

The Effectiveness of Patient and Visitor Teaching in Promoting Handwashing and Respiratory Hygiene Compliance in a Community Hospital in a Small Town

Xia-Ching Hsao*

Longtan Min-Sheng hospital, Infection control office, Taiwan

Corresponding Author:

Xia-Ching Hsao, RN, Infection Control Nurse, Longtan Min-Sheng hospital, 5F, No-168, Zhongfeng Rd, Longtan Dist, Taoyuan 32560, Taiwan.

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1. Introduction

Hand cleanliness and respiratory hygiene are critical components of infection control management. They appear to be a global language in medical contexts. The majority of studies look into the connection between hand hygiene and the transmission of infectious diseases among healthcare workers. Indeed, patients and caretakers are also affected by the transmission route. This research was conducted at a 116-bed small community hospital in north Taiwan. It consists of the respiratory unit, the hemodialysis unit, the long-term and acute patient units, and the outpatient section. The majority of patients come from the community, long-term care facilities, and nursing homes. Caregivers come from a variety of nations, including Indonesia, the Philippines, Thailand, and other countries in Southeast Asia. According to our prior survey, this multicultural group has poorer compliance with handwashing and respiratory hygiene. Almost 90% of them stated that they had never attended a hand hygiene course. One in every five visitors washed their hands before exiting the hospital. The purpose of this study was to find out how effective the hand hygiene and cough manners education plan was among patients and visitors.

2. Method

This research was divided into two parts: Questionnaires with compliance aids for hand hygiene and cough manner monitoring.

Education and audit strategy for hand hygiene and cough manners. The data was collected between July 2015 and August 2016. 428 patients and visitors completed the poll. Hand hygiene and cough manner instruction were completed by 2077 patients and visitors. 394 hand hygiene possibilities were investigated.

3. Results

83.41% of individuals were over the age of 61 (age group: 57.24% 61-64, 26.17% over 65). In comparison to the questionnaires and observations, 82.24% of individuals were permitted to cough while experiencing sneezing, coughing, or flu symptoms. It's nearly twice as high as cough manner notice (33.04%). The similarity resulted in hand washing efficiency as well. Only 59.65% of people were given hand hygiene opportunities, which is significantly lower than the questionnaire outcome (98.83%). These results look into patients' and visitors' views towards hand washing and respiratory hygiene compliance. Furthermore, the findings discovered a link between hand hygiene behaviours and compliance through a handwashing opportunities audit. As a consequence, 69.95% of questionnaires permitted handwashing prior to touching a patient. The data shows that hand hygiene compliance is greater (61.54%). The similar result is almost identical to before feeding or preparing food for a patient. During a handwashing audit, only 38.46% of patients and visitors washed their hands before helping a patient eating at meal time. This finding is unmistakably different from the questionnaire results. Hand hygiene was permitted before feeding or making meals for a patient, according to 56.81% of those polled.

There are also two distinct distinctions between touching a patient and touching the patient's surroundings. They permitted handwashing after touching a patient, according to 38.03% of those who responded to the questionnaires. It is approximately 3% greater than the hand hygiene audit results (35.80%). Instead, there is a significant disparity in handwashing audit and questionnaire after touching patient surroundings (60.09%: 11.05%). As a result, a patient and visitor education strategy was used to promote hand hygiene and cough manners actions. For hospital volunteers, we offered hand hygiene and respiratory hygiene instruction. The majority of them are carers or companions of our patients. Following the training, they proceeded to the hospital's main entrance every Tuesday and Friday morning to educate patients and visitors. Following the instruction, an evaluation was conducted. According to the data, 86.09% of individuals washed their hands after the education, and 68.87% coughed. Furthermore, this research discovered that the education model has an effect on the respiratory hygiene compliance of healthcare staff (increasing 49.82%).

4. Conclusions

This research looked at people's attitudes towards hand hygiene and coughing manner compliance. Most people understand the importance of handwashing and respiratory hygiene in hospital settings, but they rarely practise them. We witnessed the education model's effect on foreign carers during data collection. Some of them began washing their hands and assisting their clients with the hand hygiene process in the outpatient section. These modifications greatly motivate volunteers. Indeed, this study encountered a number of difficulties, including ageing groups, multicultural caretakers, and educational background. As a result, we invested a lot of time educating and communicating with people. As a result, more people begin to experience the benefits of handwashing and coughing in communities. The education approach for patients and visitors is effective in promoting hand washing and respiratory hygiene compliance.