



## Clinical Case Study

## Tell me how pleased you are with your workplace, and I will tell you how often you wash your hands

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## Key Words:

Hand hygiene compliance  
 Psychological safety  
 Personal responsibility

Hospital-acquired infections are the most common complication of treatment and the primary patient safety hazard. Hand hygiene (HH) is the most important tool for preventing these infections. Although thousands of research projects have been conducted, many articles written, and numerous therapeutic recommendations made, the goal has not yet been reached. The professional literature emphasizes that the reasons HH strategies fail are still only partially understood. The aim of this study was to examine the correlation between the psychological safety of an organization's nursing staff and its sense of personal responsibility for avoiding transmission of infections. Questionnaires were distributed to the 400 nurses in a children's hospital. Nurses' psychological safety and sense of responsibility for transmitting infections were positively correlated ( $r = 0.425$ ;  $P < .001$ ). In addition, 209 respondents (95.7%) believe that transmission of resistant infections between patients is preventable and 74% agree that transmission of infections is the responsibility of the care staff, but only 40% were willing to take personal responsibility in the department in which they were employed. There is a correlation between nurses' psychological safety and sense of responsibility for transmitting infections. To increase workers' sense of personal responsibility regarding infections as a way to increase the response to HH, hospital management must work toward increasing workers' psychological safety.

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Almost 2 million US patients experience hospital-associated infections each year. These infections result in additional costs of approximately \$30,000-\$80,000 per patient. Approximately 19% of these patients die because of hospital-associated infections.<sup>1</sup> What is most unfortunate is that the primary source of these infections is a preventable hazard. Improving handwashing practices is an effective method to reduce their prevalence. Global health care initiatives, nationwide hospital campaigns, and numerous creative quality improvement strategies aim to improve handwashing compliance and have led to individual hospital savings of up to \$2.5 million annually.<sup>2</sup>

Despite guidelines indicating when and how health care workers should perform hand hygiene (HH),<sup>3</sup> strong pressure from regulatory bodies worldwide to improve performance, and many improvement strategies, compliance is poor.<sup>4</sup> Thus, it is important

to investigate the reasons workers do not comply with HH along with reasons they do.<sup>1</sup>

For this purpose, it is essential to understand both the barriers to and motivators for this behavior. Health care workers' compliance with HH guidelines has generally been determined using self-reporting, observational, and interventional approaches. Barriers frequently identified include gender (female staff members washed their hands significantly more often than did their male counterparts after patient contact), being a physician rather than a nurse, working in an intensive care unit, working weekdays rather than weekends, lack of time, lack of organizational support, and organizational culture.<sup>3</sup>

According to McLaughlin and Walsh,<sup>1</sup> there are 2 types of reasons for washing or not washing hands: internal and external. Internal reasons are related to the individual (such as irresponsibility and laziness), whereas external reasons are objective and not dependent on the respondent (such as lack of time and skin damage). Interestingly, health care workers generally reported that 4 of the top 5 reasons for washing hands were internal. In addition, they indicated many more reasons for handwashing compared with reasons for not washing. Reasons for not washing were divided between internal and external categories. Psychological aspects of behavior

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change demonstrated significant potential for predicting HH behavior and for devising interventions to improve compliance.<sup>4</sup> Moreover, only a strategy targeting barriers to change would achieve long-lasting improvements in HH behavior.<sup>5</sup>

A wealth of studies show that the safety climate is important for a host of safety-related outcomes in high-reliability industries, including health care.<sup>6-8</sup> Organizational research has identified psychological safety as a critical factor in understanding phenomena such as teamwork, team learning, and organizational learning.<sup>9</sup>

A psychosocial safety climate (PSC) refers to shared perceptions regarding policies, practices, and procedures reflected in an organization's position concerning the value of the psychosocial health and safety of employees in the workplace. A low PSC is indicative of the failure of senior managers and/or supervisors to value workers' psychosocial well-being in the workplace and results in increased job demands and decreased work resources.<sup>10</sup> Psychological safety enables learning, experimenting, and new practice production: This has been shown by the fact that intensive care units with more extensive staff education have lower risk-adjusted mortality rates.<sup>9</sup>

Jimmieson et al<sup>16</sup> examined 2 different aspects of the psychological work environment (ie, perceived time pressure and safety climate as it related to HH) in the prediction of self-reported hand hygiene compliance (HHC). The proposed negative effects of time pressure on HHC were minimal, but it was observed that time pressure dominates the utility of the HH climate having a positive influence on HHC and that the most conducive workplace is one that alleviates time pressure and promotes a culture of safety.

