Hand hygiene

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**Introduction**

Healthcare-associated infection (HCAI) affect hundreds of millions of patients globally each year(L. M. Kingston, O’Connell, & Dunne, 2017). Nearly 25,000 people die in the European Union annually as a result of infections caused by MDROs (L. M. Kingston et al., 2017). Hand hygiene is one of the effective action that can be taken to reduce and prevent healthcare-related infections (Sickbert-Bennett et al., 2016). The World Health Organization (WHO), has categorised it as a primary measure to decrease health-care related infections in hospitals (White et al., 2015). It is also simple, cost-effective and extremely effectual in regulatory the spread of HCAI (L. M. Kingston et al., 2017). However, regardless of its increasing priority, the measure continues to be ignored by healthcare workers (Kennedy & Burnett, 2011). Different reasons for the non-compliance are time constraints and scarcity of staff. This increases pressure over healthcare workers and they consider it time wastage. This essay will discuss the significance of hand hygiene for nursing and nurse’s attitudes and beliefs regarding the use of this method. Different strategies will also be discussed to increase the compliance of nurses with hand hygiene.

**Discussion**

Thousands of people expire as a result of different infections that they acquire while receiving health care. Two kinds of microbes are found to dwell hands; the resident flora and transient flora. The resident flora resides under the apparent cells of the stratum corneum while the transient flora resides the superficial layers of the skin. Transient flora is easy to be removed with hand hygiene as they are usually acquired by health care workers (Kapil, Bhavsar, & Madan, 2015). Healthcare workers have direct contact with patients during their clinical practices. Subsequently, they can become intermediaries of pathogenic microorganisms as well as contracting an HCAI. Infected hands are the prime cause of these transmissions of infections and deaths (Banach, Bearman, Morgan, & Munoz-Price, 2015). Therefore, hands should be used in such a way to avoid the transmission of harmful microorganisms. Health-care workers are required to perform hand hygiene in these situations; before touching a patient, before clean procedures, after body fluid exposure, after touching a patient as well as after touching patient surroundings (Chou, Achan, & Ramachandran, 2012; White et al., 2015). The five movements are made essential by WHO (L. Kingston, O’Connell, & Dunne, 2016).

Hand hygiene consists of different actions of hand cleansing (Hugonnet & Pittet, 2000). However, in most situations hand rubbing with alcohol-based hand rub (ABHR) is considered as the best method to hand hygiene (L. M. Kingston et al., 2017). Hand rubbing is the ‘gold standard' method that is suitable for all occasions and except for those that require compulsory handwashing with soap and water (Hugonnet & Pittet, 2000). This method is a standalone technique that is performed in isolation and combined with any other method. Healthcare workers are advised to regularly perform hand hygiene using ABHR. Therefore, it is significant to know about the nurse's attitude about hand rubbing practices. Compliance with hand hygiene policies and the standard is also closely linked with the culture of the clinical area (Kennedy & Burnett, 2011). There is a Theory of Planned Behaviour (TPB), which is a decision-making model comprising that consists of beliefs that have an effect over health actions (White et al., 2015). In the model different beliefs that have affected the decisions are behavioural beliefs, normative beliefs, subjective norms and control beliefs. Identification of these beliefs is necessary for targeted health promotion strategies (White et al., 2015).

Accordingly, hand hygiene education is the keystone of nursing prac­tice. Regardless of the well-documented link between inadequate hand hygiene and healthcare-related infections. Hundreds of healthcare workers are found not to comply with hand hygiene. Nurses in India, Sri Lanka, South Korea and Jordan are reported to have moderate hand hygiene knowledge (L. M. Kingston et al., 2017). But, in some European countries, such as in Italy and Slovakia nurses have poor knowledge of hand hygiene. Practitioners are required to be provided with appropri­ate education along with training and support for this practice (Zhou, Jiang, Knoll, & Schwarzer, 2015). This will increase their knowledge and understand­ing about the necessity of the practice(Kennedy & Burnett, 2011).

There are different reasons for noncompliance of health care workers with the required hand hygiene practices. The most common is time and staff shortages. Despite the fact that ABHR considerably takes less time for hand hygiene. The time serves as a barrier in most of the situations. Hand rubbing takes far less time than hand washing with soap and water (L. M. Kingston et al., 2017). Nurses focus on their learning and skills development. They must be given enough time for their duties to maintain hand hygiene. For these measures should be taken to overcome the staff shortages. Moreover, different beliefs of health care workers also reduce the rate of hand hygiene compliance. In the past, ABHR is thought to cause more skin damage as compared to the damage caused by soap and water. ABHR also has an unpleasant smell and people feel unclean after its use. All these concerns have no significant basis as research as providing the non-damage nature of ABHR as well as its use in hygiene. Here, healthcare leaders are required to provide education and training to all staff for increasing the rate of compliance.

**Conclusion**

Healthcare workers who are involved in direct or indirect patient care are required to maintain hand hygiene. They should also perform it correctly and at the right time. The most effective approach in this regard is the use of ABHR which is the cleaning of hands by rubbing them with an alcohol-based construction. This is considered as the quicker and more effective method as compared to washing hand with soap and water (Elkhawaga & El-Masry, 2017). The purpose behind this technique is to decrease hand settlement of transient flora. Despite its so many advantages and reduction in deaths as a result of infections. Healthcare workers are often found not to use this technique effectively. Different reasons for this are time and staff shortage as well as their behaviours shared by their cultures. For instance, they think that ABHR causes skin irritation (Hugonnet & Pittet, 2000). All these barriers can be overcome with proper training and education. Moreover, healthcare workers should also be given knowledge related to the benefits of reducing infections transmission to change their beliefs.

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