Hand hygiene: knowledge and attitudes...
INTRODUCTION

Patient safety in the scientific and care contexts has been much discussed as a result of adverse events observed at hospital institutions. Hospital infections cause many deaths of hospitalized patients, reaching 15% of hospitalized patients in Brazil and 10% in the United States of America and Europe. Healthcare-related infections (HCRI) have increased considerably and caused great involvement in the life of patients, being currently considered a public health problem. They are responsible for increasing considerably the costs in care of the patient, in addition to increasing the length of hospital stay, morbidity and mortality at health services.

One of the recommended measures to reduce healthcare-related infections is the hand hygiene. There are recommendations from normalizing organs regarding products, technique, frequency, among other aspects of the disinfection of hands, to be followed by professionals in the health area, which are based on the relationship between adherence to this practice and the decrease of the endemic rates of infection. However, adherence to hand hygiene is still low. Therefore, the information is not reaching its highest goal, which is changing professionals’ behavior, which has caused concern. The authors of a study carried out in South Brazil corroborates this opinion when stating that, although the understanding regarding the effectiveness of hand hygiene in prevention of infection is widespread, health professionals inadequately adhere to this practice.

Hands are essential tools for professionals who develop actions at health services. Consequently, patient safety depends directly on the adherence to protocols of hand hygiene (HH). Moreover, the behavior of health professionals regarding microbial hazards associated with non-adherence to hand hygiene is contradictory, being assigned to the false perception of a risk, the underestimation of individual responsibility and the minimization of the problem. Furthermore, the inappropriate behavior not always refers to the lack of knowledge about the dangers and forms of transmission of micro-organisms.

Therefore, the non-hand hygiene constitutes a serious public health problem since it leads to the resistance of micro-organisms to pharmacological treatments; increased hospitalization time; increased costs to health systems and increased mortality.

In this context, patient safety represents a global issue and the theme hand hygiene has been addressed primarily in relation to attitudes that contribute to the reduction of nosocomial infections.

In this context, the protocol for the Practice of Hand Hygiene in Health Services was created, whose purpose is to guide professionals on the practice of hand washing and preventing the transmission of microorganisms. This protocol aims to advise the correct technique and five times that health professionals should sanitize their hands: “before touching a patient”; “before clean/aseptic procedures”; “after body fluid exposure/risk”; “after touching a patient” and “after touching patient surroundings”. The deployment of the protocol of hand hygiene is one of the six goals recommended by the Ministry of Health to improve patient safety in the hospital environment.

OBJECTIVES

• To assess the knowledge and understanding of health professionals in relation to the practice of hand hygiene

• To assess the adherence of health professionals to the five moments of hand hygiene.

METHOD

This is a quantitative, descriptive, observational, cross-sectional study, performed at a philanthropic hospital in the city of João Pessoa (PB). The data were collected during the months of September and October of 2017.

The researchers interviewed 56 professionals among doctors, nurses, nursing technicians and assistants, stretcher carriers, cleaning personnel, dieticians, pharmacists, physiotherapists, laboratory technician, receptionists and telemarketing. The instrument used for the survey about the knowledge in relation to the hygiene of hands was a self-administered questionnaire.

1 - Questionnaire to assess the knowledge on hand hygiene.

The participants answered a basic questionnaire adapted from the questionnaire recommended by the World Health Organization about the perception of health professionals about healthcare-related infections and to hand hygiene that addressed issues related to the perception and knowledge of the team related to hand hygiene, such as its importance, its efficiency and occasions they practiced hand hygiene.

The questionnaires were applied during the shift of professionals who were providing care assistance in the infirmaries, which were randomly chosen according to the availability in the service at the application of the same, respecting the criteria of secrecy.

