

A Study to Evaluate the Effect of a Structured Teaching Programme on Infection Control Measures Among Staff Nurses in the NICU at Hassan District, Karnataka

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Abstract

Neonatal infections remain a major contributor to neonatal morbidity worldwide. In India, the neonatal infection rate is reported to be approximately 44 per 1000 live births, while the incidence of hospital-acquired neonatal sepsis ranges between 1.5% and 37%. Infections in Neonatal Intensive Care Units (NICUs) continue to be a serious concern in both developing and developed countries. “A quasi-experimental study using a one-group pretest–post-test design was conducted to evaluate the effectiveness of a Structured Teaching Programme (STP) on nurses’ knowledge and practices related to infection control in NICUs. The study included 300 nurses selected through probability multistage cluster sampling from private hospitals in Kanyakumari District, Tamil Nadu. Data were collected using a structured questionnaire and an observational checklist and analysed using descriptive and inferential statistics.” The demographic findings indicated that most nurses (67%) were aged 21–30 years, with the majority holding GNM qualifications (82%), while 13% had B.Sc. Nursing degrees. Nearly half of the participants had 1–5 years (44%) or 5–10 years (43%) of work experience. A large proportion of nurses (93%) reported prior knowledge of infection control, mainly obtained through training (83%). The results showed a notable improvement in knowledge scores, with the mean pretest score of 46.26 ± 8.82 increasing to 70.34 ± 6.52 in the post-test, indicating substantial knowledge gain. Similarly, practice scores improved significantly from a pretest mean of 426.84 ± 26.43 to a post-test mean of 641.23 ± 20.18 . Statistical analysis demonstrated a highly significant difference between pretest and post-test knowledge and practice scores ($p < 0.001$), confirming the effectiveness of the Structured Teaching Programme. A significant association was also found between post-test

Article History

Received Date: Apr 08, 2026

Published Date: May 13, 2026

scores and selected demographic variables, and a strong positive correlation ($r=0.86$) was observed between knowledge and practice scores.

Keywords- Clinical Medicine, Community health nurses, Clinical, Pre Clinical and Health, Neonatal infections, Nursing

INTRODUCTION

Health cannot be demanded or purchased, but individuals have the right to access the essential conditions and services required to maintain good health. Creating a safe and supportive hospital environment is especially important in Neonatal Intensive Care Units (NICUs), where maintaining a clean and infection-free setting is critical for neonatal safety. Neonates are highly vulnerable to infections, which can lead to severe illness and even death. Hospital-acquired infections in neonates may occur through contact with infected infants, mothers, healthcare workers, or contaminated equipment and supplies.¹ Premature and low-birth-weight neonates have lower immunity and are less able to resist infections, making them more susceptible to serious complications. The use of invasive procedures, such as umbilical catheterization and surgical interventions, further increases the risk of infection.² Neonates with congenital anomalies, such as tracheoesophageal fistula, are particularly at risk, as infections can easily enter through these abnormal openings. Several epidemiological studies have reported that healthcare professionals, including physicians, dentists, physiotherapists, and nurses, can contribute to the transmission of infections within healthcare settings.³ However, limited research has been conducted on nurses' knowledge and adherence to infection control practices. Therefore, further investigation into nurses' knowledge and infection control practices is essential. The findings of this study will contribute to the existing body of knowledge and may support the development of improved strategies to reduce the spread of infections among staff working in Neonatal Intensive Care Units (NICUs).⁴

OBJECTIVES

1a. To assess the knowledge of staff nurses regarding infection control measures in the Neonatal Intensive Care Unit (NICU).

1b. To assess the practices of staff nurses regarding infection control measures in the Neonatal Intensive Care Unit (NICU).

2. To evaluate the effectiveness of a Structured Teaching Programme (STP) on the knowledge and practices of staff nurses regarding infection control measures in the Neonatal Intensive Care Unit.

3. To determine the association between the effectiveness of the Structured Teaching Programme (STP) and selected demographic variables of staff nurses.

4a. To find out the relationship between knowledge and practices of staff nurses regarding infection control measures in the Neonatal Intensive Care Unit.

4b. To find out the association between knowledge and practices of staff nurses regarding infection control measures before and after the implementation of the Structured Teaching Programme.

