

Level of Awareness and Practices on Infection Control among Nurses in Selected Hospitals in Bohol

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Abstract

This study investigated the level of awareness and practices on infection control among nurses in selected hospitals in Bohol. Anchored on the Health Belief Model (HBM), Theory of Planned Behavior (TPB), and the Knowledge, Attitude, and Practice (KAP) Model, the research examined the relationship between nurses' profile, awareness, and infection control practices. A descriptive-correlational research design was employed involving 72 nursing personnel from Holy Name University Medical Center Inc. and Tagbilaran Community Hospital Corporation. Data were collected through a researcher-modified questionnaire adapted from Abalkhail et al. (2021), which underwent validity and reliability testing with a Cronbach's Alpha coefficient of 0.8. Statistical tools used included simple percentage, weighted mean, Chi-Square, and Pearson r. Findings revealed that respondents were predominantly young female Bachelor of Science in Nursing graduates employed as staff nurses with less than one year of service. Nurses demonstrated a highly aware level of awareness and highly practiced level of infection control practices, particularly in hand hygiene and proper sharps disposal. However, moderate gaps were identified in avoiding needle recapping, using alcohol-based hand rubs after glove removal, and wearing protective gowns and eye protection during high-risk procedures. Significant relationships were found between educational attainment, job position, length of service, and both infection control awareness and practices. A significant positive relationship was also established between awareness and infection control practices, indicating that higher awareness corresponds with better compliance. The study concluded that continuous education, training, and institutional reinforcement are essential in strengthening infection control compliance among nurses. The proposed action plan and future research were recommended to address barriers affecting adherence to infection prevention measures. This study supports Sustainable Development Goal (SDG) 3: Good Health and Well-Being by promoting safer healthcare environments through improved infection prevention and control practices. It also aligns with SDG 4: Quality Education through continuous professional development and infection control training for nurses. The sustainability impact of the study lies in strengthening healthcare safety, improving institutional infection prevention practices, and supporting long-term public health resilience through enhanced nursing competencies and reduced healthcare-associated infections.

Keywords: Awareness, Healthcare-Associated Infections, Infection Control, Nurses, Patient Safety, Personal Protective Equipment, Practices, Standard Precautions, Training, Waste Segregation

1. Introduction

Infection control is a fundamental component of healthcare practice that aims to prevent the transmission of infectious diseases among patients, healthcare workers, and visitors. Effective infection prevention and control (IPC) practices, including hand hygiene, use of personal protective equipment (PPE), sterilization, isolation precautions, and proper waste disposal, are essential in reducing healthcare-associated infections (HAIs), improving patient outcomes, and ensuring healthcare safety (Lee et al., 2020). Despite the availability of global guidelines and institutional protocols, studies continue to report inconsistencies between healthcare workers' knowledge and actual compliance with infection control measures, particularly among nurses who serve as frontline healthcare providers (Campo & Remon, 2024; Sangkula, 2024). Globally and locally, infection control awareness and practices remain influenced by resource availability, institutional support, training, and healthcare infrastructure. Existing literature emphasizes the importance of strengthening nurses' awareness and adherence to infection prevention measures to reduce HAIs and antimicrobial resistance (Tomczyk et al., 2022). However, limited studies have explored infection control awareness and practices among nurses in Bohol Province, creating a significant research gap. Anchored on the Health Belief Model (HBM), Theory of Planned Behavior (TPB), and Knowledge, Attitude, and Practice (KAP) Model, this study investigates the level of awareness and practices on infection control among nurses in selected hospitals in Bohol and proposes an action plan based on the findings.

1.1 Background of Infection Control Awareness and Practices among Nurses in Selected Hospitals in Bohol

Infection prevention and control is critical in minimizing healthcare-associated infections and protecting patients and healthcare workers from infectious diseases. Standardized infection control measures such as hand hygiene, PPE

