The Prevalence of Urinary Tract Infections: Literature Review

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Urinary tract infections, also known as UTIs, are a significant concern affecting many people nationwide. Healthcare continually tries to find better interventions to decrease the number of people affected by these infections. Healthcare workers need up-to-date and reliable information to base their research efforts on finding the best methods. Literature reviews within quantitative research help to verify the validity of already attempted approaches to scientific research, which helps to advance further research, allowing healthcare workers to provide better care for patients. By recognizing and calculating variables in a dependable and logical method, quantitative studies and literature reviews allow researchers to evaluate the efficiency of interventions, determine the correlation between different factors in the research, or identify a progressive change that may occur during the study (Houser, 2023). Researchers can learn current methods using a quantitative literature review article discussing UTIs published within the last five years for these infections and find a way to decrease the numbers.

Risk factors for hospital-acquired non–catheter-associated urinary tract infection

This study demonstrates the possibility of a relationship between deaths and hospital-acquired UTIs not associated with catheter insertion. These authors believe there is a correlation between the signs and symptoms of UTIs during hospital stays and increased deaths due to these infections. By analyzing risk factors, such as age, gender, antibiotic administration within 24 hours of initial symptoms, and comorbidities associated with non-catheter-associated urinary tract infections, also known as non-CAUTI, the authors aim to decrease the number of deaths, prolonged hospital stays, and further complications associated due to these infections, while establishing what risk factors play a role into higher percentages of UTIs.

Key Points

In this study, Aloush et al. used convenience sampling with a case-controlled design to gain information from this quantitative research. By examining 189 patients, 83 of whom had non-CAUTIs, the researchers aimed to find the statistical significance of antibiotic treatment with UTIs within 24 hours of use. All patients were in three Middle East countries, Jordan, Qatar, and Saudi Arabia.

After explaining the study and getting informed consent, registered nurses with previous experience with infection precautions gathered information by interviewing the patients individually in their rooms. This data was collected minimally over a year, concluding with three variables. The variable included age, presence of comorbidities, and antibiotic administration within 24 hours of symptom onset, which presented as statistically significant, as the "p-value was .00" for all three variables (Aloush et al., 2019, p. 750). With this information and data, the researchers concluded that the comorbidities increased the risk of non-CAUTIs and played a significant role in worsening symptoms and prolonged hospital stays. To prevent these complications, nurses must use vigilant screening for comorbidities.

Assumptions

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Deficit/Conclusion

Due to the evidence provided in this study, it is important that nurses recognize and accept the author's reasoning on the significance of how different variables integrate and shape

healthcare. If nurses want to decrease the number of UTIs, they should factor these variables into patient care. Nurses should do vigilant screening of patients to figure out if their client has a higher risk of developing a hospital-acquired UTI. If nurses take this extra step into preventing further and unnecessary complications from occurring, it will improve the patient's health and overall time during their hospital stay. If a nurse were to fail to provide this screening, further complications can arise, such as prolonged stays in the hospital, higher hospital bills, possible urosepsis, greater chance for readmission after being discharged, and higher death rates.

Second article title here

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Key Points

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Assumptions

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Deficit/Conclusion

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com. Do you accept the authors' line of reasoning? What are the implications for this article? If nursing fails to accept this line of reasoning, what would the implications be?

Third article title here

Here add in a summary of the article. Follow the MEAL paragraph formatting and use Grammarly.com. Be sure to cover all aspects within the rubric. Be sure to use double space and to tab over for your first line of a new paragraph.

Key Points

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Assumptions

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Deficit/Conclusion

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Conclusion

Write a conclusion here in your overall paper. Follow the MEAL paragraph formatting and use Grammarly.com. Provide a summary/conclusion of the analysis of all three articles. Discuss how the information can improve:

- Patient outcomes

- Nursing practice

- Evidence-based practice/Quality Improvement efforts

- Healthcare as a whole

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