4c. To find out the association between knowledge and practices of staff nurses and selected demographic variables

REVIEW OF LITERATURE

Sobia Ashiq and colleagues (2025) conducted a descriptive study to evaluate awareness and practices related to infection control among ICU nurses. The study included 100 nurses, and data were collected using structured questionnaires and observational checklists. The findings revealed that although many nurses demonstrated satisfactory practices, deficiencies were noted in isolation procedures, sterilization techniques, and infection prevention knowledge, highlighting the need for regular training programmes.⁵

A pre- and post-intervention study (2023) conducted in a Neonatal Intensive Care Unit evaluated the impact of a nursing education programme on infection control practices. The results showed a significant reduction in hospital-acquired infections after implementation of the training programme. The study concluded that structured educational interventions effectively improved nurses' compliance with infection control measures and enhanced patient safety.⁶

Jinyan Zhou and Shuohui Chen (2022) conducted a "cross-sectional study to assess the

knowledge, attitudes, and practices of doctors and nurses toward prevention of nosocomial infections in NICUs. The study included 397 healthcare professionals from 28 hospitals. The results showed high levels of knowledge and positive attitudes among staff; however, continuous training was recommended to improve infection control practices and reduce neonatal infections.”⁷

Jyoti Tiwari and C. C. Linson (2021) conducted a “study to assess the knowledge of staff nurses on infection control protocols in Neonatal Intensive Care Units (NICU) at selected hospitals in Jabalpur, Madhya Pradesh. A total of 100 staff nurses were selected using convenience sampling. Data were collected using a structured questionnaire. The findings revealed that the self-instructional module significantly improved the knowledge of staff nurses regarding infection control practices.”⁸

A randomized educational intervention study (2021) evaluated the effectiveness of infection control training modules among nurses. The results demonstrated a significant improvement in knowledge scores among nurses after the intervention. The study emphasized that face-to-face teaching combined with training modules was more effective than self-learning alone in improving infection control practices.^{9,10}

METHODOLOGY

In this study, Evaluative approach was used to test the effectiveness of structured teaching program on infection control in NICU. Data collection was facilitated through Non-Probability Convenience Sampling, involving 300 staff nurses from the selected private hospital. A Structured Questionnaire was utilized to evaluate the knowledge, while a likert scale was implemented to assess the impact of Privatization.

SAMPLE CRITERIA

Independent Variable: In this study, the Structured Teaching Programme (STP) is considered the

independent variable.

Dependent Variable: The knowledge and practices of staff nurses working in the Neonatal Intensive Care Unit (NICU) are considered the dependent variables.

Extraneous Variables: Extraneous variables in this study include age, gender, professional qualification, total years of working experience, years of working experience in the NICU, and previous sources of knowledge related to infection control measures.

DATA COLLECTION PROCEDURE

Types of study gathering techniques the nature of the questions you intend to pose, the type of information you require, and the time and resources at your disposal will all affect the data collection strategy you select. Primary and secondary methods of data collection can be utilized to categorize the principal techniques for data gathering. Principal techniques for gathering data Instead of relying on previously collected data, the primary information is derived from the investigator's direct experience. 300 staff nurses were selected using Multistage purposive Sampling technique.

DATA ANALYSIS AND INTERPRETATION

The collected data were systematically organized, coded, tabulated, analyzed, and interpreted using appropriate descriptive and inferential statistical methods. The analysis was carried out according to the objectives of the study under the following sections.

Section I: Demographic Characteristics of Staff Nurses

Section II: Assessment of Knowledge of Staff Nurses Regarding Neonatal Infection Control in NICU

Section III: Assessment of Practice of Staff Nurses Regarding Infection Control in NICU

Section IV: Comparison Between Knowledge and Practice of Staff Nurses on Infection Control

Table 1. Distribution of Nurses According to their Demographic Variables.

S. No.	Demographic Variables	Frequency (f)	Percentage (%)
1	Age (in years)	21- 30	67
		31-40	29
		41 above	4
2	Gender	Male	0
		Female	100
3	Professional Qualification	GNM	82
		PB B. Sc	5
		B. Sc	13
		M. Sc	-

Effect of a STP on Infection Control Measures

4	Years of Working Experience	5-10 Years	127	43
		11-15 Years	112	37
		above 15 years	46	15
		Below 5 years	15	5
5	Working Experience in NICU	Below 1 year	118	39
		1-5 years	132	44
		6-10 years	41	14
		above 10 years	9	3
6	Previous Knowledge	Yes	279	93
		No	21	7
7	Previous Source of Knowledge	Training	247	82
		Books/ Journals	32	11
		Media/Online	0	0
		Any other	0	0

