

Barriers that explain why nurses in Dutch long-term care facilities (LTCFs) do not perform hand hygiene in daily practice

Anja Haenen¹, Dominique Lescure¹, Andreas Voss², Marlies Hulscher¹, Anita Huis¹

¹Radboud university medical center, Radboud Institute for Health Sciences, IQ Healthcare, Nijmegen, The Netherlands

²Radboud university medical center, Department of Medical Microbiology, Nijmegen, The Netherlands

Introduction

Hand hygiene is important to prevent healthcare associated infections. Our pilot study in Dutch LTCFs, however, shows that hand hygiene compliance, is 20% (range 0%-35%).

To improve hand hygiene, the choice of interventions should be informed by the barriers and facilitators that influence current hand hygiene behaviour according to LTCF nurses.

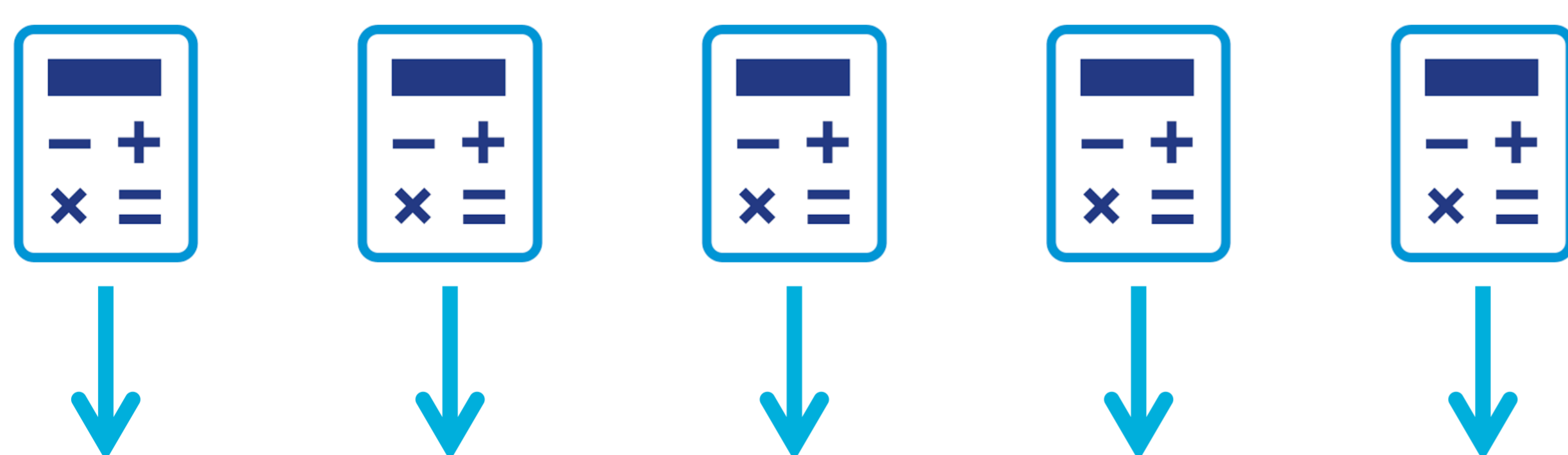
Objective

Explore the barriers and facilitators experienced by LTCF nurses

Methods



Focus group discussion



Barriers and Facilitators

We organized focus group discussions with 30 nurses from 5 LTCF's. Our topic guide was based on a compiled list of 57 potential determinants grouped into 7 domains. The group discussions were transcribed verbatim and thematic analysis was independently conducted by 2 investigators. Each group lasted 1.5 hours.

