

Brief interview with Prof. Dr. Johannes Keller

“The unconscious attitudes and empathy are the decisive factors for hand hygiene behaviour.”

3 questions to Prof. Dr. Johannes Keller, Head of Social Psychology at the University of Ulm, Germany

There is a substantial gap between awareness of the importance of hand hygiene and action – compliance rates average out at 50 %. How do you explain this gap as social psychologist?

Johannes Keller: Daily routine in hospitals is characterised by complex procedures and often lack of time. According to the MODE model (**M**otivation and **O**ppportunity as **D**eterminants) of Russell H. Fazio and colleagues, under such circumstances the people’s behaviour is particularly determined by the things “coming up to the mind”, i.e. what is accessible in the memory. As part of our research we found out that in most cases hand hygiene is carried out spontaneously and automatically without conscious reflection. Thus, it is particularly the implicit (unconscious) attitude towards hand hygiene that is important – and this attitude can extremely differ from the consciously expressed attitude. The fact that conscious attitudes often are of little relevance in terms of predicting spontaneous, automatically performed behaviours can be an explanation for healthcare workers being aware of the importance of hand hygiene and compliance rates that remain poor.



You wish for more positive feelings when performing hand hygiene. Have rational-logical approaches such as training for compliance been overestimated?

Johannes Keller: No, of course facts are also important. Knowledge can be internalised over time and thus influences the implicit attitude. However, it is important to recognise the importance of positive connotations towards hand hygiene in the mind of healthcare workers when hand hygiene is concerned. Therefore, interventions should link hand disinfection to pleasant experiences to promote a favourable implicit attitude.

But we must not forget that, in general, every action needs to be preceded by the opportunity to carry it out. The preconditions for performing hand disinfection need to be created. This includes the availability of hand disinfectants and the right placement of dosing dispensers according to the 5 Moments – e.g. right at the point of care.

You talk about the “modification of the implicit attitude” – are there already promising approaches from your point of view?

Johannes Keller: A first good approach is the hand disinfection product itself. A pleasant scent or a noticeable skincare effect, for example, are positive connotations that can be linked to the application of the hand disinfectant. When the feeling on the skin is good after hand disinfection it remains in the mind. Another promising approach is the empathy of nursing and medical personnel. As hand hygiene plays a central role for patient protection and thus for the well-being of others, empathy is another key factor for compliance. The more empathetic nurses and physicians are, the more often they disinfect their hands. And empathy can be trained and promoted in particular situations, for example by special empathy training sessions and interventions.