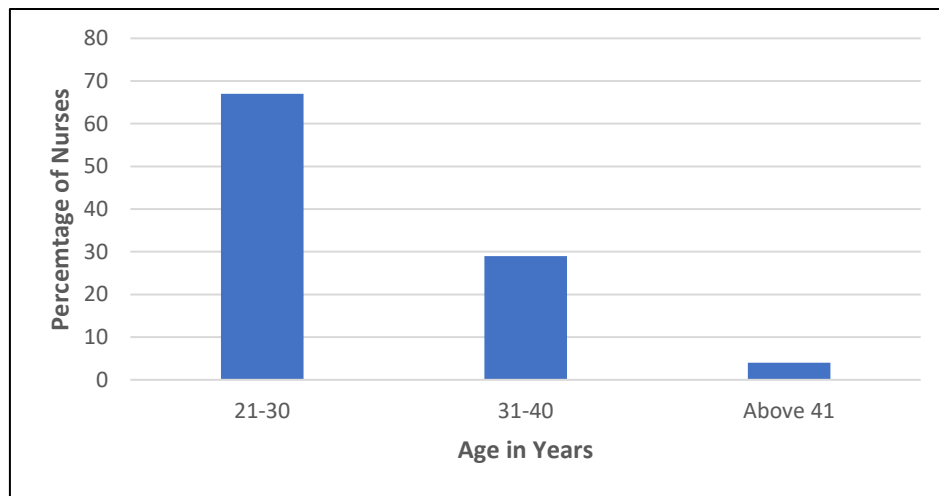


Figure 1. Percentage wise Distribution of Nurses According to their Age.

Figure 1 shows “percentage wise distribution of staff nurses according to their age depicts that highest percentage (67%) of staff nurses were in the age group of 21-30 years. However (29%) of staff nurses were in the age group of 31-40 years. Further lowest

percentage (4%) of staff nurses were in the age group of 41 & above years. It is observed that as the age increase the percentage of the nurse ‘s decreases. It seems that most of the nurses were 21-30 years of age.”

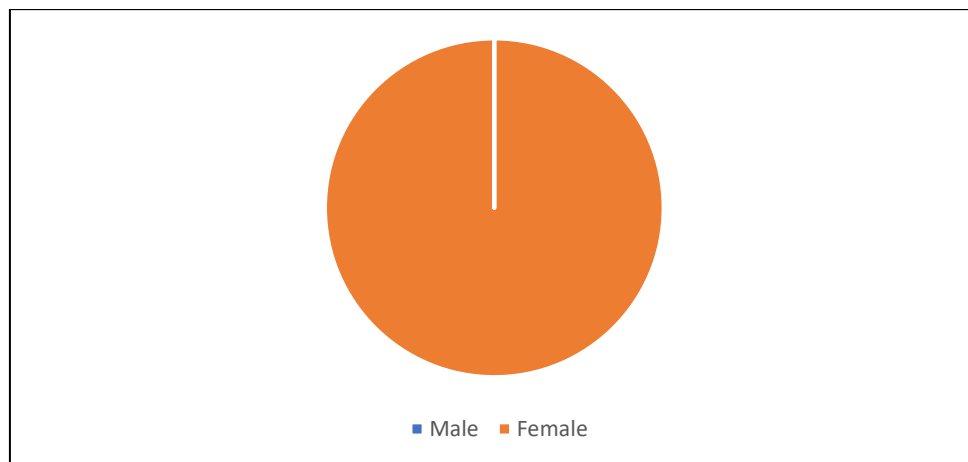


Figure 2. Percentage wise Distribution of Staff Nurses According to their Gender

Figure 2 shows the percentage wise distribution of staff nurses according to their gender depicts that all

nurses (100%) were females. It might be related to preference of female nurses in NICU setting

