

# Physician 'defiance' towards hand hygiene compliance: Is there a theory–practice–ethics gap?



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**Background:** The theory–practice gap has always existed [1,2]. This gap is often cited as a culmination of theory being idealistic and impractical, even if practical and beneficial, is often ignored. Most of the evidence relating to the non-integration of theory and practice assumes that environmental factors are responsible and will affect learning and practice outcomes, hence the gap. Therefore, the author believes that to 'bridge the gap' between theory and practice, an additional dimension is required: *ethics*. A moral duty and obligation ensuring theory and practice integrate. In order to effectively implement new practices, one must deem these practices as worthy and relevant to their role as healthcare providers (HCP). Hence, this introduces a new concept which the author refers to as the theory–practice–*ethics* gap. This theory–practice–*ethics* gap must be considered when reviewing some of the unacceptable outcomes in healthcare practice [3]. The literature suggests that there is a crisis of *ethics* where theory and practice integrate, and healthcare providers are failing to fulfill our duty as patient advocates.

**Hypothesis:** Physician hand hygiene practices and compliance at King Abdulaziz Cardiac Centre (KACC) are consistent with those of other physicians in the global healthcare arena. That is one of noncompliance to King Abdulaziz Medical City (KAMC) organizational expectations and the World Health Organization (WHO) requirements?

**Methods:** An observational study was conducted on the compliance of cardiac surgeons, cardiologists and nurses in the authors' cardiac center from January 2010 to December 2011. The hand hygiene (HH) compliance elements that were evaluated pertained to the WHO's five moments of HH recommendations. The data was obtained through direct observation by KAMC infection prevention and control practitioners.

**Results:** Physician hand hygiene compliance at KACC was consistently less than 60%, with nurses regularly encouraging physicians to be diligent with hand hygiene practices in the clinical area.

**Conclusion:** Hand hygiene compliance will not improve unless evidence-based recommendations are adopted and endorsed by all healthcare professionals and providers.

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**Keywords:** Theory, Practice, Ethics, Hand hygiene, Healthcare associated infection, Physician

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