utilization, sterilization, isolation procedures, and safe waste disposal are essential in ensuring patient safety and quality healthcare delivery (Lee et al., 2020). Healthcare workers, particularly nurses, play a significant role in implementing these measures because of their direct involvement in patient care activities, including wound management, catheter insertion, and intravenous therapy. Globally, infection control awareness and compliance vary significantly across healthcare systems. According to the World Health Organization [WHO] (2023), healthcare-associated infections remain prevalent, especially in low- and middle-income countries, where 15 out of every 100 hospitalized patients acquire HAIs compared to 7 patients in high-income countries. Approximately one in ten affected patients dies from HAIs, underscoring the importance of effective IPC implementation. However, only 26% of healthcare facilities in low-income countries meet core IPC standards (Tomeczyk et al., 2022). Studies further revealed deficiencies in hand hygiene compliance and PPE use among healthcare workers worldwide, with adherence rates ranging only from 40–60% (Jeanes et al., 2020). Research conducted in Africa and South America showed that although 72% of healthcare workers demonstrated adequate knowledge of infection prevention protocols, gaps persisted in areas such as needle safety and waste segregation (Maki & Zervos, 2021). Similarly, studies in the Philippines found that nurses generally possessed good theoretical knowledge of infection control but demonstrated inconsistent compliance in actual practice (Campo & Remon, 2024; Sangkula, 2024). In the Visayas region, nurses showed high awareness of infection control measures but lower compliance levels in areas such as waste segregation (Corcino et al., 2020). Furthermore, healthcare workers in Central and Southern Philippines Medical Centers demonstrated adequate hand hygiene knowledge, yet actual compliance remained lower than expected (de Claro et al., 2022). These findings indicate a persistent gap between infection control awareness and practical implementation among nurses. Limited literature specifically addressing infection control awareness and practices among nurses in Bohol further highlights the need for localized investigation. This study therefore seeks to determine nurses' levels of awareness and practices regarding infection control and identify possible factors affecting compliance in selected hospitals in Bohol.

1.2 Themes and Insights on Infection Control Awareness and Practices among Nurses

Related literature consistently emphasizes that effective infection control depends on adequate knowledge, positive attitudes, institutional support, and sustained compliance with preventive measures. Studies identified hand hygiene, PPE utilization, environmental sanitation, sterilization, and isolation precautions as the most essential infection prevention practices in healthcare settings (Lynch et al., 2024; Alhumaid et al., 2021). Research further revealed that awareness alone does not guarantee compliance. Although healthcare workers may possess sufficient knowledge regarding infection prevention, practical adherence is often affected by heavy workloads, insufficient supplies, time constraints, and inadequate training (Ayed et al., 2024). Healthcare institutions with continuous training programs, monitoring systems, and supportive infection control policies reported higher compliance rates and better patient safety outcomes (Brooks et al., 2021). Several studies also highlighted the role of behavioral and psychological factors in infection control compliance. Positive attitudes toward infection prevention, strong organizational culture, peer influence, and confidence in performing infection control procedures significantly improved adherence to protocols (Bosnjak et al., 2020; Greene & Wilson, 2022). In contrast, barriers such as limited resources, inadequate staffing, and misconceptions negatively influenced compliance behaviors (Ajzen & Schmidt, 2020). Literature additionally underscored the benefits of effective infection control awareness and practices among nurses. Proper adherence reduces HAIs, improves patient outcomes, minimizes healthcare costs, enhances workplace safety, and promotes institutional compliance with regulatory standards (Abuduxike et al., 2021; Yasmeen et al., 2022). Continuous education, regular audits, and evidence-based interventions were identified as effective strategies for strengthening infection prevention practices in healthcare settings (Bahegwa et al., 2022).

1.3 Local, National, and Global Context of Infection Control Awareness and Practices among Nurses

Globally, healthcare systems continue to experience challenges related to healthcare-associated infections and infection prevention compliance. WHO data indicate that HAIs remain a major healthcare concern, particularly in low-resource countries where institutional infection control standards are insufficient (WHO, 2023). Globally reported hand hygiene compliance rates among healthcare workers remain suboptimal despite extensive awareness campaigns and training programs (Jeanes et al., 2020). Nationally, Philippine studies demonstrated that nurses possess adequate awareness of infection control principles but often fail to consistently implement recommended practices (Campo & Remon, 2024; Sangkula, 2024). Factors such as inadequate resources, heavy patient loads, and inconsistent monitoring contribute to lower compliance rates. During the COVID-19 pandemic, nurses in the Visayas region showed high infection control awareness but lower compliance in certain preventive measures (Corcino et al., 2020). Locally, limited studies have examined infection control awareness and practices among nurses in Bohol Province. The scarcity of localized data creates challenges in developing targeted interventions specific to the healthcare context of the province. This study addresses this gap by assessing the awareness and practices of nurses in selected hospitals in Bohol and generating evidence that may support localized infection control improvement initiatives.