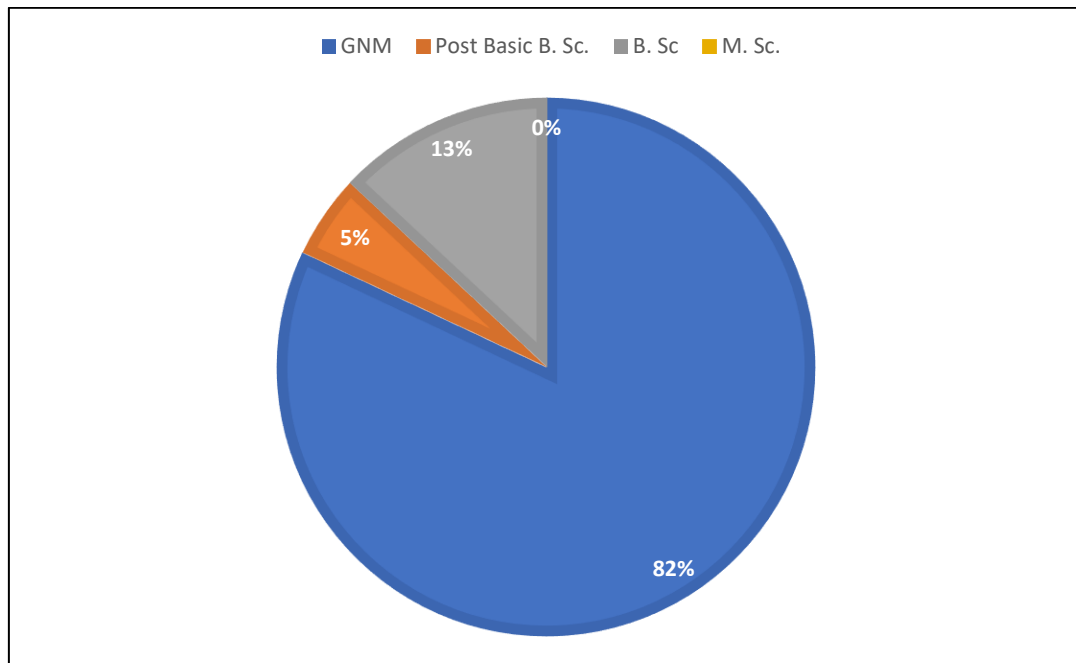


Figure 3. Percentage wise Distribution of the Nurses According to their Professional Qualification.

Figure 3 shows the percentage wise distribution of the nurses according to their professional qualification reveals that highest percentages of nurses (82%) had GNM as their professional education, and lowest percentage (5%) had post

basic B.Sc. as their education, however percentage distributions of nurses with B.Sc. nursing (13%) of nurses were qualified as B.Sc. Nursing. It might be due to the minimum qualification were GNM nurses recruited for working in hospital.

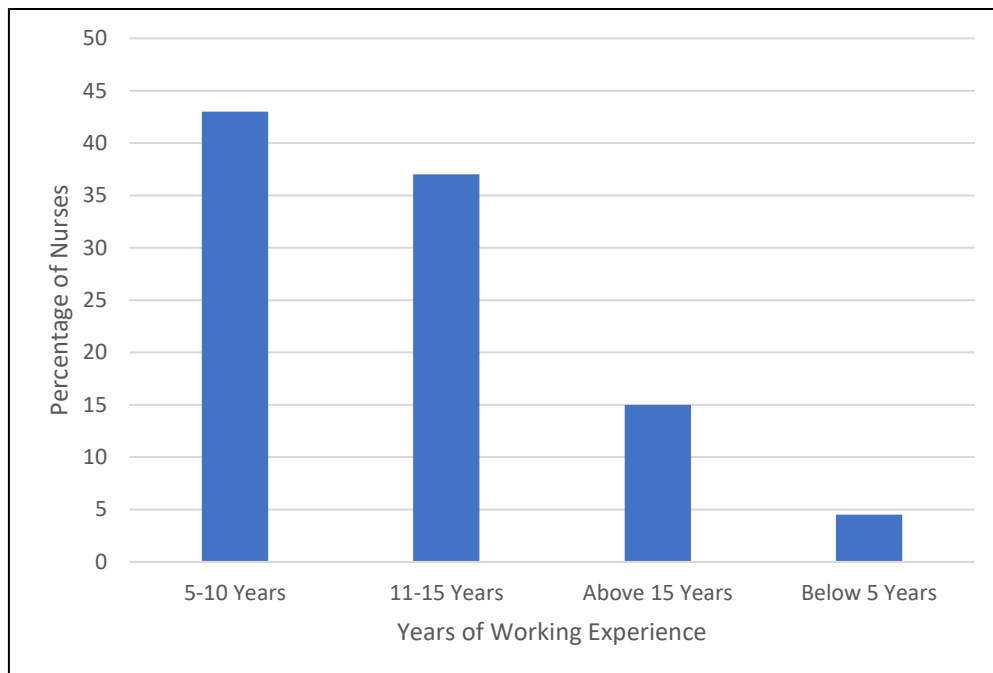


Figure 4. Percentage wise Distribution of Staff Nurses According to their Years of Working Experience.

Figure 4 shows the percentage wise distribution of staff nurses according to their years of working experience depict that highest percentage of nurses (43%) had below 5 years, whereas less than 10% had < 15 year of experience (5%) Further more or

less similar percentage had 11-15 year of experience (15%) and staff nurses had 5 - 10 years of experience were 37%. It might be related to age of the nurses under study.

