

Premise ato

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Poor hand washing practice by health care providers Department Premise Ato Hand washing by health care providers is the most basics of all hygiene practice but surprisingly they are not doing it well enough. To understand the ratio as to what is the percentage of providers that actually wash their hands according to the standard policies and procedures, this paper looks at secondary evidence and journal articles to look at what the percentage is and why hand washing is so important.

First of all hand washing prevents diseases, so it is not really an option.

Speaking of diseases, nosocomial infections are those that are thought be significantly reduced by washing hands. Debate also suggests that washing hands by health care providers might not be the primary way to prevent the spread of disease however, due to the results that do show that these prevent the speared of disease, the U. S Centers for Disease Control and Prevention has issued through recommendations promoting hand washing by health care providers (Lucking, Maffei, Tamburro & Thomas, 2012).

Having highlighted how important it is to wash hands, the adherence to hand washing guidelines by healthcare providers and especially by physicians is notoriously poor (Lucking, Maffei, Tamburro & Thomas, 2012).

For this research paper, evidence from Chengdu, China is looked at, where 6 hospitals were observed for hand washing adherence. Doctors and nurses were asked about their hand washing practice and observations are recorded. Surprisingly out of 1535 activities where hand hygiene is considered necessary, only about 17. 8% of the times the healthcare providers complied with hand washing safety standards (Han, Dou, Zhang & Zhou, 2011). These results don't reflect the situation in the US however this

is an eye opener as to what can be expected in case there is no scrutiny regarding hygiene.

Speaking of overall situation of hand hygiene, in practice it is only observed half of the times it is required for patient care (Carayon, 2011). And interestingly, healthcare providers have their reasons for not completely adhering to hygiene practices; less number of sinks, soap causing irritation or dryness, less number of paper towels and soap, wastage of time as they are too busy with patients, they even complain about faucets and sinks being located at odd places (Carayon, 2011).

This complaint from nurses of not having enough time to pay attention to their hand hygiene is also endorsed by Lautenbach, Woeltje & Malani (2010), where they showed that lack of hand hygiene in hospitals was the major cause of transmitting pathogens. Poor adherence to hand hygiene by health care workers (HCW) suggested that they didn't have enough time to wash their hands as frequently or as thoroughly as required (Lautenbach, Woeltje & Malani, 2010).

Time is of significant importance in hand hygiene. The complaints regarding insufficiency of time by nurses and doctors are no doubt grounded in reality. However to take care of this issue many suggestions have also been proposed. With the proper support by the administration of hospitals and advice by HCWs, there can be significant improvement in hand hygiene practices. For instance according to observations, it takes about 62 seconds on average for a nurse to get up from the patient's bedside and go to the sink, wash and dry hands properly (Lautenbach, Woeltje & Malani, 2010). In contrast, if hand sanitizers are provided right beside the patient's bed this

time can be significantly reduced.

References

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