Hitting posters. Accounts and socially orientated, hard infection to persist. Explored how organisations allow cross the individual can make a difference – and promotion messages – which focus on how students challenged traditional health thinking about what health professionals do in this article are reflections from the authors. University of Wolverhampton. Abkward Feeling campaign: confronting poor hand hygiene to improve handwashing. Nursing Times; 106: 35, 18-20. This article describes how a group of third year child branch student nurses at the University of Wolverhampton examined the way they perceived handwashing. During a three day workshop aimed at focusing on healthcare improvement, the students moved from regarding handwashing as a simple act of hygiene, to seeing it as a social behaviour, which is part of a larger organisational system. Through analysing cultural messages, themes and the idea of organisational power, the students developed a new way of thinking about what health professionals do with their hands. All the anecdotes featured in this article are reflections from the students (whose names have been changed to protect their anonymity). During the Handwashing Experiment, the students challenged traditional health promotion messages – which focus on how the individual can make a difference – and explored how organisations allow cross infection to persist. The result was a collection of reflective accounts and socially orientated, hard hitting posters. 

**BACKGROUND**

The Hand Washing Experiment was a module evaluation at the University of Wolverhampton. It was part of an initiative coordinated by the NHS Institute of Innovation and Improvement, which was established in 2005 with the purpose of promoting best practice in the NHS (Department of Health, 2005) and consisted of a three day workshop, during which 22 students were asked to think about poignant issues they had encountered on their clinical placements. From all the possible issues, the topic of handwashing soon dominated discussions. Each of the students had experienced at least seven clinical placements as part of their training and had a good understanding of many professional issues in healthcare, including handwashing. With the help of the author, they set about defining and analysing the improvement issues related to this seemingly straightforward and topical practice issue. It quickly became apparent that, given the atmosphere and space to be critical, a spontaneous and infectious creativity flourished. This empowered the group to consider handwashing as something more than just the usual act of cleanliness and of personal responsibility to self and others. 

**MORE THAN JUST CLEANLINESS**

The workshop progressed into an analysis of how this seemingly individual behaviour could be analysed in terms of organisational rules and policies. This analysis involved morality, ethics and metaphysical philosophy, matters that cannot necessarily be proved through science or empirical observation. Removed from the physical domain that handwashing tends to occupy, the students were able to engage in a type of community practice learning through exploration that was similar to Lave and Wenger’s (1991) model of situated learning. In the contained space of the classroom, they were able to explore personal, unchartered territory. 

**INNOVATION**

**KEYWORDS** HANDWASHING | HEALTH PROMOTION | HEALTHCARE CULTURE AND SYSTEMS

**The Awkward Feeling campaign: confronting poor hand hygiene to improve handwashing**

A student workshop identified that a new system of supporting, shaming and blaming would encourage healthcare professionals to wash their hands.

**ABSTRACT**

The Hand Washing Experiment was a module evaluation at the University of Wolverhampton. It was part of an initiative coordinated by the NHS Institute of Innovation and Improvement, which was established in 2005 with the purpose of promoting best practice in the NHS (Department of Health, 2005) and consisted of a three day workshop, during which 22 students were asked to think about poignant issues they had encountered on their clinical placements.

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**PRACTICE POINTS**

- There is a hierarchy of handwashing offenders across all locations;
- Some professionals will always claim to uphold the rules, but simply don’t;
- Handwashing is associated with voluntary and individualistic behaviour;
- Effective handwashing practice could be encouraged by giving it more of a “community” emphasis so that it becomes the norm among healthcare social groups.

**TYPICAL THINKING ABOUT HANDWASHING**

According to mainstream thinking and many healthcare professionals, the National Audit Office (2000) provides incontrovertible evidence that infection control is a cornerstone of good clinical practice and quality patient care (King, 2005; Storr et al, 2005; Teare et al, 1999). Therefore, for many – including the students – it remains a mystery as to why so much good and long established knowledge is frequently ignored.

