HAND HYGIENE NONCOMPLIANCE
SHOULD I STAY OR SHOULD I GO?

Lori Moore MPH, MSCE, BSN, RN, a-IPC
April 9, 2025

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FINANCIAL DISCLOSURE

- GOJO Industries, Inc.
- Clinical Educator, Healthcare

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LEARNING OBJECTIVES

- Explain the difference between professional ethics and personal morals and why it is important to distinguish between the two
- Identify the four steps in the Ethical Infection Prevention and Control Decision-Making Framework (EIPAC)
- List three benefits for utilizing an ethical framework in problem solving in infection prevention
- Recognize how lingering moral distress and moral residue can lead to the crescendo effect increasing burnout and job dissatisfaction
- Discuss three benefits of building moral resilience

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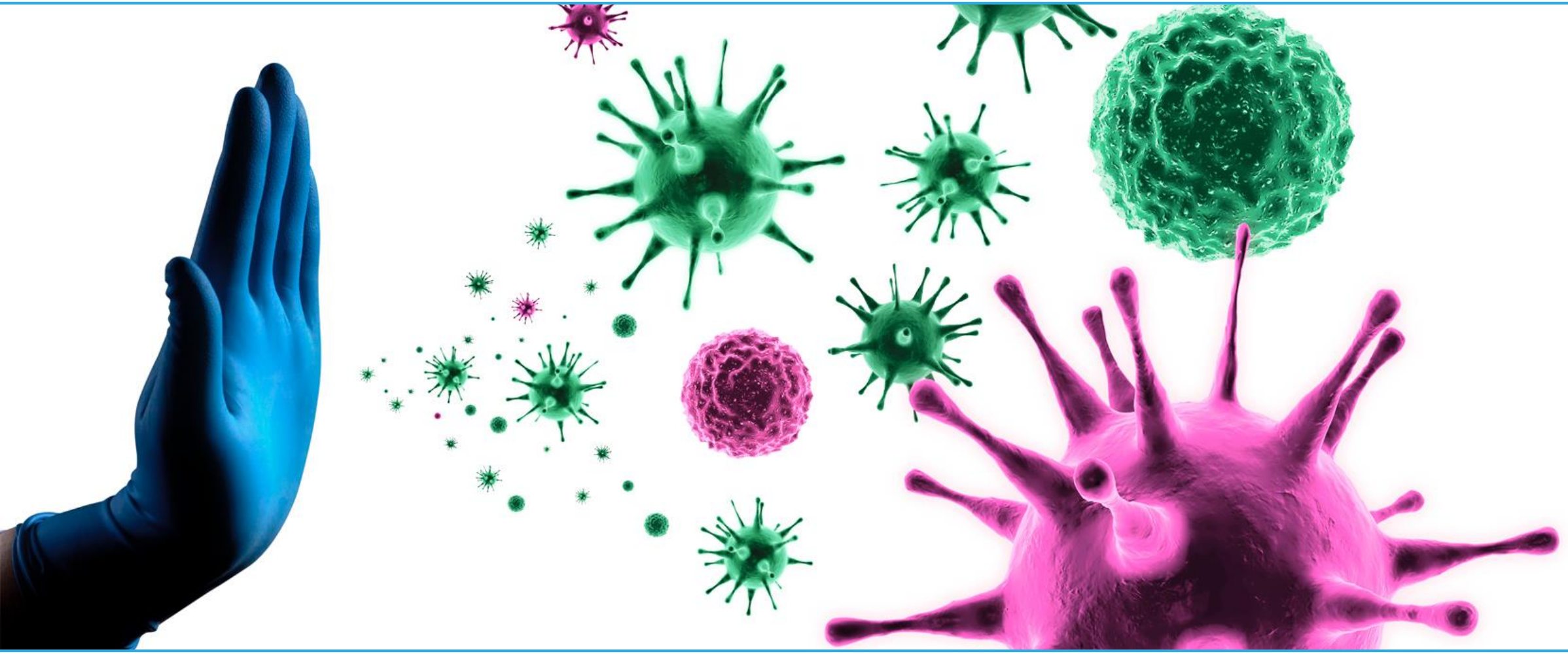
GOAL OF INFECTION CONTROL IN HEALTHCARE



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THE ROLE OF AN INFECTION PREVENTIONIST (IP): MAKING DECISIONS (ACTION)

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FOUNDATIONS FOR DECISION MAKING


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American Journal of Infection Control

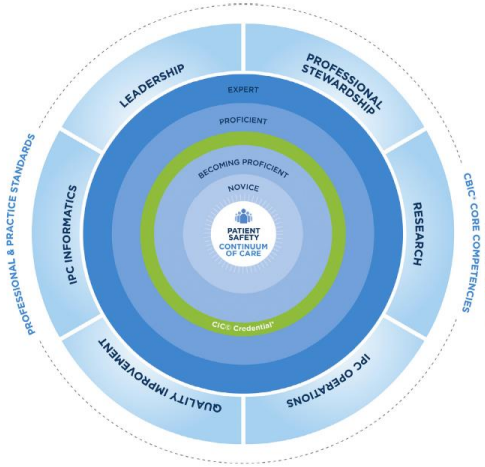
journal homepage: www.ajicjournal.org

Practice Forum

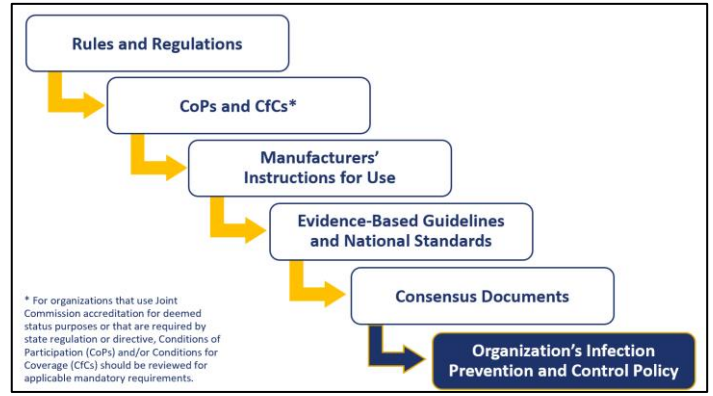
APIC professional and practice standards

