Caregivers' perceptions of patients as reminders to improve hand hygiene

LONGTIN, Yves, et al.

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Shah, Danoff, Radford, Rolnitzky, and Sedlis. Drafting of the manuscript: Shah and Sedlis. Critical revision of the manuscript for important intellectual content: Shah, Danoff, Radford, and Rolnitzky. Statistical analysis: Shah and Rolnitzky. Administrative, technical, and material support: Shah. Study supervision: Danoff and Sedlis.

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Results. Of the 277 respondents (response rate, 41.4%), 44% were physicians, and 56% were nurses; 65% had more than 10 years’ work experience. Only 3% had been asked by a patient whether they had cleansed their hands before being cared for in the previous month. Although 74% believed that patients could help to prevent health care–associated infections, 29% of respondents did not support the idea of being reminded by patients to perform hand hygiene, 27% believed that such an inquiry is not part of the patients’ role, and 37% would not consent to wear a badge inviting patients to ask about hand hygiene. Seventy respondents (26%) considered that inviting patients to inquire about staff hand hygiene would be too time consuming, 17% believed that patient inquiry would be upsetting, and 27% felt that it would be humiliating. Forty-four percent admitted to a feeling of guilt if patients discovered that they omitted hand hygiene, and 43% would be ashamed to disclose that they forgot to cleanse their hands. Forty-six percent admitted to a feeling of guilt if patients discovered that they omitted hand hygiene, and 43% would be ashamed to disclose that they forgot to cleanse their hands. Forty-six percent admitted to a feeling of guilt if patients discovered that they omitted hand hygiene, and 43% would be ashamed to disclose that they forgot to cleanse their hands. Forty-six percent admitted to a feeling of guilt if patients discovered that they omitted hand hygiene, and 43% would be ashamed to disclose that they forgot to cleanse their hands.

By multivariate analysis (Table), endorsement of patient inquiry was independently associated with the beliefs that patients can help prevent medical errors and that patient inquiry can improve HCWs’ hand hygiene behavior. By contrast, endorsement was inversely associated with the belief that omitting hand hygiene is inconsequential, the perception that patient inquiry would be humiliating to HCWs, and that such a strategy would call into question their competency.
Comment. This survey indicates that a nonnegligible proportion of HCWs do not endorse the concept of inviting patients to ask about hand hygiene, a finding reported by other studies. The relatively low rate of endorsement is partly explained by the negative feelings associated with disclosing omission. Similar to their tendency not to disclose minor medical errors, HCWs may prefer to keep patients in relative ignorance regarding appropriate hand hygiene behavior to avoid delicate situations. Support from HCWs is central to the success of patient participation endeavors, and failure to enlist their open support may undermine the outcome of such programs.

Our study has some limitations. Our response rate was low, and both participation and desirability bias may be present. Our study was conducted in a single center with a longstanding experience in hand hygiene promotion (although without any patient participation component), and our results might not be fully generalizable to other settings. Caregivers’ reactions to real-life patient inquiry should be addressed further.

Yves Longtin, MD
Natacha Farquet, MD
Angèle Gayet-Ageron, MD
Hugo Sax, MD
Didier Pittet, MD, MS


Author Affiliations: Infection Control Program and WHO Collaborating Centre on Patient Safety (Drs Longtin, Farquet, Gayet-Ageron, Sax, and Pittet) and Division of Clinical Epidemiology (Dr Gayet-Ageron), University of Geneva Hospitals and Faculty of Medicine, and First Global Patient Safety Challenge, WHO Patient Safety (Dr Pittet), Geneva, Switzerland. Dr Longtin is now with the Infectious Disease Research Center, Centre Hospitalier Universitaire de Québec–CHUL and Laval University, Québec City, Quebec, Canada.

Correspondence: Dr Pittet, Infection Control Program and WHO Collaborating Centre on Patient Safety, University of Geneva Hospitals and Faculty of Medicine, 4 Rue Gabrielle Perret-Gentil, 1211 Geneva 14, Switzerland (didier.pittet@hcuge.ch).

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Hepatitis B Screening in a US Academic Primary Care Practice

Chronic hepatitis B virus (HBV) infection is a major cause of cirrhosis, liver failure, and hepatocellular carcinoma globally, with its highest burden in Asia. In the United States, up to 2 million persons have chronic HBV infection, of whom more than 50% are of Asian ancestry. In Asian Americans, HBV testing has been shown to be cost-effective. The Centers for Disease Control and Prevention recommends HBV screening in persons born in Asia in addition to their US-born children who were not vaccinated as infants.