In addition, as Shlomei, Rao, and Patole concluded in their systematic meta-analysis,<sup>5</sup> feedback allows health care professionals to improve HHC, and learning from feedback is an important criteria for organizational learning and PSC. Thus, performance feedback is expected to facilitate change in health care professionals' behavior by improving awareness. Psychological safety was found to promote exploratory and exploitative learning, experimenting, and team performance.<sup>9</sup>

The goal of this study was to expand the existing knowledge of ways to increase response to HH by determining factors that motivate or prevent staff from practicing it. Correlations were sought between the factors that can help clarify this issue, define a relevant intervention program for medical institutions, and even determine policy.

An additional goal was to examine the correlation between the psychological safety of the nursing staff within the organization and their sense of personal responsibility for the transmission of infections, as a predictor of response to HH. Figure 1 illustrates the steps of the proposed behavior model.

## METHODS

### Sample size and characteristics

In this correlational study, questionnaires were distributed to a convenience sample of all 400 nurses in 13 different departments in The Edmond & Lily Safra Children's Hospital, Sheba Medical Center, Tel Hashomer, Israel.

### Study instruments

The research instrument was a questionnaire containing 33 items compiled from several validated questionnaires. The first section (questions 1-8) was derived from a doctoral thesis.<sup>11</sup> It was composed of questions that examine the respondent's beliefs and extent of personal responsibility regarding the topic of contagion among patients in the hospital. For most of the questions, the respondent

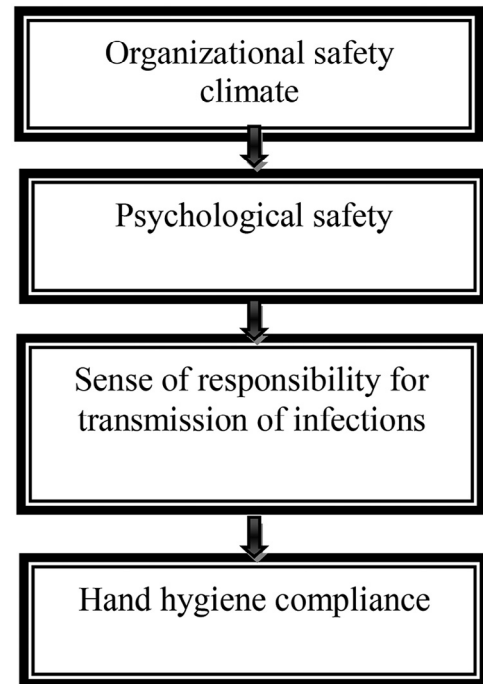


Fig 1. Baseline model.

was asked to rate the extent of agreement with several statements pertaining to HH on a Likert-type scale of 0 (reject this statement) to 5 (totally agree with this statement). In addition, respondents were asked to quantify the extent of their meticulousness with HH (question 23). An internal reliability analysis of the questionnaire was performed (Cronbach's  $\alpha = 0.742$ ).

The second section of the questionnaire (questions 9-22) was taken in part from a survey that examines a worker's psychological safety.<sup>12</sup> The respondents were asked to rate the extent of their agreement with statements pertaining to the psychological safety of the organization. The reliability was high (Cronbach's  $\alpha = 0.893$ ).

The third section (questions 24-33) contained demographic details and 2 open questions: one about the rate of personal response to HH and, "According to research, medical teams do not insist on HH as required. In your opinion, what are the reasons for this?"

The questionnaire was pretested by 15 nurses. They were included among the study participants because the questionnaire was not revised.

### Research variables

Psychological safety of the organization (an independent variable) was defined as a common belief among the staff members that it is safe for them to take interpersonal risks. It determines the way in which an individual perceives the extent of risk assumed when asking questions, suggesting ideas, receiving feedback, or learning from it.<sup>9</sup>

Sense of personal responsibility for HH (a dependent variable) was defined as the level of personal responsibility that the nursing staff members feel regarding preventing infections.<sup>11</sup>

### Statistical analysis

Statistical analyses were performed using SPSS statistical software version 21 (IBM-SPSS Inc, Armonk, NY). To determine whether there were any differences in the feeling of responsibility for the

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