

# Participatory Approach to Learning in Systems (PALS): A holistic understanding of IPC practice in Nigerian hospitals

NiCaDe-IPC project team (Dooga, Jerome Terpase<sup>1</sup>; Haderer, Flora<sup>2</sup>; Okafor, Obiora<sup>1</sup>; Okoroafor, Chinedu<sup>1</sup>; Okwor, Tochi Joy<sup>1</sup>; Zocher, Ute<sup>2</sup>)

<sup>1</sup> Nigeria Centre for Disease Control and Prevention, Nigeria

<sup>2</sup> Robert Koch Institute, Germany



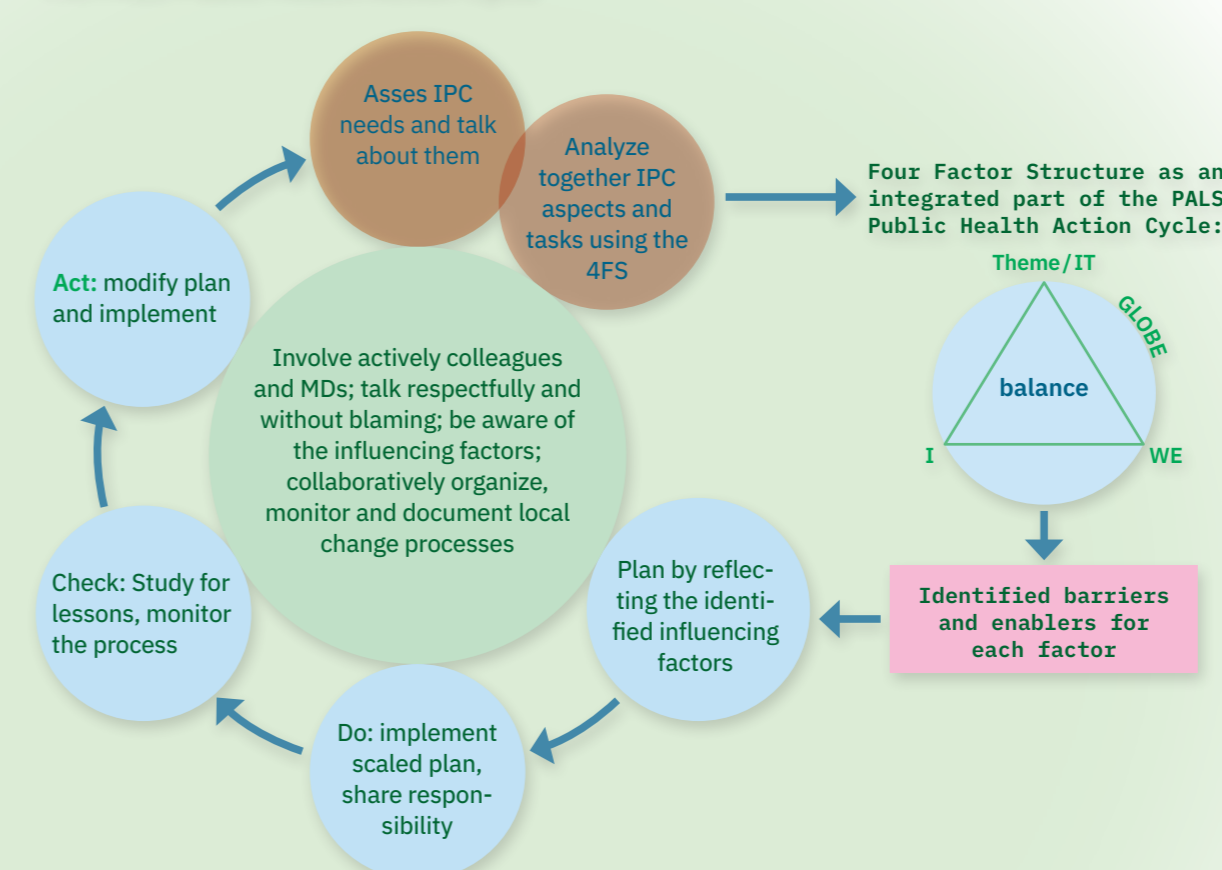
**The Challenge** Despite numerous efforts, training in infection prevention and control (IPC) has not always resulted in improved IPC practice. This challenge was starkly highlighted during outbreaks like Ebola and Lassa Fever, where health care associated infections (HAI) among patients and Nigerian healthcare workers (HCW) underscored the fragility of the existing IPC structures. Effective IPC practice is a complex process that requires not only biomedical IPC knowledge and protocols. It also involves the behaviour, attitudes, infrastructure, the organizational culture, and the cooperation and collaboration of every worker in the healthcare facility and the substantial support of hospital management. Therefore, **a holistic understanding of IPC improvement practice was developed and piloted in an IPC training program.**

