

Hand Hygiene Steps and Moments

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Abstract

Hand hygiene is a core element of patient safety for the prevention of Health Care Associated Infection (HAIs) and spread of anti-microbial resistance. Its promotion represents a challenge that requires a multimodal strategy. Hand hygiene prevents cross infection in hospitals, but Health Care Workers (HCWs) adherence to hand hygiene guidelines is Easy, timely access to both hand hygiene and skin protection is necessary for satisfactory hand hygiene behaviour. Healthcare worker's hands are the most common vehicle for the transmission of healthcare-associated pathogens from patient to patient and within the healthcare environment. Hand hygiene is the leading measure for preventing the spread of antimicrobial resistance and reducing healthcare-associated infections (HCAIs), but healthcare worker compliance with optimal practices remains low in most settings.

Keywords: Hand Hygiene; Steps and Moment.

Introduction

Hand hygiene is the most simple, most effective measure for preventing HAIs. Average compliance with hand hygiene recommendations varies between hospital wards, among professional categories of HCWs, and according to working conditions, as well as according to the definitions used in different studies. Compliance with hand hygiene recommendations is the most important measure

in preventing health care-associated infections. Transmission of microorganisms from the hands of healthcare workers is the main source of cross-infection in hospitals and can be prevented by hand washing.

Hand washing with soap and water has been considered a measure of personal hygiene for centuries and has been generally embedded in religious and cultural habits. Nevertheless, the link between hand washing and the spread of disease was established only two centuries ago, although this can be considered as relatively early with respect to the discoveries of Pasteur and Lister that occurred decades later.

Materials and Methods

Problem Statement

“Effectiveness of planned health teaching on the knowledge and practice regarding hand hygiene steps and its moments among the 1st year basic bsc nursing students of selected nursing college of pune city.”

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Objective

1. To assess the pre-test knowledge and practice regarding hand hygiene steps and its moments in selected college of Pune city.
2. To assess the post-test knowledge and practice regarding hand hygiene steps and its moments in selected college of Pune city.
3. To compare the pre-test and post-test knowledge regarding hand hygiene steps and its moment in selected college of Pune city.
4. To find association between pre-test and post-test knowledge and practice with selected demographic variables of students in selected area in Pune city.

Operational Definition

1. *Effectiveness:* Measures the result of plan teaching on knowledge of hand hygiene.
2. *Hand hygiene:* Its act of cleaning ones hand with or without use of water or another liquid for the purpose of removing soil dirt and microorganism
3. *Health teaching:* its and lecture and demonstration on hand hygiene steps and moment

Result

The analysis was done as per the objectives of the study.

Research Methodology

Research Approach

Quantitative research approach

Research Design

Experimental research design

Sample Technique

The sampling technique use in this study will be sample random sampling technique

Tool consist of the -

Section I: Consent form.

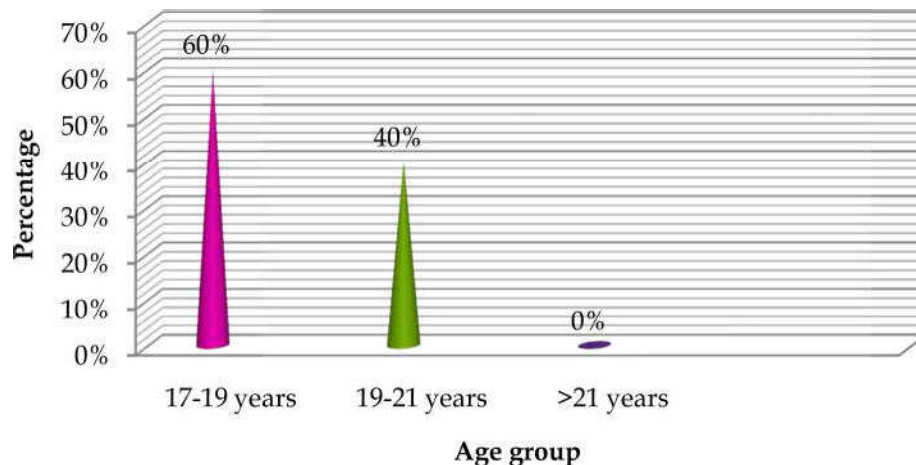
Section II: The tool will be comprise self reporting questionnaires (age and gender) and semi structure questionnaire (pre test) related hand hygiene and its movement.

