

## Mini-Review

# The Efficiency of Patients and Visitors' Education for Promoting Handwashing and Respiratory Hygiene Compliance in A Local Community Hospital

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## Introduction

Hand washing and respiratory hygiene are fundamental in infection control management. They seem a global language in health settings. A majority studies investigate the relationship between hand hygiene and infectious diseases transmission among healthcare staffs. In fact, patients and caregivers also an issue of the transmission route. This study is based on a 116 beds local community hospital in north Taiwan. It includes respiratory unit, hemodialysis unit, long-term and acute patient unit, and outpatient department. Most patients are from neighborhood, long term care center and nursing home. The caregivers are from different nationalities, such as Indonesia, Philippines, Thailand and other south-east countries. From our previous survey, we found this multicultural group has lower handwashing and respiratory hygiene compliance. Nearly 90% of them explained never been to a hand hygiene training. 1 in 5 visitors preformed hand washing while leaving hospital. The aim of this survey was to discover the efficiency of hand hygiene and cough manners education model among patients and visitors.

## Methods

This study consisted two parts:

- Questionnaires with hand hygiene and cough manner observation compliance tools.
- Hand hygiene and cough manners education and audit model. The duration of data collection was from July 2015 to August 2016. 428 patients and visitor's n were submitted their questionnaire. 2077 patients and visitors were completed a hand hygiene and cough manner education. 394 hand hygiene opportunities were audit.

## Results

83.41% participants were over 61 years old (age group: 57.24% 61-64 years old, 26.17% over 65 years old). By comparison to the questionnaires and observations, 82.24% people allowed cough manners while they have sneezing, coughing, or flu symptoms. It's nearly 2.5 times higher than cough manner observation (33.04%). The similarity results as well showed in hand washing performance. Only 59.65% people allowed hand hygiene opportunities, it considerably lower than the questionnaire result (98.83%). These findings investigate the attitudes toward hand washing and respiratory hygiene compliance among patients and visitors. Moreover, the results either found out the relationship between hand hygiene behaviors and compliance by handwashing opportunities audit. As the result, 69.95% questionnaires allowed handwashing before touching a patient. The data is higher than hand hygiene compliance (61.54%). The similar finding is practically the same as before feeding or preparing food for a patient. Handwashing audit discovered just 38.46% patient and visitors did hand hygiene before assisting a patient eating at meal time. This result is certainly different to the questionnaires. 56.81% people explained, they allowed hand hygiene before feeding or preparing meals for a patient.

There are also two significant differences in after touching a patient and after touching patient surroundings. 38.03% in the questionnaires answered yes, they allowed handwashing after touching a patient. It is about 3% higher than hand hygiene audit findings (35.80%). Instead, there is a considerable difference between questionnaire and handwashing audit in after touching patient surroundings (60.09%: 11.05%). Thus, a patients and visitors' education model was applied for promoting hand hygiene and cough manners actions. We provided a hand hygiene and re-

spiratory hygiene education training for hospital volunteers. Most of them are our patients' caregivers or friends. After the training, they went to hospital main entrance to educate the patients and visitors every Tuesday and Friday morning. An evaluation was applied after the education. The average data shows 86.09% people performed handwashing action and 68.87% followed cough manners after the education. In addition, this study also found out, the education model leads to impact in healthcare staffs' respiratory hygiene compliance (increasing 49.82%).

## Conclusion

This study discovered the attitudes toward hand hygiene and cough manner compliance. Most people know how important are

handwashing and respiratory hygiene in healthcare surroundings, but hardly allow them. During the data collection, we observed the education model either impact on foreign caregivers. Some of them started to wash their hands and assist their client complete hand hygiene process in outpatient department. These changes really encourage the volunteers. Indeed, this research suffered from few challenges such as aging groups, multicultural caregivers, and education background. Therefore, we spent a lot of time in educated and communicated with people. As the consequence, more people begin to share the advantages of hand washing and cough manner in communities. The patients and visitors' education model is efficient in promoting hand washing and respiratory hygiene compliance.