

ASSESSING HEALTHCARE WORKERS' KNOWLEDGE AND SATISFACTION REGARDING HAND HYGIENE IN EMERGENCY AND INTENSIVE CARE UNITS

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Abstract: Background; Hand hygiene is regarded as one of the most important and cheapest ways of preventing healthcare associated infections (HCAIs). Due to increasing incidence and effect of HCAIs, interest in hand hygiene is increasing among the managers of healthcare in various facilities globally. This study aimed at evaluating the level of knowledge and satisfaction with hand hygiene practices among Healthcare workers in emergency and intensive care units of a tertiary hospital In Nigeria.

Methodology: A cross-sectional study was conducted using simple random sampling to select HCWs in the emergency and intensive care units of a tertiary healthcare facility. Data collection was done with self-administered structured questionnaires. The data obtained were analyzed with SPSS version 22.

Results: Overall, 80 HCW were recruited. This study shows that majority of the staff had between moderate to good knowledge on hand hygiene. However, the overall correct responses regarding appropriate use of hand rub and hand washing was unsatisfactory and there were several gaps in staff knowledge with regard to the accurate procedure. More than two-third of the respondents (72.5%) revealed lack of training programme on hand hygiene by the hospital infection control unit and the management.

Conclusion: The study shows the need for further improvement of the existing hand hygiene training programme to address the gaps in knowledge and also the need to upgrade hand hygiene facilities in our healthcare institution.

Keywords: Hand hygiene, Health Care Associated Infections, Knowledge, Satisfaction, Emergency and Intensive Care Units

INTRODUCTION

Hand hygiene is regarded as one of the most important ways of preventing healthcare associated infections.¹ Due to increasing incidence and effect of HCAIs coupled with emergence of multidrug resistant organisms (MDROs) and associated complications, interest in hand hygiene, which is the single most important measure in controlling HCAIs, is increasing among the managers of healthcare in various facilities globally.²⁻⁴ There is a lot of scientific evidence to support the observation that if properly implemented, hand hygiene alone can significantly reduce the risk of cross-transmission of infection in healthcare settings.⁵⁻⁷

Health Care-Associated Infection (HCAIs) can be described as “an infection not present or incubating at the time the patient presented to the healthcare facility but manifests 48 hours or more after initial patient care or within 30 days after having received healthcare. This includes infections acquired in the hospital, but appearing after discharge, and also occupational infections among staff of the facility”.⁸ Despite the fact that effective hand hygiene can lower the prevalence of healthcare associated infections, sadly the prevalence of these infections continue to rise and poses challenges to patient care and healthcare providers. Healthcare associated infections due to poor hand hygiene has been linked to an unacceptably high level of morbidity, mortality and healthcare

costs.⁹ The World Health Organization (WHO) has reported prevalence of HCAs in developing countries to be as high as 19%, affecting 1.4million patients at any time globally. The burden of HCAs is greatly increased, causing additional morbidity and mortality in Intensive Care Units (ICUs) with MDROs as the most common pathogens thereby posing serious challenge to patient management.^{10, 11}

Studies have shown that compliance with hand hygiene among healthcare workers, Paramedics and medical students/nurses is generally low.^{12, 13} Further increase in compliance is difficult to sustain, although the World Health Organization (WHO) has compiled guidelines in this regard in order to reduce the prevalence of health care associated infections.¹⁴⁻¹⁶ Furthermore, many studies done to assess the knowledge and reasons for non-adherence to hand hygiene guidelines have found that compliance with hand hygiene protocols by health care workers (HCWs) is poor due to several constraints, such as heavy work load, high number of clinical procedures and skin conditions of the HCWs.¹⁷⁻¹⁹ It is worthy of note that non-compliance to hand hygiene protocols or guidelines was higher before performing emergency procedures due to increase workload and lack of motivation as documented in other study.²⁰²² The emergency and intensive care units of our facility is one of the busiest arms of the hospital with high turnover rate of patients and health care workers and therefore, a very high-risk area for the spread of health care related infections if proper hand hygiene protocols and procedures are not adhered to. It is on this background that this study aimed at assessing the knowledge and satisfaction of hand hygiene maintenance among the HCWs. It is anticipated that the outcome of this study will assist the hospital management and the infection control unit of the hospital to put in place appropriate measures for successful implementations of its hand washing policy.

