A Study to assess Knowledge, Attitude and Practices regarding Hand Hygiene among Health Care Workers in Delhi Government Dispensaries , East district, Delhi , to ensure Infection Control under "Swachhta Guidelines for Public Health Facilities".

-Dr Kshemaa Garg (MBA HM-20)

BACKGROUND -The **Swachh Bharat Abhiyaan** launched by the Prime Minister, Narendra Modi on 2nd October 2014, focuses on promoting cleanliness in public spaces. **Swachhta Guidelines for Public Health Facilities** have been issued separately. As the first principle of healthcare is "to do no harm" it is essential to have our health care facilities clean and to ensure adherence to infection control practices**.** To complement this effort, the Ministry of Health & Family welfare, Government of India has launched a National Initiative to give Awards named **KAYAKALP,** to those public health facilities that demonstrate high levels of cleanliness, hygiene and **infection control.**

Hospital acquired infections result in higher morbidity, mortality, and additional costs. It is well recognized that the risk of transmission of pathogens when providing medical care and the incidence of Hospital acquired infections can be kept low through appropriate standardized prevention procedures. Improper hand hygiene practices are a major causal factor for these infections, thus making hand hygiene an indispensable part of infection control. Since **Health Care Workers** (which hereby include ANMs, LTs and LAs) at the dispensaries are the ones who are in maximum direct contact with the patients and are **"the nucleus of the health care system",** thus it becomes vital to study their knowledge, attitude and practices regarding optimal hand hygiene.

OBJECTIVES

- To assess the knowledge regarding hand hygiene among HCWs.
- To assess the attitude, values and beliefs regarding hand hygiene among HCWs.
- To determine the professional and organisational barriers faced by the HCWs leading to low compliance for hand hygiene.
- To develop effective recommendations to encourage the healthcare workers compliance with infection prevention and control protocol.

MODE OF DATA COLLECTION

- Study type- Descriptive Study
- Study area – Delhi Government Dispensaries, East district, Delhi
- Sample size – For the study, HCWs that includes ANMs, LTs and LAs have been considered. The entire population of ANMs, LTs and LAs has been taken for the study.

  Total number of DGDs covered – 19

  Total number of ANMs, LTs and LAs covered – 75

  Sampling technique – Convenient Sampling Method

  Data collection method – Self-administered anonymous questionnaires

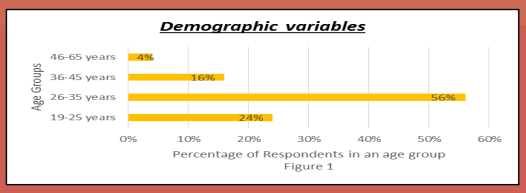
  Study duration – April 1 to May 31st 2016

  Data analysis – Univariate analysis using Ms Excel

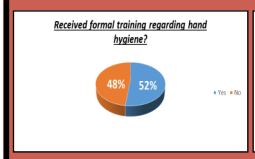
  Survey tool- Self- administered survey questionnaires were designed using "WHO HAND HYGIENE KNOWLEDGE QUESTIONNAIRE" and "WHO QUESTIONNAIRE *"PERCEPTION SURVEY FOR HEALTH CARE WORKERS""*

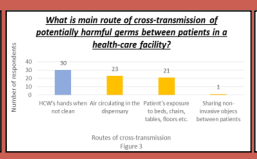
DATA COMPILATION, ANALYSIS AND INTERPRETATION

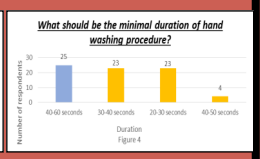
Analysis is the process of organizing data in a manner that research question shall get answered. It is a critical examination of the assembled data for studying the characteristics of the topic under study and for determining the patterns of relationship among the variables relating to it.

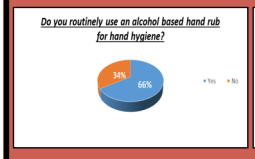


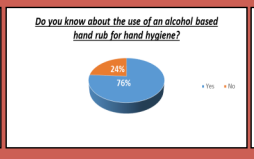
♦ Assessment of Knowledge on Hand Hygiene

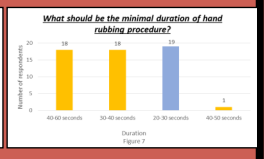


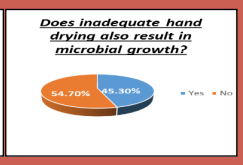






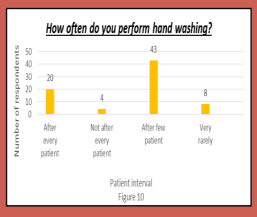


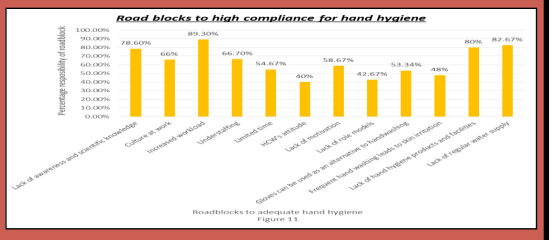




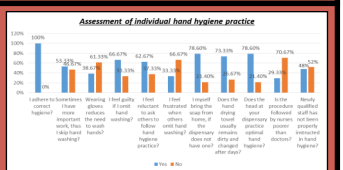
♦ Assessment of Attitude towards Hand Hygiene

Correct attitude is equally important with an adequate knowledge capacity and an assessment of the attitude of HCW towards required hand hygiene in figure 10 indicates that only a minuscule 26.67% of the respondents confirm to washing hands after every patient addressed. On the contrary a staggering 57% willingly agree to washing hands after a few patients. The factors behind the same have been shown in figure below mentioned as *roadblocks to high compliance for hand washing.*





♦ Assessment of practice of Hand Hygiene



♦ Recommendations and Conclusions

Investigating perceptions of the effectiveness of measures for improving hand hygiene is a key factor in promoting adherence, since it can help to implement interventions that are perceived as most effective. Investigating HCWs' perceptions of measures for improving adherence can provide useful information for designing and implementing tailored actions for better hand hygiene measure at public health facilities. Information and education activities were associated with more positive perceptions regarding various improvement measures. Though the relationship between perceptions and behaviours remains to be fully determined, all HCWs should participate in awareness programmes initiated by the government, not only to increase knowledge and possibly to increase adherence, but also to improve perceptions on effectiveness of actions to be implemented.