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Setting Standards, Satisfying Needs ….. and Changing Washroom Behaviour

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We have a serious hygiene problem in this country and probably most other countries in the world. Whether in day care centres, hospitals, schools, restaurants, offices, universities and even in international conference centres – we have substantial evidence that people's attitudes towards hygiene in general and public washrooms in particular tend to be at best casual, and at worst dangerous.

Poor hygiene behaviour represents a clear risk of infection to those who use these facilities. The importance of high standards of hygiene behaviour does not appear to be understood even by well-informed groups including health care workers. But it is, of course, not confined to these groups. Providers of washroom facilities also appear to take their role as managers of these facilities not as seriously as should be hoped or expected.

Overlaying this landscape of complacency towards the provision of facilities and poor professional compliance with basic hygiene standards, are lax public attitudes towards hygiene and health. This presents us with some serious challenges.

Washing Hands is Not the Norm
Let me summarise some aspects of the problem. Epidemiological evidence demonstrates that hand mediated transmission is a major factor in the current infection threats to hospital inpatients (Pellowe, 2003). Despite this knowledge, health care workers still fail to wash their hands and would seem to fail to appreciate the importance of doing so (Handwashing Liaison Group, 1999; Heseltine, 2001).

- One study found that, despite frequent contact with patients, senior doctors only washed their hands twice during 21 hours of ward rounds (Bartzokas, Williams and Slade, 1995;
- Low frequency of handwashing has also been found in observational studies of health care workers in emergency rooms and intensive care units (e.g., Albert, 1981; Pittet, Mourouga, & Perneger, 1999).

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- A sample of doctors were asked to estimate their handwashing rates before patient contact (Tibballs, 1996). Their perceived rate of 73% was somewhat higher than the observed frequency of 9%.
- In a review of studies on hand hygiene compliance, the Center for Disease Control found that the mean baseline rate for handwashing amongst HCW ranges from 5% to 81% with an average of 40% compliance (CDC, 2002).

A great deal of attention has been given in the media to the behaviour of health care staff as being responsible for 'dirty hospitals'. However, some 60% of patients do not wash their hands after using a bedpan or commode (Lawrence1983). Coliforms were recovered with as much frequency from the hands of patients as from the hands of nursing staff (Sanderson and Weissler, 1992).

Of course, these worrying findings are not unique to health care settings.

In schools……..

The situation in our schools is equally of concern. One study discovered that only 50% of high school and primary school pupils washed their hands after going to the toilet (Guinon, 1992).

In restaurants and hotels……

The Food Standards Agency (2002) conducted a large survey of over 1000 catering workers in the UK. 39% of catering workers did not wash their hands after going to the lavatory. One suspects this does not reflect the true scale of the problem because we know that self-report data may underestimate the problem (Tibballs, 1996).

These few examples provide a powerful assessment of the attitudes of our society to hand hygiene.

The Importance of the Toilet Environment

One reason for this is ignorance. Another may be the washroom environment itself. A study in South Wales (Barnes and Maddocks, 2002) found that 40% of children said they would never use the school toilet to defecate, 32% would do so at a last resort.

Most children consider the school washrooms to be dirty, unpleasant and smelly places. The washroom environment is extremely important. There is evidence (Barnes and Maddocks, 2002) that a significant number of children refuse to use school toilets because of the poorly maintained and unhygienic facilities. We know that there is an increased risk of urinary tract infection (UTI) and constipation if children avoid going to the toilet (Lundbland and Hellstrom, 2003) because they are simply nasty places.

The unwillingness of a large proportion of the children to use school lavatories seems to be due to poor facilities (Croghan, 2002; Barnes and Maddocks, 2002)

- 45% of children did not have access to toilet paper at all times
- 52% of pupils reported the lack of lockable doors.
- 9% of toilets had at least one toilet seat missing.
- 8% of schools had no toilet paper in any of the toilets
- Warm water for handwashing was not available in 8% of toilets

- Only 60% of toilets had soap available for each washbasin

Sanitary bins were available in all senior school girls' toilets but only 49% of junior school girls' toilets, despite the fact that many girls begin menstruating before starting senior school and should feel comfortable about changing sanitary wear without drawing attention to themselves. Questionnaires sent to a random sample of primary schools in the UK found that only 57% of schools had disposal facilities within the girls' toilets.