METHODOLOGY

This was a cross-sectional study on knowledge of hand hygiene and satisfaction with the facilities available for hand hygiene among staff of the emergency and intensive care units of a tertiary healthcare facility in Northwest Nigeria over a period of 8 weeks (October – November 2019). The facility is a 650 bedded hospital that also houses accident and emergency units (a surgical, medical and Paediatrics accident and emergency units) along with a surgical, medical, and neonatal intensive care unit (ICU). The staff members included the consultants, medical officers/house officers and residents on training, nursing staff, paramedical technicians and health care assistants. Ethical approval (ABUTH/HREC/W17/2019) was obtained from the Health Research and Ethics Committee of the facility. A written informed consent was obtained from each respondent who met the inclusion criteria before enrolment into the study.

A simple random sampling technique was employed to pick eighty (80) healthcare workers in A& E and ICU that satisfied the inclusion criteria. The knowledge of HCW was assessed using the adapted WHO questionnaire for Health-Care Workers revised in August 2009.¹⁴ The questionnaire has five sections namely on: demographic information, assessment of knowledge, attitudes, practices and facilities available for hand hygiene. Knowledge was assessed using 8 questions which included

multiple-choice questions with single answers as well as true or false answers. Overall Knowledge and Satisfaction with facilities was assessed for each individual using a scoring system.1 for correct knowledge and satisfaction, 0 for incorrect knowledge and dissatisfaction with the availability of facilities for hand hygiene. The mean score for each category was used for calculating the percentage for that section; A percentage of 75% and above for knowledge and satisfaction with the facilities

available was considered as good, 50% - 74% for knowledge and satisfaction of facilities was considered as moderate while less than 50% was considered as poor.

Data analysis and management was done using statistical package for social sciences (SPSS) software version 22. Chi square/Fisher's exact statistical tests were applied and data was presented in tables. For the descriptive aspects of analysis, frequency distribution was generated for all categorical variables. P-value less than 0.05 was considered statistically significant.

RESULTS

Of the 80 respondents majority, 37(46.3%) were within age group 20-29years while only 4 (%%) were between 50-60 years of age. The male to female ratio was 1.3:1. There was equal percentage of respondents (41.3%) who had less than 2 years of experience and those who had more than 5 years of experience. Medical doctors constituted majority, 35(43.8%) of the respondents. Table 1.

A little above half of all the respondents 43 (53.8%) had good knowledge while only 12 (15%) had good attitude. Only 2 (2.5%) respondents had poor practice of hand hygiene. Majority, 34 (42.5%) of the respondents expressed only moderate satisfaction with the hygiene facilities provided. Of those who expressed poor satisfaction in facilities provided, most of them were from the medical emergency unit. Table 2.

Tables 3.1, 3.2, 3.3 and 3.4 show the questions posed to the respondents on their knowledge of hand hygiene.

Table 1: Socio-demographic Characteristics of the Respondents

VARIABLES	EMERGENCY AND INTENSIVE CARE UNITS				TOTAL (n=80)
	Surgical	Medical	NICU	Paediatrics	
	Emergency (n=20)	Emergency (n=24)		Emergency (n=14)	
Age					
20 – 29 years	6(7.5%)	10(12.5%)	8(10.0%)	13(16.3%)	37(46.3%)
30 – 39 years	8(10.0%)	12(15.0%)	9(11.3%)	0(0.0%)	29(36.3%)
40 – 49 years	4(5.0%)	2(2.5%)	3(3.8%)	1(1.3%)	10(12.5%)
50 – 60 years	2(2.5%)	0(0.0%)	2(2.5%)	0(0.0%)	4(5.0%)
Gender					
Female	8(10.0%)	5(6.3%)	16(20.0%)	6(7.5%)	35(43.8%)
Male	12(15.0%)	19(23.8%)	6(7.5%)	8(10.0%)	45(56.3%)
Yrs of experience					
Less than 2 yrs	4(5.0%)	9(1 ^{1.3%})	14(17.5%)	6(7.5%)	33(41.3%)
2-5yrs	4(5.0%)	5(6.3%)	0(0.0%)	5(6.3%)	14(17.4%)
More than 5 yrs	12(15.0%)	10(12.5%)	8(10.0%)	3(3.8%)	33(41.3%)
Profession					

