Information and Instructions

• Thank you for taking part in this research study.

• We are developing this questionnaire because research tells us that hand hygiene will vary from hospital to hospital, between different wards and departments and also according to the role of different practitioners. We are trying to identify the factors that influence hand hygiene.

• The information you give will enable the identification of the improvement strategies that will be the most effective in supporting good hand hygiene.

• Simply consider each statement in the light of your own hand hygiene and circle the number that demonstrates to what extent you agree or disagree with the statements given.

• It is anticipated that this will take about 10 minutes.

• Your responses will be anonymous as you do not need to put your name on the questionnaire.

• When complete, please return the questionnaire in the FREEPOST envelope to me at the address below within the next 7 days. Please feel free to contact me with any comments or questions.

• If you have previously completed this questionnaire thank you very much for your help. This questionnaire is being tested in three rounds so will have changed slightly since you last completed it. Please feel free to complete it again.

• This study has been reviewed by Leeds East Research Ethics Committee. The study is being funded by the Medical Research Council as part of a PhD.

Thank you for participating!

Judith Dyson (PhD student),
Address: Room 3.35, School of Healthcare, Baines Wing, The University of Leeds, FREEPOST, LS 3018, LEEDS, LS2 3YY.
Email: hcjd@leeds.ac.uk  Telephone: 0113 343 3397
1. What is your job title? (e.g. staff nurse)

2. How long have you worked in health care? (In full years) yrs

3. What area of the hospital do you work in? (e.g. elderly care)

4. Are you male or female (please circle) M F

5. To what extent do you consider you usually comply with good practice guidelines for hand hygiene? (Times you clean your hands compared with opportunities to do so) (0 to 100%) %

6. To what extent do you consider your colleagues in your department comply with good practice guidelines for hand hygiene? (0 to 100%) %

Please consider your own hand hygiene. Then circle the number between 1 and 7 that best reflects your opinion at present.