Tania N. Bubb PhD, RN, CIC [a,*], Corrianne Billings BS, BSN, RN, CIC [b], Dorine Berriel-Cass MA, BSN, RN, CIC [c], William Bridges PhD [d], Lisa Caffery MS, BSN, RN-BC, CIC [e], Jennifer Cox RN, BSN, CIC [f], Moraima Rodriguez BS, MT(ASCP), CIC, CHSP [g], Jessica Swanson RN, BAN [h], Maureen Titus-Hinson MHA, BSN, RN, CIC [i]

APIC Professional and Practice Standards

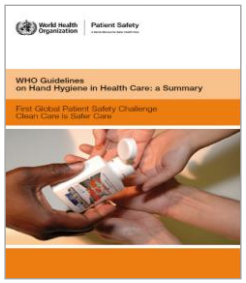


APIC Infection Prevention Competency Model



The Joint Commission Hierarchy Approach to IC Standards

2002



2009

SHEA The Society for Healthcare Epidemiology of America

IDSA Infectious Diseases Society of America

HOSPITAL POLICIES

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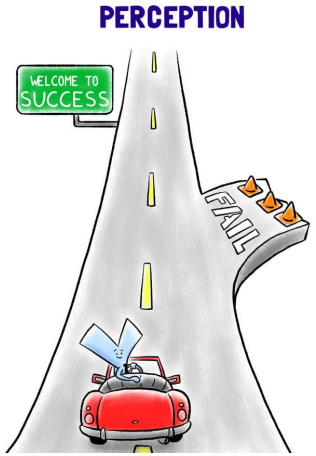
Bubb T, et al. APIC professional and practice standards. *Am J Infect Control 2016*;44:745-749.
Billings C, et al. Advancing the profession: An updated future-oriented competency model for professional development in infection prevention and control. *Am J Infect Control 2019*;47:602-614
The Joint Commission. Hierarchical Guide to Comply with Infection Prevention and Control Requirements. https://www.jointcommission.org/resources/patient-safety-topics/infection-prevention-and-control/infection-prevention-and-control-hierarchy/. Published 20224. Accessed August 8, 2024.

DECISION MAKING PROCESS

Identify a problem → **Determine potential solutions** → **Make a decision** → **Implement the solution** → **Monitor**



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Billings C, et al. Advancing the profession: An updated future-oriented competency model for professional development in infection prevention and control. *Am J Infect Control 2019*;47:602-614

THE ROAD TO ACTION IS NOT ALWAYS SMOOTH

Budgets / Resources

Leadership support

Communication

Collaboration

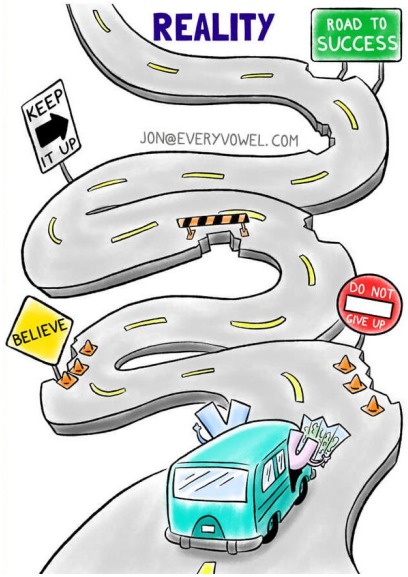
Behavioral compliance

Institutional culture/norms

Professional standards

Analysis of the ‘problem’