Doctor	9(11.3%)	12(15.0%)	12(15.0%)	2(2.5%)	35(43.8%)
Nurse	4(5.0%)	10(12.5%)	6(7.5%)	2(2.5%)	22(27.5%)
Paramedical tech.	5(6.3%)	2(2.5%)	0(0.0)	0(0.0)	7(8.8%)
Health care assist	2(2.5%)	0(0.0)	0(0.0)	0(0.0)	2(2.5%)
Medical Students	0(0.0)	0(0.0)	0(0.0)	10(12.5%)	10(12.5%)
Nursing students	0(0.0)	0(0.0)	4(5.0%)	0(0.0)	4(5.0%)

NICU = Neonatal Intensive Care Unit; Paramedical tech. = Paramedical technicians; Health care assists = Health Care

Table 2: Hand Hygiene KAP and Satisfaction Scores Across Emergency/ICUs

Variable	Emergency and Intensive Care Unit				Total	Statistic
	Surgical Emergency	Medical Emergency	NICU	Paediatrics Emergency		
Knowledge						2 X
Moderate	10 (12.5%)	13(16.3%)	7(8.8%)	7(8.8%)	37(46.2%)	2.641
Good	10(12.5%)	11(13.8%)	15(18.8%)	7(8.8%)	43(53.8%)	P=0.450
Attitude						X ² =9.803
Poor	1(1.3%)	3(3.8%)	4(5.0%)	1(1.3%)	9(11.2%)	P=0.133
Moderate	13(16.3%)	21(26.3%)	14(17.5%)	11(13.8%)	59(73.8%)	
Good	6(7.5%)	0(0.0%)	4(5.0%)	2(2.5%)	12(15.0%)	
Practice						X ² =5.345
Poor	1(1.3%)	0(0.0%)	0(0.0%)	1(1.3%)	2(2.5%)	P=0.500
Moderate	7(8.8%)	14(17.5%)	10(12.5%)	5(6.3%)	36(45.0%)	
Good	12(15.0%)	10(12.5%)	12(15.0%)	8(10.0%)	42(52.5%)	
Satisfaction						X ² =8.195
Poor	6(7.5%)	7(8.8%)	9(11.3%)	2(2.5%)	24(30.0%)	P=0.224
Moderate	8(10.0%)	7(8.8%)	10(12.5%)	9(11.3%)	34(42.5%)	
Good	6(7.5%)	10(12.5%)	3(3.8%)	3(3.8%)	22(27.5%)	