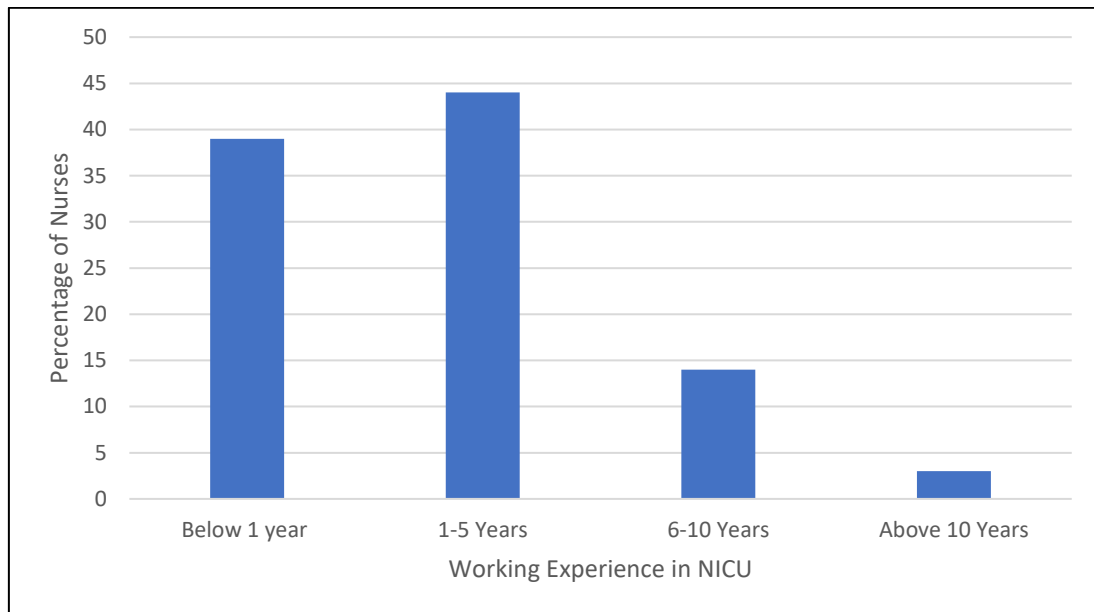


Figure 5. Percentage wise Distribution of Nurses According to their Working Experience in NICU.

Figure 5 shows the percentage wise distribution of nurses according to their working experience in NICU depicts that highest percentage of nurses (44%) had 1-5 years of working experience; whereas less than 10% had above 10year of experience (3%)

further 14% of nurses had 6-10 years of NICU experience and below 1 year of experience in NICU had (39%). It might be related to the staff nurses under study.

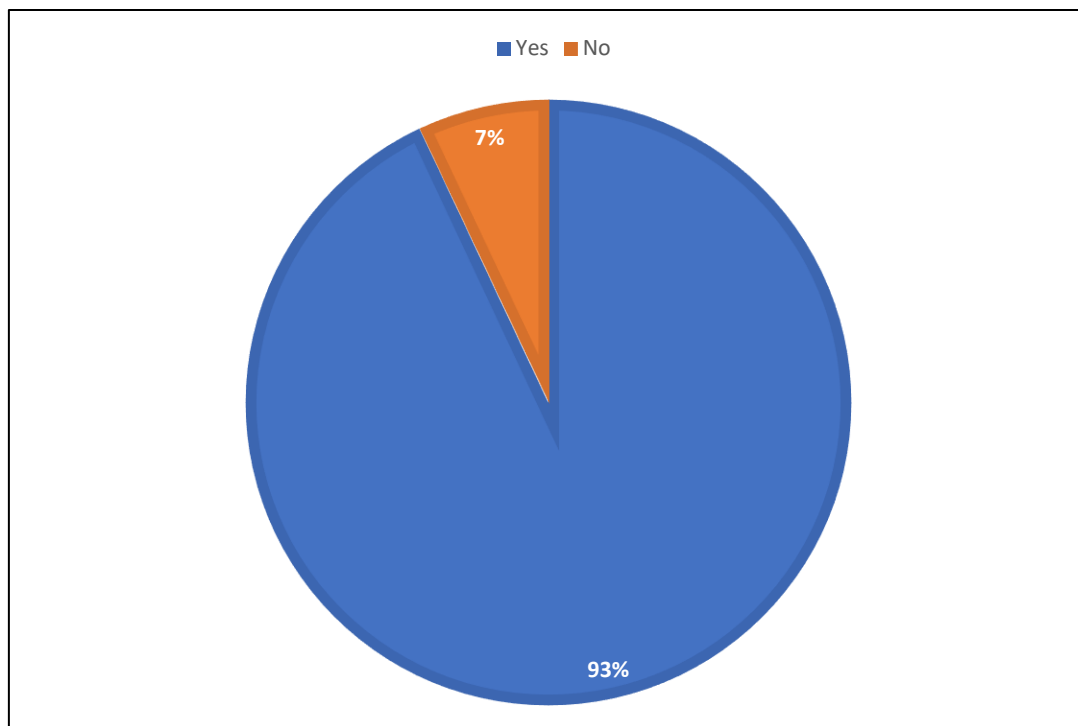


Figure 6. Percentage wise Distribution of Nurses According to their Status of Education.

Figure 6 shows the percentage wise distribution of nurses according to their sources of information regarding infection control depict that the highest percentage of nurses (93%) had received information regarding infection control and 7% of the nurses

does not received any information. It seems to be majority were received education and few younger age groups not exposed to any refresher courses with regard to neonatal infection.

