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FACTORS INFLUENCING HEALTHCARE WORKERS ADHERENCE TO STANDARD PRECAUTIONS FOR INFECTION PREVENTION AND CONTROL AT THE TIKO DISTRICT HOSPITAL SOUTH WEST REGION, CAMEROON

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ABSTRACT

Background: Healthcare-associated infections remain a significant threat in resource-limited settings. Standard precautions including hand hygiene, personal protective equipment usage, and safe injection practices are critical, yet often under-implemented. This study examined healthcare workers adherence to infection prevention and control (IPC) at Tiko District Hospital in Cameroon.

Methods: This cross-sectional, hospital-based survey was conducted from November 2024 to June 2025. A sample of 80 workers completed the structured questionnaires covering demographics, infection control prevention adherence, influencing factors, and barriers. Data were entered into Microsoft Excel and analyzed using SPSS version 20. Descriptive statistics and chi-square tests ($\alpha = 0.05$) were applied to assess adherence and its associations.

Results: An overall 65% good adherence was recorded among the participants. High compliance was observed with sharps disposal and glove usage. Moderate adherence was noted in gown use and respiratory hygiene. Positive determinants of good compliance included greater years of experience ($p < 0.05$), regular IPC training ($p < 0.01$), and strong leadership support ($p < 0.01$).

Conclusion: There exist several barriers to healthcare workers adherence to infection prevention control. While baseline notification of IPC adherence is moderate to high among nurses at Tiko District Hospital, specific precautions especially gowning and respiratory hygiene remain under-practiced. Experience, ongoing education, and leadership commitment significantly enhance compliance; resource constraints and workload impede it.

Key Words: Healthcare workers, Adherence, Standard Precautions, Infection, Prevention, Control, Cameroon

INTRODUCTION

Standard precautions are measures instituted by health and policies making bodies for health, to effectively and efficiently protect the patient and health provider [1]. According to the Center for Disease Control (CDC), standard precautions for infection control (SPIC) are based on a risk assessment and use of common-sense practices that has been revised by health policies making bodies, and instituted to for the unique protection of the patient and the care provider (nurse). According to WHO, SPIC aims to protect both the health worker (nurse), and patient by reducing the risk of microorganisms' transmission from both recognized and unrecognized sources. These measures have been used and helped to prevent the transmission of diseases between patients, health workers, and the environment [2]. The WHO highlighted that SPIC are used to reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources to healthcare workers and patients. CDC (2023), reported that SPIC has been tested and is accepted for the effective prevention of air born and blood borne diseases, water borne and diseases from the environment, and also for the fast healing of wounds,

especially surgical wounds. The studies showed that; patients who were attended to with adequate use of PPE, and respecting hand hygiene had very fast recovery rate. This is in relation to Koch Jackson, who found out that; Infection control has been used to enhance patients' quick recovery in the hospital, reduce mortality and morbidity rate of infectious and contagious diseases, and provide a high nurse, and other healthcare's output, as it protects them from diseases [4].

Patients with chronic and acute diseases needs a faithful adherence to precautions and infection prevention as it will reduce spread and enhance quick recovery while providing quality delivery to health care [5]. A study observed that infections were transmitted from patient to another due to the usage of gloves in more than one patient, usage of syringes more than once, exposure of syringes and non-adherence to standard precautions for sterilization within the health facility [6]. There exist various types of standard precautions including hand hygiene, uses of personal protective equipment (PPE), safe injection practices, safe handling of contaminated equipment or surfaces, and safe handling of laundry [7]. A study conducted in six District Hospitals in Yaoundé Cameroon

by Takougang to assess the level of observance of standard precautions and adherence to vaccination to prevent health related infections showed that more than half of the participants (53.8%) did not wash their hands after each care, and the reason for not washing hands after the procedure was their perception that patients care for was risk free, 17% of the participants claimed to wash scalpel blades for reuse. According to this same author, 46.5% experienced splash from body fluids and PPE equipment were available only for 43.56% of the nurses and other healthcare workers. [7].

METHODS

Study design

This study was a hospital based cross sectional descriptive study that was carried out from November 2024 to June 2025

Study area

This study was carried out in the Tiko District Hospital, a Public owned health facility found in Tiko Sub-Division, Fako Division of the Southwest Region of Cameroon.

Eligibility criteria

This study included all healthcare workers (80) that were present and gave their consent to take part in this study while nurses who were not physically fit or were

on leave at the time of research conduction were exempted from the study

Data collection

Data was collected through the use of a pre-tested structured questionnaire. The research questionnaire was adapted from review of previous literature.