Each student produced a written account of how they had witnessed healthcare professionals failing to follow handwashing procedures and policies. Examples of their accounts will be familiar to many healthcare professionals (see Box 1).
It is in the fine detail of these accounts that the students were first offered a different insight into infection control and handwashing. This “eureka” moment came from the idea that it is not necessarily the behaviour of individuals, but rather the relationship and nature of an individual’s position within organisations and that organisation’s culture that have the biggest impact on what healthcare professionals do. As Jane said, individuals need to feel empowered to be able to “tell other professionals, regardless of their superiority, to wash up”. This challenges many of the fundamental assumptions of autonomy, individuality, organisational power and free will posited in much healthcare thinking.

When Jill started to read some of the students’ accounts of handwashing, she realised, “there was an alternative way of looking at infection control”. Similarly, Sam noted: “I used to think nurses and doctors were totally autonomous and did things because they cared and had a choice, but then I got to thinking that there might be more to it than just that.”

The “more to it” idea is that individuals are defined and constructed by their environments.

On the second day of the workshop, the students decided to explore the issue of systems and free will.

In 2001, evidence based guidelines for infection control were published that highlighted the behaviour of individuals as being central to policy (Pratt et al, 2001). In the Hand Washing Experiment, this questioning of free will was a huge leap to take because it alluded to a new way of thinking about handwashing for the students.

### SYSTEMS THEORY, POWER HIERARCHY AND HANDWASHING

Ideas about infection control and handwashing are not new. Contemporary references are available about protective agencies and administration of policies (Department of Health, 2002), traditional agencies and administration of policies (King, 2005). The Institute for Healthcare Improvement (2005) states:

- All NHS trusts should have policies and procedures regarding handwashing;  
- Handwashing is simple, good practice and easily implemented.  
- Of course, this leaves us with the question: why do so many healthcare professionals regularly neglect to wash their hands? Are they imbeciles, forgetful or too busy? Or is there a lack of washing facilities? asked Jane. Storr et al (2005) noted that the documents Winning Ways (DH, 2003) and the Matron’s Charter (DH, 2004) outline the above broad areas and their importance in the control of infection. Jarvis (2004) states that these documents highlight how implementing the above five points is the best way of enhancing patient care. There is also a shortage of important healthcare legislators emphasising the basic five premises, including the World Health Organization (2004), which stated that hand hygiene is the main player in the prevention of cross infection. The availability of guidelines and scientific evidence seems to have a mixed effect on the way healthcare professionals behave. By reframing our thinking about organisations as “systems”, it is possible to provide a critical analysis different from the usual ideas about motivation and hygiene. Sally offered an analysis of why professionals put patients’ lives and their own at risk. “Because on a busy ward it’s one of the last things that you think of… it hasn’t got a particularly high status profile in the scheme of things... and there’s never enough peer pressure.”

The students quickly concluded that the lack of handwashing (perceived from reading each other’s accounts and from their own experience) could not be solely attributable to the usual reasons why professionals don’t wash their hands, such as being too busy, lack of facilities or forgetfulness.

They began to consider the idea that a collective and organisational rationale could offer a useful model to understanding a professional’s behaviour (Box 2). This highlighted the theoretical and everyday nursing real life effects of power, hierarchy and disciplinary system afforded to particular professional groups, such as doctors.

Even though there is a wish for professional equity and collaboration between healthcare professionals, as highlighted by Goodman and Clemow (2008), there is no doubt from the students’ accounts that multidisciplinary team inequalities exist.

Many students noted that some mentors, as well as doctors, seem to act in a way that shows they are, in the words of Jill, “at the top of the power tree, but at the bottom of the handwashing pile”.

The Institute for Healthcare Improvement (2005) refers to several measures being important for multidisciplinary team when thinking about infection control. It states: the first priority is the production of a tool that adapts the principles of root cause analysis for the area of infection control; the second is the creation of tools and recommendations for raising patient confidence in hospital cleanliness levels; and the third is providing guidance on a “whole system” approach to infection control. For the students, these measures were about everything being “awkwardly red” – a colour that commonly symbolises danger, anger or blood.