2 - Questionnaire of observation of hand hygiene

Concomitant to the application of the questionnaire about the knowledge, the questionnaire of observation of hand hygiene of WHO, of blind nature to the team, was used in
order to assess the behavior of the team in daily clinical practice. The observation is carried out for 20 through 30 minutes, without disrupting the activities of the professionals, registering the total of opportunities for hand hygiene. The completed form of opportunities includes the five moments of hand hygiene recommended by the WHO, as described below:

1. Before touching a patient;
2. Before clean/aseptic procedures;
3. After body fluids exposure/risk;
4. After touching a patient;
5. After touching patient surroundings.

An opportunity of hand hygiene is an opportunity where one of the indications for hand hygiene is present and is observed.

The opportunity is a unit that is responsible for the action. The need to sanitize hands is the simple or multiple ratio (the indication that leads to the action). It constitutes the denominator to measure the rate of adherence to hand hygiene by health professionals.

For each professional in observation, the aforementioned opportunities were evaluated, calculating the rate of compliance as follows: rate of adherence to opportunities for hand hygiene is equal to the number of hand hygiene actions performed by health professionals, divided by the number of opportunities performed for the hand hygiene multiplied by 100.

The professionals were approached at the hospitalization unit and, in case they accepted to participate in the study, they were invited to go to a reserved room to ensure privacy. The participants signed the Informed Consent Form (ICF), in two copies, before starting the interview, as advocated by Resolution 466/2012, which regulates researches involving human beings. This study was approved by the Research Ethics Committee (REC) of the University Center of João Pessoa, under Consubstantiated Opinion 1.209.075, September 1, 2017.

The collected data were entered in a database built in Microsoft® Office Excel, analyzing them later by means of descriptive statistics. The proportions of affirmative answers in relation to the total number of responses obtained in relation to the knowledge on hand hygiene were calculated, as well as the number of adherence to opportunities of hand hygiene in relation to the total number of opportunities observed.

**RESULTS**

Table 1 describes the questions related to the knowledge and perception on hand hygiene. It shows that 100% of the interviewed professionals considered hand hygiene important and acknowledged the role of hands as inducing agent of infection and that the practice of hygiene leads to prevention of infection. Health professionals’ hands were recognized as route of transmission of microorganisms by 94.7% of respondents; however, 36% admitted not practicing a perfect hygiene before and after touching a patient.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>YES (%)</th>
<th>NO (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider hand hygiene important?</td>
<td>96</td>
<td>4.0</td>
</tr>
<tr>
<td>Do you consider hand hygiene efficient in the prevention of infections?</td>
<td>94.7</td>
<td>5.3</td>
</tr>
<tr>
<td>Are professionals’ hands routes of transmission of microorganisms?</td>
<td>63.5</td>
<td>36.5</td>
</tr>
<tr>
<td>Do you practice a perfect hand hygiene before and after touching a patient?</td>
<td>87.5</td>
<td>12.5</td>
</tr>
<tr>
<td>Does the use of an alcoholic solution (alcohol gel) facilitate hand hygiene in the work routine?</td>
<td>92.5</td>
<td>7.5</td>
</tr>
</tbody>
</table>

The general rate of adherence to hand hygiene was 8.5%, while the lower adherence observed was the hand hygiene after touching a patient (2.1%) (Table 2).
DISCUSSION

Although the procedure of hand hygiene is simple and low-cost, the incorporation in the daily practice of professionals was not observed. Nevertheless, the adoption of this practice by health professionals is extremely important. The change of culture relates to the offer of training, allied to the support of the managers to this practice.

In addition to the permanent education, understanding and knowledge of the organizational culture of the institution are fundamental for adherence to protocols, since the adherence goes through the greater involvement of people and teams and the responsibility of each one in the work process, facilitating change and demonstrating improvement in the work process and the results expected by the implementation of protocols.

CONCLUSION

The results show that 100% of the professionals consider the practice of hand hygiene important, 64% stated practicing a perfect hand hygiene before and after touching a patient, but the assessment of the adherence rate to hand hygiene opportunities showed a low rate of only 8.5%.

This study shows the need for a training program directed to professionals, which will allow improving the knowledge about the theme, promoting changes in habits, which, in turn, lead to a reduced number of hospital infections.

REFERENCES


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