Data analysis

The data was entered in to Microsoft Excel 2019 and analyzed using SPSS version 20. Descriptive and bivariate analysis were performed and findings were presented on frequency tables and appropriate charts. A p value <0.05 was considered statistically significant.

Ethical consideration

This study was approved by the Ethics Committee for Human Health Research of the Regional Delegation for Public Health, South West Region of Cameroon (Approval Number: No458/CRERSH/SW/C/05/2025)

RESULTS

Socio-Demographic Characteristics of Respondents

A total of 80 healthcare workers participated in this study. The mean age of participants was 27.1±5.6 years. The

majority of respondents were aged between 20–24 years 28 (35.0%). Females constituted the majority with 71 (88.7%) of respondents. Regarding marital status, 48 (60%) were married, while 2 (2.5%) were divorced. In terms of religious

affiliation, 74 (92.5%) were Christians and with respect to years of professional experience, 20 (25.0%) had less than 2 years, while 14 (17.5%) had more than 10 years of experience. These findings are presented in Table 1.

Table 1: Socio-Demographic Characteristics of Respondents

Variables	Category	Frequency (n)	Percentage (%)
Age (years)	20–24	28	35.0
	25–29	20	25.0
	30–34	12	15.0
	35 and above	20	25.0
	Total	80	100.0
Sex	Male	9	11.3
	Female	71	88.7
	Total	80	100.0
Marital Status	Married	48	60
	Single	30	37.5
	Divorced	2	2.5
	Total	80	100.0
Religion	Christianity	74	92.5
	Islam	6	7.5
	Total	80	100.0
Years of Experience	< 2 years	20	25.0
	2–5 years	28	35.0
	6–10 years	18	22.5
	> 10 years	14	17.5
	Total	80	100.0

Level of Adherence to Standard Precautions for Infection Prevention and Control (IPC) among healthcare workers at Tiko District Hospital

The study evaluated adherence to six key standard precaution practices among 80 nurses. Hand hygiene before and after patient contact was reported by 64 (80.0%) of respondents, demonstrating good compliance. Similarly, 70 (87.5%) affirmed using gloves when exposed to blood or bodily fluids, while proper disposal of sharps was confirmed by 72 (90.0%), indicating strong adherence to critical safety measures. Wearing gowns or aprons during procedures was practiced by 55 (68.8%) nurses, reflecting moderate compliance. Cleaning and disinfecting reusable equipment were performed by 60 (75.0%), and adherence to respiratory hygiene measures such as mask use and cough covering was reported by 58 (72.5%) (Table 2).

Table 2: Level of Adherence to Standard Precautions for Infection Prevention and Control (IPC) among healthcare workers at Tiko District Hospital

Statement	Yes, n (%)	No, n (%)	Total (n)
Hand hygiene done before and after patient contact	64 (80.0)	16 (20.0)	80 (100)
Use of gloves when exposed to blood or bodily fluids	70 (87.5)	10 (12.5)	80 (100)
Proper disposal of sharps in designated containers	72 (90.0)	8 (10.0)	80 (100)
Wearing gowns/aprons during procedures	55 (68.8)	25 (31.2)	80 (100)
Cleaning and disinfecting reusable equipment after use	60 (75.0)	20 (25.0)	80 (100)
Adherence to respiratory hygiene (e.g., masks, covering coughs)	58 (72.5)	22 (27.5)	80 (100)

Overall Level of Adherence to Standard Precautions

Adherence was categorized as good if nurses adhered to at least 5 out of the 6 precaution practices ($\geq 83.3\%$ adherence), and poor if fewer than 5 were adhered to. Based on this criterion, 52 respondents (65%) demonstrated good adherence to standard precautions for IPC, while 28 (35%) exhibited poor adherence (**Figure 1**).