Supervisor’s directive



Acceptable to the masses

Hierarchical status

Biases

Lack of evidence

Consequences

Accountability

Interpersonal Relationships

Education and Training

Competing priorities

Feasibility

Fatigue

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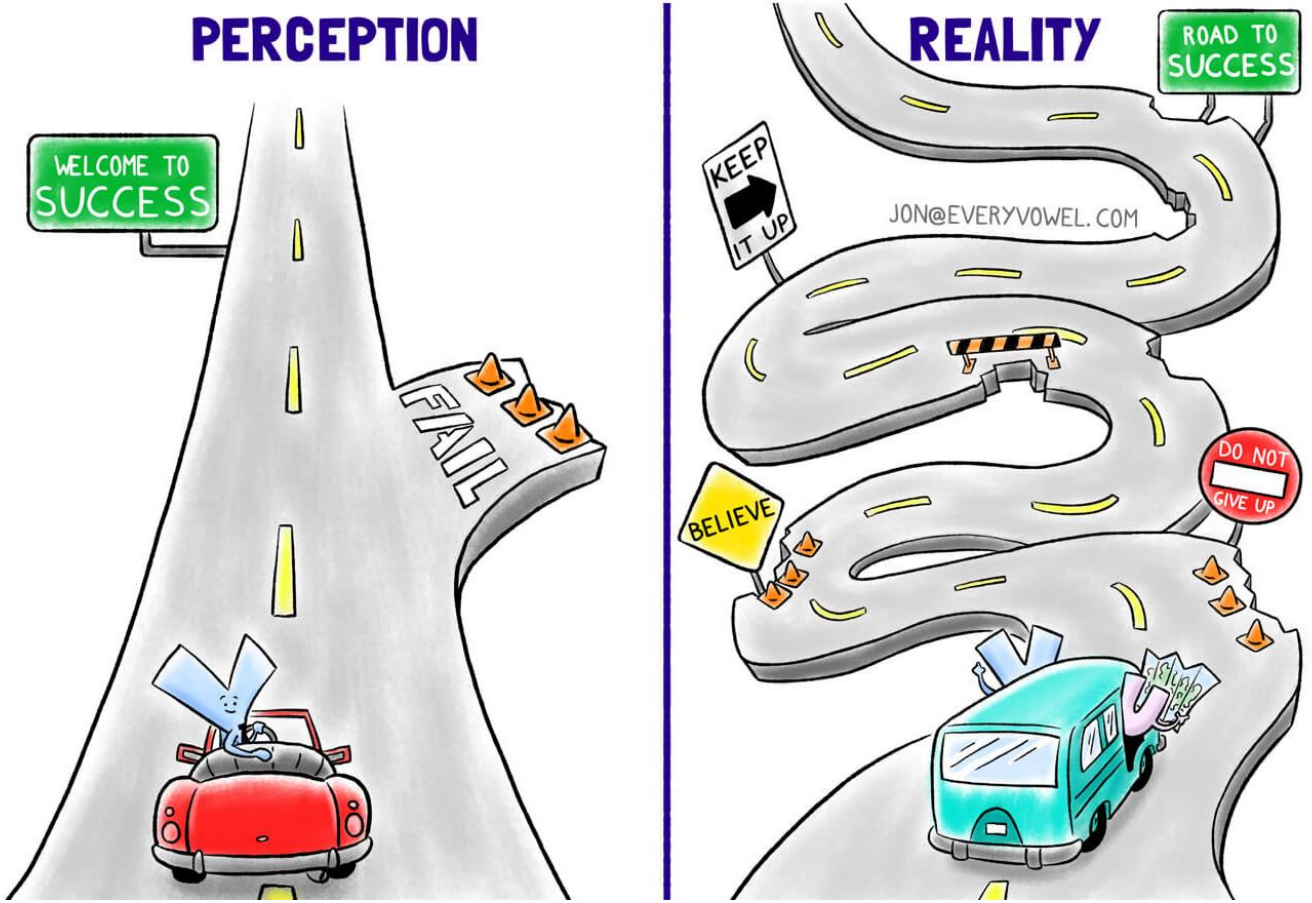
Graphic from: https://www.everyvowel.com/evcartoon/success/

Black and White

Gray



Ethics

Morals

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Graphic from: https://www.everyvowel.com/evcartoon/success/

ETHICS VS MORALS

- **Ethics**
  - Greek word “ethos” = “character”
  - Refer to rules provided / governed by an external source, e.g., professional standards, codes of conduct in workplace, legal guidelines (laws)
  - Acceptable behavior per community/group values
  - Provide a framework for making decisions
  - Objective / Practical

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Key Ethical Principles

- **Autonomy**
- **Beneficence**
- **Non-maleficence**
- **Justice and Equity**
- **Transparency**
- **Proportionality**

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Key Ethical Principles

- **Autonomy**
- **Beneficence**
- **Non-maleficence**
- **Justice and Equity**
- **Transparency**
- **Proportionality**

- **Morals**
  - Latin word “mos” = “custom”
  - Personal beliefs about what is right and wrong / transcends cultural norms
  - Refer to an individual’s own principles regarding right and wrong
  - Subjective / Ideological

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An ethical problem exists when there is uncertainty about the best course of action from a moral perspective

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Bryan CS, et al. The ethics of infection control: Philosophical frameworks. *Infect Control Hosp Epidemiol* 2007;28:1077-1084.

Most problems encountered by IPs carry ethical overtones although they might not be readily apparent

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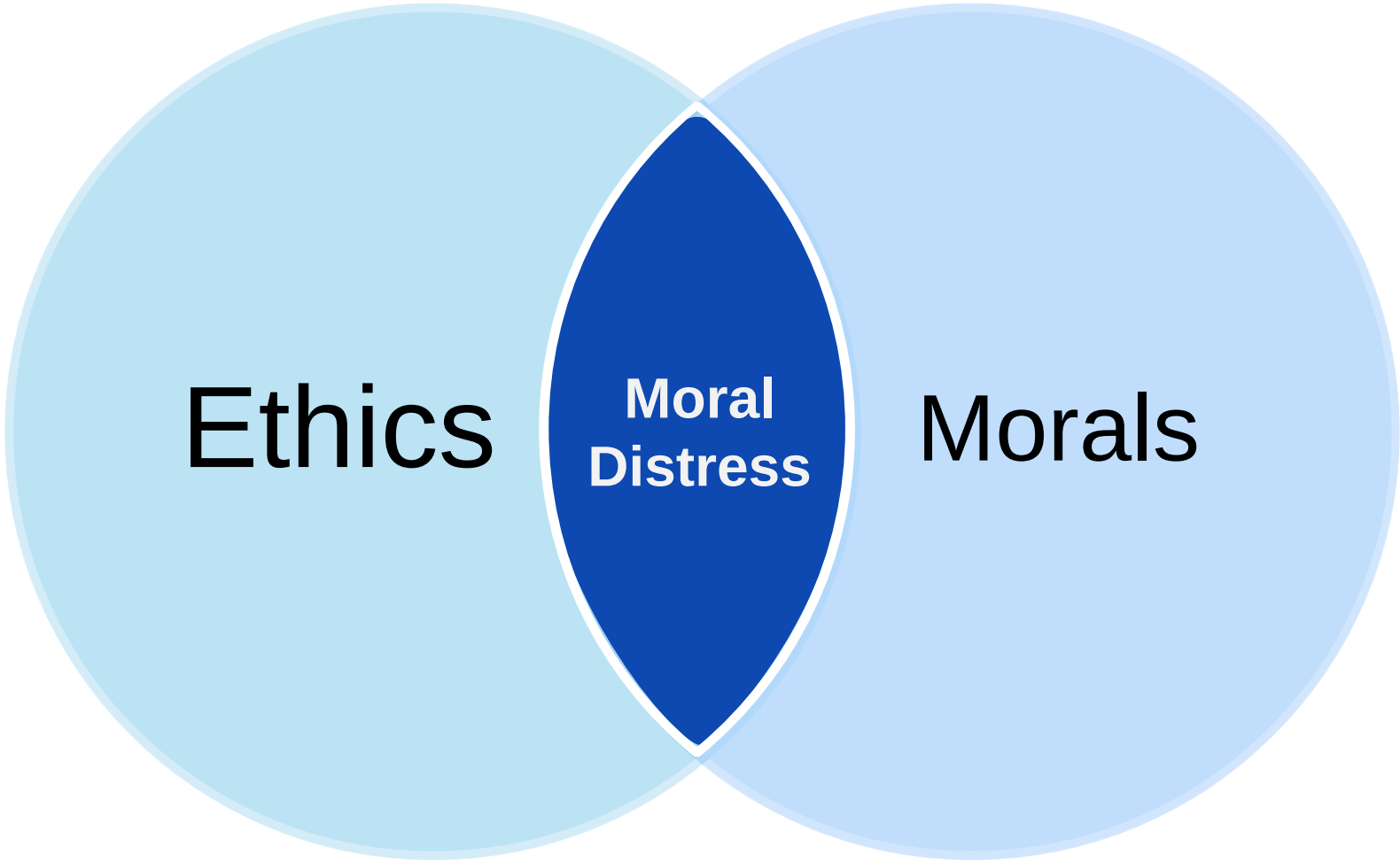
Bryan CS, et al. The ethics of infection control: Philosophical frameworks. *Infect Control Hosp Epidemiol* 2007;28:1077-1084.