1.4 Theoretical and Conceptual Basis of Infection Control Awareness and Practices among Nurses

This study is anchored on the Health Belief Model (HBM) by Rosenstock (1974), supported by the Theory of Planned Behavior (TPB) by Ajzen (1991), and the Knowledge, Attitude, and Practice (KAP) Model by Rogers (1962). The Health

Belief Model explains health behaviors through perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Anuar et al., 2020). In infection control, healthcare workers who perceive themselves vulnerable to infectious diseases and believe in the effectiveness of preventive measures are more likely to comply with infection prevention protocols. The model also highlights the importance of reducing barriers and strengthening self-efficacy through education and institutional support (Amini et al., 2021). The Theory of Planned Behavior emphasizes that behavioral intention is influenced by attitude, subjective norms, and perceived behavioral control (Ajzen, 2020). Positive attitudes toward infection control, organizational expectations, and confidence in performing preventive measures contribute to stronger compliance with infection prevention practices (Alhumaid et al., 2021). Meanwhile, the Knowledge, Attitude, and Practice Model explains the relationship between awareness, beliefs, and behavioral implementation (Semien, 2022). Adequate knowledge of infection prevention can positively influence attitudes and promote safe infection control practices. However, barriers such as resource limitations and institutional constraints may affect the translation of awareness into actual behavior (Ayed et al., 2024). These theories collectively provide a framework for understanding how nurses' awareness, beliefs, and environmental conditions influence infection control practices in healthcare settings.

1.5 Research Gaps and Rationale on Infection Control Awareness and Practices among Nurses in Bohol

Although numerous studies have examined infection control awareness and practices globally and nationally, limited literature specifically focuses on nurses in Bohol Province. Existing Philippine studies mainly explored broader regional contexts and revealed gaps between nurses' theoretical knowledge and practical compliance with infection control protocols (Campo & Remon, 2024; Corcino et al., 2020). Furthermore, previous studies highlighted persistent barriers such as insufficient resources, heavy workloads, inadequate monitoring, and inconsistent institutional support that negatively affect compliance with infection prevention measures (Ayed et al., 2024). However, there remains insufficient localized evidence regarding how these factors influence nurses' awareness and practices in Bohol healthcare institutions. This study addresses these gaps by evaluating the levels of awareness and practices on infection control among nurses in selected hospitals in Bohol. The findings may support the development of evidence-based interventions, targeted training programs, and institutional policies aimed at strengthening infection prevention compliance and improving healthcare quality.

1.6 Alignment of the Study on Infection Control Awareness and Practices with Relevant Sustainable Development Goals (SDGs)

This study aligns primarily with SDG 3 – Good Health and Well-Being by promoting effective infection prevention and reducing healthcare-associated infections within healthcare facilities. Improved infection control awareness and practices among nurses contribute to safer healthcare environments, reduced morbidity and mortality, and enhanced patient outcomes. The study also supports SDG 4 – Quality Education through the promotion of continuous professional development and evidence-based infection control training for healthcare workers. Enhancing nurses' knowledge and competencies strengthens healthcare delivery and institutional preparedness against infectious diseases. Additionally, the study contributes to SDG 8 – Decent Work and Economic Growth by fostering safer working environments for nurses and healthcare personnel. Effective infection prevention reduces occupational health risks, absenteeism, and healthcare costs associated with HAIs.

1.7 Importance of the Study on Infection Control Awareness and Practices to Multidisciplinary Sustainability

This study contributes to public health sustainability by strengthening infection prevention efforts that reduce disease transmission and improve patient safety outcomes. Enhanced infection control awareness and practices among nurses support long-term healthcare system resilience and safer healthcare delivery. The research also supports educational sustainability by identifying knowledge gaps and informing the development of continuous training programs for nurses and healthcare institutions. These initiatives promote lifelong professional learning and evidence-based healthcare practices. From a socio-economic perspective, effective infection control minimizes healthcare costs associated with prolonged hospitalization, treatment complications, and occupational illnesses among healthcare workers. Strengthened infection prevention practices also contribute to institutional sustainability by supporting healthcare quality standards, accreditation compliance, and policy development. Finally, the study contributes to community and institutional sustainability by promoting a culture of safety, accountability, and evidence-based healthcare practices that protect patients, healthcare workers, and the broader public from preventable infections.

