Correspondence

Hand hygiene compliance rate among healthcare professionals

To the Editor

Nosocomial infection is a significant health threat in Saudi Arabia with an incidence of 8.5%.1 Washing hands is a simple, economical, and effective method for preventing nosocomial infections. The data addressed by Bukhari et al² revealed an overall non-compliance rate of 49.7% among healthcare professionals. Although this rate is generally lower than that reported worldwide (60%),³ it obviously pertains to the global problem of poor compliance to hand washing guidelines among healthcare professionals. The nearly equal non-compliance rate among physicians (50.9%) and nurses (47.8%) in Bukhari et al's study² might reflect condensed working conditions, limited access to hand hygiene products, and the popular misconception on the correlation between drying and soreness of hands, and frequent washing. It is interesting to know that the high non-compliance rate (49.7%) with hand hygiene guidelines addressed by Bukhari et al² was attained after enrolling the participants in a long educational campaign. This may reflect the assumption that either the frequency of non-compliance to hand washing guidelines was already higher among participants that dropped to 49.7% after successfully adopting that educational campaign, or that the applied educational campaign was neither informative, nor effective enough to reduce the already high non-compliance rate, and was unable to induce positive motivations among participants towards sticking to these guidelines. This really necessitates, as recommended by Bukhari et al,2 the implementation of more intensified innovative educational programs directed to all healthcare professionals, and to conduct wide-scale studies to elucidate factors hindering compliance to hand washing guidelines.

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Reply from the Author

I am very thankful to Prof. Al-Mendalawi for his comments on an article entitled "Hand hygiene

compliance rate among healthcare professionals". The overall hand hygiene compliance rate (50.3%) given by Bukhari et al² whether is good, bad, or acceptable is debatable as mentioned in the article. It is very surprising that Prof. Al-Mendalawi has not correctly cited the reference of Erasmus et al,3 where the overall compliance rate reported in healthcare setting was 50-60%, and not 60%. The hand hygiene compliance rate among doctors and nurses in Bukhari et al's study² was as follows; doctors (49.1%), nurses (52.2%), while Erasmus et al³ reported lesser compliance, that is, physicians (32%) and nurses (48%). Bukhari et al² have never claimed that hand hygiene compliance rate among healthcare professionals at Hera General Hospital in Makkah, Kingdom of Saudi Arabia is excellent, however, emphasis was given on continuous education, training and reminding that hand hygiene is the best practice in reduction of healthcare associated infection. The reasons of non-compliance given by Prof. Al-Mendalawi do not reflect the facility under study. In fact, we observed 0% compliance in obstetrics unit for the reason that it was very busy unit due to lot of deliveries. In the intensive care units (ICU and PICU), patient care technicians showed 0% compliance, unfortunately, they have not attended any infection control education activities.

I totally agree that non-compliance is a big issue in the developing countries, as well as developed countries. Interestingly, our compliance rate was very high in comparison to one local study,4 where the overall frequency of hand washing (6.7%) before patient's contact was reported. In contrast to the observation of Prof. Al-Mendalawi, the Infection Prevention and Control education campaign of Hera General Hospital is very effective, and in the Joint Commission International (JCI) gap analysis report, staff education on infection prevention was included in hospital strengths. The campaign was effective and had positive impact on healthcare professional habits and reduction of healthcare associated infection. The hand hygiene compliance rate among healthcare professional of year 2010 is now a performance indicator of setting up the target for year 2011.

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Related topics

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