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Findings and implications regarding hospital cleaning in Ghana in relation to healthcare associated infections

A Policy Brief

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Executive summary

Cleaning at hospitals is an important part in prevention of healthcare associated infections (HAI). This Policy Brief is based on a field study among orderlies at two Ghanaian hospitals. The study showed that in spite of intentions of doing so, cleaning guidelines were not followed. The study looked for cultural, social and material explanations. Based on these findings the study suggests interventions which will improve the status of orderlies and of cleaning; improve access to quality tools, supplies and training, and which will generally make cleaning a more central part of the hospital mission.

Main statement:

Cleaning at hospitals will benefit by improving the status of cleaning and of orderlies. This can happen through a professionalization of cleaning and involving cleaning as a central effort of caring for patients.

This Policy Brief is an extract of a report by the same name. The report can be downloaded here: https://hermes-inter.dk/publikationer.html or acquired by contacting the author (see page 2).

Introduction

Each day healthcare associated infections are taking a heavy toll at healthcare facilities around the world. Especially at the hospitals where the most vulnerable patients are looking for care. 5-10 pct. Of alle patietns admitted to a hospital acquire an infection due to their hospitalization. This is also true for Ghana, where Labi et al. (2018) found a 9 pct. prevalence of HAI among patients admitted to a hospital; the risk of infection increased with the length of hospital stay.

Cleaning is an important part in prevention of these infections, but it is likewise recognized, that cleaning is often not done according to the Infection Prevention Control (IPC) guidelines. In order to be

The field study was thus concerned with the orderlies and how cleaning was perceived and practiced in relation to healthcare associated infections (HAI.) In other words: what

perceptions, social organization and material aspects were influencing how cleaning was done.

The research was part of the HAI Ghana project, which from different approaches and angles investigate the problems of HAI followed by intervention- and post-intervention studies.

Methods

The study was conducted through three months of fieldwork at two Ghanaian hospitals. The main method was participant observation, where the researcher worked with the orderlies, cleaned and spent the workday with them and shared some of their private lives as well. The researcher further conducted 15 semistructured interviews with orderlies, matrons, managers, IPC-managers, nurses and a microbiologist.

The fieldwork was supported by a survey among all orderlies at the participating departments and by data based on official information about the hospitals, national and international guidelines as well as statistics and literature on Ghana and its health system.

Findings

Generally the study found that what was cleaned and how it was cleaned did vary depending on the specific situation. The study identified both social, cultural and material aspects which affected the cleaning. These aspects have been ordered into three themes:

- Definition of dirt
  Concerning what was perceived as dirty and thus something which should be cleaned.
- Social status of orderlies and of cleaning
  Concerning the role of the orderlies and their relations to other staff groups and how it affected the cleaning.
- Impression management
  Concerning what was perceived as a good orderly, and how the orderlies worked on improving their social status and further how this affected the cleaning.

General finding

What is cleaned and how it is cleaned is never settled. It is contingent on social, cultural and material aspects, and how they come out in the acutal situation.

Definition of dirt

What was defined as dirty was fluctuating and could change depending on the situation. In the following some of the aspects which were found to influence what was defined as dirty will be discussed.

According to the guidelines disinfectant cleaning solutions should be changed whenever they appear dirty. This can only be aesthetically evaluated through the senses.

Intelligibility of microbes

At the hospitals the biomedical way of understanding infections and cleaning was expressed through IPC-guidelines. These guidelines effected the cleaning, for example through use of disinfectants like bleach, and the orderlies were interested in the biomedical approach.

But the influence of IPC was restricted in several ways. One problem was that the germs were imperceptible to the senses, which impeded the orderlies from having concrete experience with them. This lack of actual experience was backed by the fact that patients who had acquired a healthcare associated infection was not categorized as such. Thus the consequence of HAI was not observable. Even though the orderlies experienced many patients with infections, there was no obvious link between infection and where the infection was acquired.

Snapshot from observation:

After morning cleaning the mop was rinsed in water. Michael, an orderly, explained that the water he used while mopping had contained bleach. Thus the germs had already been killed. In a subsequent interview he further told that his manager had said, they should use bleach for rinsing the mops. But the bleach was scarce, they did not have enough.

Training in a biomedical approach was limited. According to the survey 14 pct. of the orderlies had never participated in a training course and more than half had not had an initial training course when they started working. During the daily assessments adherence to IPC-guidelines was not offered much attention. Instead aesthetic aspects of cleaning was guiding the evaluation of whether something was well cleaned and what was important to clean: What looked nice, felt dirty or had a foul smell.

Material aspects

Material aspects such as access to tools and supplies, the experience of rusty beds; broken tiles, tired bodies or the ease by which a broom or a mop could move around the floor also influenced what was defined as dirty, and how it was cleaned. If there was a shortage of bleach for example, an orderly could decide, that it was not necessary to rinse a mop in bleach after cleaning, reasoning that it had already been in the cleaning solution with bleach.

Definition of dirt – major findings

- Cleaning was influenced by a biomedical understanding, communicated through IPC-guidelines. For example it was known and acted upon that bleach should be used to kill germs.
- The biomedical approach was restricted because:
  - Germs are imperceptible to the senses. Instead cleaning was assessed by aesthetic evaluation.
  - HAI's were not categorized and measured, and thus made into existence and experienced at the wards.
  - Training of orderlies were limited.
  - Restricted access to tools and supplies affected what was regarded as dirty and what should be cleaned.

Social status of orderlies and of cleaning

A utility room:
One of the rooms assigned to the orderlies for resting.

