Hand Washing Compliance among Nurses and Midwives Caring for Newborn Babies in Selected Health Facilities of the Eastern Province, Rwanda

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Background

Hand washing is widely acknowledged to be crucial in preventing the spread of germs and reducing infections which contribute to 27 neonates deaths /1000 live births. However, little is known about the extent to which handwashing is practiced among healthcare providers caring for newborns in Rwanda and more precisely in the Eastern province.

Objectives

To determine the compliance with handwashing among nurses and midwives caring for newborn babies at selected health facilities and the extent to which demographic and cognitive factors predict nurses’ handwashing compliance.

Methods

A cross-sectional approach encompassing descriptive and quantitative methods was used to collect data from nurses and midwives (N=139) who were providing care to newborn babies. An anonymous self-administered questionnaire (Alpha coefficient for the multi-item scales ranging from .88 to .91) was used to collect data within 3 weeks. Bivariate analysis was carried out to determine any relationship between independent variables and handwashing compliance rates, and multiple regression analysis was done to determine the most unique independent predictors to handwashing compliance.

Results

The mean score of self-reported handwashing compliance was 82.00% (SD= 13.60). A compliance rate of 80% or greater was confirmed by 79.1% of the participants. The highest reported rate of handwashing was after exposure to the newborn’s body fluids (M= 89.33%; SD= 14.878), while results revealed that nurses tend to perform less handwashing after touching an object in the vicinity of the patient (73.43%; SD=22.81). Attitudes (B = 1.957; SE= .970, p = .046), subjective norms (B= 2.175; SE= .527, p < .0005), and intentions (B = .390; SE=.090, p < .0005) were revealed as unique independent predictors of handwashing compliance.

Conclusion

No relationship between handwashing performance and participants’ demographic factors was found; thus strategies focusing on the identified predictors of hand washing are recommended.

Key words: hand washing compliance, nursing and midwifery, newborn, infection prevention, Rwanda