Inter-professional Perspectives on Healthcare-Associated Infection Prevention and Control (HA IPC)

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Marie Bashir Institute
"tackling infections, locally and globally"

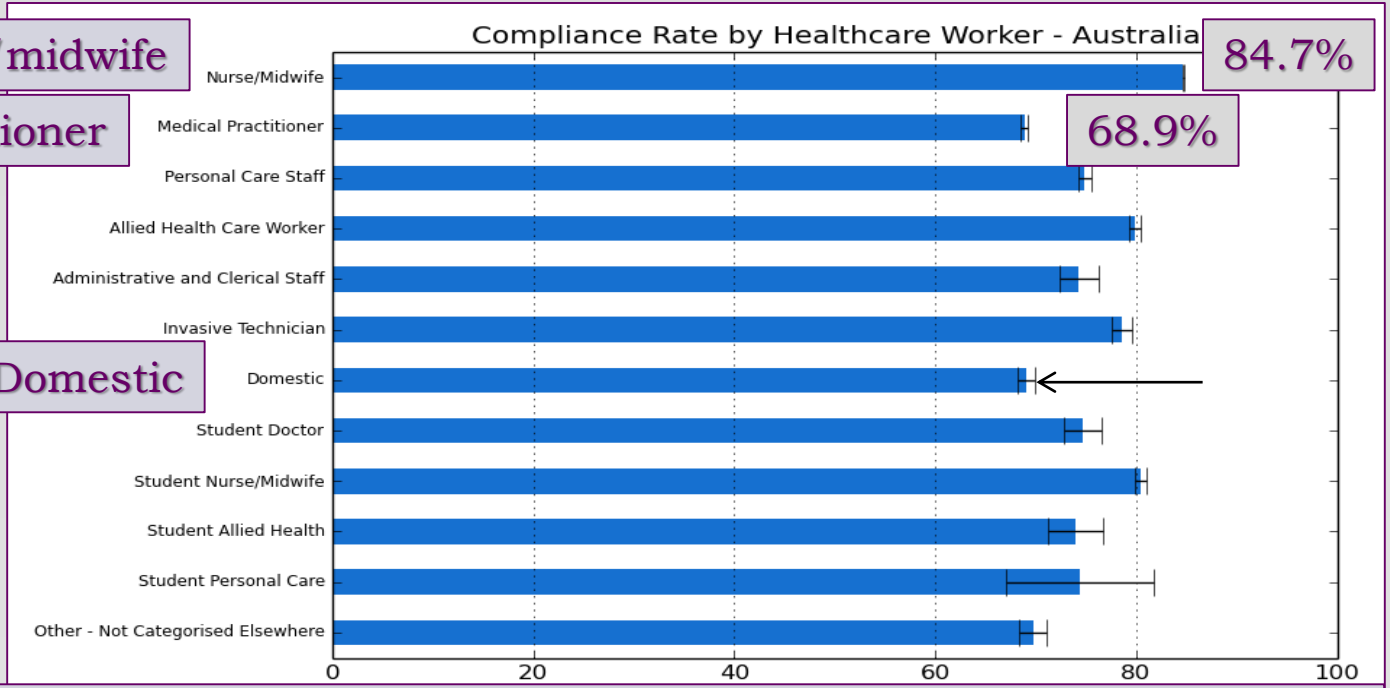
THE UNIVERSITY OF SYDNEY

CIDM centre for infectious diseases & microbiology Public Health

Nurse/midwife

Medical practitioner

Domestic



Doctors are not all the same:

- Hand hygiene survey University of Geneva, 2004: overall compliance 57%:
  - internal medicine/paediatrics: >80%
  - surgery/anaesthetics: <40%

Pittet *et al.* Ann Intern Med, 2004; 141:1-8

Why don't doctors (especially) comply with IPC?

- Prevention of HAI not a priority
  - " ..... *culture neither values these* (IPC) *interventions nor acknowledges the connection between poor practice and poor patient outcomes, despite overwhelming evidence to the contrary....."* **Gardam MA, et al, Healthcare Quarterly 2010;13; Special Issue:116-120)**
- Doctors want the best for their patients but.....
  - *"....cognitive dissonance between the desire to deliver high quality care and resistance to organised efforts at quality .. improvement"* **Shekelle, PG Qual Saf Health Care;2002;11:6**
- Exceptionalism
  - *"They* (doctors) *are like cats – they are all independent and they believe they can do whatever they want and ...they know what is best"* **Grayson ML, PLoS ONE 10(10):e0140509. doi:10.1371/journal.pone.0140509**

Another explanation!

Medical director (1)

(when asked about reasons for difference in HH compliance between nurses & doctors):

A *"….when you look at the audits, they say that the doctors are terrible, but most of the audits are done by the nurses. So you wonder whether there's a bit of payback there".*

Q Why would they do that?

