**Literature Evaluation Table**

**Student Name:**

**Summary of Clinical Issue (200-250 words):** In hospitals among other health care facilities, observing hand hygiene especially during the current COVID-19 pandemic is vital in minimizing transmission of the virus from one host to another. Prevention of a significant number of bacterial or viral diseases starts with the minimum requirement of hand hygiene. When nurses, patients and other visitors ignore hand washing guideline then they would be subjecting to huge risks of contracting diseases. To avoid such instances, it is important for nurses ensure they observe high-level hand hygiene considering they are always at the forefront in any health care setting. They should equally ensure the patients maintain high-level hygiene. In doing so, the victory against disease-causing microorganism will be achieved. Health care practitioners should ensure that they observe hand washing hygiene at all times but especially prior touching a patient, prior aseptic/clean procedure, upon handling a patient and upon being in contact with the patient’s surrounding. It is the duty of the health care agency (assisted by patients, visitors and nurses) to implement measures that enable them stick to the guidelines that uphold a safety environment on matters hygiene. This involves implementation of running water taps throughout the facility and washing soap, as well as ensuring specific entry points are fitted with automated alcohol-based hand sanitizers to disinfect hands instantly. This statement thus offers the grounds for formulating out PICOT question as follows.

**PICOT Question**: Does fitting health care facilities with alcohol-based hand sanitizers and hand washing sections (C) automatically help in curbing rampant spread of infection (O) or does it require additional awareness campaign (I) to health care professionals, patients and other visitors (P) on the importance of hand hygiene?

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| **Criteria** | **Article 1** | **Article 2** | **Article 3** |
| **APA-Formatted Article Citation with Permalink** | Zhao, Q., Yang, M. M., Huang, Y., & Chen, W. (2018). How to make hand hygiene interventions more attractive to nurses: A discrete choice experiment. *Plos One,* *13*(8).  DOI:10.1371/journal.pone.0202014  **Permalink:**  <https://journals.plos.org/plosone/>  article?id=10.1371/journal. Pone.  0202014 | Diefenbacher, S., Fliss, P., Tatzel, J., Wenk, J., & Keller, J. (2019). A quasi-randomized controlled before-after study using performance feedback and goal setting as elements of hand hygiene promotion. *Journal of Hospital Infection,* *101*(4), 399-407.  DOI: 10.1016/j.jhin.2019.02.001  **Permalink:**  <https://www.sciencedirect.com/>  science/article/abs/pii/S01956701  19300593 | Cho, S., Lee, J., You, S. J., Song, K. J., & Hong, K. J. (2019). Nurse staffing, nurse’s prioritization, missed care, quality of nursing care, and nurse outcomes. *International Journal of Nursing Practice,* *26*(1). DOI:10.1111/ijn.12803  **Permalink:**  <https://doi.org/10.1111/ijn.12803> |
| **How Does the Article Relate to the PICOT Question?** | Since the article sought to better comprehend the intervention features considered attractive to nursing practitioners towards realizing operational hand hygiene interventions, it significantly relates with the present PICOT question | Since the article focuses on the experiences of utilizing goal settings and performance feedback as aspects of promotion of hand hygiene, it relates with the current PICOT question in dealing with hand washing initiatives by promoting hand hygiene | This article relates to the current PICOT question in that it examines nurses’ priorities in service quality and care cases. This is in correlation with PICOT question especially on matters safety and care when it comes to hand washing activities. |
| **Quantitative, Qualitative (How do you know?)** | The reached study is quantitative because controlled intervention strategy has been employed. | The article is quantitative since the authors used a quantitative strategy (controlled intervention method). | This article is quantitative in nature since the researchers consider investigating the outcome based on an intervention of sampled participants. |
| **Purpose Statement** | The study sought to better understand interventional features considered attractive to practitioners in nursing profession so as to come up with competent hand hygiene interventions. | The study sought to examine the aptitude of performance feedback and goal setting towards enhancing hand hygiene among health care practitioners and patients. | The study’s purpose serves to examine the association of nurse staffing, the prioritization of nursing duties by nurses, nursing care quality, missed care, and nurse outcomes. |
| **Research Question** | What measures should be put in place to ensure that hand hygiene interventions remain quite attractive to nursing practitioners? | The main research questions included: a) is there a key role played by hand hygiene towards preventing possible infection? b) What is the perception of healthcare practitioners towards the performance of hand hygiene? | The central research question asked “what is the association between the relationship of nurses and their nursing care prioritization with the role of hand-washing? |
| **Outcome** | Out of the 200 participants from the three hospitals, key predilections for the five intervention features were seen | The study outcome indicated key increments in the events of hand hygiene individually from phase1 to phase 2. Besides, there was descriptive increment in hand hygiene events using the goal-setting condition | The outcome of the study indicated an association of inferior staffing with high frequency of missed activities by nurses |
| **Setting**  **(Where did the study take place?)** | Three public hospitals in Taiwan | The study was carried out at a German hospital | The study setting was in the republic of South Korea, with a total of 49 public hospitals being included |
| **Sample** | 200 nurses from three hospitals in Taiwan | The sample involved four phases: primary count, baseline, intervention as well as post-intervention | The researchers sampled a total of 2114 staff nurses from a total of 49 public hospitals |
| **Method** | A discrete choice experiment was considered in determining the preferences of nurses for the 5 characteristics | The methodology strategy considered was a controlled intervention approach | The overall method of the study involved a cross-sectional survey |
| **Key Findings of the Study** | From the study sample in the three hospitals, key predilections for the five intervention features were seen. These included where intervention increased the convenience of the hand hygiene activity, participation of nurses in designing the interventions, explaining an intervention prior being implemented. Besides, nurses opted to offer proof at trial phases, while increasing simplicity by explaining the intervention was considered the least. | The results portrayed how combined feedback condition and goal setting in a health care setting managed to increase during phase 3, indicating increment in hand hygiene during this stage | The study findings indicated the need of satisfactory staffing in lessening missed care and enhancing nurse outcomes and quality of care |
| **Recommendations of the Researcher** | This study recommends that future researchers offer a comparison of the characteristics of intervention preferences across various types of health care workers, especially by considering various socio-demographic factors, or other nations | The researchers offered the recommendation of future scholars to combine orientation, goal setting, feedback considerations, and ecological conditions as the key techniques to enhance hand hygiene | The recommendations offered here is that future researchers ought to devise various methods of data gathering rather than simply using one method |