7. Hand hygiene is embedded into my professional practice Strongly agree 1 2 3 4 5 6 7 Strongly disagree

8. If I omitted hand hygiene I would blame myself for infections. 1 2 3 4 5 6 7

9. Sometimes I have more important things to do than hand hygiene 1 2 3 4 5 6 7

10. Sometimes I miss out hand hygiene simply because I forget it 1 2 3 4 5 6 7

11. Hand hygiene audits are regularly carried out in my work place 1 2 3 4 5 6 7

12. I am more likely to forget hand hygiene if I am tired 1 2 3 4 5 6 7

13. I am confident in my ability to carry out hand hygiene 1 2 3 4 5 6 7

14. I feel angry if hand hygiene is not carried out by others 1 2 3 4 5 6 7

15. Supervision from senior staff means that carrying out hand hygiene is easier for me 1 2 3 4 5 6 7

16. Hand hygiene is a non-negotiable part of my role 1 2 3 4 5 6 7

17. If I do hand hygiene it gives me sore hands 1 2 3 4 5 6 7

18. I have sufficient knowledge about hand hygiene 1 2 3 4 5 6 7

19. I feel ashamed if I omit hand hygiene 1 2 3 4 5 6 7
20. Peer pressure influences my hand hygiene

21. There are adverts or newsletters about hand hygiene in my workplace

22. My professional group is less likely to engage in hand hygiene than others

23. I take pride in my hand hygiene

24. I have sufficient skills for hand hygiene

25. I engage in hand hygiene out of respect for my patients

26. I am enthusiastic about hand hygiene

27. I feel guilty if I omit hand hygiene

28. It is difficult to prompt senior staff when they miss out hand hygiene

29. The frequency of hand hygiene required makes it difficult for me to carry it out as often as necessary

30. Hand hygiene is a habit for me

31. Emergencies and other priorities make hand hygiene more difficult at times

32. Feedback from audits encourages me to do good hand hygiene

33. There are some practical barriers to hand hygiene because of my particular job/role

34. Improvement strategies that are unusual have a greater impact on my hand hygiene than those I am used to

35. Hand hygiene is part of my professional culture

36. I engage in hand hygiene because I am embarrassed if we do poorly in hand hygiene audits

37. Facilities are inadequate for hand hygiene in my area of work

38. My hand hygiene is encouraged by others

39. I feel frustrated when others omit hand hygiene

40. I engage in hand hygiene because I do not want to let the team down
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<tbody>
<tr>
<td>41. Newly qualified staff have not been properly instructed in hand hygiene in their training</td>
<td>Strongly agree</td>
<td>1</td>
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<td>42. Infection prevention teams have a positive influence on my hand hygiene</td>
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<td>43. It is difficult for me to attend hand hygiene courses due to time pressure</td>
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<td>44. When staff engage in hand hygiene they are praised</td>
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<td>45. Hand hygiene is more difficult because of the type of ward I work in</td>
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<td>46. I am reluctant to ask others to engage in hand hygiene</td>
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<td>47. Infection prevention notice boards remind me to do hand hygiene</td>
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<td>48. I cannot be bothered with hand hygiene</td>
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<td>49. If I miss out hand hygiene I will be subject to disciplinary action</td>
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<td>50. I work in several areas of the hospital</td>
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<td>51. Hand hygiene guidelines are easily accessible</td>
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<td>52. If I do not engage in hand hygiene I may catch an infection</td>
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<td>53. Hand hygiene is a priority for every single member of staff in this organisation irrespective of their role</td>
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<td>54. Government targets have led to improvements in my hand hygiene</td>
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<td>55. Hand cream is available to me</td>
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<td>56. If I engage in hand hygiene it improves patient confidence</td>
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<td>57. Some strategies designed to improve hand hygiene influence my practice</td>
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<td>58. I am sometimes distracted from hand hygiene by the other things patients need</td>
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<td>59. Hospital targets relating to infection or hand hygiene has led to improvements in my hand hygiene</td>
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<td>60. I feel positive about hand hygiene</td>
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<td>61. I disagree with some parts of the hand hygiene guidelines</td>
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<td>62. Hand hygiene is not second nature for me</td>
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<td>63. My environment is cluttered</td>
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64. I have control over whether or not I do hand hygiene

65. The staff skill mix is just right in my work place

66. If I do not engage in hand hygiene I may be named and shamed

67. Hand hygiene training is available to me

68. If I were to miss out hand hygiene I would be challenged

69. I feel complacent about hand hygiene

70. Some government targets make hand hygiene more difficult (such as high bed occupancy)

71. My patients expect good hand hygiene from me

72. Our area of work has a practitioner “link” who communicates with the infection prevention team about hand hygiene

73. My area of work has poor staffing levels

74. Other staff don’t bother with hand hygiene where I work

75. I feel ashamed when hand hygiene is omitted

76. In which of the following situations should hand hygiene be performed (circle as many letters as apply).

   a. Before having direct contact with a patient
   b. Before inserting an invasive device (e.g. catheter)
   c. When moving from a contaminated body site to a clean body site during an episode of patient care
   d. After having direct contact with a patient or with items in the immediate vicinity of the patient
   e. After removing gloves

77. If your hands are not visibly soiled or visibly contaminated with blood or other material, which is most effective for reducing the number of disease causing bacteria? (circle one letter corresponding to the single best answer)

   a. Washing hands with plain soap and water
   b. Washing hands with an antimicrobial soap and water
   c. Applying 1.5ml to 3 ml of alcohol-based hand rub to the hands and rubbing hands together until they feel dry

78. How are antibiotic-resistant bacteria most frequently spread from one patient to another in health care settings? (circle one letter corresponding to the single best answer)

   a. Airborne spread resulting from patients coughing or sneezing
   b. Patients coming in contact with contaminated equipment
   c. From one patient to another via the contaminated hands of clinical staff
   d. Poor environmental maintenance
79. Which of the following infections can be potentially transmitted from patients to clinical staff if appropriate glove use and hand hygiene are not performed? (circle one letter corresponding to the single best answer)

- a. Herpes simplex virus infection
- b. Colonisation or infection with MRSA (methicillin-resistant Staphylococcus aureus)
- c. RSV (Respiratory syncytial virus infection)
- d. Hepatitis B virus infection
- e. All of the above

80. Clostridium difficile (the cause of antibiotic-associated diarrhoea) is readily killed by alcohol based hand hygiene products. (circle one letter corresponding to the single best answer)

- a. True
- b. False

81. Which of the following bacteria readily survive in the environment of the patient for days to weeks? (Circle as many letters as apply).

- a. E coli
- b. Klebsiella
- c. Clostridium difficile
- d. MRSA
- e. VRE (Vancomycin-resistant enterococcus)

82. Which of the following statements about alcohol-based hand hygiene products is accurate? (circle one letter corresponding to the single best answer)

- a. They dry the skin more than repeated hand washing with soap and water
- b. They cause more allergy and skin intolerance than chlorhexidine products
- c. They cause stinging of the hands in some practitioners due to pre-existing skin irritation
- d. They are effective even when the hands are visibly soiled
- e. They kill bacteria less rapidly than chlorhexidine and other antiseptic containing soaps

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Thank you for participating!
Please return this questionnaire in the FREEPOST envelope provided.

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1 Questions 76 to 82 are from Institute for Healthcare Improvement “How-to Guide: Improving Hand Hygiene” www.IHI.org