. KAP = Knowledge, Attitude and Practice; NICU = Neonatal Intensive Care Unit

Table 3.1 Knowledge on Hand Hygiene

Emergency and Intensive Care Units			
Variables	Surgical	Medical	Paediatrics

Emergency Emergency NICU Emergency Total Statistics

1. Which of the following is the main route of cr oss transmission of potential harmful germs between patient					22(27.5%)			
					0(0.0%)	14(17.5%)	70(87.5%)	
						0(0.0%)	X ² =19.352	
* Health workers hands when not clean					0(0.0%)		10(12.5%)	
Health workers hands when clean					8(10.0%)	0(0.0%)	P=0.000	
2. Most frequent source of germs responsible for health care associated infections					14(17.5%)	4(5.0%)		
					22(27.5%)	10(12.5%)	10(12.5%)	
					0(0.0%)		X ² =35.023	
Hospital air					15(18.8%)		22(27.5%)	
*Germs present on patient					7(8.8%)	14(17.5%)	P=.000	
Hospital environment						0(0.0%)	48(60.0%)	
3. Which of the following hand hygiene actions prevent transmission of germs to the patient?						13(16.3%)		
(a) Before touching a patient	*Yes	No				1(1.3%)	73(91.3%)	
							X ² =10.072	
(b) Immediately after risk of body fluid exposure			12(15.0%)		12(15.0%)	13(16.3%)	7(8.8%)	
			8(10.0%)		10(12.5%)		P=0.018	
*Yes			10(12.5%)		1(1.3%)			
No			2(2.5%)					
			8(10.0%)				58(72.5%)	
(c) After exposure to the immediate			15(18.8%)	22(27.5%)	16(20.0%)		X ² =3.588	
surroundings of a patient			2(2.5%)	13(16.3%)	6(7.5%)	22(27.5%)		
			5(6.3%)	0(0.0%)	1(1.3%)	P=0.310		
Yes			14(17.5%)	8(10.0%)				
*No			6(7.5%)	16(20.0%)				
(d) Immedia	tely before a clean aseptic		11(13.8%)		19(23.8%)		51(63.7%)	
procedure			9(11.3%)		14(17.5%)		X ² =6.618	
*Yes			16(20.0%)	22(27.5%)	3(3.8%)		29(36.3%)	
No			4(5.0%)	2(2.5%)	0(0.0%)		P=0.085	
4. Which of the following hand hygiene actions prevents transmission of germ							57(71.3%)	
					16(20.0%)		X ² =9.252	
					8(10.0%)		23(28.7%)	
					15(18.8%)		P=0.026	
					9(11.3%)			
(a) After					12(15.0%)			
touching a					12(15.0%)		72(90.0%)	
patient							X ² =2.508	
*Yes	17(21.3%)						8(10.0%)	
No	3(3.8%)				22(27.5%)		P=0.474	
					2(2.5%)			

Table 3.2. Knowledge on Hand Hygiene (Cont'd)

Emergency and Intensive Care Units	Surgical Emergency	Medical Emergency NICU	Paediatrics Emergency	Total
Variables	Emergency Statistics			
4. Which of the following hand hygiene actions prevents transmission of germ to the health care worker?				
(b) Immediately after a risk of body fluid exposure		20(25.0%)		
*Yes No		15(18.8%)		
© Immediately before a clean/aseptic procedure				
Yes		4(5.0%)	62(77.5%)	X ² =4.102
*No		7(8.8%)	18(22.5%)	P=0.251
(d) After exposure to the immediate surroundings of a patient				
*Yes No				
5. Which of the following statements on alcohol based hand rub and hand washing with soap and water are true?				
(a) Hand rubbing is more rapid for hand cleansing than hand washing	14(17.5%)	19(23.8%)	48(60.0%)	X ² =13.458
*True False	6(7.5%)	12(15.0%)	32(40.0%)	P=0.004
(b) Hand rubbing causes skin dryness more than hand washing	6(7.5%)	5(6.3%)	11(13.8%)	
True	6(7.5%)	10(12.5%)	50(62.5%)	X ² =10.112
*False	14(17.5%)	16(20.0%)	30(37.5%)	P=0.018
(c) Hand rubbing is more effective against germs than hand washing	8(10.0%)	13(16.3%)	11(13.8%)	
True	12(15.0%)	8(10.0%)	3(3.8%)	X ² =5.396
*False	11(13.8%)	9(11.3%)	13(16.3%)	P=0.145
(d) Hand washing and hand rubbing are recommended to be performed in sequence	9(11.3%)	1(1.3%)	57(71.3%)	X ² =1.128
True	15(18.8%)	10(12.5%)	11(13.8%)	P=0.723
	5(6.3%)	14(17.5%)	3(3.8%)	
	14(17.5%)	11(13.8%)	15(18.8%)	X ² =5.495
	8(10.0%)	12(15.0%)	6(7.5%)	P=0.139
	4(5.0%)	1(1.3%)	3(3.8%)	
	0(0.0%)	0(0.0%)	0(0.0%)	
	7(8.8%)	12(15.0%)	3(3.8%)	X ² =6.894
50 seconds	13(16.3%)	11(13.8%)	8(10.0%)	P=0.075
		14(17.5%)	11(13.8%)	

7. Type of hand hygiene method is required in the following situations?	10(12.5%)	7(8.8%)	2(2.5%)	8(10.0%)
20(25.0%) 14(17.5%) 13(16.3%)				
4(5.0%) 8(10.0%) 1(1.3%)				
*False		3(3.8%)	2(2.5%)	21(26.3%)
				20(25.0%)