Section III: Planned health teaching and demonstration of hand hygiene step and movement.

Section IV: Semi structure questionnaires (post test) and check list .

Table 1: Demographic description of sample by frequency and percentage (N=40)

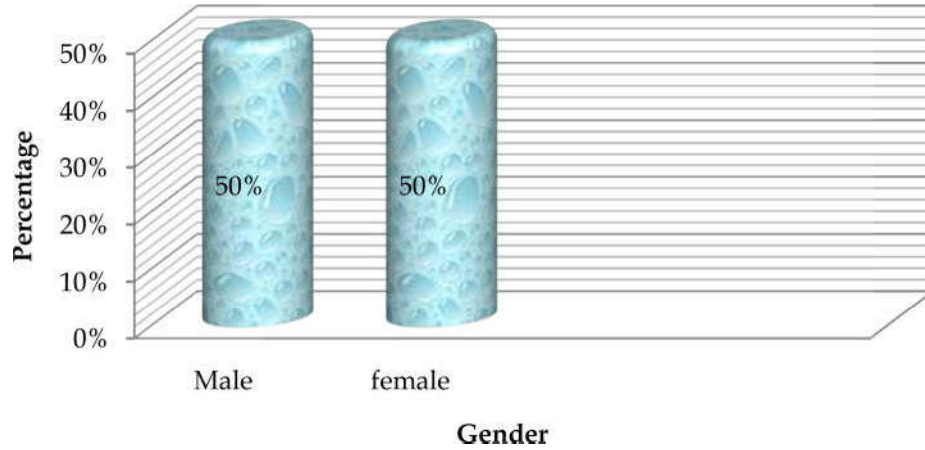
Sr. No.	Sample Characteristics	Frequency	Percentage
1.	Age Group		
	17-19 years	24	60%
	19-21 years	16	40%
	>21 years	0	0%



Graph 1: The cone deficit that 40 sample 60% are 17-19 years, 40% are 19-21 years and 0% are >21 years

Table 2: Demographic description of sample by Gender

1.	Gender		
	Male	20	50%
	Female	20	50%

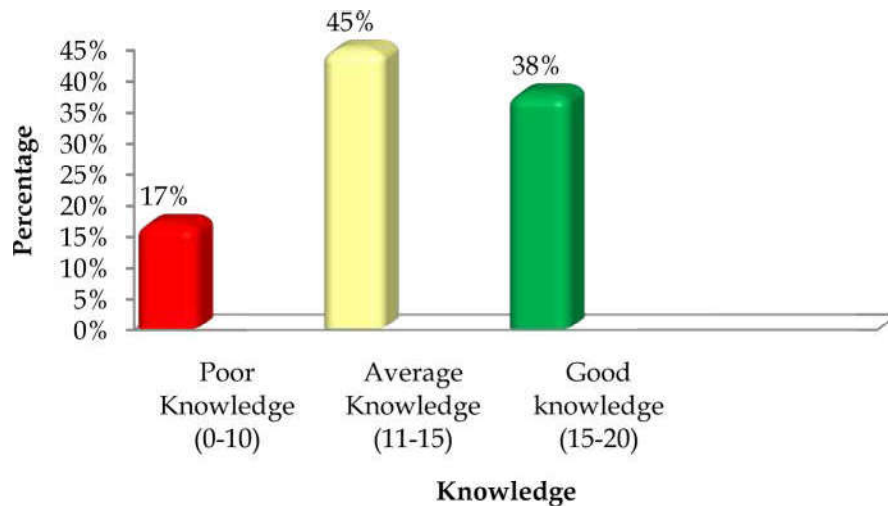


Graph 2: The bar deficit that 40 sample 50% are male, 50% are female.

This section deals with the analysis of data related to pre-test and post-test knowledge score of students nurse about hand hygiene and moments.