2. Material and methods

2.1 Research Design

The study employed a descriptive-correlational research design to determine the level of awareness and practices on infection control among nurses in selected hospitals in Bohol. The descriptive aspect focused on identifying the respondents' profile and assessing their awareness and practices regarding infection control, while the correlational component examined the relationships between respondents' profile variables, level of awareness, and infection control practices. A researcher-modified questionnaire served as the primary data-gathering instrument.

2.2 Locale of the Study

The study was conducted in two selected private hospitals in Bohol: Holy Name University Medical Center Inc. and Tagbilaran Community Hospital Corporation. Holy Name University Medical Center Inc. is located within the premises of Holy Name University in Dampas, Tagbilaran City, Bohol. It began as a 50-bed Level II hospital with tertiary laboratory services and is equipped with advanced medical facilities including ICU/NICU, dialysis units, operating rooms, delivery rooms, emergency rooms, and diagnostic services. The hospital is recognized for its accredited physicians and competent nursing staff. Tagbilaran Community Hospital Corporation is a privately owned secondary hospital located along Miguel Parras Street in Tagbilaran City. Established in 1978, the hospital has a 48-bed capacity and serves patients from Tagbilaran City and nearby municipalities in Bohol. The institution is a PhilHealth-accredited healthcare provider and was recognized as a Center of Excellence in 2012.

2.3 Respondents of the Study

The respondents of the study were nursing personnel from the two selected hospitals in Bohol. Inclusion criteria required that respondents must have been employed for at least six months, capable of answering the survey instrument through face-to-face administration, and willing to provide consent to participate in the study. Although 110 nurses were initially invited to participate, only 72 nursing personnel fully consented and completed the questionnaire. Of these respondents, 32 were from Holy Name University Medical Center Inc., while 40 were from Tagbilaran Community Hospital Corporation.

2.4 Sample and Sampling Procedure

The study employed complete enumeration as the sampling procedure to gather comprehensive data regarding nurses' awareness and practices on infection control. All qualified nursing personnel from the selected hospitals were invited to participate in the study based on the established inclusion criteria. However, only respondents who voluntarily agreed and completely answered the questionnaire were included in the final sample.

2.5 Research Instrument

The study utilized a researcher-modified questionnaire based on the Knowledge, Attitude and Practice of Standard Infection Control developed by Abalkhail et al. (2021). The questionnaire consisted of three parts. The first part gathered the respondents' profile in terms of age, gender, educational attainment, job position, and length of service. The second part contained 20 statements assessing the respondents' level of awareness regarding infection control, while the third part included 15 statements evaluating infection control practices in the clinical setting. Responses for the awareness section were measured using a four-point scale ranging from strongly disagree to strongly agree, while infection control practices were rated from never to always. Hypothetical mean ranges were used to interpret the respondents' level of awareness and practices, categorized as highly aware, moderately aware, less aware, and not aware for awareness, and highly practiced, moderately practiced, less practiced, and not practiced for practices. To establish reliability, the questionnaire underwent pilot testing among 20 nurses from Ramiro Community Hospital who met the inclusion criteria. Cronbach's Alpha was utilized at a 0.05 level of significance, resulting in a reliability coefficient of 0.8, indicating that the instrument was reliable for actual data collection.

2.6 Data Gathering Procedure

The research process began with the submission of a transmittal letter to the Dean of the University of Cebu Graduate School requesting permission to conduct the study. After approval, the study underwent design hearing and validation by a panel of experts. The questionnaire was subsequently reviewed by a content expert for validity testing before reliability testing was conducted. Following reliability testing, the researcher sought permission from the Nursing Directors and Chiefs of Hospital of the pilot testing site and the selected hospitals to conduct the study and distribute the questionnaires. Qualified respondents were approached prior to data collection to secure their verbal consent. During data collection, the researcher explained the study's purpose and informed consent procedures before administering the questionnaire. Respondents were assisted when clarification of questionnaire items was necessary. Data collection was conducted through face-to-face interactions. Completed questionnaires were reviewed for completeness before collection. The gathered data were organized, tallied, tabulated, and subjected to statistical analysis. To maintain confidentiality, completed questionnaires were shredded after the study, while electronic copies of tabulated data were temporarily retained for reference and permanently deleted upon completion of the research.

