

In a catheter-associated urinary tract infection (CAUTI) prevention program, the nursing staff, especially frontline staff, are central to the success of the initiative. Because they are the staff whose day-to-day activities are most affected by the changes, they may present the greatest resistance.

1. Reason for the resistance

- Because resistance can occur for a number of different reasons, as a first step we suggest interviewing front-line staff to learn why they are resistant to implementing a CAUTI prevention program and what, in the opinion of staff, is needed before acceptance of the program can occur.

2. Strategies for enhancing nursing engagement and decreasing potential resistance

- Get a volunteer from the nursing staff to be a change champion for each shift—someone who other staff respect and who is committed to the process (examples include a front-line nurse or a nurse educator).
- Get buy-in before implementation. For example, ask, “Whom do we have to convince on this floor?” Have that person help to develop the plan and/or participate in the education for that unit.
- Provide regular feedback on progress, as well as monthly reports on urinary catheter prevalence, and CAUTI rates.
- Encourage nurses to be creative, developing visual cues to stimulate interest and keep the CAUTI initiative a top priority.
 - One site posted flyers/banners on the unit, such as “This is a catheter out zone.”
- Make sure to listen and clearly understand nurses’ concerns and address them to the nurses’ satisfaction. This may require some education of the staff, creativity, or reallocation of resources.
- Consider changes to (or redistribution of) workload.
 - For example, one site instituted a “small zone” so that nurses could be given a somewhat lighter workload when assigned to a patient who needed help with frequent toileting.
 - Another strategy is to prioritize nurse assistant/tech tasks to toileting patients.
- Bring the education to the bedside. Do competencies on the unit, talking with nurses one-to-one during the point prevalence assessments.

3. For more information

- On nurse engagement, click [Resources](#), then **Engaging Providers > Nurse Engagement**; more information also available [here](#)
- On barriers and solutions, click [Resources](#), then **Engaging Providers > Barriers and Possible Solutions**

4. Further reading suggestions

- Krein SL, Kowalski CP, Harrod M, Forman J, Saint S. [Barriers to reducing urinary catheter use: a qualitative assessment of a statewide initiative](#). *JAMA Intern Med.* 2013;173(10):881-6.

- Saint S, Kowalski CP, Banaszak-Holl J, Forman J, Damschroder L, Krein SL. [The importance of leadership in preventing healthcare -associated infection: results of a multisite qualitative study.](#) *Infect Control Hosp Epidemiol.* 2010;31:901-7.
- Saint S, Kowalski CP, Banaszak-Holl J, Forman J, Damschroder L, Krein SL. [How active resisters and organizational constipators affect health care-acquired infection prevention efforts.](#) *Jt Comm J Qual Patient Saf.* 2009;35:239-46.
- Saint S, Kowalski CP, Forman J, et al. [A multicenter qualitative study on preventing hospital-acquired urinary tract infection in US hospitals.](#) *Infect Control Hosp Epidemiol.* 2008;29:333-41.