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Hand Hygiene Behavior among Healthcare Workers in the United States

Hand hygiene practice among healthcare workers in the United States has a direct relation to improved health outcomes. Healthcare professionals who practice hand hygiene act as agents of reducing infections and the spread of disease in highly transmittable areas. Hand hygiene practices actively help to prevent the spread of many infections. In practice, through regular cleaning of hands, the practitioner limits the spread of germs and infectious bacteria. This behavior is critical as it minimizes the spread of germs that could be resistant to antibiotics. Germs resistant to antibiotics are difficult to treat, and therefore handwashing behavior is necessary. Through improved hand hygiene practice among healthcare workers, hospitals experience reductions in the spread of infections, leading to timely and effective treatment of patients. In hospitals, better treatment outcomes occur in the context where healthcare workers observe standard hand hygiene protocols in all of the five critical moments. Mertz et al. (2010) find the five critical moments of hand hygiene for healthcare workers to include the period before touching a patient and prior to conducting a procedure. The last three critical moments include the period after conducting a procedure, touching a patient, and being exposed to a patient's surroundings. Through observing hand hygiene in these critical areas, healthcare workers successfully contain the spread of infections, improving the quality of treatment delivered to patients in the clinical setting.

The evidence of the relationship between hand hygiene practice and reduced infections is direct. This relationship is explained through the finding that a healthcare worker's hand

potentially works as an vehicle for the spread of germs and infections. According to Sax et al. (2009), healthcare workers could aid the spread of infection and transmit bacteria if the environment contaminates their hands. On this ground, a lack of proper hand hygiene practice is likely to spread infections to the patient. Based on the finding that healthcare workers' hands could aid the spread of infections if not properly cleaned and sanitized, patients' health and wellness could equally be compromised. Jansson et al. (2016) cautioned healthcare workers to embrace hand hygiene as a basis for stopping unnecessary infections that could burden them and their patients. Hand hygiene is the single most critical factor proven to constrain the spread of infections. This practice protects the healthcare worker and the patients as well from exposure to disease-causing microorganisms. Marra et al. (2010) indicated that good hand hygiene practices among healthcare workers could reduce the spread of healthcare-associated infections by 15-30%. This finding reveals the direct correlation between hand hygiene and the safety of patients and healthcare workers from possible germ infections, compromising treatment outcomes.

Hand hygiene practice among healthcare workers in the United States has been poor. For a long time, hand hygiene gaps have been an issue facing the U.S. health sector. Jamal et al. (2012) cited a CDC finding which indicates that American healthcare workers take on hand hygiene practices less than half of the moments they should. Most healthcare workers score less than 50% regarding their level of adherence to the standard hand hygiene practice. According to Damani et al. (2013), it is not only the United States that faces this crisis but also the globe. The WHO reports hand hygiene adherence among healthcare workers globally to fall below the 40% mark. Several international research projects contend that the average compliance to hand hygiene protocols among providers worldwide is also less than 40%. Given the finding that only 40% of healthcare workers comply with standard hand hygiene protocols, there has been a high

rate of hospital infections related to this negligent practice. The intentional and unintentional negligence of hand hygiene practice directly and adversely impacts the quality of healthcare services patients receive in hospitals and other care centers.

Hospital infections related to the low levels of healthcare workers' hand hygiene practices are common. According to Larson et al. (2014), poor hand hygiene practices in the United States accounts for healthcare-associated infections affecting 1 in 31 hospital patients on any given day. This finding further reveals the high levels of risks patients hospitalized across the country face if there is no behavior change. The high prevalence of healthcare-associated infections linked to poor hand hygiene reveals this issue as a crisis. This figure, combined with the earlier findings citing that less than 40% of healthcare workers in the United States comply with hygiene, reveals the high exposure to infections facing patients and practitioners in the country. Of the healthcare-associated infections affecting 1 in 31 hospital clients on any given day, more patients are subject to four adverse outcomes. First, there is colonization and exogenous patient infections. Secondly, some face endogenous and exogenous infections. The last two outcomes include infections in healthcare workers and colonization of the healthcare environment.

Poor hand hygiene practice among healthcare workers is more likely due to infrastructure, social, and technical factors. One of the leading motivators promoting this behavior is negligence. Negligence to observe routine practices of hand hygiene while attending to patients is likely to occur. Healthcare professionals tend to neglect the hygiene standards on hand cleaning. Constant neglect of these standards often would make the behavior become habitual. According to May-Lin et al. (2013), poor hand hygiene could be caused by material infrastructure gaps. For instance, hand care product accessibility acts as a motivating factor to low hygiene. Healthcare workers need to have a high level of accessibility to hand care products

and infrastructure, including sanitizers, water basins, soap, towels, and other materials. Also, poor hand hygiene practice is motivated by a lack of knowledge regarding proper handwashing techniques. Poor technical knowledge of proper handwashing techniques for the given setting compromises the attainment of hygiene standards. Lastly, Lehotsky et al. (2015) states forgetfulness as one of the leading contributors to poor hand hygiene practice among healthcare workers. In this regard, healthcare workers may forget to clean their hands due to the busy schedule and pressure to attend to patients.

Poor handwashing behavior is difficult to change due to several perceived barriers that constrain healthcare workers from complying with established standards. First, some workers fail to comply due to the fear of skin irritation related to hand hygiene agents. Another barrier is challenges related to poor material supplies in the healthcare setting. For instance, inaccessible hand hygiene supplies could make it a challenge for behavior change, even for willing people. Also, it has been difficult to achieve positive behavior change in hand hygiene due to the attitude among many health care providers who perceive patients' needs as a priority over hand hygiene. Other contributing factors include forgetfulness and inadequate training.

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