WHEN ETHICS AND MORALS COLLIDE



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LET’S TALK ABOUT MORAL DISTRESS IN HEALTHCARE

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MORAL DISTRESS: KEY COMPONENTS

- **Complicity in wrongdoing**
  - The belief that you are doing something ethically wrong with little power to change the situation
- **Lack of voice**
  - The belief that you have insights and knowledge relevant to the situation that are not being heard or taken seriously
- **Wrongdoing associated with professional values**
  - Occurs when professional standards of care are impossible to carry out
- **Repeated experiences with similar issues**
  - Each significant morally distressing situation adds to the previous levels of moral distress that result in a crescendo effect
- **Three levels of root causes**
  - Triggered by causes at one or more levels: 1) patient/person, 2) unit, 3) system

Epstein EG, et al. Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB Empir Bioeth*. 2019;10:113-124.

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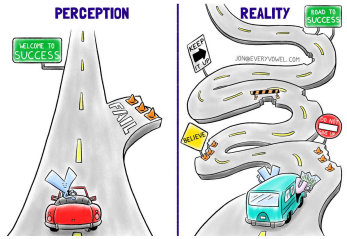
MORAL DISTRESS: THE PHENOMENON

Moral Distress

When you cannot carry out what you believe to be ethically appropriate actions because of institutional constraints



- Presence of constraints, either internal (personal) or external (institutional)
- Frustration, anger, guilt, anxiety, withdrawal, self-blame
- Violation of one's core values and duties
- Lack of meaningful ethical discussion including all stakeholders and perspectives
- Arises from problems within organizations (e.g., ineffective team communication, little guidance, little communication and support)
- Increases over time as more distressing situations occur ★

Epstein EG, et al. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics*. 2009;20:330-342.
Epstein EG, et al. Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB Empir Bioeth*. 2019;10:113-124.

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MORAL DISTRESS: THE PHENOMENON

Moral Residue

Feelings you carry with you from those times when you have seriously compromised yourself or allowed yourself to be compromised in the face of moral distress

- An act of yielding one's moral values without defending those values
- Loss of moral identity
- Changes that are personal (anxiety, depression) and professional (avoidance of difficult situations, burnout) that are consistent with the loss of moral integrity
- Each new case is experienced in the context of previous unresolved cases ★

Epstein EG, et al. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics*. 2009;20:330-342.
Epstein EG, et al. Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB Empir Bioeth*. 2019;10:113-124.

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MORAL DISTRESS: THE PHENOMENON

Crescendo Effect

A buildup of moral residue dependent upon repeated experiences of moral distress

- When problematic unit, team, or institutional/system dynamics continue to be unresolved
- Painful feelings are not eliminated completely
- Repeated crescendos of moral distress occur, moral residue increases
- New situations evoke stronger reactions

Epstein EG, et al. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics*. 2009;20:330-342.
Epstein EG, et al. Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB Empir Bioeth*. 2019;10:113-124.