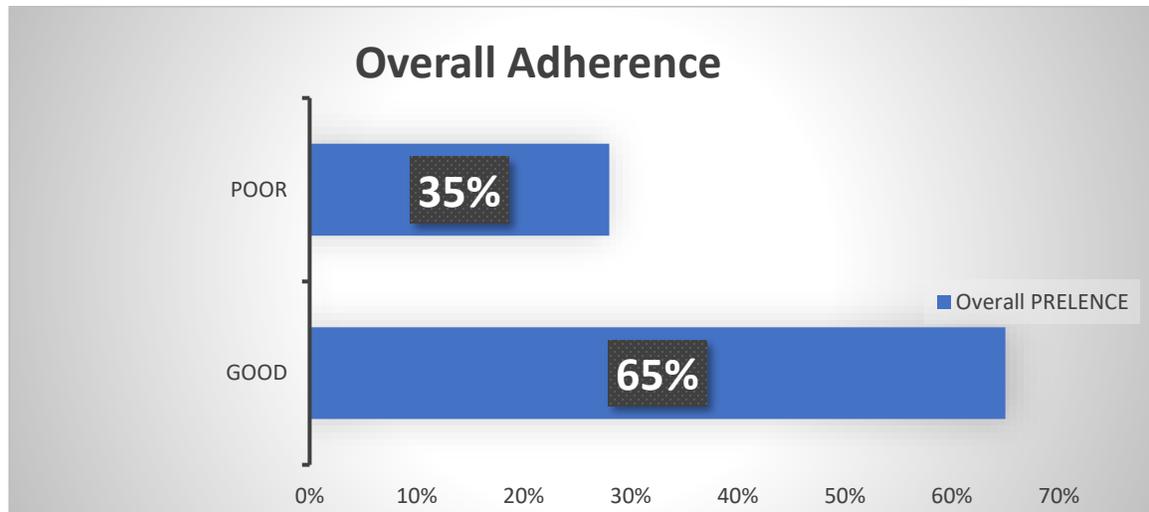


Figure 1: Overall Adherence to standard precautions by study participants

Factors Influencing Adherence to Infection Prevention and Control among study participants

Among the 80 nurses surveyed, adherence to IPC practices was influenced by several key factors. Training frequency revealed that 22.5% of respondents received training regularly, while the largest group, 43.8%, reported occasional training updates. A smaller proportion, 18.7%, received training rarely, and 15% never received updates, indicating room for improvement in continuous education. Regarding workload, 35% strongly agreed and 40% agreed that their workload allowed consistent adherence to IPC, though 25% disagreed or strongly disagreed, reflecting potential time constraints. Availability of personal protective equipment (PPE) was a concern, with only 30% reporting always available PPE, and 45% sometimes available; the remainder indicated rare or no availability (Table 3).

Table 3: Factors Influencing Adherence to Infection Prevention and Control among healthcare workers

Question	Response Options	Frequency (n)	Percentage (%)
How often do you receive training or updates on IPC practices?	Regularly	18	22.5
	Occasionally	35	43.8
	Rarely	15	18.7
	Never	12	15.0
	Total	80	100.0
Do you feel your workload allows consistent IPC adherence?	Strongly agree	28	35.0
	Agree	32	40.0
	Disagree	12	15.0
	Strongly disagree	8	10.0
	Total	80	100.0
How would you rate the availability of PPE in your workplace?	Always available	24	30.0
	Sometimes available	36	45.0
	Rarely available	15	18.7
	Never available	5	6.3
	Total	80	100.0
Do you feel supported by your leadership in adhering to IPC practices?	Strongly agree	38	47.5
	Agree	26	32.5
	Disagree	10	12.5
	Strongly disagree	6	7.5
	Total	80	100.0
How often do you face challenges with hand hygiene due to lack of access?	Never	22	27.5
	Rarely	30	37.5
	Often	18	22.5
	Always	10	12.5
	Total	80	100.0

Challenges Faced in Adherence to Infection Prevention and Control Practices Among study participants

Out of the 80-participants surveyed, the most commonly reported challenge was lack of time due to heavy workload, cited by 45% of respondents, followed by insufficient training or knowledge (32.5%) and limited access to PPE (22.5%). Regarding hand hygiene difficulties, 37.5% experienced challenges sometimes, while 25% often or always faced such problems, and 37.5% reported never encountering them. Workload impact was acknowledged by 41.3% who strongly agreed and 36.3% who agreed that it affects their ability to adhere to IPC, with 22.4% disagreeing. Pressure to compromise on IPC practices was felt by 35% of nurses due to time constraints or other factors. (Table 4).

Association between Adherence to IPC Practices and Socio-Demographic Variables

The analysis revealed a statistically significant association between years of experience ($p = 0.042$) and adherence to IPC practices. Nurses with greater experience demonstrated better adherence. However, there were no statistically significant associations between adherence and age, sex, marital status, or religion (Table 7).

