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Major article

Reflection on observation: A qualitative study using practice development methods to explore the experience of being a hand hygiene auditor in Australia

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Background: Within the Australian public health care system, an observation model is used to assess hand hygiene practice in health care workers, culminating in a publicly available healthcare service performance indicator. The intent of this study was for the results to inform the development of a strategy to support individual auditors and local sustainability of the hand hygiene auditing program.
Method: This qualitative study used a values clarification tool to gain an understanding of the experiences of hand hygiene auditors. The methodology involved qualitative interpretation of focus group discussions to identify the enablers and barriers to successful performance of the auditors' role.
Results: Twenty-five participants identified congruous themes of the need for peer and managerial support, improved communication and feedback, and consideration for succession planning. There was consistency in the participants' most frequently identified significant barriers in undertaking the role.
Conclusion: Hand hygiene auditors take pride in their role and work toward the goal of reducing health care–associated infections by having a part to play in improving hand hygiene practices of all staff members. Important themes, barriers, and enablers were identified in this study. This research will be of interest nationally and globally, considering the dearth of published information on the experience of hand hygiene auditors. This study provides evidence of the need to support individual hand hygiene auditors.

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This article describes work undertaken within a regional Local Health District in New South Wales (NSW), Australia using practice development methods. Manly et al[1] describe practice development as "a continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformation of individual and team practices. This is sustained by embedding both processes and outcomes in corporate strategy."

The aim of the present investigation was to gain an understanding of the experiences of hand hygiene auditors who use an observational audit model, and to identify the enablers and barriers to successful carriage of the role from the auditors' perspective to formally evaluate the need for, and enable the development of, effective support mechanisms for hand hygiene auditors locally.

BACKGROUND

Health care–associated infections (HAIs) are common, with approximately 200,000 reported in Australian acute health care settings annually.[2] Since the work of Semmelweis in 1847, hand

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hygiene has been recognized as the most effective and economic intervention for the prevention of HAIs.[3-5] Measurement of hand hygiene compliance by health care workers is an important component of infection control programs,[6] with direct observation of health care workers performing patient care considered the gold standard for hand hygiene auditing.[7] Although national and international guidelines consistently promote effective hand hygiene practices, compliance remains an elusive goal, with hand hygiene adherence rates of <50% reported in many hospitals.[8]

In Australia, Grayson et al[9] developed a multimodal hand hygiene culture change program based on the World Health Organization's "5 Moments for Hand Hygiene."[5] This model uses trained and validated auditors to directly observe health care professionals' hand hygiene behaviors and assess their compliance using standardized criteria. Hand Hygiene Australia (HHA) stipulates the number of observations required, stratified by facility size.[10]

This model has been endorsed by the Australian Commission for Safety and Quality in Healthcare and all Australian state and territory jurisdictions. The aim is to reduce the incidence of health care–associated *Staphylococcus aureus* bacteremias by improved hand hygiene compliance and increased use of alcohol-based hand rub. The initiative has three components: use of the World Health Organization's 5 Moments for Hand Hygiene program, validation of hand hygiene compliance educators and assessors, and measurement of HAIs through the monitoring of *S aureus* bacteremia rates.[11]

Hand hygiene rates for all Australian public hospitals are currently published by the National Health Performance Agency on the My Hospitals website.[12] In NSW, hand hygiene rates are regularly reviewed by the Ministry of Health as a component of the Performance Management Program.[12]

In the studied regional health district, the program includes all 9 health care facilities as well as community-based services. The hand hygiene auditing program is administered by the infection prevention and control team, which facilitates hand hygiene auditor training and is responsible for monitoring and reporting on hand hygiene compliance.[10]

Almost 150 health care professionals employed in clinical roles (predominantly nurses) have been trained as auditors since 2009. Local training programs follow the format mandated by HHA.[10]

Auditing is undertaken as a task within the health care worker's normal working day in clinical areas, under the direction of unit managers. Locally, data are reported to relevant committees, and feedback is also provided to individual facility and department managers and displayed on public notice boards.

Since implementation of the hand hygiene auditing program locally, informal auditor feedback to members of the infection prevention and control team has identified a number of challenges associated with the process of hand hygiene auditing. The infection prevention and control team were concerned that these challenges, if not clearly understood and addressed, would prevent sustainability and further development of the HHA's National Hand Hygiene Initiative (NHHI)[10] locally.

An electronic bibliographic database search of the literature published in English since 1946 was undertaken to identify studies describing outcomes related to observational auditing of health care–related hand hygiene. Key terms were "hand hygiene and audit," "hand hygiene and auditing," "hand hygiene and feedback," and "hand hygiene and observation." Of the 31 articles retrieved, none described or measured the hand hygiene auditors' experience during the auditing process, how the auditors felt about the auditing process, or what barriers or enablers were presented when undertaking the role.

METHODS

This qualitative descriptive study was conducted in February 2014 in NSW, Australia, with ethics approval from the University of Wollongong (reference HE13/487). All currently accredited hand hygiene auditors were invited by email to attend 1 of 3 focus groups for a period of 2-1/2 hours. The invitation also included a participant information letter, consent form, and focus group location and dates. Of the 150 auditors invited, 25 (17%) attended 1 of the 3 focus groups.

Participation in this study was voluntary. Participants could withdraw from attending the focus group at any time before it was held. Participants also were informed that once the focus group was concluded, all group discussions would be deidentified, collated, and themed, and a report would be generated.

To avoid bias, 2 members of the Nursing Development Research Unit (NDRU) cofacilitated the 3 focus groups, rather than members of the infection prevention and control team. NDRU staff are trained practice development facilitators with no relationship to the hand hygiene auditing program. Participants' identities were not revealed to the infection prevention and control team at any time.

Values clarification is a common tool used by practice development facilitators for developing a common shared vision and purpose. It is often the starting point for culture change, because it allows staff to examine their values and beliefs about their roles and discuss openly the barriers within themselves and their workplaces. A values clarification tool was modified by the research team to meet the needs of the study. All 3 focus groups were facilitated by the same 2 NDRU facilitators, who used a defined protocol for all focus groups. Identical questions and statements were presented to participants to explore their perceptions of the enablers and barriers to successful achievement of the auditor role. The participants were asked to take part in a range of different activities, including large and smaller group work. As each question or statement was presented, 1 facilitator led the discussion while the other facilitator scribed.

Focus group questions and statements were adapted from Warfield and Manley[13] and are listed below:

1. What do you believe the purpose of the hand hygiene auditor is?
2. Please complete the following statement: "We believe the factors that enable the role of the hand hygiene auditor are…"
3. Please complete the following statement: "We believe the factors that inhibit or are a barrier to the role of the hand hygiene auditor are…"
4. Please complete the following statement: "We feel valued in the role when…"
5. Please complete the following statement: "I believe the purpose of the hand hygiene auditor can be achieved by…"

Each focus group was then asked to consider and describe the top barriers affecting hand hygiene auditing, and to make suggestions for strategies to overcome those barriers.

Extensive written notes were taken by the facilitators during each focus group. These notes were viewed by all participants as the discussion occurred, and the participants were invited to edit any notes that did not accurately reflect the discussion at the time.

The focus groups were recorded, and the recordings were used to clarify any ambiguity in the written data and to elucidate any discrepancies raised during data analysis. Quotations (Tables 1-3) were transcribed verbatim from these recordings, and confidentiality was maintained throughout.

The raw written data from each of the 3 focus groups were analyzed and themed using manual thematic analysis techniques.

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