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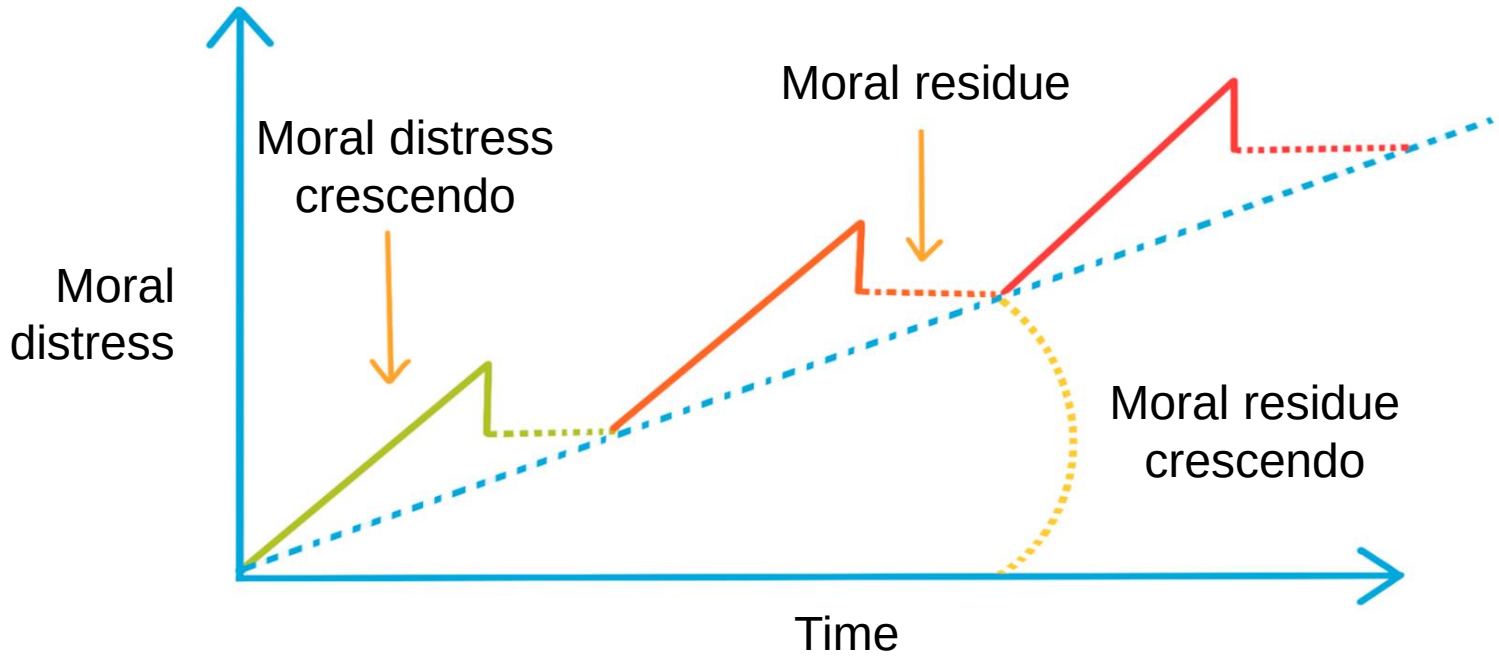
MORAL DISTRESS: KEY COMPONENTS

Crescendo Effect

A buildup of moral residue dependent upon repeated experiences of moral distress; some moral residue remains serving as a new baseline

Figure 1. Model of the Crescendo Effect



Solid lines indicate moral distress; dotted lines indicate moral residue.

Epstein EG, et al. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics*. 2009;20:330-342.
Epstein EG, et al. Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB Empir Bioeth*. 2019;10:113-124.

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CONSEQUENCES OF THE CRESCENDO EFFECT

- **Numbing of moral sensitivity**
  - Withdrawal from involvement in ethically challenging situations
  - “What difference does it make?” “No one cares.”

- **Conscientious objection**
  - Voicing opinions to those in higher roles
  - Documenting dissent, calling for ethics consult
  - Refusing to follow orders

- **Burnout and quitting job**
  - Burnout is not likely to be caused by the routine burdens of job/role (a.k.a. “hard work”)
  - Burnout is more likely to stem from the burden of powerlessness related to hierarchical power structures, ineffective or obstructive policies, dysfunctional communication patterns, lack of resources, and other issues beyond the control of the person

Epstein EG, et al. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics*. 2009;20:330-342.
Epstein EG, et al. Enhancing understanding of moral distress: the measure of moral distress for health care professionals. *AJOB Empir Bioeth*. 2019;10:113-124.

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INFECTION PREVENTION ETHICAL DECISION MAKING

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ETHICAL DECISION MAKING IN INFECTION PREVENTION

- **IPs shall make decisions based on** professional standards and values that guide professional behavior, including:
  - Hold paramount the **safety, health, and welfare** of the **public**
  - Comply with **laws and regulations**
  - Maintain **confidentiality**, and the **safety, health, and welfare** of **all people**
  - Respect the **dignity and the autonomy** of **every patient, visitor, and provider**
  - Demonstrate **personal and professional honor, integrity, and dignity**

Bubb T, et al. APIC professional and practice standards. *Am J Infect Control 2016*;44:745-749.

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APIC COMPETENCY MODEL: ETHICS SUBDOMAIN

- ✓Utilize a **framework** for deciding the best course of action
- ✓Advocate for **quality and safety** in all health care settings
- ✓Strive to guarantee the **health of the entire population** for which they are responsible
- ✓Respect the **rights of individuals** within that population
- ✓Uphold the integrity of the profession through **compliance** with laws, regulations, and standards of best practice
- ✓Adhere to **ethical principles** outlined in APIC professional and practice standards

Billings C, et al. Advancing the profession: An updated future-oriented competency model for professional development in infection prevention and control. *Am J Infect Control 2019*;47:602-614

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ETHICAL INFECTION PREVENTION AND CONTROL (EIPAC)

DECISION-MAKING FRAMEWORK

Association for Professionals in Infection Control (APIC). Infection Prevention and Control (IPAC Canada). Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework. Association for Professionals in Infection Control and Epidemiology. https://apic.org/wp-content/uploads/2024/05/2024-03-EthicsFramework-FINAL-FINAL.pdf. Published 2024. Accessed July 25, 2024.

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WHY USE AN ETHICAL FRAMEWORK?

Help answer questions:

- What should we do?
- Why should we do it?