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| **Criteria** | **Article 4** | **Article 5** | **Article 6** |
| **APA-Formatted Article Citation with Permalink** | Jones, M., Gower, S., Whitfield, A., & Thomas, S. (2015). Evaluation of practice change in Tanzanian health professionals 12 months after participation in an Infection Prevention and Management Course. *Journal of infection prevention*, *16*(5), 200–206.  **Permalink:**  <https://doi.org/10.1177/17571774>  15584452 | White, K. M., Jimmieson, N. L., Obst, P. L., Graves, N., Barnett, A., Cockshaw, W., Gee, P., Haneman, L., Page, K., Campbell, M., Martin, E., & Paterson, D. (2015). Using a theory of planned behaviour framework to explore hand hygiene beliefs at the '5 critical moments' among Australian hospital-based nurses. *BMC health services research*, *15*, 59.  **Permalink:**  https://doi.org/10.1186/s12913-015-07182 | Salmon, S., & McLaws, M. L. (2015). Qualitative findings from focus group discussions on hand hygiene compliance among health care workers in Vietnam. *American journal of infection control*, *43*(10), 1086–1091.  **Permalink:**  <https://www.ajicjournal.org/article/>  SO196-6553(15)00652-5/full text |
| **How Does the Article Relate to the PICOT Question?** | The findings of the study mention hand hygiene among the basic but most effective infection control practices | The results of the study offer the compliance level of health care workers, on hand hygiene, thus becoming key input in the present PICOT question | This study relates to the current PICOT question in that the results offer practical solutions on how to deal with hand hygiene issues and the likelihood of health care providers to adhere to hygiene guidelines |
| **Quantitative, Qualitative (How do you know?)** | This article uses qualitative exploratory research approach | Qualitative research approach was using on the focus group discussions. | The researcher uses qualitative analysis on this study. |
| **Purpose Statement** | The researchers examined the enablers and barriers to implementing knowledge resulting from clinical practices of hand hygiene | The study purpose was to evaluate the beliefs of hospital-based nurses concerning the adherence to WHO’s guidelines | This study sought to evaluate the hindrances to effective hand hygiene among health care workers in Vietnam |
| **Research Question** | How effective is the classroom knowledge on hand hygiene in implementing effective hand hygiene in clinical setting? | The primary research question was as follows: “are all 5-different hand washing moments equally significant or does importance vary with time?” | The central research questions asked “what is your understanding of infection control guidelines, particularly hand hygiene? |
| **Outcome** | There were positive results in infection control activities alongside hindrances to more widespread changes | The results indicated some equivocation concerning the relative significance of hand washing upon being in contact with patient or surroundings of the patient | The general outcome of the study indicated decreased access to hand hygiene solutions |
| **Setting**  **(Where did the study take place?)** | Tanzania (Tanzanian health care private and public facilities) | 3 health care facilities in Queensland, Australia. | 6 public hospitals across Hanoi, Vietnam |
| **Sample** | 14 health care practitioners | 27 nursing practitioners | 12 focus groups |
| **Method** | A Star Rating Assessment database was considered in generating data for the research as well as the use of a focus group | A thematic content analysis was considered in evaluating focus group data | The procedure involved carrying out discussions involving twelve focus groups with HCWs at 6 health care facilities across Hanoi. These discussions comprised of experiences of participants towards hand hygiene. |
| **Key Findings of the Study** | The results indicated positive changes in controlling infections relating to hand hygiene, while further barriers to a more comprehensive change initiative were evident | The findings revealed that attempts to enhance compliance ought to entail personal strategies handling prioritization of hand hygiene in competing tasks and cultivating observance norms. The study identified various benefits (ability to safeguard self and patients), demerits (time consuming, hand damage), barriers (emergency situations, being busy), referents (unsupportive: certain doctors; supportive: colleagues and patients) as well as facilitators (accessibility of products/sinks and training). | The participants considered decreased access to hand hygiene solutions, frustration due to increased workload, and complex guidelines in interpreting in overcrowded areas as the main reasons for noncompliance. |
| **Recommendations of the Researcher** | The need for constant facilitation of Infection Prevention and Management Course by engaging observation method among other existing experiences. The authors further propose the need to include managers in the Infection Prevention and Management Course, seeking to formalize infection control. | The researchers recommend the need to underscore the significance of all moments, particularly for the risk of infections considering the forgetfulness of most nurses to sanitize their hands after being in contact with patients’ surroundings. | The researchers recommend the need to implement routine hand hygiene by first implementing educational programs targeting care duty. |

References

Cho, S., Lee, J., You, S. J., Song, K. J., & Hong, K. J. (2019). Nurse staffing, nurse’s prioritization, missed care, quality of nursing care, and nurse outcomes. *International Journal of Nursing Practice,* *26*(1). doi:10.1111/ijn.12803

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