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## Quality of nursing work life among nurses working in selected government and private hospitals in Thiruvananthapuram

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**Purpose:** The quality of nursing care, a major influence on the quality of health care, is directly linked to the quality of nurse's work life. The study compared the Quality of Nursing Work Life among nurses across government and private sectors and examined the factors associated with differences, if any.

**Methodology:** A cross sectional comparative survey done among nurses working in selected government and private hospitals in Thiruvananthapuram, Kerala, India. The QNWL scale was used to collect information on quality of nursing work life and a structured interview schedule to collect information on demographic profile, work related information and work environment. Analysis was done in SPSS version 17.

**Findings:** There was a significant difference between the two groups in mean age, proportion of males, proportion with higher qualifications and in mean salary levels. Nurses working in the government hospitals had significantly higher mean total QNWL score ( $156.45 \pm 33.86$ ) as compared to nurses in the private sector ( $137.18 \pm 37.58$ ). Mean scores for each of the four domains between government and private sector nurses were significantly different. Educational status was significantly associated with QNWL of nurses in the government sector while the QNWL of private sector nurses was significantly associated with the monthly salary earned.

**Conclusions:** The majority of nurses in both government and private hospitals had a moderate quality of nursing work life, with government nurses faring significantly better than their counterparts in the private sector. Poor work-life balance, lower salary levels despite higher qualifications appear to be contributing to these differences.

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## A Hospital Collaborative: Bundle Compliance Form Use in the Reduction of Central Line Associated Bloodstream Infections (CLABSIs) and Catheter Associated Urinary Tract Infections (CAUTIs)

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**Background:** CLABSIs affect 80,000 patients in the ICU each year and are associated with 24,000 deaths annually. A patient's length of stay can double due to development of a CLABSI. CAUTIs account for more than 15% of infections reported by acute care hospitals and it is estimated that more than 13,000 deaths are attributed to CAUTIs. CAUTIs can increase a patient's length of stay by 1 to 3 days.

**Methods:** The Nursing and Infection Prevention teams collaborated in the development of a bundle compliance form that is utilized every 12 hour shift 7 days a week by the direct patient care nurses. The form is then faxed to the Infection Prevention department while making twice a day rounds on the Nursing units. This form is used in conjunction with an electronic report that lists patients by Nursing unit with central lines and indwelling catheters.

**Results:** Our infection prevention plan monitors and reports CLABSIs and CAUTIs for each Nursing unit. In 2015, there was a 100% reduction in CLABSIs in the intensive care units and a 59% reduction in CLABSIs for all Nursing units. In 2015, there was a 65% reduction in CAUTIs in the intensive care units and 33.3% reduction in CAUTIs for all Nursing units.

**Conclusions:** A combination of education of the Nursing unit staff in best practice elements via a bundle compliance form, every shift assessment to reduce device utilization, review of indications for central lines and indwelling urinary catheters, in conjunction with daily rounds by the infection preventionists resulted in a significant decrease in healthcare associated infections in our healthcare facility.

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