Table 5: Challenges Faced in Adherence to IPC Practices reported by study participants

Question	Response Options	Frequency (n)	Percentage (%)
Most significant challenge in adhering to IPC practices	Lack of time due to heavy workload	36	45.0
	Insufficient training or knowledge	26	32.5
	Limited access to PPE	18	22.5
	Total	80	100.0
Difficulties in following hand hygiene protocols due to lack of access	Never	30	37.5
	Sometimes	30	37.5
	Often	12	15.0
	Always	8	10.0
	Total	80	100.0
Does workload impact ability to adhere to IPC practices?	Strongly agree	33	41.3
	Agree	29	36.3
	Disagree	18	22.4
	Strongly disagree	0	0.0
	Total	80	100.0
Felt pressure to compromise IPC practices due to time or other factors?	Yes	28	35.0
	No	52	65.0
	Total	80	100.0
Most helpful factor to improve adherence to IPC	Additional training and education	34	42.5
	Improved access to PPE and hygiene facilities	32	40.0
	Support from leadership and colleagues	14	17.5
	Total	80	100.0

Table 6: Association Between Socio-Demographic Variables and Adherence to IPC Practices

Variable	Category	Good Adherence n (%)	Poor Adherence n (%)	Total (n)	χ^2 Value	p- Value
Age (years)	20–24	18 (64.3)	10 (35.7)	28	6.20	0.101
	25–29	14 (70.0)	6 (30.0)	20		
	30–34	10 (83.3)	2 (16.7)	12		
	35 and above	10 (50.0)	10 (50.0)	20		
	Total	52 (65.0)	28 (35.0)	80		
Sex	Male	4 (44.4)	5 (55.6)	9	1.32	0.251
	Female	48 (67.6)	23 (32.4)	71		
	Total	52 (65.0)	28 (35.0)	80		
Marital Status	Married	34 (70.8)	14 (29.2)	48	5.00	0.085
	Single	16 (53.3)	14 (46.7)	30		
	Divorced	2 (100.0)	0 (0.0)	2		
	Total	52 (65.0)	28 (35.0)	80		
Religion	Christianity	48 (64.9)	26 (35.1)	74	0.04	0.815
	Islam	4 (66.7)	2 (33.3)	6		
	Total	52 (65.0)	28 (35.0)	80		
Years of Experience	< 2 years	12 (60.0)	8 (40.0)	20	8.22	0.042
	2–5 years	18 (64.3)	10 (35.7)	28		
	6–10 years	12 (66.7)	6 (33.3)	18		
	> 10 years	10 (71.4)	4 (28.6)	14		
	Total	52 (65.0)	28 (35.0)	80		

p < 0.05 indicates statistical significance.

DISCUSSION

This study found that a considerable proportion of nurses (65%) demonstrated good adherence to standard precautions for infection prevention and control (IPC), while 35% exhibited poor adherence.

Among the specific practices, adherence was highest for proper sharps disposal (90.0%) and glove use when exposed to blood or bodily fluids (87.5%). Hand hygiene before and after patient contact was practiced by 80.0% of the respondents, indicating commendable awareness of basic

IPC protocols. However, the use of gowns or aprons during procedures had the lowest adherence (68.8%), suggesting room for improvement in protective dressing compliance.

These findings are consistent with those of Kermode *et al.* (2021) [8], who reported that although knowledge of IPC practices among nurses in low-resource settings was relatively high, actual adherence varied depending on institutional support, resource availability, and workload. Similarly, Akanbi *et al.* (2021) [9] observed that while glove usage and hand hygiene were frequently practiced, compliance with respiratory hygiene and protective gowns was inconsistent due to lapses in supply and institutional reinforcement.

The moderate to high compliance observed in this study may be attributed to ongoing professional awareness programs and routine infection control audits in many Nigerian healthcare settings. However, challenges such as inconsistent PPE availability and staff shortages may compromise full adherence. The lower adherence to gown use and respiratory hygiene is particularly concerning, as these practices are essential in preventing airborne and droplet-transmitted infections, including COVID-19 and tuberculosis.

This study also investigated factors that may influence adherence to IPC practices. Notably, only 22.5% of nurses reported receiving regular training, while 43.8% indicated occasional updates. The rest either rarely or never received IPC training. This finding reflects gaps in continuous professional development, which aligns with findings from Alhumaid *et al.* (2021) [10], who emphasized that periodic IPC training significantly improves nurses' compliance, particularly in resource-constrained settings. Workload was another critical factor where 75% of respondents agreed that their workload allowed them to consistently follow IPC protocols, while 25% disagreed or strongly disagreed. This parallels the findings of Kigobe *et al.* (2020) [11], who found that understaffing and work overload were significant barriers to IPC compliance in sub-Saharan African hospitals.

