Hand washing: New or old findings?

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Editorial

When the impact of poor hand-washing practices became evident as a problem in healthcare, many interventions and incentives were generated. Hand washing by soap and water, water alone or alcohol antiseptics are considered in hand washing practices. The impact bacteria introduction to patient settings by healthcare workers incited a series of change polices. Following this, the compliance to such policies has been under regular measurement. The importance of hand-washing by healthcare workers is clear; however, the compliance to such practices, based on measurements, has vacillated. The most success to interventions has been with educational practices that are coupled with heightened awareness to accessible resources. Feedback and awareness alone have not been useful in promoting hand washing [1].

Some reports of educational programs reported changes in hand washing practices from 9% to 22% for health care workers [1]. Additionally, the provision of accessible, alcohol-based, waterless hand antiseptic revealed increased compliance with hand-washing [1]. The increase in use of alcohol-based waterless hand antiseptic has led to comparisons in outcome between that and soap hand washing with mixed results. Further, the studies in this area have different points of focus. Some of the research examined hand washing after patient contact; others examined hand washing before and after procedures and some examined hand washing by hospital department [2-4].

Hand washing practices for infection control is essential. While this focus is not disputed, the varying approaches in the literature have led to different research designs and an unanswered problem. What is thought to be needed in the approach to increasing hand washing practices may be some more universally accepted measurements. The theory based approach to plan the hand washing compliance has led to greater compliance [5]. Additionally, individualizing the hand washing techniques to a focus on healthcare professionals in all aspects of their work is responsible [6,7]. For example, physicians improved in hand washing with accessible hand soap dispensers. Given the significant number of patient, clinic procedure and surgical procedure involvements of the physician, this may be the substantial source for hand washing interventions [8]. Other researchers have examined the hand washing issue from the other vantage point, the patient. Messaging with signage about consequences to the patient increased hand washing in some instances to 87.7% [9]. It has been suggested in the literature to combine all approaches to increase compliance of hand washing. Health and safety messaging about consequences to the patient care along with observation has been recommended [9].

The importance and method of increasing compliance of hand washing are identified. With good compliance rates reported, the overall responses are still lower than what is needed to combat infection. Hospital policy, personal assistance (i.e., charging the task of reminding to wash hands to a staff member that communicates with health care professionals) and maintenances of messaging programs that dispel the personalizing to the physician or health care provider to comply with hand washing but rather to the consequences to patient care are reasonable, necessary changes to universally implement.

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