**BACKGROUND**

- Healthcare associated infections (HAIs) are a concern for healthcare workers (HCWs) as well as their patients. In addition, nursing students in long-term clinical placements may find themselves in close contact with patients and providing nursing interventions, which may lead to exposure to harmful pathogens.
- The Theory of Planned Behavior (TPB), developed by Icek Ajzen is widely used as a theoretical framework in behavioral studies and has successfully explained a variety of human behaviors and their determinants.

**PURPOSE**

- The purpose of study is to explore clinical experiences of Standard Precaution compliance, using the Theory of Planned Behaviour among nursing students in clinical practice settings in South Korea.

**METHOD**

Focus group interview

- We conducted interviews with 6 focus groups of nursing students from two South Korean universities.
- A total of 38 senior nursing students were broken into 6 different focus groups and interviewed.
- All students had finished one year of clinical experience in tertiary hospitals in South Korea.
- The focus groups were all homogenous with respect to grade and clinical settings experience.
- The research team created a structured interview guide for this study and utilized the theoretical frameworks of TPB to guide the focus group interviews.
- Thematic content analysis was used to code and analyze the data from the focus group interviews.

**FINDINGS**

"..."(I think SP is) such basic things as isolation, hand washing, hand hygiene, and wearing masks for infection control."

"..."When you are following a procedure, things should be done in a particular sequence to prevent any infection, like you wash your hands before and after a certain procedure."

"I think infection control is important in hospital where emergencies can happen. I can be infected when such emergencies happen, you know."

"..."You know you must wash your hands before you see the next patient after the previous patient. But nurses don't wash their hands that often in hospital wards, especially in adult care units."

"I learned that povidone-iodine should be dried up to be effective, but my preceptor told me to wipe it out with alcohol swap in the hospital."

"I don't think nurses care much about us because they are too busy. They don't pay attention to what we are doing; they just do what they need to do."

"When my supervisor follows the SP, I do as well, washing my hands and stuff. When I'm with this supervisor who does not follow the regulations, I skip washing hands. Just like that."

"Since we are only trainees, we can't use stuff without permission. I think that's why we put a little cautious when it comes to using protective equipment."

"Even when there are patients we should not approach, the hospital staff members simply tell us not to enter the ward where the patients are. They usually don't explain why we should not enter the ward."

"At first I followed the SP. But as I see the practitioners who have been working for a long time ignore the SP—it's rare to see anyone who abides by them—I get to think that I don't really need to follow them."

**DISCUSSION**

- Interestingly enough, this study found that the general vulnerability of nursing students at their clinical sites and their reliance on mentors for information and guidance led to strikingly different compliance experiences than those reported by HOW.
- Nursing students are the nurses of the future, so compliance education and a student’s intention to follow compliance are directly related to a nurse’s commitment to compliance.
- Study participants confessed that their awareness and intention changed during clinical training.
- Specifically, they felt that they did not need to follow SP compliance since nurses did not. This cognitive shift could influence their future SP compliance as nurses.
- Therefore, exploring the factors affecting SP compliance for nurses in charge of student clinical education is needed.
- In addition, faculty should develop continuing education programs that include discussions on SP compliance, infection control guidelines, and noncompliance cases, then reinforce the SP compliance education component before clinical placements begin.
- These steps would be helpful in preventing cognitive changes in the importance of SP compliance.

**CONCLUSION**

- In this study, we discovered that nursing students found themselves in vulnerable situations and risked exposure to pathogens due to SP noncompliance.
- Several barriers were explored as the reasons of SP noncompliance.
- By removing the barriers presented in this study, students would be able to follow SP compliance and do their clinical training in a safe environment.