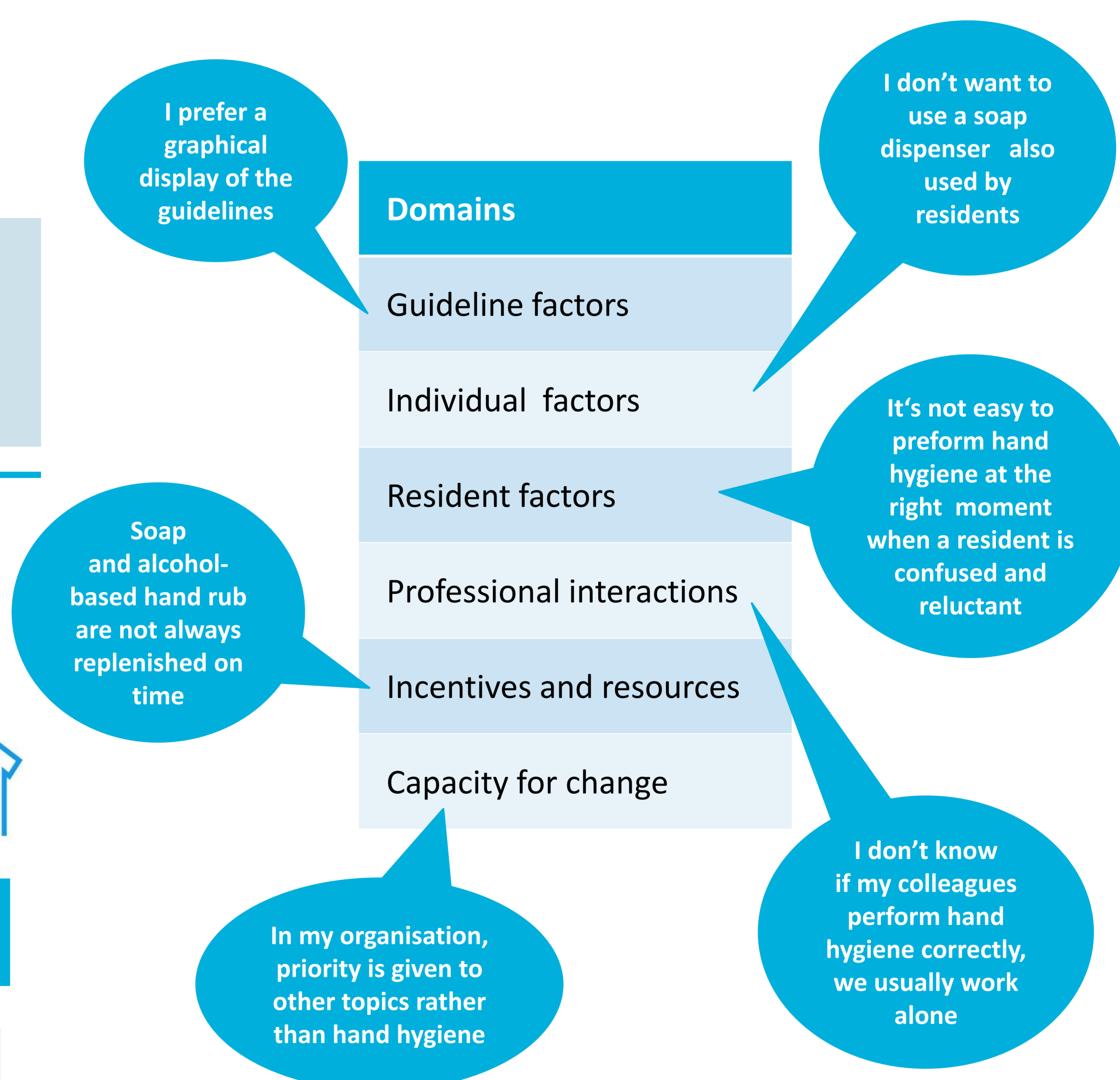
References

- Flottorp et al. A checklist for identifying determinants of practice: A systematic review and synthesis of frameworks and taxonomies of factors that prevent or enable improvements in healthcare professional practice. *Implementation Science* 2013 **8**:35.
- WHO. *Hand hygiene in outpatient and home-based care and long-term care facilities: a guide to the application of the WHO multimodal hand hygiene improvement strategy and the "My Five Moments For Hand Hygiene" approach.* (www.who.int)

Contact: Anja Haenen, PhD
(anja.haenen@radboudumc.nl)

Results

Our focus group discussions provided **33 potential determinants from 6 domains**



Conclusion

Nurses from LTCFs experienced many barriers to hand hygiene, partly similar to those experienced by their colleagues in the hospital settings. The presence of these barriers will be confirmed by questionnaire in all nurses of 25 LTCF teams, from 14 LTCFs who participate in our study. The next step is to develop a tailored intervention to overcome these barriers. To assess whether our intervention is effective we will observe hand hygiene compliance in a stepped wedge cluster randomized design.