Process for ethical analysis

- Uncertainty on how to proceed
- Options could pose a risk of harm to involved parties

Consensus for decision making

- Selection of the “least bad” option

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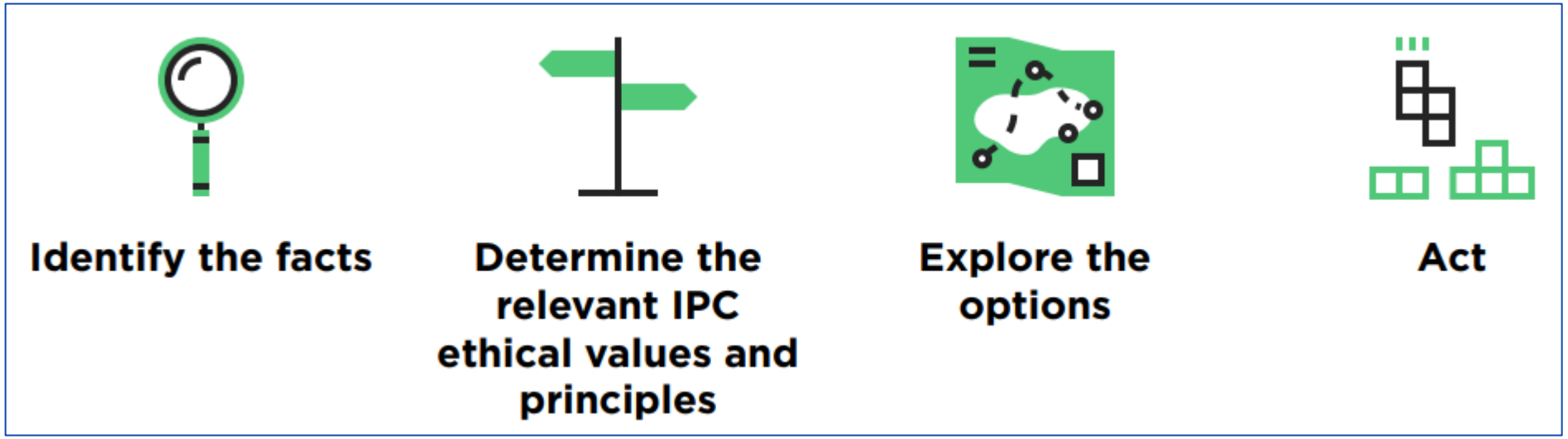
Tan C, et al. An ethical framework adapted for infection prevention and control. *Infect Control Hosp Epidemiol*. 2023;44:2044-2049.
Bryan CS, et al. The ethics of infection control: Philosophical frameworks. *Infect Control Hosp Epidemiol* 2007;28:1077-1084.

EIPAC FRAMEWORK



IDEA mnemonic

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Association for Professionals in Infection Control (APIC). Infection Prevention and Control (IPAC Canada). Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework. Association for Professionals in Infection Control and Epidemiology. https://apic.org/wp-content/uploads/2024/05/2024-03-EthicsFramework-FINAL-FINAL.pdf. Published 2024. Accessed July 25, 2024.

STEP 1: IDENTIFY THE FACTS

Questions:

- What are the relevant IPC indications?
- What are the preferences of all stakeholders
- What is the evidence?
- **What is the ethical issue?**

Process Conditions:

- Empowerment
  - All stakeholders get a voice
  - Create opportunities for participation
- Publicity
  - Keep communications open
  - Be transparent about the decision-making process

Association for Professionals in Infection Control (APIC). Infection Prevention and Control (IPAC Canada). Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework. Association for Professionals in Infection Control and Epidemiology. https://apic.org/wp-content/uploads/2024/05/2024-03-EthicsFramework-FINAL-FINAL.pdf. Published 2024. Accessed July 25, 2024.

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STEP 2: DETERMINE ETHICAL PRINCIPLES

Questions:

- **What are the most relevant IPC ethical values and principles?**
- Have the IPC ethical values and principles been considered from the viewpoint of all stakeholders?
- Do decision makers agree on what is most important?
- Are there any additional factors?

Process Conditions:

- Relevance
  - Decisions should be made based on what is seen as important by all involved in the current situation

Association for Professionals in Infection Control (APIC). Infection Prevention and Control (IPAC Canada). Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework. Association for Professionals in Infection Control and Epidemiology. https://apic.org/wp-content/uploads/2024/05/2024-03-EthicsFramework-FINAL-FINAL.pdf. Published 2024. Accessed July 25, 2024.

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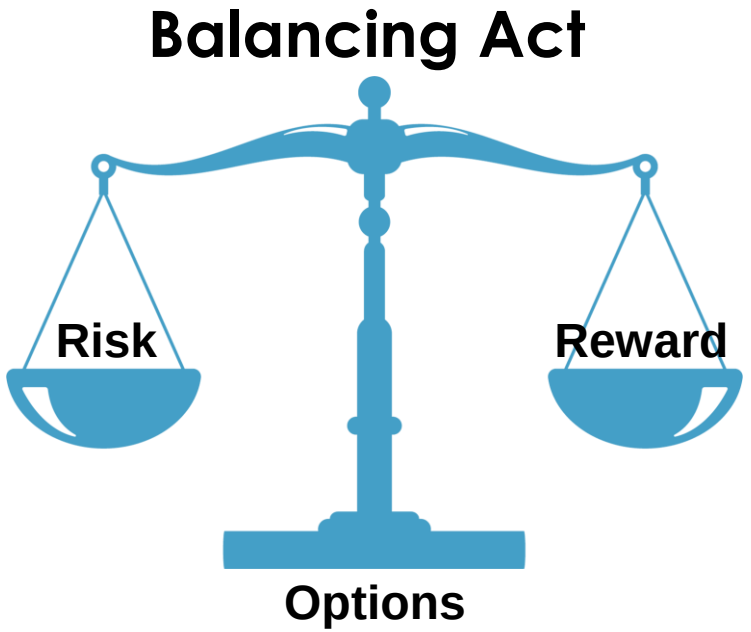
STEP 3: EXPLORE THE OPTIONS

Questions:

- What can be done?
- **What is the risk/reward balance for each option?**
- How does each option align with IPC values/principles?
- How will each option affect each stakeholder?
- How does each option align with the evidence?