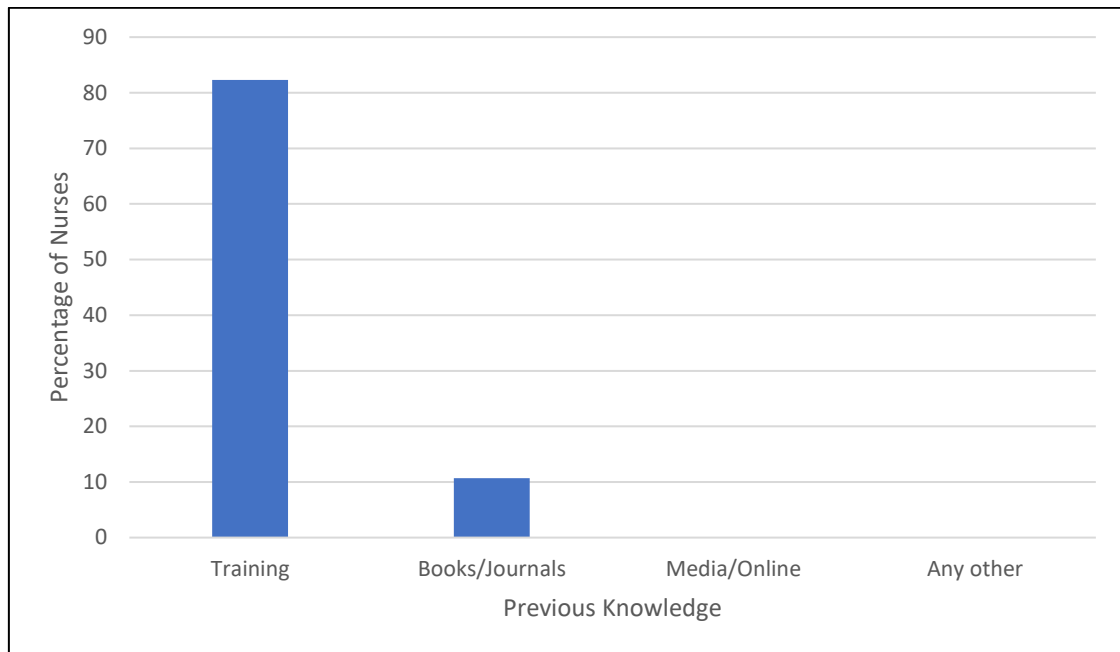


Figure 7. Percentage wise Distribution of Nurses According to their Status of Previous Knowledge.

The findings in figure 7 show that of the 247 participants who attended the training on infection control, 203 (82%) had prior exposure to the topic, and 32 participants (11%) received education or

information from books and journals. The data suggest that the majority had some form of prior knowledge.

Table 2. Comparison of Pretest and Post-test Mean, SD Mean Percentage of Knowledge Scores of Staff Nurses with Regard to their Demographic Variables.

Demographic variables		No. of Participants	Pre test			Post test			Differences in Mean
			Mean	SD	%	Mean	SD	%	%
Age	21-30	202	45.68	5.38	57.10	64.10	3.25	80.12	23.02
	31-40	87	47.20	4.62	59.00	77.60	2.80	97.00	38.00
	41 and above	11	49.64	3.88	62.08	79.15	1.80	99.00	36.95
Qualification	GNM	247	46.72	5.12	58.40	65.86	4.18	82.32	23.92
	PB. B.Sc	14	48.63	3.90	60.78	76.18	3.65	95.22	34.44
	B.Sc	39	43.32	4.56	54.15	78.32	3.68	97.90	43.75
	M.Sc	0	-	-	-	-	-	-	-
Years of Working Experience	Below 5 Yrs	127	44.58	4.89	55.72	64.32	4.32	80.40	24.68
	5-10yrs	112	46.58	4.68	58.22	75.15	4.16	92.85	35.61
	11-15 yrs	46	49.38	4.26	61.72	77.68	3.18	97.10	35.38
	above 15 yrs	15	50.15	3.74	62.68	79.75	1.80	99.68	37.00
Working Experience in NICU	Below 1yrs	118	44.20	4.75	55.25	63.92	4.32	79.80	24.65
	1-5 yrs	132	46.8	5.06	57.72	75.60	4.80	94.50	36.78
	6-10 yrs	41	50.16	4.32	62.70	78.00	1.80	97.50	34.80
	above 10 yrs	9	52.62	2.68	65.77	80.00	0.00	100.00	34.23
Previous knowledge	Yes	279	46.62	6.06	58.27	72.52	3.25	90.40	32.13
	No	21	41.47	4.86	51.83	68.10	4.60	85.12	33.29

