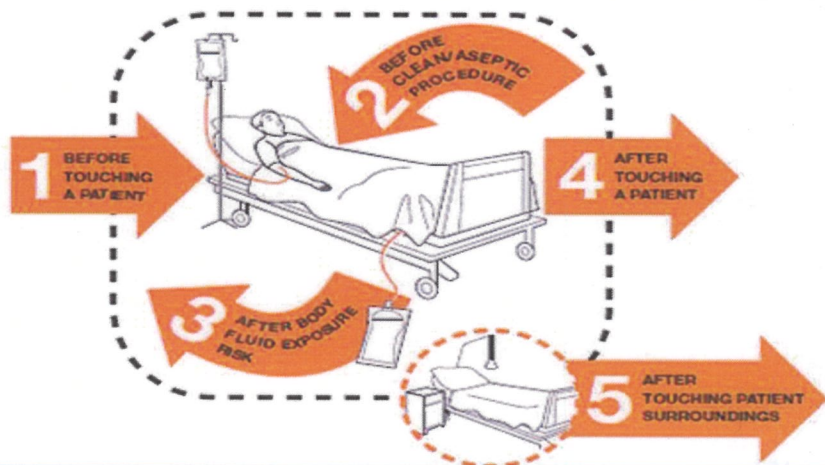


DID YOU WASH YOUR HANDS FOLLOWING PROTOCOL?

Why do nurses not comply to best practice for hand hygiene in an acute setting?

Five Moments for Hand Hygiene



(Figure 1: World Health Organisation, 2009, p.125)

CLINICAL ISSUE

Hand hygiene (HH) is the most effective method of preventing hospital associated infections (HAI), but compliance poses a challenge for many health professionals. Nurses have more 'hands on' contact with patients, providing more opportunities to comply with HH (Darawad, Al-Hussami, Almhairat, & Al-Sutari, 2012). Poor HH compliance compromises patient safety, affecting the patient health outcome, leading to an increase cost in care for the health system from delayed recovery and resources and nursing time used (World Health Organisation, 2009).

BARRIERS AND INFLUENCES

- **Guidelines:** HH guidelines are difficult to follow (Sharma, Puri, & Whig, 2011). New Zealand has implemented the *Five Moments for Hand Hygiene* model as an initiative to facilitate compliance with HH. However, it still requires change to nurses current behaviour and habits (Hand Hygiene New Zealand, 2009).
- **Social influences:** Nurses are not being censured on incorrect HH behaviour by colleagues. Also, HH compliance remains low by nurses even when their HH compliance is being observed (Sharma et al., 2011).
- **Time constraints and resources:** Increased work pressure affects HH compliance, leading to the use of gloves. Also constant hand washing often leads to skin irritation from using soap and the unavailability of paper towels.
- **Behaviours, knowledge and attitude:** Non-compliance with HH is driven by a desire to follow own rules and act outside the ideal behaviour. HH compliance was seen as more important as a form of self protection than for the patient's safety. Nurses self-reported they are aware of the importance of HH, but lack understanding of consequences from poor HH compliance (De Wandel et al., 2010).

RECOMMENDATIONS

- Introduce a clear model for HH based on the *Five Moments for Hand Hygiene*.
- To decrease time constraints on performing HH, non-irritant hand and drying solutions should be accessible, well distributed, and education provided of methods of use.
- Compulsory, monthly education on infection control for HH.
- Incorrect HH protocol should be noted by colleagues and feedback encouraged.
- These improvements may change nurses' behaviour and attitude to HH, to ensure HH is equally used for self protection and patient safety.

CONCLUSION

Improvement in HH compliance is essential to improve the care that is being given to patients to reduce cross infection, improve patient safety, and reduce morbidity and mortality rates. Resulting in shorter stays in hospital, and reduces the financial burden on the health system from hospital associated infections.

Darawad, W., Al-Hussami, M., Almhairat, I., & Al-Sutari, M. (2012). Investigating Jordanian nurses' handwashing beliefs, attitudes, and compliance. *American Journal of Infection Control*, 40(7), 643-647. Doi: 10.1016/j.ajic.2011.08.018

De Wandel, D., Maes, L., Labeau, S., Vereecken, C., & Blot, S. (2010). Behavioral determinants of hand hygiene compliance in intensive care units. *American Journal of Critical Care*, 19(3), 230-239. Doi: 10.4037/ajcc2010892.

Hand Hygiene New Zealand. (2009). *Guidelines on hand hygiene for New Zealand hospitals*. Auckland, New Zealand: Author.

Sharma, S., Puri, S., & Whig, J. (2011). Hand hygiene compliance in the intensive care units of a tertiary care hospital. *Indian Journal of Community Medicine*, 36(3), 217. Doi: 10.4103/0970-0218.86524.

World Health Organization. (2009). *WHO guidelines on hand hygiene in health care: First global patient safety challenge. Clean care is safer care*. Geneva, Switzerland: WHO Press.

PECOT category	Information related to clinical question	Explanation
Population	Nurses in an acute hospital setting worldwide	Nurses provide the majority of their time caring for patients (Westbrook et al., 2011). There are many patients who require acute care in hospital. Therefore, HH is important in preventing the spread of pathogenic microorganisms, to ensure the safety of the patients (Sharma et al., 2011).
Exposure/intervention	Why do nurses not comply with best practice for HH in acute hospital setting, for the protection against infection prevention and control	I will be looking for current literature that indicates why nurses do not comply with best practice for HH, by understanding reasons/influence indicated though literature. Than using other literature to support or discredit influences identified.
Comparison	Nurses who are following HH protocol	To understand the differences between nurses following HH protocol and nurses who are not.
Outcome	To provide reasons/influence that are well supported with literature, to understand why nurses are not complying with HH.	This is to determine if there needs to be change in practice or interventions to improve HH compliance among nurses, to ensure infection control, and for the safety of patients and health professionals.
Time	n/a	n/a

Rationale:

A poster has been used to distribute the information gathered from the evidence based literature review, in a context that is visually appealing. The rationale in choosing a poster is that it is an effective medium to disseminate findings to be displayed in a variety of settings, for example, hospital corridors or notice boards. It provides a creative way to display information that is eye catching to communicate research findings. Through the use of colour and visually appealing design, a poster is portable, accessible and provides an effective aid in an oral presentation to reinforce key points that are discussed (Schneider, Whitehead, LoBiondo-Wood & Haber, 2013).

I feel a written submission would have limited my audience, as it would not have reached my target population, due to there being many nurses working in acute settings. Also, a poster can be well distributed for quick and easy viewing for nurses' who are under time constraints. Additionally, I believe a written submission does not catch the interests of higher authority members in acute settings within a busy department. Therefore, the recommendations that I have gathered for them will have a higher chance to hopefully be implement in practice, as I believe my poster has provided enough evidence and has identified specific barriers to HH compliance amongst nurses.

References:

Schneider, Z., Whitehead., D., LoBiondo-Wood, G., & Haber, J. (2013). Nursing and midwifery research methods and appraisal for evidence – based practice (4thed.). Sydney, Australia: Mosby.