Students taking part in the workshops felt better handwashing practice would be encouraged if people felt embarrassed about allowing others to neglect hand hygiene. They also believed handwashing campaigns should focus on subtle and awkward interactions between professionals, which allow for those with differing degrees of social power to highlight and disapprove of bad practice.
**THE AWKWARD FEELING CAMPAIGN**

The theme that continued to drive the workshop by the third day was that organisational systems could have an impact over and above the autonomy of individuals. As Emma pointed out: “It’s a lot easier to blame individuals for not washing their hands. But when you as a student nurse are put in a position to have to ignore and therefore condone another’s behaviour, it’s bad – just because you’re scared of being told off, failing or embarrassing the ward manager.”

These ideas developed into a main theme of “awkwardness” and the obvious symbolism of “red embarrassment.” The Awkward Feeling campaign, as it became known, centred on the idea that, if an individual’s behaviour is a result of systems, then a new system of “support, shame and blame” offers an alternative approach. “It’s not about making the individual feel awkward about their behaviour per se, but the fact that they allow others – because of the system – to behave poorly by feeling powerless to confront the lack of handwashing behaviour,” said Beckie.

The campaign highlighted how simply telling practitioners to behave differently doesn’t always work. Instead, we all need permission to confront each other, irrespective of our social position. It is not the action but rather the interaction that might make for better future handwashing practice.

The social norms of being polite were exploited by the campaign. Students openly criticised the maxim “all cross infection can be eradicated by the simple washing of hands” because, in their experience, the aggressive pursuit of rational and logical achievements was being overtaken by the community responsibility of handwashing. No matter how mechanistic we attempt to make healthcare, it must involve people, and people make mistakes and disrupt the best informed systems.

Through participating in the workshop the students learnt that, no matter what they are told, they are just a small part of a big system. This system has a habit of neglecting the fact that students often feel powerless, are sometimes intimidated by authority figures and can feel unable to make a difference when it comes to other people’s actions. The students were also able to explore just how powerless some healthcare professionals feel over such an obvious professional standard as infection control.

**LESSONS LEARNT**

We learnt that it is possible to take a seemingly straightforward subject such as handwashing and look at it in a different way. Most of the students had seen it as a personal responsibility, while some practitioners did not. The workshops allowed students to consider how individual practitioners interact with and relate to the organisations in which they work. The workshops also enabled them to make reflective accounts and to produce hard hitting posters (although these have yet to be deployed).

The students learnt that the way in which multidisciplinary groups interact and the power they constitute within systems has far more of an impact on behaviour than we generally credit. Perhaps the simple act of handwashing could be promoted by creating environments where professionals are allowed to gently confront one another.

**REFERENCES**


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**INNOVATION**

The overall idea was to provide an easily assimilated and pragmatic way to focus on the difficulties of social confrontation.

**BOX 2. WHY PROFESSIONALS DON’T WASH THEIR HANDS**

- Colleagues ignore and condone their behaviour.
- Hospital hierarchy transposes clinical care needs.
- Culture promotes a sense of “more important things”.
- Professionals are duped by local and national guidelines into underplaying the impact culture has on individual behaviour.
- Culture sends mixed messages.

“I don’t care what type of consultant you are! I do care that you wash your grubby hands!”

**CONCLUSION**

Much has been written on the subject of handwashing. But the Awkward Feeling campaign offered a different way of exploring this well worn subject by being fairly honest about the idea that human beings always act in the best interests of others.

Currently, the governance of hospital hygiene is founded on the discretion of individually motivated spates of well meaning behaviour. Students involved in the campaign concluded that their main achievement was being able to recognise the community responsibility of handwashing. No matter how mechanistic we attempt to make healthcare, it must involve people, and people make mistakes and disrupt the best informed systems.

Through participating in the workshop