Table 3.3 Knowledge on Hand Hygiene (Cont'd)

Variables	Surgical Medical Emergency Emergency	Paediatrics <u>Emer</u> <u>gency</u> <u>NICU</u>	<u>Total</u>	<u>Statistics</u>
Emergency and Intensive Care Units				

*Correct Response; NICU = Neonatal Intensive Care Unit

Table 3.4 Knowledge on Hand Hygiene (cont'd)

Emergency and Intensive Care Units				
Variables	Surgical Emergency NICU	Medical Emergency	Paediatrics Emergency	Total Statistics
8. Which of the following should be avoided, as associated with increased likelihood of colonization of hands with harmful germs?				
(a) Wearing jewellery	18(22.5%)	20(25.0%)	11(13.8%)	69(86.3%)
*Yes		20(25.0%)		X ² =1.508

No	2(2.5%)	4(5.0%)	2(2.5%)	3(3.8%)	11(13.8%)	P=.680
(b) Damaged skin						
*Yes	19(23.8%)	15(18.8%)		11(13.8%)	61(76.3%)	$X^2=6.581$
				16(20.0%)		
No	1(1.3%)	9(11.3%)	6(7.5%)	3(3.8%)	19(23.8%)	P=.087
(c) Artificial fingernails						
*Yes	15(18.8%)	18(22.5%)		13(16.3%)	64(80.0%)	$X^2=2.179$
				18(22.5%)		
No	5(6.3%)	6(7.5%)	4(5.0%)	1(1.3%)	16(20.0%)	P=0.536
(d) Regular use of a hand cream						
	2(2.5%)	2(2.5%)				X
Yes			1(1.3%)	8(10.0%)	13(16.3%)	$\chi^2=21.096$
	18(22.5%)	22(27.5%)				
*No			21(26.3%)	6(7.5%)	67(83.8%)	P=0.000

*Correct Response; NICU = Neonatal Intensive Care Unit

DISCUSSION

Years when compared to the relatively new staff with years of Experience <5 years. An unexpected finding was that half of the Hand hygiene is a simple procedure which is instrumental in staff studied did not know that 20 seconds is the minimum time Reducing hospital acquired infections and cross transmission of required for effective hand hygiene as documented in the who Pathogens in the hospitals and especially among the emergency and guideline. The overall correct responses regarding appropriate Intensive care units' patients. It is important to instill correct use of hand rub and hand washing was unsatisfactory and there Knowledge regarding hand hygiene during training seminars or were several gaps in their knowledge with regard to the accurate Workshops. Procedure. One of the reasons may be due to unavailability of The present study showed that majority of the staff had between enough hand rub solution in the hospital for the staff. It has been Moderate to good knowledge on hand hygiene which was a positive shown that increased compliance to hand hygiene can be Finding. However, it is important to address the gaps of knowledge achieved by making the hand rub solutions available at the With regard to sources and transmission of germs and appropriate 16 bedside of patient. Improving the knowledge of health care Methods of hand hygiene during their training seminars or workers on the appropriate use of hand rubbing and encouraging Workshops. Seventy percent (70%) of all participants knew that its use regularly will go a long way in reducing the risks of Unhygienic hands of hcws were the main route of transmission in a acquiring and transmitting hais among patients and hcws. Health care facility (hcf). However, only small percentage of the Dissatisfaction with facilities available for hand hygiene was Respondents were aware that the main source of germs in hcf was high among the studied staff (58 out 80 respondents across the From patients and this finding cut across all emergency and intensive emergency and intensive care units were not satisfied with

Care units. In addressing the knowledge gaps, more emphasis should be placed on available facilities for hand hygiene).

Significant proportion

Be placed on formal training in hand hygiene. This can be done by

(70%) of the respondents were dissatisfied with the availability

Routinely conducting hand hygiene training programme using the of the infection prevention notice in

emergency/ICU. This

Teaching aids/materials from WHO and making the health care

Finding is in corroboration to those reported from studies

Workers knowledgeable on hand hygiene guidelines put forth by the 18, 26, 27

Conducted in other developing countries. Increasing the

WHO. The hospital infection control team also has a major role to supply necessary for hand washing and

institutional support is

Play in this regard by interacting with the various categories of essential in combating substandard practices in

hand hygiene. It

HCWs emphasizing from time to time the importance of hand is proposed that a quantitative measure of hand

hygiene facilities

Hygiene in curtailing HAIs and also made available infection be done to better assess the available resources.