In terms of PPE availability, only 30% of respondents reported that PPE was always available, with 45% indicating occasional access. Limited access to PPE has been repeatedly cited in literature as a barrier to effective IPC, as demonstrated in the work of Verbeek *et al.* (2020) [12] during the COVID-19 pandemic, which reported that inadequate PPE led to compromised safety

and increased nosocomial infections among healthcare workers.

Leadership support was relatively strong, with 80% feeling supported in IPC compliance. This contrasts positively with studies such as Alzyood *et al.* (2020) [13], which found that in many healthcare institutions, lack of administrative support demoralized nurses and hindered adherence. Years of experience was the only demographic factor significantly associated with IPC adherence ($p = 0.042$). Nurses with over 10 years of experience demonstrated better compliance. This mirrors the findings of Tadesse *et al.* (2021) [14], who reported that experienced nurses were more likely to implement IPC practices effectively, likely due to greater familiarity, confidence, and skill in handling infection-related risks.

The most commonly reported challenge in adhering to IPC protocols was lack of time due to a heavy workload (45%), followed by insufficient training or knowledge (32.5%) and limited access to PPE (22.5%). These challenges reflect systemic issues in staffing and resource allocation. Studies by Ogoina *et al.* (2015) [15] also highlighted that high patient-to-nurse ratios and time pressure often lead to non-compliance with IPC, especially hand hygiene and equipment disinfection.

Hand hygiene compliance was particularly affected by resource access—25% of respondents reported frequently or always having difficulty accessing hand hygiene facilities. This is similar to findings by Allegranzi *et al.* (2010) [16], who reported that in low-resource settings, physical unavailability of soap, water, or alcohol-based hand rub is a critical barrier to effective hand hygiene.

Another concerning challenge was pressure from colleagues or supervisors, reported by 35% of respondents. Peer influence and institutional culture can strongly affect IPC behaviors. This finding is supported by Dixon-Woods *et al.* (2014) [17], who argued that organizational norms, peer practices, and fear of appearing slow or inefficient often deter nurses from strictly adhering to IPC protocols, especially during emergencies.

Lastly, 42.5% of respondents believed that additional training and education would most improve adherence, followed by improved access to PPE (40%). This indicates a clear need for investment in both educational initiatives and resource provision. It also highlights the critical role of capacity building, which is echoed in recommendations by the Centers for Disease Control and Prevention (CDC, 2019) for

developing countries to strengthen IPC training infrastructure [18].

Conclusion

This study highlights that while 65% of nurses demonstrated good adherence to standard infection prevention and control (IPC) precautions, gaps remain in specific practices such as gown usage and respiratory hygiene. Strong compliance with sharps disposal and glove use reflects established core IPC behaviors, but lower adherence in other areas underscores the need for improvement.

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Competing interest

The authors declare no competing interest.

REFERENCES

1. Amoran, O., & Onwube, O. (2022). Infection control and practice of standard precautions among healthcare workers in northern Nigeria. *Journal of Global Infectious Diseases*, 5(4), 156–163. <https://doi.org/10.4103/0974-777X.122010>
2. Allegranzi, B., Nejad, S. B., Combescure, C., Graafmans, W., Attar, H., Donaldson, L., & Pittet, D., WHO, (2019). Burden of endemic health-care-associated infection in developing countries: Systematic review and meta-analysis. *The Lancet*, 377(9761), 228-241. Doi:10.1016/s0140-6736(10)61458-4
3. Akeem Bolarinwa, O., Salaudeen, A. G., Aderibigbe, S. A., Musa, O. I., Akande, T. M., & Bamidele, J. O. (2018). Quarterly scientific, online publication by Department of Nursing A', Technological Educational Institute of Athens Injection safety practices among primary health care workers in Ilorin, kwara state of Nigeria. In www.hsj.gr. Retrieved from www.hsj.gr
4. Akagbo, S. E., Nortey, P., & Ackumey, M. M. (2017). Knowledge of standard precautions and barriers to compliance among healthcare workers in the Lower ManyaKrobo District, Ghana. *BMC Research Notes*, 10(1), 1–9. <https://doi.org/10.1186/s13104-017-2748-9>