Table 3: Assess the pre-test knowledge regarding hand hygiene steps and its moments (N-40)

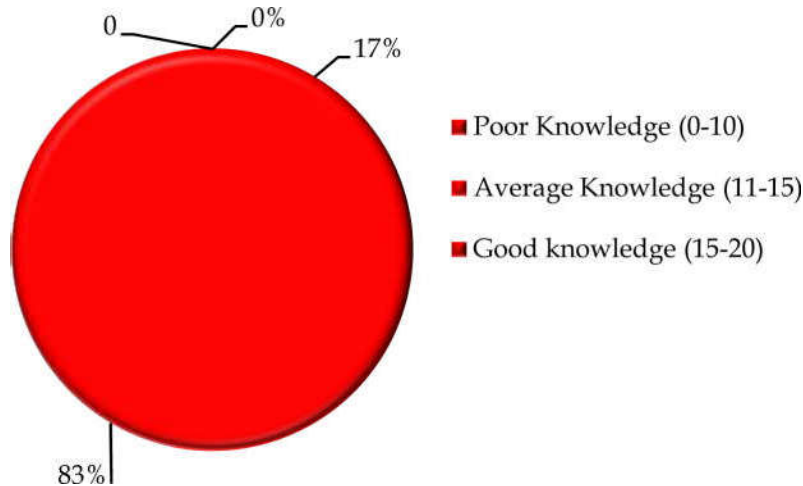
Sr. No.	Knowledge Score	Frequency	Percentage
1	Poor Knowledge (0-10)	7	17%
2	Average Knowledge (11-15)	18	45%
3	Good knowledge (15-20)	15	38%



Graph 3: The column deficit that 40 sample 17% are having poor knowledge, 45% are having average knowledge and 38% are having good knowledge.

Table 4: Assess the post-test knowledge regarding hand hygiene steps and its moments.

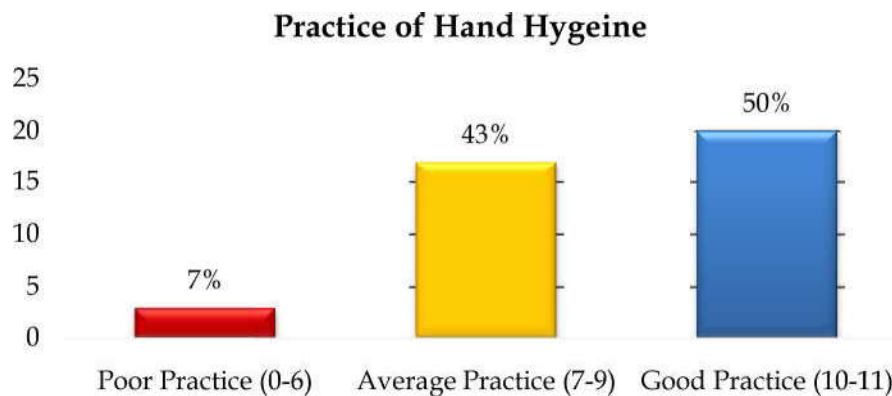
Sr. No.	Knowledge Score	Frequency	Percentage
1	Poor Knowledge (0-10)	0	0%
2	Average Knowledge (11-15)	7	17%
3	Good knowledge (15-20)	33	83%



Graph 4: The Pie deficit that 40 sample 10% are having poor knowledge, 17% are having average knowledge and 83% are having good knowledge

Table 5: Assess the practice regarding hand hygiene steps (N=40)

Sr. No.	Practice Score	Frequency	Percentage
1	Poor Practice (0-6)	3	7%
2	Average Practice (7-9)	20	50%
3	Good Practice (10-11)	17	43%



Graph 5: The column deficit that 40 sample 7% are having poor knowledge, 43% are having average knowledge and 50% are having good knowledge.

Table 6: Association between the demographic variables

Sr. No.	Demographic Variables	Calculated Value	Table value	DF	Remark
1	Gender	9.76	5.99	2	NS
2	age	24.16	9.49	4	NS

NS- non significant S - significant

Discussion

The study will be useful for the student residing in selected area, the study finding suggest that there is significant difference in the student knowledge and practice regarding hand hygiene step and movement after planned health teaching .

Conclusion

After the detail analysis, and based on the finding of the study the following conclusion can be drawn- Student does not have adequate knowledge about hand hygiene and its moments which leads to many problems during their professional practice and leads

to increase in nosocomial infections.

They require knowledge about hand hygiene and its moments. It shows that significant increase in the knowledge after the administrating planned teaching.

Thus it was concluded that the planned health teaching on hand hygiene and its moments was effective.

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