The status of the orderlies were among the lowest in the hospital hierarchy. Also cleaning was a low status task.At the hospitals, the low status was communicated in different ways. For example the orderlies did not have a room assigned for resting, like other staff groups had. Instead they used rooms assigned to other purposes as well. In some situations communication between the staff groups was restricted because staff of lower status could not ask people of higher status to manage a task. Also knowledge for example about aggressive or infectious

patients was withheld from the orderlies, thus making them feel excluded and subject to dangerous situations.

The reason for the low status of orderlies and cleaning can to a great extent be explained by the task of cleaning being far from the core mission of the hospital and regarded as a non-biomedical task. Further more cleaning was not perceived as a profession and the orderlies were perceived as uneducated which together added to their low status.

Social status – major findings:

- At the hospitals the status was low of both orderlies and of cleaning.
- Reasons for low status was associated with:
  - The task of cleaning being far from the core mission of the hospital, and regarded as a non bio-medical task.
  - Cleaning was not perceived as a profession.
  - Orderlies were perceived as uneducated.

Some of the consequences of the low status were:

- The orderlies did not experience themselves as part of the team, and in some situations communication between staff groups were restricted.
- The orderlies at times detached themselves from the workplace and lost motivation.
- The orderlies did prioritize to do tasks associated with higher status.

Impression Management

The orderlies did put pride in making the ward look, feel and smell nice. They felt a purpose in helping the patients. “I do it for God”, they could say. But it was likewise important to them, that their work was acknowledged by people.

To be regarded as a good orderly the orderlies were rewarded for being visible and accessible to the matrons. That of their work which was most visible to the matrons and other superiors gave them credit. This could be cleaning doctors’ and matron’s office, or being ready to do errands. Morning cleaning was not recognized in the same way as it took place when the superiors were not yet at work.

From interview

An orderly, Angela expresses the importance of her superiors acknowledging her work:

Mette: What of the things you do, do they notice the most?

Angela: "With the doctors' and matron's office, I normally dust in there (…) and then I make sure I clean: (…) Then do their things; just put things here, just like that (arrange the things on the table ed.) So I make sure, that I arrange it well. So, when they come, they say: "oh this, my dear, this was auntie Angela who did it. Not any other orderly would do that".

Division of labor

Not all tasks were clearly nurses' task or tasks for the orderlies. Regarding division of labor low status tasks were less prioritized, because they would not add to a persons' status. Instead the orderlies preferred to do tasks more closely related to the patients like helping them with the bath.

The study did not find that cleaning according to IPC guidelines was enhancing the status of orderlies.

Impression Management – major findings

- Orderlies were proud to keep the wards clean
- Recognition by superiors were important to the orderlies, as it made them feel valued.
- Cleaning tasks which were most visible to the superiors were prioritized.
- Cleaning according to IPC-guidelines was not associated with high status.
- Tasks associated with patients were preferred over cleaning.

Conclusion

Cleaning was influenced by what was regarded as dirt as well as the relational aspects at the hospital such as status and impression management.

Implications

Efforts for improving cleaning could target different aspects of the three themes: Definition of dirt; Social status and Impression management. The following implications for action are directed towards different levels of intervention:

Hospital management

- Put up a surveillance system for HAI
  HAI could be made present at the wards by counting them, naming the incidents at the ward and benchmark them with other wards. The results should be shared with all the staff. This way HAI could be a marker of progress.

Hospital management and ward management

- Enhance status of orderlies
  The status of the orderlies could be enhanced and they could be incorporated as part of the ward teams by:
  - Assigning proper spaces for resting – it could be shared spaces with other staff groups
  - Promoting communication between staff-groups. For example making sure everyone has the same knowledge of potentially dangerous situations, and how to handle them. This would imply demanding the orderlies to adhere to rules of confidentiality.
  - Turn hospital cleaning into a profession: This involves training, different levels of trained staff and schemes of apprenticeship.
  - Supplying orderlies with proper uniforms and adequate protective gear.
- Improve access to quality tools and essential supplies like water, detergents and disinfectants.
- Improve access to protective gear for a more healthy workforce and communicating care for the safety of staff.

IPC-team at national and local levels

- Incorporate aesthetic and material perspectives to IPC-guidelines
  The IPC organization could work with the IPC-guidelines in order to incorporate aesthetic and material perspectives. These perspectives could describe in which situations it is meaningful to use aesthetic evaluation. They could also describe how the

orderlies should best cope with material problems: Eg. how best to handle, when the water is not flowing, and if access to bleach is scarce, what then should be prioritized. And when deterioration is overwhelming, then make it possible to discuss when it is an aesthetic trouble and when it is a hygienic problem.

IPC-teams, hospitality managers and ward-management

- IPC as part of daily assessment
  Adherence to IPC guidelines could be made part of a daily assessment. This would likely raise the status of cleaning according to the guidelines.
  The focus of assessment could be mirroring what has been taught through training sessions.

Training

- Make germs intelligible
  The intelligibility of germs could be enhanced by using pictures or films of germs and by describing the microbiological work.
- Training through practice
  Part of the training could be done during the performance of daily work. This would make space for finding practical solutions and agreeing on sensorial evaluations such as: When is the water dirty? What does it look like? What dusters are the best to use?

Sustainable change

In order to ensure sustainability of the change, the suggested solutions should be developed and tested in a close cooperation with the orderlies and other stakeholders. This would simultaneously contribute to enhancing the status of orderlies and communicate to the organization that everybody is on the same team with the object of improving the health and welfare of the patients.