Process Conditions:

- Revisions and appeals
  - Develop a process to revisit/ revise decisions with new evidence

Association for Professionals in Infection Control (APIC). Infection Prevention and Control (IPAC Canada). Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework. Association for Professionals in Infection Control and Epidemiology. https://apic.org/wp-content/uploads/2024/05/2024-03-EthicsFramework-FINAL-FINAL.pdf. Published 2024. Accessed July 25, 2024.

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STEP 4: ACT

Questions:

- **What is the best option?**
- How should the decision be communicated to all parties?
- How should the decision be implemented?
- How should the impact be evaluated?

Process Conditions:

- Compliance/adherence
  - Review the decision-making process

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Association for Professionals in Infection Control (APIC). Infection Prevention and Control (IPAC Canada). Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework. Association for Professionals in Infection Control and Epidemiology. https://apic.org/wp-content/uploads/2024/05/2024-03-EthicsFramework-FINAL-FINAL.pdf. Published 2024. Accessed July 25, 2024.

EIPAC FRAMEWORK APPLICATION
HAND HYGIENE SCENARIO

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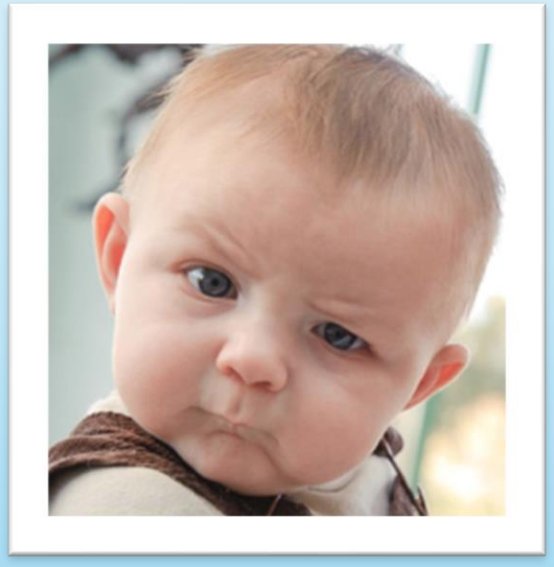
MAGGIE, NEW IP, ROUNDING ON NURSING UNIT

Dr. Ima King and medical student enter contact precaution room w/o PPE or hand hygiene, and no hand hygiene on exit

This behavior was a common theme at the hospital



Bosek M, et al. Hand hygiene as standard practice: do the rules apply to all healthcare professionals? *JONAS Healthc Law Ethics Regul*. 2010;12:101-105.

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MAGGIE, NEW IP, ROUNDING ON NURSING UNIT

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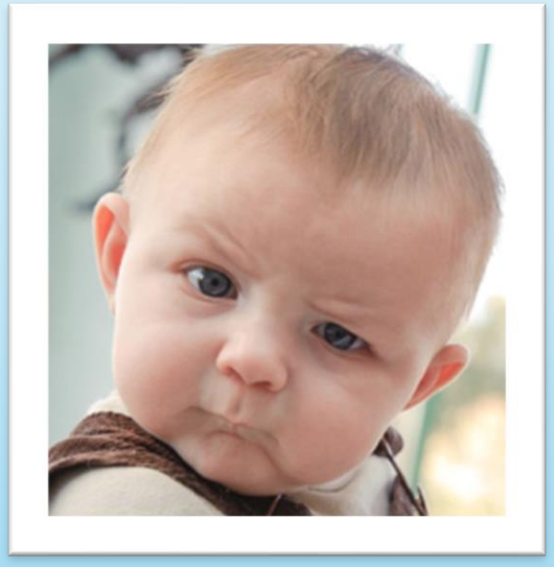
Should you stay or should you go?



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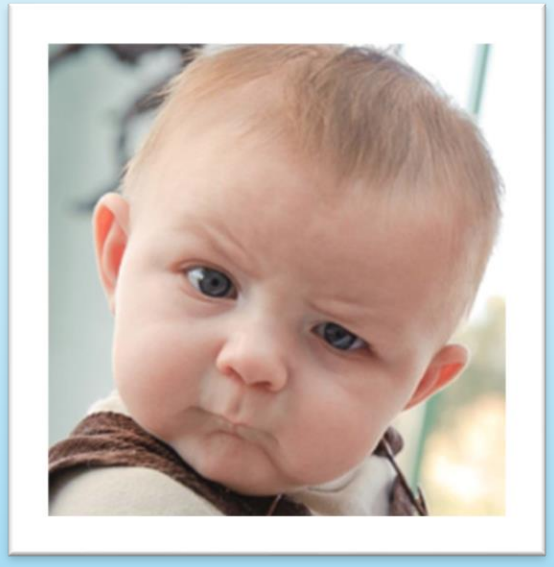
MAGGIE, NEW IP, ROUNDING ON NURSING UNIT

Dr. Ima King and medical student enter contact precaution room w/o PPE or hand hygiene, exit without hand hygiene

- Maggie
  - Introduces herself and comments on missed opportunities
- Dr. Ima King
  - Leans into Maggie and looks at her badge and asks "…and who are you again?" and then quickly says "I didn't touch anything, so the rules don't apply." Then walks into another patient room without performing hand hygiene followed by the medical student
- A group of staff nurses and nursing students were watching the episode - snickering

This behavior was a common theme at the hospital



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What would YOU do?

