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Title: Nurses, an underused vital asset against drug-resistant infections

Authors:
Dr Enrique Castro-Sánchez (University of West London, Richard Wells Centre, Boston Manor Road, Brentford, Middlesex, UK; Imperial College London, South Kensington Campus, London, UK; e-mail: Enrique.Castro.Sanchez@uwl.ac.uk)

Prof Jo Bosanquet (The Foundation of Nursing Studies, 11-13 Cavendish Square, London W1G 0AN. joanne.bosanquet@fons.org)

Prof Molly Courtenay (School of Healthcare Sciences, Cardiff University, Cardiff, UK; CourtenayM@cardiff.ac.uk)

Rose Gallagher (Royal College of Nursing, London, UK; Rose.Gallagher@rcn.org.uk)

Fiona Gotterson (Department of Infectious Diseases, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne; National Centre for Antimicrobial Stewardship, Peter Doherty Institute for Infection and Immunity.; fgotterson@student.unimelb.edu.au)

Prof Elizabeth Manias (School of Nursing and Midwifery, Faculty of Health, Deakin University emanias@deakin.edu.au)

Jo McEwen (Ninewells Hospital, Dundee, UK; jo.mcewen@nhs.scot)

Dr Val Ness (Department of Nursing & Community Health/ School of Health & Life Sciences, Glasgow Caledonian University, Glasgow, UK; V.Ness@gcu.ac.uk)

Prof Rita Olans (School of Nursing, MGH Institute of Health Professions, Boston, USA; ROLANS@mghihp.edu)

Prof Maria Clara Padoveze (School of Nursing, University of São Paulo. São Paulo, Brazil; padoveze@usp.br)

Briette du Toit (Infection Control Africa Network, Cape Town, Western Cape, South Africa; briettedu@gmail.com)

Prof Miquel Bennasar Veny (Department of Nursing and Physiotherapy, Research Group on Global Health, University of the Balearic Islands, 07122 Palma de Mallorca, Spain; Health Research Institute of the Balearic Islands (IdISBa), Palma, Spain. miquel.bennasar@uib.es)
Murray et al (2022) consolidate the evidence on the burden of drug-resistant infections (DRI), highlighting key pathogens and their unjust distribution worldwide, which demands a multifaceted, planetary response.

The success of this response would benefit from an interprofessional approach which formalises the involvement of nurses, the largest and often most trusted health workforce, yet underutilised against DRIs. Although the nursing shortage threatens their contribution in AMR and activities to meet SDGs, expanding AMS nursing practice may future-proof healthcare provision allowing medical specialists to focus on complex DRIs.

Regardless of the increasing nurses prescribing antimicrobials, or their influence on prescribing as ‘knowledge brokers’, at least three of the strategies by Murray et al – IPC, vaccination, and minimise use in humans – have substantial input of nurses. Addressing infections has historically been embraced by nurses, with many infections as nurse-sensitive outcomes. However, the value of nurses in stewardship should not be just centred on clinical work. Nurses are involved across the entire health economy and are excellent to promote self-care, salutogenesis and foster health literacy of AMR through effective communication and education. Nursing leadership and activism have been robust advocating for improvements on determinants of infections.

Further nursing action in AMS requires closing gaps in education and awareness, competencies, and stewardship models which recognise the nursing contribution. Additionally, AMS nursing research could profit from investment to achieve its full benefit. The planetary threat of DRIs should encourage the inclusion of nurses in the global response, eager as they are to embrace their potential.
Authors’ contributions
ECS: conceptualisation, writing of original draft, review & editing; JB, MC, RG, FG, EM, JM, VN, RO, MCP, BdT, MBV: writing – review & editing

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