**Methods** The interdisciplinary project team implemented a novel IPC training and practice approach, the **Participatory Approach to Learning in Systems (PALS)** for quality improvement in IPC. This was provided to teams of healthcare workers – Change Agents (CA) and their hospital management in 23 secondary and tertiary healthcare facilities from four geopolitical regions of Nigeria. At the health facility level, PALS adds a social lens on IPC improvement processes and contextualises IPC practice by focussing on the

- I. Participatory approach - Every voice counts!**
- II. Systemic view – The hospital is a complex social system!**
- III. Teamwork and interprofessional collaboration – We achieve more as a team!**

PALS empowers CA teams to start the process of IPC improvement on the basis of their local knowledge and resources. The holistic understanding of IPC was incorporated into the Public Health Action Cycle (PHAC): All steps of the PHAC are now based on a participatory understanding that reflects respectful communication, interprofessional collaboration and inclusiveness. Healthcare workers are viewed and addressed as experts and improvement processes are tailored to local contextual realities: Improvement of infrastructure and the engagement of management are involved in each activity.

The PALS Public Health Action Cycle



*The Pals Public Health Action Cycle – a practice tool for IPC improvement processes.*

Create a correction friendly working atmosphere!

Every voice counts!



*Before and after: A non-functional laundry has been transformed into a dignifying working environment to produce safe linen for patients. CAs and the laundry staff demarcated the space, repaired and coloured the carts and substituted broken washing machines supported by the management. Personnel are now trained and properly equipped with PPE. A huge success for CAs, the laundry staff and the hospital.*

*Change Agents invite staff to collaborate and brainstorm on urgent IPC challenges like needle pricks. For the first time, a young attendant is seen voicing out her thoughts in a unit meeting.*



**Results** Participants who practice PALS reported that

- **IPC committees or teams are set up or reactivated**
- **local IPC infrastructure and working environments improved**
- **there's willingness and ability for interprofessional collaboration**
- **there's generally improved understanding of the complexity of IPC practice**
- **there's active engagement of hospital management**

Figure 4: **Spectrum of Participation**



Source: adapted of International Association for Public Participation, 2007

*The spectrum of participation explains that ownership and engagement for IPC improvement grow when healthcare workers are actively involved in the decision-making processes.*

The practitioners affirmed that a holistic approach like PALS reflects the complexity and the dynamic of IPC practice in their work context. They state that the PALS models and methods are meaningful and helpful in handling IPC matters in the hospital. Change Agents successfully engaged in solution-oriented activities, instead of blaming circumstances and “others” for mismanagement; they unpack their ideas and their human and professional resources for solving problems and act according to local priorities and possibilities. Numerous practice examples – PALS stories – illustrate the activities and successes of Change Agents, after their participation in the training

**Conclusion** A systemic view on IPC practice, participatory working culture and social skills are enabling forces to improve IPC practice in Nigerian hospitals. **PALS acknowledges and mirrors the social and infrastructural contextualization of IPC practice in work routines.** PALS Change Agents become a catalyst that links IPC theories to practice realities and enhance process improvement and organizational development.

For references please check: <https://nicadeipcals.ncdc.gov.ng/>

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