Age-wise: Nurses aged 41+ years had the highest post-test mean score (79.15 ± 1.80 ; 99% of total score), but the sample was small ($n=11$). Nurses aged 31–40 years scored 77.60 ± 2.80 (97%) with the highest effectiveness (38%). Nurses aged 21–30 years had the lowest post-test score (64.10 ± 3.25 ; 80.12%) and lowest effectiveness (23.02%), likely due to a low pretest score (45.68%). **Professional qualification:** Nurses with B.Sc. scored highest post-test (78.32 ± 3.68 ; 97.9%) with 43.75% effectiveness ($n=39$). Nurses with GNM scored lowest (65.86 ± 4.18 ; 82.32%) with 23.92% effectiveness, linked to lower pretest scores (46.72%). PB B.Sc. nurses ($n=14$) had 34.44% effectiveness. STP was more effective for B.Sc. nurses. **Experience-wise:** Nurses with <5 years' experience had lowest post-test score (64.32 ± 4.32 ; 80.40%) and effectiveness (24.86%). Highest effectiveness (37%) and post-test score

(79.75 ± 1.80 ; 99.68%) were seen in nurses with >15 years' experience. Nurses with 5–10 and 11–15 years' experience had similar effectiveness (~35%). STP was effective for all, with knowledge increasing with experience. **NICU experience:** Nurses with <1 year NICU experience scored lowest post-test (63.92 ± 4.32 ; 79.8%; 24.65% effectiveness). Highest effectiveness (36.78%) and post-test score (75.60 ± 4.80 ; 94.5%) were in nurses with 1–5 years' experience. Nurses with 6–10 and >10 years had similar effectiveness (~34%). STP improved knowledge across all NICU experience levels. **Education/information on infection control:** Nurses who received prior education scored 72.52 ± 3.25 (90.4%), while those without scored 68.10 ± 4.60 (85.12%). Effectiveness was similar (32.13% vs. 33.29%), indicating STP was effective regardless of prior knowledge.

Table 3. To Evaluate the Effectiveness of Structured Teaching Programme on Knowledge and Practice Among Staff Nurses Regarding Infection Control Measures.

Areas of Practice	No. of Observation	Maximum Obtainable score	Practice Score						Difference in %
			Pre-test scores			Post-test scores			
			Mean	SD	%	Mean	SD	%	
Hand washing	26	130	77.29	7.32	53.83	114.85	5.16	88.35	34.52
Mask	6	30	18.37	4.63	61.23	26.05	2.78	86.83	25.60
Gown	11	0-55	32.84	5.76	59.67	50.43	3.23	91.69	32.02
Gloves	14	0-70	42.53	6.13	60.75	60.83	3.83	86.90	26.15
Cap/ Hair/ shoe cover	3	0-15	7.68	2.92	51.20	13.02	1.65	86.80	35.60
Waste management	6	0-30	17.82	3.96	59.40	26.65	1.93	79.95	20.55
Use of clean linen	6	0-30	16.96	4.08	56.53	28.05	2.31	93.50	36.97
Physical setup & staffing	4	0-20	10.58	2.88	52.90	18.92	1.76	94.60	41.70
Disinfection	12	0-60	34.74	5.69	57.90	50.12	3.24	83.53	25.63
Sterilization	6	0-30	17.37	4.06	57.90	27.65	2.18	92.16	33.96
Fumigation	6	0-30	16.38	3.89	54.60	27.18	2.65	90.60	36.00
Care of infected newborn	37	0-185	110.13	9.86	59.52	160.63	7.23	86.82	27.00
Administration of IV Medication	8	0-40	22.16	5.18	55.40	38.80	3.26	97.00	41.60
Overall score	145	0-725	426.84	26.43	58.87	641.23	20.18	88.45	29.57

Table 3 shows the area-wise comparison of mean, SD, and mean percentage of pre- and post-test practice scores on infection control revealed that the highest post-test mean practice score (160.63 ± 7.23 ; 86.82% of maximum score) was obtained in the area of care of infected newborn, showing the lowest effectiveness (27%), possibly due to a higher pretest mean percentage (110.13%). In the area of hand washing, a similar high mean score (114.85 ± 5.16 ;

88.35%) was observed with 34.52% effectiveness, indicating the STP was effective. The lowest post-test mean practice score (13.03 ± 1.65 ; 86.80%) was found in cap/hair/shoe cover, showing 35.60% effectiveness, likely due to a lower pretest score (7.68%). A similar low mean score (18.92 ± 1.76 ; 94.60%) was observed in physical setup and staffing, which showed the highest effectiveness (41.70%). However, the highest effectiveness overall was seen

in administration of medication (41.60%), possibly due to the lowest pretest practice score percentage (22.16%). Overall, the findings indicate that the STP was effective across all practice areas.

