Major Article

Positive deviance and hand hygiene of nurses in a Quebec hospital:
What can we learn from the best?

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BACKGROUND

Although it is well known that hand hygiene is the most effective measure to prevent health care–associated infections, hand hygiene adherence is low in Quebec, as it is elsewhere. For this study, an innovative framework was used to explore the clinical practice of nurses regarding hand hygiene and the factors that influence it: positive deviance, or the idea that there are people who find better solutions to problems than their peers. This study investigated positive deviance at the level of the care team to shed light on group dynamics.

Methods: We conducted focused ethnographies on 2 care units—a medical-surgery unit and a palliative care unit—at a Montreal university hospital. Data collection consisted mainly of systematic observations and individual interviews with nurses.

Results: The results show that positive deviance related to hand hygiene is instigated by social cohesion within a care team, created, in this study, by the mobilizing leadership of the head nurse in the medical-surgery unit and the prevailing humanist philosophy in the palliative care unit.

Conclusions: In health care, it can be useful to apply the positive deviance approach to care teams instead of individuals to better understand the ideologic and structural differences linked to better hand hygiene performance by the nurses.

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METHODS

For this study, we adapted the first 2 stages of the Bradley positive deviance approach: identify the 2 top-performing hand hygiene care teams and conduct focused ethnographies to understand the factors that influence this practice in a hospital setting.

Research design

Focused ethnography was selected because it allowed the researcher to observe the care teams in their daily tasks while taking into account organizational culture and various sources of contextual information. This type of ethnography requires less time in the field than the traditional ethnographic approach and is suitable when the researcher is already familiar with the problem.13 Because the principal author has >20 years of experience in the prevention of health care–associated infections, focused ethnography was an appropriate choice because less time was required to become familiar with the social and clinical dynamics in each unit. (It is important to mention that the principal author had never worked in the hospital under study and was not known to any of the participants). The data collection consisted mainly of systematic observations, individual interviews, field notes, and informal conversations. We also met with the hospital’s infection prevention nurses to learn how hand hygiene practices were managed in all care units.

Study setting

This study took place in a university hospital in Montreal, Quebec. It was chosen because hand hygiene audits have been carried out there every 2 months since August 2013, which provided useful data about the nurses’ hand hygiene adherence rates in each care unit when the study began in January 2015. In this hospital, when hired, nurses receive 60-90 minutes of training on infection control measures, including hand hygiene. They also have access to an online 20-minute course on hand hygiene.

Observation

The researcher had the opportunity to access all of the nurses’ daily activities. She accompanied and observed the nurses during their clinical interventions, took part in discussions with patients, and asked the nurses questions about what she observed to establish an accurate portrait of the factors that influence hand hygiene. The observations were conducted in blocks of approximately 4 consecutive hours, 2-3 times a week, and took place between January 26, 2015, and March 30, 2015, in the medical-surgery unit and between September 10, 2015, and October 12, 2015, in the palliative care unit. At the same time, the researcher reviewed all the documents on infection control measures available in the units and on the hospital’s intranet (manuals, brochures, and posters), and the palliative care unit.

Data processing and analysis

All the data collected during the interviews were transcribed verbatim, and those from informal conversations and observations were recorded in writing. All the data were coded using the QDA Miner program (Provalis Research, Montréal, Québec, Canada), and then a content analysis was conducted, using the Patton method.21 A qualitative data analysis expert was consulted 3 times to ensure the accuracy of the data analysis process, and the results were presented to the study participants for validation.

Ethics

The study’s research protocol was approved by the hospital’s ethics committee. The nursing care management offered support by facilitating connections with the infection prevention team and the head nurses of the selected units. After the study was pre-
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