Nosocomial infection control and staff's sense of personal responsibility

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ABSTRACT

Since the days of Semelweiss it has been proven that attentiveness to hand hygiene of the caretaking team is imperative for preventing transmission of infections between patients. Despite the solid scientific foundation established for the importance of hand hygiene, the compliance is insufficient and assorted measures that were employed to raise compliance have yet to bring about drastic changes. Many factors impinging on compliance have been tested, but as yet there has been no assessment of the concept of personal accountability of the caretakers as singles vis-à-vis a system and the conceptualization of nosocomial infections as an inevitable situation; which can explain the difficulty in establishing interventional norms in the work of the caretaking team.

Study Objective: Assessing the level of personal accountability of the caretaking team towards cross infections inside the wards.

Study’s Premise: The caretaking team feels no personal responsibility or failure when their patients contract nosocomial infections.

Statistical methods: The study is descriptive, observational, in the form of a cross-sectional survey using convenience sampling methods. The data was collected from questionnaires which were distributed to the caregivers in the Kaplan Medical Center. The main variable tested was the feeling of personal failure of the caretaking team towards cross infections. In statistical analysis p value less than 0.05 was considered statistically significant.
Significance of the study: This study is intended to test one of the most basic faculties that could influence the behavior of the caretaking team regarding infection control.

Results: Most of the participants, in excess of two thirds, deny personal failure when a patient in their department contracts a nosocomial infection. Among those who sense personal failure, no gap differential was observed between the concurrent and the optimal when comparing an individual to a group, as opposed to what is observed amongst those who deny personal accountability. This phenomenon resembles social loafing which tends to disappear when personal responsibility is accepted.

Conclusion: Generally, there is no personal responsibility accepted with regard to cross infections. Therefore, when educating for infection control the personal accountability factor should be introduced, a factor which has heretofore not been measured as a central constituent in hand hygiene compliance.
BIBLIOGRAPHY


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