5. Abalkhail, A. et al. (2021) 'Knowledge, Attitude and Practice of Standard Infection Control Precautions among Health-Care Workers in a University Hospital in Qassim, Saudi Arabia: A Cross-Sectional Survey', *International Journal of Environmental Research and Public Health*, 18(22), p. 11831. Available at: <https://doi.org/10.3390/ijerph182211831>.
6. Al-Ahmari, A.M., Alkhalidi, Y.M. and Al-Asmari, B.A. (2021) 'knowledge, attitude and practice about infection control among primary care professionals in Abha City, kingdom of Saudi Arabia', *Journal of Family Medicine and Primary Care*, 10(2), p. 662. Available at: https://doi.org/10.4103/jfmipc.jfmipc_1278_20.
7. Birihane, B. M., Bayih, W. A., Alemu, A. Y., & Belay, D. M. (2020). Perceived barriers, preventive measures of COVID-19 among healthcare providers in debretabor, north central Ethiopia, 2020. *Risk Management and Healthcare Policy*, 13, 2699–2706. <https://doi.org/10.2147/RMHP.S287772>
8. Kermode, M., Jolley, D., Langkham, B., Thomas, M. S., Holmes, W., & Gifford, S. M. (2005). Compliance with universal/standard precautions among health care workers in rural north India. *American Journal of Infection Control*, 33(1), 27–33. <https://doi.org/10.1016/j.ajic.2004.07.014>
9. Akanbi, M. O., Ocheke, A. N., Agaba, P. A., Daniyam, C. A., Okeke, E. N., Okeke, I. N., & Ocheke, I. E. (2021). Knowledge and practice of infection prevention and control among healthcare workers during COVID-19 pandemic in North-Central Nigeria: a cross-sectional study. *Pan African Medical Journal*, 38, 174. <https://doi.org/10.11604/pamj.2021.38.174.28320>
10. Alhumaid, S., Al Mutair, A., Al Alawi, Z., Al Ghazal, A., Alomar, A., & Alomari, M. A. (2021). Knowledge, attitude, and practice of infection control among healthcare workers in a Saudi hospital: A cross-sectional study. *Healthcare*, 9(6), 780.

- <https://doi.org/10.3390/healthcare9060780>
11. Kigobe, J., Turyakira, E., & Nuwaha, F. (2020). Factors associated with compliance with infection prevention and control guidelines in healthcare facilities in Uganda: A cross-sectional study. *BMC Infectious Diseases*, 20(1), 1–10. <https://doi.org/10.1186/s12879-020-05384-x>
 12. Verbeek, J. H., Rajamaki, B., Ijaz, S., Sauni, R., Toomey, E., Blackwood, B., ... Kilinc Balci, F. S. (2020). Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff. *Cochrane Database of Systematic Reviews*, (4), CD011621. <https://doi.org/10.1002/14651858.CD011621.pub4>
 13. Alzyood, M., Jackson, D., Aveyard, H., & Brooke, J. (2020). COVID-19 reinforces the importance of handwashing. *Journal of Clinical Nursing*, 29(15–16), 2760–2761. <https://doi.org/10.1111/jocn.15313>
 14. Tadesse, M., Desta, A., Aragaw, A., Dires, M., & Taye, G. (2021). Knowledge, attitude, and practice of infection prevention and control among healthcare workers in Ethiopia during the COVID-19 pandemic: A cross-sectional study. *PLOS ONE*, 16(12), e0260983. <https://doi.org/10.1371/journal.pone.0260983>
 15. Ogoina, D., Pondei, K., Adetunji, B., Chima, G., Isichei, C., & Gidado, S. (2015). Knowledge, attitude, and practice of standard precautions of infection control by hospital workers in two tertiary hospitals in Nigeria. *Journal of Infection Prevention*, 16(1), 16–22. <https://doi.org/10.1177/1757177414558957>
 16. Allegranzi, B., Pittet, D. (2010). Role of hand hygiene in healthcare-associated infection prevention. *Journal of Hospital Infection*, 73(4), 305–315. <https://doi.org/10.1016/j.jhin.2009.12.017>
 17. Dixon-Woods, M., Suokas, A., Pitchforth, E., & Tarrant, C. (2011). The problem of context in quality improvement. Perspectives on context: A selection of essays considering the role of context in successful quality improvement,

Health Foundation, London. (note:
not a journal article but a report)

18. Centers for Disease Control and Prevention (CDC). (2019). Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings – Recommendations of the Healthcare Infection Control Practices Advisory Committee. CDC Guidelines. Retrieved from: <https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html>

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