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MAGGIE PROCESSED THE EVENTS

Maggie felt anger, humiliation, and loss of confidence personally and professionally

- Dr. Ima King
  - Holds a senior leadership position at the hospital and medical school
  - Response was intimidating and deprecating to Maggie
- Nurses' responses
  - Troubling – Maggie was advocating for patient safety
  - Maggie's leadership as an infection prevention professional was belittled
- Policies violated / Patient safety was compromised

Bosek M, et al. Hand hygiene as standard practice: do the rules apply to all healthcare professionals? *JONAS Healthc Law Ethics Regul*. 2010;12:101-105.

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MAGGIE SOUGHT ADVICE FROM SUPERVISOR

Director of Nursing

- "This is a teachable moment for the organization"
- "No healthcare professional is above the rules when patient safety is concerned"
- Recommended Maggie "file a formal safety event report through the hospital online system"

Bosek M, et al. Hand hygiene as standard practice: do the rules apply to all healthcare professionals? *JONAS Healthc Law Ethics Regul*. 2010;12:101-105.

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MAGGIE GATHERED FACTS FOR SUPPORT

- Validated hand hygiene standards
  - TJC NPSG #7: Reduce the risk of healthcare-associated infections[1]
  - CDC/WHO guidelines: Hand hygiene is a best practice for preventing HAIs[2-3]
- Reviewed hospital hand hygiene policy[4]
  - "All healthcare providers and all healthcare workers caring for patients must perform appropriate hand hygiene."
  - "Every person entering the room must comply with isolation precautions."
  - Transmission-Based Precautions policy
- Verified physician hand hygiene education[4]
  - Upon initial physician credentialing and reappointment (every 2 years)

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1. The Joint Commission. National Patient Safety Goals.
2. Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002:51:1-45.
3. WHO Guidelines for hand hygiene in health care. World Health Organization website. https://www.who.int/publications-detail-redirect/9789241597906. Published 2009. Accessed July 28, 2024.
4. Bosek M, et al. Hand hygiene as standard practice: do the rules apply to all healthcare professionals? *JONAS Healthc Law Ethics Regul*. 2010;12:101-105.

MAGGIE IDENTIFIED PROFESSIONAL OBLIGATIONS

- Nursing Code of Ethics[1]:
  - Primary commitment is to the patient
  - The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient
- Hospital IP job description[2]
  - Provide broad clinical oversight of evidence-based nursing practice across the organization
  - Assume accountability for meeting standards
  - Make decisions and take actions in an ethical manner
- Infection Prevention and Control Ethics[3]
  - Hold paramount the safety, health, and welfare of the public in performance of duties
  - Establish professional reputation based on personal merit

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1. Olson LL, et al. The ANA Code of Ethics for nurses with interpretive statements: Resource for Nursing Regulation. *J Nurs Reg*. 2016;7:P9-20.
2. Bosek M, et al. Hand hygiene as standard practice: do the rules apply to all healthcare professionals? *JONAS Healthc Law Ethics Regul*. 2010;12:101-105.
3. Bubb TN, et al. APIC professional and practice standards. *Am J Infect Control*. 2016;44:745-749.

MAGGIE IDENTIFIED ETHICAL CONFLICTS

- **Autonomy**
  - Can healthcare professionals decide for themselves when and where to perform IPC practices?
- **Justice/Equity**
  - Like persons should be treated similarly in similar situations – same disciplinary actions
- **Nonmaleficence – do no harm**
  - Primary ethical justification for infection control practices and limiting human liberties
- **Professional career vs protection of patients**
  - Dr. Ima King holds a senior leadership position – potential for retaliation
- **IPC role model of integrity for staff nurses and students**
- **Porportionality – Risks of decision vs Rewards**

Bosek M, et al. Hand hygiene as standard practice: do the rules apply to all healthcare professionals? *JONAS Healthc Law Ethics Regul*. 2010;12:101-105.
Lachman VD. Moral courage: a virtue in need of development? *Medsurg Nurs*. 2007;16:131-133.

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MAGGIE REVIEWED HER OPTIONS

Moral Distress

- Do nothing
  - Easy but compromises professional integrity, ethical values / principles, and patient safety
  - This is a common scenario in this hospital
- Request a meeting with Dr. Ima King
  - Simple, but power differential may impact effectiveness
- Report incident informally to chief medical officer
  - May not support Maggie
- Ask director of nursing to handle the issue
  - Hinders professional growth - Difficult conversations will help Maggie grow as a leader
- File a formal online safety event report as recommended
  - Ethically sound but distressing

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MAGGIE REVISITS THE "WHY"

- Personal and professional honor, integrity, and dignity, core values
- Nonmaleficence
  - Minimizing harm by upholding standards, best practices and policies
- Justice, equity and fairness – similar treatment for all
- Trust
  - Maggie reached out for support and advice, she decides to trust that advice
- Collaboration
  - Working together to keep patients and healthcare workers safe

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MAGGIE MAKES HER DECISION

- Maggie completed the online safety event report
  - Rationale: Dr. Ima King made a conscious decision not to follow basic hand hygiene principles and isolation procedures after interaction with Maggie
- Maggie has a professional obligation to report the incident of negligent behavior
  - Theoretically an example of internal whistle-blowing
- Maggie kept a written record of the incident and all aspects of the process
  - Can follow the process the next time…..can revisit the “why’s”

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MAGGIE FOLLOWED THE EIPAC FRAMEWORK

STEP 1 Identified the facts and ethical issues

STEP 2 Determined the ethical principles (the ‘Why?’)

STEP 3 Explored the options (the ‘What?’)

STEP 4 Selected the most ethically justifiable option (the ‘How?’)

And documented her journey…

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HAND HYGIENE MATTERS

- It’s not only about germs
- There are relevant ethical principles and moral values at risk
- The EIPAC Decision-Making Framework can help you answer the questions
  - What should be done about hand hygiene noncompliance.
  - Why should we do it
  - How should we do it.

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THANK YOU

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