Therefore, there

Prevention notices, posters/ five moments of hand hygiene at is a need to create a supportive and conducive environment that

Strategic places within the wards, ICUs, accident and emergency will encourage compliance with hand hygiene by ensuring

Units. Studies have shown that these practices will positively availability of water sink with constant running water,

Improve and influence the knowledge of HCWs on proper hand

^{23, 24} soap/antiseptics, paper/cloth for drying hands and gloves. All

Hygiene practices and need for compliance. These should be made available per each patient's bedside.

Use of alcoholic hand rub solutions or gels has been shown to be

²⁵ previous studies have shown that self-reported compliance of

Effective for hand antisepsis. However, the availability of hand rub hand hygiene is higher than the actual compliance during the

Solutions in hospitals are still unsatisfactory. It is noteworthy that ²⁴ working shift. However, having regular hand hygiene

Although alcohol hand rub was satisfactorily available in the central campaigns, displaying posters and encouraging peers to remind

Emergency/ICU (though not by every patient's colleagues of hand hygiene has been shown to improve the Bed), the staff were not aware of the situations that hand rub can be compliance of HCWs significantly. While punitive measures

Used in place of hand washing. Knowledge about hand washing as a should be enforced on non-compliance staff with regard hand

More effective method than hand rubbing was found to be hygiene, there should also be suitable rewards offered for those

Significantly better among staff in whom years of experience was >5

Staff who complied with hand hygiene guidelines be it in the

Form of incentives or verbal or writing acceptance. This method has been found to improve the compliance of

HCWs on hand hygiene practices.

As doctors and nurses are the two key players in the health care team, it is important to provide the best appropriate knowledge and proper training regarding preventive practices of infectious diseases. It is recommended that the infection prevention team of the hospitals get more involved with staff training and the updating of infection prevention notices.

In conclusion, the HCWs in the emergency and intensive care units had moderate to good knowledge on hand hygiene but satisfaction with the hand hygiene facilities is suboptimal. Hence, the need for further improvement of the existing hand hygiene training programs to address the gaps in knowledge. Furthermore, improved access to hand hygiene facilities at the training centers and active involvement of staffers to emphasize the importance of correct hand hygiene will be vital in increasing hand hygiene knowledge among HCWs.

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Conflict of interest

There are no conflicts of interest.

REFERENCES

- Allegranzi B, Pittet D. Role of hand hygiene in healthcare-associated infection prevention. *Journal of Hospital Infection* 2009;73:305-15.
- WHO. Evidence of hand hygiene to reduce transmission and infections by multidrug resistant organisms in health-care settings. [cited; Available from: https://www.who.int/gpsc/5may/MDRO_literaturereview.pdf (Access; 3/12/2020).
- Liana Monica DEAC. Hand Hygiene Practices to Reduce Health Care Associated Infection. *J Gastro & Digestive Systems* 2019.
- Ainul Haque, Massimo Sartelli, Judy McKimm, Muhamad Abu Bakar. *Infect Drug Resist* 2018;111:2321–33.
- Onyedibe K, Shehu N, Pires D, et al. Assessment of hand hygiene facilities and staff compliance in a large tertiary health care facility in northern Nigeria: a cross sectional study. *Antimicrob Resist Infect Control* 2020;9:30.
- Mathur P. Hand hygiene: back to the basics of infection control. *Indian J Med Res* 2011;134(5):611-20.
- Ige O, Jimoh O, Madu G, Ige S, Gobir A, Shamsudin A. Knowledge of hand hygiene among medical students in a Teaching hospital, Kaduna State Nigeria. *Tropical Journal of Health Sciences* 2019;26(2):34-37.
- World Health Organization. WHO Global Strategy for Containment of Antimicrobial Resistance. *W H O/CDS/CS R/D RS/* 2011;2.
- Trampuz A, Widmer AF. Hand hygiene: A frequently missed lifesaving opportunity during patient care. *Mayo Clin Proc* 2004;79:109-16.

