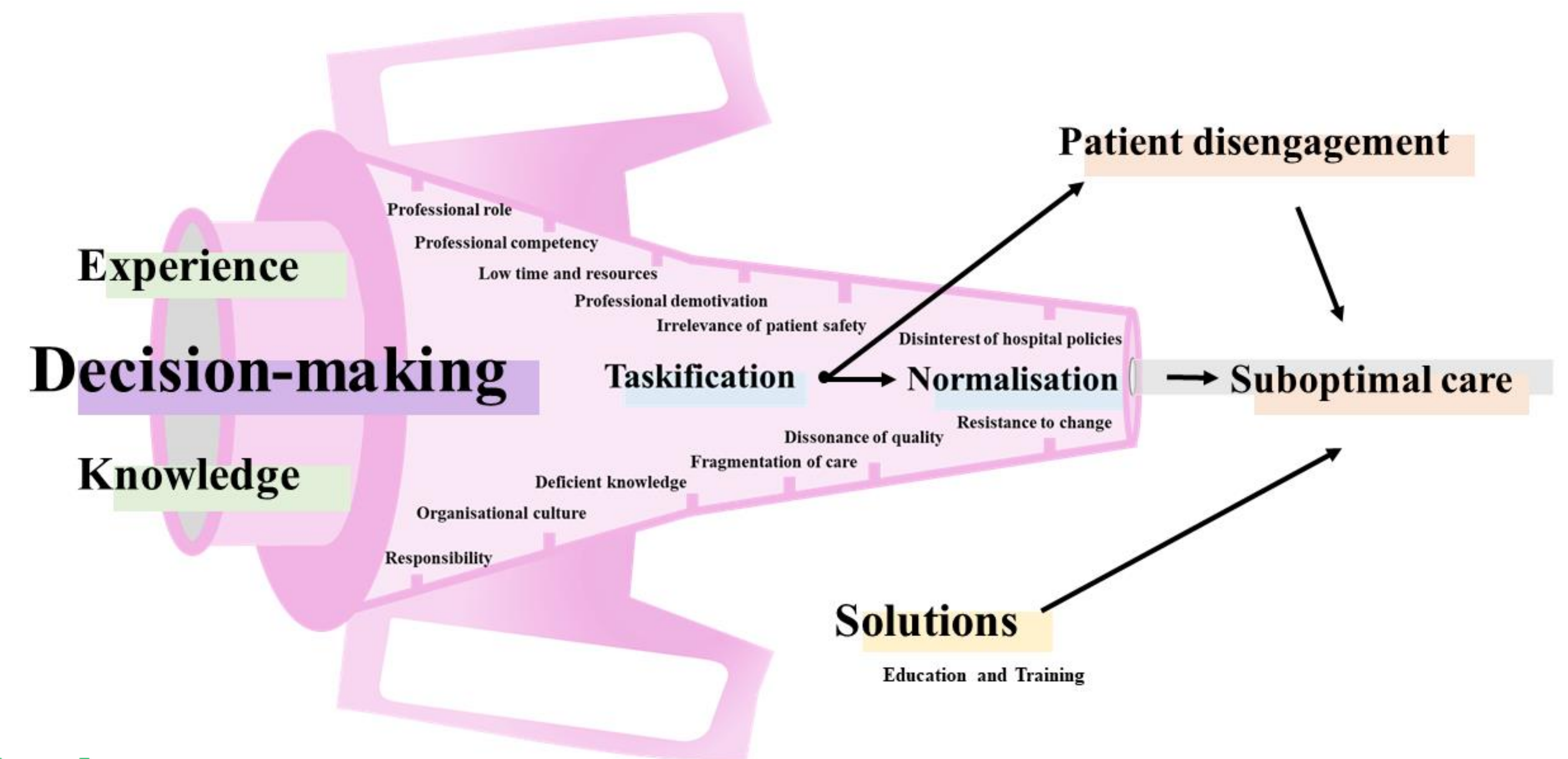
Analysis

We employed several triangulation and rigour strategies, the member checking, showing the information and codes applied in the recording of the interviews to identify the coherence and any discrepancies of the discourse by participants.

Findings

We identified four major themes in the analysis related to determinants of care:

- 1.The **fog of decision-making** in PIVC;
- 2.The **taskification** of PIVC care;
- 3.PIVC care is accepted to be **suboptimal**, yet irrelevant;
- 4.PIVC care gaps may reflect behavioural shortcomings, yet solutions proposed to **involve education and training**.



Conclusions

The clinical management of PIVCs appear **ambiguous, unclear, and fragmented, with no clear professional responsibility and no nurse leadership**, causing a gap in preventing infections. Furthermore, the perception of low risk on PIVC care impact can cause a relevant lack of adherence to the best evidence and patient safety. **Implementing facilitation strategies could improve the fidelity of the best available evidence** regarding PIVC care and raise awareness among nurses of impact that excellence of care.