A *"I think it's Schadenfreude isn't it? I think maybe they feel they're kicked around by doctors all the time. It's nice to point out that the doctors aren't perfect. That's just human nature. "*

	Doctors	Nurses
HISTORY & CULTURE	**Men -** educated, wealthy elite; scientific enquiry, innovation, progress	**Women -** "nurses" – domestic servants 18th C: nursing nuns *"little faith in the power of medicine to sure…. it ranked behind nourishment, rest, prayer and cleanliness."* **Hufton O & Tallet F 1987**
STATUS	19th C: independent; self-regulating; ambitious	Regimented; follow instructions; rule-based; relatively poorly paid
SELF-IMAGE	Dominant; highly trained; authoritative; entitled (IQ)	Helping, nurturing whole patient (EQ); defer to doctors
MODEL OF PRACTICE	Problem solving; action; impatient with barriers	Team work; making things run smoothly

Ethics & Politics of Hospital Infection Control

Aims

- To investigate perceptions of senior clinical leaders:
  a. roles & responsibilities of doctors, specifically (and others), for HA IPC
  b. barriers to/enablers of & adherence to HA IPC policies.

Methods

- Semi-structured interviews
  - senior medical & nursing leaders at one Sydney teaching hospital
- Thematic analysis of transcripts

Results

- Interviews (so far)
  - Medical (14):
    - 9 directors; 5 senior consultants
    - 4 surgeons; 4 physicians; 1 anaesthetist; 1 ob/gyn; 2 intensive care & 2 emergency
    - 10 men; 4 women
  - Nursing (8):
    - 4 directors; 2 NUMs; 2 CNCs
    - 2 surgical; 4 medical, 1 IPC, 1 ICU
    - 6 women; 2 men

Major themes

- Medical professionalism (solution or problem?)
- **Inter-professionalism (barriers)**
- Organisational issues

Inter-professionalism

- An inter-professional (interdisciplinary) team is *"composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods."*

Institute of Medicine 2003 *Health Professions Education: A Bridge to Quality* p. 54

- Members of an inter-professional team communicate and work together, as *colleagues*, to provide quality, individualized care for patients.

Nurses rule driven; doctors independent

Surgery director (1): *"……. Nurses are very process driven. They have …..hierarchical structures that they stick rigidly within. ….. "…the sort of people that go into medicine …are more … independent thinkers and they don't like to be told what to do by anyone……"*

Medicine director (1): *"Nurses grow up in a very hierarchal structure where your career advancement is much more dependent on how well you toe the line." " ..and ours isn't – we're much more maverick individuals who pride ourselves on our independence."*

Nurses try to do the right thing – push back

Nursing director (1) : *".. nurses are very keen to do the right thing …..it's disheartening when you see others coming in and out of rooms and not doing it …. (if) you say anything to them…there's a stand-up argument about hand hygiene"*

"….people can be very dismissive..or.. they do it very begrudgingly…because you're watching them"

CNC: *"..a visiting consultant ..came to see a patient* (in isolation)…. … *proceeded to examine* (her)……*I said, 'Excuse me…. You need to clean your hands before you come in and put on gown and gloves…'*
….And the response was, pretty much, 'I don't care about your bloody infection control'"

Medical practice less consistent than nursing

Nursing director (1): *"….if the leadership says, '…..we do ward rounds in a certain way……you need to wash your hands,.' it continues when the leadership's not there….."*

"…if the leaders don't feel that they need to abide by the policy…..then the whole team.. ..go '.. so it's really not important'"

"……the messaging across nursing throughout the hospital is very consistent from education meetings to management meetings to executive meetings… hand hygiene has always been at the top of … our list.. of KPIs…."

Different/conflicting priorities

Nursing director (1): *"…..medical staff have a finger in a lot of pies..* (the hospital) *isn't …..their main focus.. they don't have the investment in it ….*

They come here, do their rounds and.. they're out.

"……(nurses) *are there for eight hours looking after that person.. So … 'I don't want them to get an infection, I want their wounds to heal, …want them to get up and walk around' ……. it's a different focus."*

Different priorities – lack of awareness

Medical director (2): *".. somebody who .. swans in, looks at something, swans out again… never goes back or understands that what he actually did was screwed up the patient's life. That's the problem."*

Surgical Director (1):"*….They* (VMOs) *have contracts…., the thing is I don't think any of them.. ever read it for a start…..*
"..And no one ..enforces it…you can enforce it if they are a major outlier and you can ….point that they have an obligation to adhere to the rules.. But taking it a step further than that is really difficult."

Conclusions

- Significant, intractable inter-professional differences
  - Nurses systematic, process/rule driven, consistent, present
  - Doctors independent, variable, transient, not accountable
    - Multiple part-time/visiting appointments
    - Limited/divided organisational loyalty
  - **may explain but don't excuse failures of IPC compliance**
- Can inter-professional teams work? – maybe (in some specialties)
  - needs communication, collaboration, mutual respect
  - nurses changing (expanding) responsibilities; increasing power
    - e.g. IV access, wound care; nurse practitioners
  - structured interdisciplinary bedside rounds (SIBR)

Conclusions

- Inter-professional differences inevitable; appropriate
  - complementary expertise/skills
- Organisational leadership; individual accountability
  - enforceable contracts for all employees
  - visiting staff respect local (hospital/ward) cultures/authority

"… moral responsibility for actions and behaviours is an irreducible element of professional practice, but ……..individuals are not .. separate from ' systems' : they create, modify and are subject to the social forces …of organisational system……."

Aveling E-L et al Sociol Health Illness 2016;38:216-32

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