BMC Infectious Diseases

CORRECTION

Open Access

Correction to: Barriers and facilitators to infection prevention and control in Dutch psychiatric institutions: a theory-informed qualitative study

Famke Houben[1,2*†], Mitch van Hensbergen[1,2†], Casper D. J. den Heijer[1,2,3], Nicole H. T. M. Dukers-Muijrers[1,4] and Christian J. P. A. Hoebe[1,2,3]

Correction to: BMC Infectious Diseases (2022) 22:243
https://doi.org/10.1186/s12879-022-07236-2

Following publication of the original article [1], the authors identified some errors in Table 1. The correct Table 1 is given below:

Furthermore, the authors noticed a typo in the section 'implications for practice and conclusion': "theo ry-informed interventions" should be replaced with 'theory-informed interventions'.

The original article [1] has been corrected.

The original article can be found online at https://doi.org/10.1186/s12879-022-07236-2.

*Correspondence: famke.houben@ggdzl.nl
†Famke Houben and Mitch van Hensbergen contributed equally to this work
[1] Department of Sexual Health, Infectious Diseases and Environmental Health, South Limburg Public Health Service, P.O. Box 33, 6400 AA Heerlen, The Netherlands
Full list of author information is available at the end of the article

Table 1 Barriers and facilitators to IPC implementation, perceived by professionals working at psychiatric institutions (n = 16), depicted per level of the integrated theoretical framework (see Fig. 1), and categorised by corresponding theme

Level	Barriers	Facilitators
Guideline level	*Accessibility* - Poor access to IPC guidelines, especially for social workers *Applicability to (work)setting* - Lack of up-to-date guidelines - Lack of compatibility/applicability: lack of IPC guidelines tailored to mental health care - Poor feasibility/practicality: IPC guidelines too lengthy, lack illustrations	*Accessibility* - Sufficient access to IPC guidelines[a] *Applicability to (work)setting* - Up-to-date guidelines - Practical IPC guidelines, including schemes and illustrations and clear procedural descriptions (procedural clarity)
Patient level (as reported by the professional)	*Nature of mental illness and associated behaviour* - Risk behaviour related to mental condition (e.g., compulsive behaviour [compulsions], neglection personal hygiene, withdrawal symptoms because of addiction) challenges IPC application *Cognitions and attitude* - Lack of hygiene awareness and low risk perception (often related to mental illness and cognitive limitations) - Negative attitude towards IPC and non-compliance (often related to mental illness and cognitive limitations) • Belief that IPC is not important • Unwillingness to comply to IPC	*Cognitions and attitude* - Willingness to adhere to IPC measures
Professional level	*Cognitions and attitude* - Lack of awareness towards IPC - Low risk perception: belief that patient has a low risk of infection - Negative professional attitude • Forgetting IPC implementation • Laziness/laxness towards IPC implementation • Belief that IPC is not important • Resistance/lack of willingness to implement IPC *Knowledge and skills* - Lack of IPC knowledge *Habits and routines* - Stuck in other work habits/issues of the day	*Cognitions and attitude* - Willingness to change *Experience and personal relevance* - Personal experience with (consequences of an) outbreak *Habits and routines* - IPC application is habit/part of routine
Professional interaction	*Feedback and monitoring* - Lack of feedback between professionals on IPC performance - Lack of monitoring of IPC behaviour among professionals	*Feedback and monitoring* - Mutual feedback between professionals on IPC performance *Social support* - Informational support (sharing IPC information) between professionals
Professional-patient interaction	*Social support* - Lack of support and stimulation for IPC application from professional to patient	*Feedback and monitoring* - Monitoring of IPC application of patient by professionals - Addressing and holding patients to account by professionals (feedback) *Social support* - Motivating and informational support for IPC application from professional to patient
Patient interaction	--[b]	*Social pressure and social norm* - Peer pressure between patients - Injunctive norm between patients
Organisational level	*Organisational support and priority* - Lack of structural organisational attention towards IPC - Lack of priority for IPC *Resources, materials and facilities* - Lack of adequate IPC materials, both educational materials (i.e., guidelines) as well as equipment (e.g., hand soap) - Lack of financial resources - Inadequate facilities *Time availability and staff capacity* - High work pressure - Staff shortages - Presence of flex workers *Task division and change coaches* - Lack of professionals responsible for IPC (e.g., infection control professional, IPC committee) *Educational system* - Lack of general IPC education and training among all staff *Leadership and institutional policy* - Lack of organisational action towards IPC (from leadership) - Lack of IPC policy • Lack of IPC audits • Lack of institutional IPC protocols	*Organisational support and priority* - Sufficient organisational awareness towards importance IPC - Support board of directors *Task division and change coaches* - Professionals responsible for IPC (e.g., IPC committee, hygiene contact person, IPC attention officer) - Professionals acting as driving forces for IPC implementation *Educational system* - IPC education and training aimed at IPC attention officers/hygiene contact persons - IPC education and training among all staff *Leadership and institutional policy* - Sufficient organisational action towards IPC (from leadership) - Performance of IPC audits - Involving professional(s) in IPC policy development (participation and ownership)
Community level (i.e., mental health care sector)	*Care-sector related social norms and culture* - Sectoral belief that there is a low risk of contracting an infection - Mild and spacious sectoral culture - Dominant sectoral (professional) norm in which mental health is a priority and IPC less important (lack of balance between somatic and psychological aspects) - Sector-related dilemmas between somatic and mental aspects *Interorganisational networks* - Lack of sectoral collaboration (between psychiatric institutions) - Lack of collaboration between psychiatric institutions and external health organisations (i.e., hospitals or public health services)	*Care-sector related social norms and culture* - Increased sectoral awareness towards the importance of IPC (over the years) – sectoral shift *Interorganisational networks* - Sectoral collaboration (between psychiatric institutions) - Collaboration between psychiatric institutions and external health organisations (i.e., hospitals or public health services)
Societal level	*Workforce* - Shortage of workforce *Design health care system* - Market forces in the mental health care sector relating to reimbursement schemes and competition (leading to financial challenges and a lack of cross-organisational collaboration)	*Involvement governmental agencies* - Sufficient information provision from governmental organisations - IPC as an item on the political agenda

Author details
[1]Department of Sexual Health, Infectious Diseases and Environmental Health, South Limburg Public Health Service, P.O. Box 33, 6400 AA Heerlen, The Netherlands. [2]Department of Social Medicine, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht University, P.O. Box 616, 6200 MD Maastricht, The Netherlands. [3]Department of Medical Microbiology, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht University Medical Centre (MUMC+), P.O. Box 5800, 6202 AZ Maastricht, The Netherlands. [4]Department of Health Promotion, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht University, P.O. Box 616, 6200 MD Maastricht, The Netherlands.

Published online: 21 April 2022

Reference

1. Houben F, van Hensbergen M, den Heijer CD, Dukers-Muijrers NH, Hoebe CJ. BMC Infect Dis. 2022;22:243. https://doi.org/10.1186/s12879-022-07236-2.

Publisher's Note