2.7 Data Analysis Techniques

The collected data were processed with the assistance of a statistician, while interpretation was jointly undertaken by the researcher and the statistician. Simple Percentage was used to determine the percentage distribution of respondents according to age, gender, educational attainment, job position, and length of service. Weighted Mean was applied to assess the respondents' level of awareness and practices regarding infection control. Chi-Square was utilized to determine the significant relationship between respondents' profile variables and their level of awareness and practices on infection

control. Pearson r was used to identify the significant relationship between respondents' level of awareness and their infection control practices.

2.8 Ethical Considerations

Ethical principles of respect, confidentiality, beneficence, and justice guided the conduct of the study. Participation was voluntary, and respondents were fully informed regarding the purpose of the research, the nature of the information to be collected, and their rights as participants. Informed consent was secured prior to participation. Confidentiality was maintained by ensuring that respondents' personal information was protected and used solely for research purposes. All collected data and related documents were securely disposed of after the completion of the study. Beneficence was observed by ensuring that no harm came to respondents during the research process, while justice was upheld through the fair and equitable selection of respondents based on the inclusion criteria and standardized data collection procedures.

3. Results and Discussion

3.1 Infection Control Awareness and Practices among Nurses in Selected Hospitals in Bohol

3.1.1 Profile of the Respondents

The findings revealed that most respondents were between 18 and 39 years old, female, Bachelor of Science in Nursing graduates, and employed as staff nurses. The majority had a length of service ranging from six months to less than one year. Only a few respondents occupied supervisory positions or possessed master's degrees. These findings indicate that the nursing workforce in the selected hospitals is predominantly composed of young female nurses who are in the early stages of their professional careers. Younger nurses are commonly employed in hospital settings because of the physical demands associated with bedside care and rotating schedules (Black, 2022). The predominance of female nurses reflects the traditional and historical perception of nursing as a female-oriented profession influenced by social and cultural factors (Teresa-Morales et al., 2022). Moreover, the large proportion of BSN graduates and staff nurses suggests that most respondents are engaged primarily in direct patient care, while nurses with advanced education often transition into administrative or specialized roles (Odahowski et al., 2021). The shorter length of service among many respondents may also reflect workforce turnover, workplace stress, and career mobility among newly employed nurses (Chang & Cho, 2023).

3.1.2 Level of Awareness on Infection Control

The respondents demonstrated a highly aware level of awareness regarding infection control, as reflected in the overall grand mean. The highest awareness ratings were observed in performing hand hygiene before and after patient care, placing masks on coughing patients to prevent respiratory transmission, and segregating clinical and non-clinical waste properly. However, respondents showed only moderate awareness regarding the inappropriateness of recapping needles and lower awareness concerning the use of alcohol-based rubs after glove removal and the inclusion of isolation precautions as part of standard precautions. The findings suggest that respondents possess strong awareness of the most commonly emphasized infection prevention practices, particularly hand hygiene and respiratory precautions, which are consistently reinforced in nursing education and healthcare protocols (Haque et al., 2020). Continuous institutional training and heightened awareness following the Covid-19 pandemic likely contributed to their high level of awareness regarding infection prevention measures (Lu et al., 2020). Proper waste segregation was also highly recognized because of its importance in minimizing contamination risks and maintaining healthcare safety (Kim & Kim, 2023). However, gaps in awareness regarding alcohol-based hand rubs after glove removal and isolation precautions may indicate insufficient reinforcement of these protocols in routine practice, especially in clinical areas with limited exposure to isolation cases (Lee et al., 2020). Similarly, the moderate awareness regarding needle recapping suggests that some respondents may still hold outdated practices or lack updated knowledge regarding sharps safety (Alfulayw et al., 2021).

3.1.3 Level of Infection Control Practices

The findings showed that respondents highly practiced infection control measures overall. The highest-rated practices included performing hand hygiene upon patient contact and disposing of needles and other sharp objects in appropriate disposal containers. In contrast, respondents only moderately practiced hand hygiene after glove removal and demonstrated lower practice levels in wearing protective gowns and eye protection during procedures involving possible exposure to blood or body fluids. These results indicate that respondents consistently perform fundamental infection prevention practices that are highly emphasized in healthcare settings, particularly hand hygiene and proper sharps disposal, which are essential in reducing healthcare-associated infections and preventing occupational injuries (Bredin et al., 2022). However, the moderate practice regarding hand hygiene after glove removal suggests incomplete adherence to infection prevention protocols, despite awareness of their importance (Hillier, 2020). The lower compliance in using protective gowns and eye protection may be associated with inadequate reinforcement, limited availability of PPE, or underestimation of exposure risks during certain procedures (Sapbamrer & Thammachai, 2021). These findings highlight the need for continued monitoring and reinforcement of complete PPE compliance among nurses.

