

FOCUS ON RESEARCH

A PILOT STUDY OF AN UTILISATION FOCUSED EVALUATION OF FACTORS INFLUENCING HAND HYGIENE PRACTICE IN NURSING STAFF WITHIN NHSScotland

Researchers

Prof Mary Henry, Dr Markus Themessl-Huber, Pamela Davidson, Dr Karen Lee

Aim

To assess the feasibility of an utilisation focused evaluation of the factors influencing hand hygiene practice in nursing staff within NHSScotland.

Project Outline/Methodology

Four methods were tested for their feasibility in assessing hand hygiene attitude, knowledge and skills of all nurses and student nurses on two selected wards in a teaching hospital. Audits assessing the hand hygiene facilities available in the wards; Observations of nurses' skills and compliance with hand hygiene regulations; Questionnaires assessing nurse's attitudes towards and knowledge of recommended hand hygiene practice; Focus groups with nurses identifying barriers and facilitators to good hand hygiene practice. Well known and tested tools were used to collect data for the audits and observations. The questionnaires were based on well known and tested instruments but the researchers adapted them for local use of this specific project.

Key Results

Two audits were carried out on two hospital wards without difficulties. The audit tool was easy to administer and consistently identified areas of good and bad practice. The audits showed that both wards provided adequate hand hygiene facilities to nurses and patients. Recruiting nurses to the observation, questionnaire and focus group components proved to be a difficult and slow process and recruitment fell significantly below the target of 40 nurses. Persistent efforts from the researcher and nurse managers both on the wards and on trust level eventually resulted in 17 nurses having been observed over a 2-hour period. The research nurse noted at the first observation that one Scale needed to be adapted when nurses wore gloves in order to provide meaningful risk assessment scores and that a 1-hour long observation period would be sufficient. The observed nurses' compliance with guidelines and standards was excellent and considerably higher than those reported in other studies. On average, 70% of all activities carried out by the nurses were in compliance with local hand hygiene guidelines and

standards. However, the methods used do not allow for a generalisation of these results beyond the study wards and indeed beyond the nurses observed. Low response rates from nurses did not allow for a proper testing of the questionnaires. The suitability of the questionnaires for assessing hand hygiene attitudes and knowledge was then confirmed on 100 students.

Conclusions

A multi-method approach to evaluating factors influencing compliance with hand hygiene practice among nurses is feasible. The use of facility audit and observation methods is recommended even though the latter require considerable efforts in the recruitment of participants. Both methods provided rich data about factors influencing nurses' compliance with good hand hygiene practice. The use of questionnaires and Focus Groups, however, for studies focusing on nurses' attitudes towards and knowledge of infection control prevention and practice in teaching hospitals is not recommended.

What does this study add to the field?

This study shows that the observed nurses are conscientious and skilled in their approach to infection prevention and control. It also highlights the need for innovative approaches to measuring infection control related attitudes and knowledge of nurses and demonstrates that the use of questionnaires and focus groups in teaching hospitals is ineffective.

Implications for Practice or Policy

Hospitals provide adequate hand hygiene facilities and ward nurses have the skills to comply with hand hygiene guidelines. Effective ways to assess nurses' attitudes towards and knowledge of hand hygiene practice have to be explored.

Where to next?

Members of the research team are investigating the evaluation of the national Cleanliness Champions programme.

Further details from:

Mary Henry: Health Protection Scotland
Clifton House, Clifton Place Glasgow, G3 7LN
Mary.Henry@hps.scot.nhs.uk