Table 4. Comparison of Pre and Post test Practice Score of Nurses on Infection Control After Implementation of Structured Teaching Programme.

Areas of Knowledge	Pre-test		Post-test		Mean Difference	Paired 't' test	Level of significant
	Mean	SD	Mean	SD			
Hand washing	77.29	7.32	114.85	5.16	37.56	62.18	.000 Highly significant
Mask	18.37	4.63	26.05	2.78	7.68	25.63	Highly significant
Gown	32.84	5.76	50.43	3.23	17.59	39.61	Highly significant
Gloves	42.53	6.13	60.83	3.83	18.30	45.10	Highly significant
Cap/Hair/shoe cover	7.68	2.92	13.02	1.65	5.34	25.18	Highly significant
Waste Management	17.82	3.96	26.65	1.93	8.83	32.68	Highly significant
Use of clean linen	16.96	4.08	28.05	2.31	11.09	34.33	Highly significant
Physical setup & staffing	10.58	2.88	18.92	1.76	8.34	30.69	Highly significant
Disinfection	34.74	5.69	50.12	3.24	15.38	28.18	Highly significant
Sterilization	17.37	4.06	27.65	2.18	10.28	32.33	Highly significant
Fumigation	16.38	3.89	27.18	2.65	10.80	33.26	highly significant
Care of infected newborn	110.13	9.86	160.43	7.23	50.30	66.63	Highly significant
Administration of IV Medication	22.16	5.18	38.80	3.26	16.64	36.16	Highly significant
Overall	426.84	26.43	641.23	20.18	214.39		Highly significant

Table 4 shows the “comparison of the pretest and posttest practice scores of nurses on infection control showed a highly significant difference in both overall and area-wise practice score values. This indicates that the observed increase in mean scores represents a true difference rather than chance variation, leading to the rejection of the null hypothesis ($p < 0.001$). These findings suggest that the Structured Teaching Programme (STP) was highly effective in improving nurses’ practices across all thirteen areas of neonatal infection control in the NICU.”

“The analysis of data collected from 300 NICU nurses regarding their knowledge and practices related to infection control measures in the NICU. Both descriptive and inferential statistical methods were applied to analyze the data. The results demonstrated a significant improvement in knowledge and practice scores, indicating the effectiveness of the Structured Teaching Programme (STP) in enhancing infection control practices among NICU nurses.”

CONCLUSION

“The findings of the study revealed that the majority of nurses (67%) belonged to the age group of 21–30 years. Most nurses (82%) had GNM qualification, while 13% had B.Sc Nursing and 5% had Post Basic B.Sc. Nursing. About 42% of nurses had 5–10 years of total work experience, and 44% had 1–5 years of NICU experience. Nearly all nurses (93%) had

previously received education or information related to neonatal infection, whereas 7% had not. The results indicate that the Structured Teaching Programme (STP) was effective in improving the knowledge and practice of nurses regarding neonatal infection.”

The overall pretest mean knowledge score was 46.26%, which increased to 70.34% in the post-test, showing an improvement of 24.08%. Similarly, the mean practice score improved from 426.84 ± 26.43 (58.87%) in the pretest to 641.23 ± 20.18 (88.45%) in the post-test, with an increase of 29.57%. A highly significant difference was observed between pretest and post-test knowledge and practice scores ($p < 0.001$).

“A statistically significant association was found between post-test knowledge and practice scores and selected demographic variables ($p < 0.001$). Additionally, a strong positive relationship was observed between post-test knowledge and practice scores ($r = 0.86$), indicating that improved knowledge was associated with better practice.”

RECOMMENDATIONS

1. A comparative study may be conducted to assess the knowledge and practice of nurses regarding neonatal infection in government and private hospitals.
2. A comparative study may be undertaken to assess the knowledge and practice of nurses

regarding neonatal infection in urban and rural areas.

3. An experimental study with a control group may be undertaken to evaluate the effectiveness of interventions related to neonatal infection control.
4. A study may be conducted to assess the actual practices of nurses regarding neonatal infection control measures.
5. The study may be conducted with a larger sample size of NICU nurses across multiple hospitals to enhance generalizability.
6. A study may be undertaken to assess the effectiveness of Structured Teaching Programme (STP) in reducing neonatal morbidity and mortality.
7. The study may be replicated among different categories of nursing personnel working in hospitals.
8. A similar study may be undertaken using different educational methodologies and teaching media.

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CITE THIS ARTICLE

Asha Devi R. A Study to Evaluate the Effect of a Structured Teaching Programme on Infection Control Measures Among Staff Nurses in the NICU at Hassan District, Karnataka. *Int J of Patho and Geneti of Dise in Nsg Mgt*. 2026 May;1(2):15-24.