Scott RD. The direct medical costs of healthcare-associated infections in US hospitals and the benefits of prevention. 2009 [cited 2018 April 19]; Available from: https://www.cdc.gov/hai/pdfs/hai/scott_costpaper.pdf.

Stone PW. Economic burden of healthcare-associated infections: an American perspective. *Expert Rev Pharmacoecon Outcomes Res* 2009;9(5):417–22.

Yşe Karaaslan, Eda Kepenekli Kadayıfci, Serkan Atıcı, Uluhan Sili, Ahmet Soysal, Gülcan Çulha, et al. "Compliance of Healthcare Workers with Hand Hygiene Practices in Neonatal and Pediatric Intensive Care Units: Overt Observation", *Interdisciplinary Perspectives on Infectious Diseases*. 2014;2014:5.

Lizandra & Rocha, Lílían & Nunes, Maria & Filho, Paulo. Low Compliance to Handwashing Program and High Nosocomial Infection in a Brazilian Hospital. *Interdisciplinary perspectives on infectious diseases*. 2012;579681.

World Health Organization. WHO Guidelines on Hand Hygiene in Health Care: First global safety challenge: clean care is safe care. Geneva. 2009 [cited 2019 February 6,]; Available from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf.

Kennedy M, Burnett E. Hand hygiene, knowledge and attitudes Comparison between student nurses. *Journal of Infection Prevention* 2011;12:246-50.

Creedon SA. Hand Hygiene Compliance: Exploring variations in practice between hospitals. *Nurs Times* 2008;104:32-35.

Allegranzi B, Storr J, Dziekan G, Leotsakos A, Donaldson L, Pittet D. The First Global Patient Safety Challenge “Clean Care is Safer Care”: from launch to current progress and achievements. *J Hosp Infect* 2007;65 (Suppl 2):115-23.

Nair SS, Hanumantappa R, Hiremath SG, Siraj MA, Raghunath P. Knowledge, Attitude, and Practice of Hand Hygiene among Medical and Nursing Students at a Tertiary Health Care Centre in Raichur, India. *Preventive Medicine* 2014;20:1-4.

Elward AM, Fraser VJ. Survey of knowledge, beliefs and practices of neonatal Intensive Care Unit healthcare workers regarding nosocomial infections, central venous catheter care and hand hygiene. *Infection Control and Hospital Epidemiology* 2004;25(9):747-52.

Jang JH, Wu S, Kirzner D, Moore C, Youssef G, Tong A, et al. Focus group study of hand hygiene practice among healthcare workers in a teaching hospital in Toronto, Canada. *Infection Control and Hospital Epidemiology* 2010;31(2):144-50.

Abd Elaziz KM, Bakr IM. Assessment of knowledge, attitude and practice of hand washing among health care workers in Shams University Hospitals in Cairo. *J Prev Med Hyg* 2009;50(1):19-25.

Rumbaua R, Yu C, Pena A. A point-in-time observational study of hand washing practices of healthcare workers in the Intensive Care Unit of St. Luke's Medical Center. *Phil J Microbiol Infect Dis* 2001;30:3-7.

Rao M. Knowledge, attitude and practice patterns of hand washing in major public sector hospitals of Karachi. Pakistan. *Journal of Medical Research* 2006;45(4):1-4.

Anwar MA, Rabbi S, Masroor M, Majeed F, Andrades M, Baqi S. Self-reported practices of hand hygiene among the trainees of a teaching hospital in a resource limited country. *Journal of Pakistan Medical Association* 2009;59(9):631-34.

Fendler EJ, Ali Y, Hammond BS, Lyons MK, Kelley MB, et al.

The impact of alcohol hand sanitizer use on infection rates in an extended care facility. *Am J Infect Control* 2002;30:22633.

Pittet D, Donaldson L. Challenging the world: patient safety and health care-associated infection. *Int J Qual Health Care* 2006;18:4-8.

Sax H, Uckay I, Richet H, Aegranzi B, Pittet D. Determinants of good adherence to Hand Hygiene among healthcare workers who have extensive exposure to Hand Hygiene campaigns. *Infect Control Hosp Epidemiol* 2007;28 1267-74.