3.2 Relationship Between Respondents' Profile and Infection Control Awareness

The results revealed no significant relationship between respondents' age and gender and their level of awareness regarding infection control. However, educational attainment, job position, and length of service showed significant relationships with infection control awareness. Overall, respondents' profiles demonstrated a significant relationship with their level of awareness on infection control. The findings imply that demographic characteristics such as age and gender do not necessarily influence nurses' awareness of infection control practices. In contrast, educational attainment significantly contributes to awareness because nurses with advanced education are more exposed to infection prevention theories, evidence-based practice, and updated healthcare protocols (Yoshikawa & Asaba, 2021). Nurses occupying higher positions, such as nurse managers and supervisors, also tend to possess greater awareness because of their responsibilities in monitoring and implementing infection control policies (Brooks et al., 2021). Similarly, nurses with longer service experience are more likely to develop deeper familiarity with infection prevention procedures through prolonged clinical exposure and repeated training opportunities (Marey et al., 2020).

3.3 Relationship Between Respondents' Profile and Infection Control Practices

The findings showed no significant relationship between respondents' age and gender and their infection control practices. However, educational attainment, job position, and length of service were significantly related to infection control practices. The overall analysis further indicated a significant relationship between respondents' profile and their infection control practices. These results suggest that educational preparation, work experience, and professional responsibilities contribute substantially to nurses' compliance with infection prevention measures. Nurses with higher educational attainment tend to possess stronger theoretical foundations and critical thinking skills necessary for implementing evidence-based infection control practices effectively (Jin et al., 2022). Nurses occupying higher positions are also more involved in policy enforcement, staff supervision, and infection control monitoring, which increases adherence to institutional protocols (Abuduxike et al., 2021). Likewise, nurses with longer clinical experience are more familiar with infection-related risks and preventive procedures, enabling them to consistently apply infection control measures in various clinical situations (Park et al., 2022).

3.4 Relationship Between Infection Control Awareness and Infection Control Practices

The findings revealed a significant positive relationship between respondents' level of awareness and their level of infection control practices. The computed Pearson r value indicated a moderate positive correlation, while the p -value confirmed statistical significance at the 0.05 level. This means that higher levels of infection control awareness were associated with higher levels of infection control practices among respondents. The results indicate that awareness serves as an important determinant of nurses' infection prevention behaviors and compliance with healthcare protocols. Nurses who possess stronger understanding and awareness of infection control principles are more likely to translate this knowledge into actual clinical practice. This supports the idea that improving awareness through education, training, and institutional reinforcement can significantly strengthen infection prevention compliance and healthcare safety outcomes. The findings further emphasize the importance of continuous professional development and evidence-based infection control education in promoting safer clinical practices among nurses.

4. Conclusion & Recommendations

The study concluded that most respondents were young female BSN graduate staff nurses with less than one year of service who demonstrated high awareness and practice of infection control measures. The respondents showed strong compliance with hand hygiene and proper sharps disposal; however, gaps were identified in practices such as avoiding needle recapping, using alcohol-based rubs after glove removal, and wearing protective equipment during high-risk procedures. The findings also revealed significant relationships between respondents' profile, level of awareness, and infection control practices, emphasizing the role of education and training in strengthening infection control compliance.

Based on the findings, the proposed action plan should be implemented to strengthen infection control awareness and practices among nurses. Future studies should further investigate barriers affecting adherence to specific infection control measures, assess the effectiveness of educational programs and workshops in improving compliance, and examine changes in infection control awareness and practices among nurses with longer years of service.

The study was limited to 72 nursing personnel from selected hospitals in Bohol and focused only on their level of awareness and practices regarding infection control. The findings were based on responses gathered through a researcher-modified questionnaire and may not fully represent nurses from other hospitals or healthcare settings.

Compliance with ethical standards

The study was conducted in accordance with the ethical principles of respect, confidentiality, beneficence, and justice. Participation was voluntary, and respondents were informed about the purpose of the study, the nature of the information to be collected, and their rights as participants. Confidentiality of respondents' personal information was maintained, and

all collected data were used solely for research purposes. Data and related documents were securely disposed of after the completion of the study.

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