Toilets – A Taboo?
It seems that people not only find talking about lavatories embarrassing, but they even find hygiene practices associated with going to the toilet embarrassing. We have recently completed some research for Initial Washroom Solutions which asked employees whether they washed their hands after going to the toilet. Many do not. This was no surprise. What did come as a surprise were the reasons. Some people felt that although it is acceptable to hand wash in public, it is still thought of as an intimate and private behaviour. For some people, there was seen to be a link to obsessive compulsive disorder (OCD); that is, one was exhibiting signs of OCD if you spent any time washing your hands. In these cases people did not want to be noticed as 'abnormal' by washing their hands especially thoroughly.

Why is there a reluctance to talk about washrooms and lavatories in society?
When we do talk about washrooms they are often the setting of sniggering jokes or accounts of illicit behaviour. The state and standards of our washrooms should be a matter of public concern and debate. In our society, the design, management and use of washrooms in general and toilets in particular are an important health issue, an important sustainability issue, and an important business issue. It is no coincidence that the most civilised societies in history have treated personal and public hygiene as an issue central to the safety and prosperity of their society.

Poor Washrooms Mean Poor Business
It is quite clear that washrooms are not seen simply as functional, neutral spaces that you just 'pop' into when you want to use the facilities. The way washrooms are perceived affects how the employees evaluate their organisation, and how the customer sees the service provider.

For example, in terms of restaurant washrooms all but one of our interviewees made an instant link between a dirty toilet and a dirty kitchen

- *"I always wonder; it leads on doesn't it, you sort of think well if you're not that conscientious about your toilet, what else aren't you conscientious about…is your kitchen clean?"*

- *"I think if I had a dirty washroom in a restaurant, I'd think what are their kitchens like?"*

- *"I think if you go to a restaurant and stuff its just a general attitude isn't it. If you're looking after your restaurant, you've got clean toilets, I think you'd think, it's a clean establishment, clean kitchens"*

The washroom is a public statement of your values.

- Interviewees suggested that washrooms *do* reflect the overall ethos of an organisation.
- Though it can be basic the state of the washrooms reflects the extent to which employees feel valued and the level of service offered where interviewees are customers.
- Younger interviewees who may have recently applied for jobs mentioned that the washroom was something that they looked at during a visit to an organisation.
- There is an acceptance of basic washroom facilities but the washroom *must* be clean and maintained
- Where washrooms are not up to an expected standard people re-evaluate the whole organisation
- Washrooms *are* discussed, by women particularly. Where there is a mismatch between the standard of washroom and expectation it is more noticeable.

Hidden Washroom Behaviours

It is clear from research that for many people, going to the washroom is not a pleasant experience; they are places to be avoided. Why is this? Partly it may be due to the fact that they are not seen as particularly pleasant places. But it may also be because people perceive them to be risky places. And the evidence I described earler suggests that their perceptions of risk are warranted. Presumably from their own observations – and ironically even from their own behaviour – they suspect that the majority of people do not wash their hands having been to the lavatory. The consequence of this is that people resort to all sorts of behaviours in order to protect themselves from the poor hygiene behaviours of others.. This largely involves trying to avoid touching any surface. People also try to minimise their embarrassment at actually being in the lavatory

Problem	Solution
1. Getting past the door to the outside world	Using a tissue; Using a sleeve pulled over hand Waiting for someone to come in Holding the top/bottom of the handle Wiping the handle
2. Not touching inside the cubicle	Using a tissue Using a sleeve Using an elbow Using a foot Ensuring hands are washed after
3. Not touching outside the cubicle	Using elbow Using tissue Washing hands twice (or more)
4. Men only – at urinals	Ensure there is a space between you and next man Look straight ahead Read anything that is on the wall ahead
5. Noise/smell from cubicle	Wait until you hear other people leave (at work particularly) Put toilet paper into the toilet to ‘cushion’ the sound Flush as you are going to mask sound

Changing Hygiene Attitudes and Behaviour

How de we change these attitudes and behaviours?

Information Campaigns. Simply giving people information cannot be guaranteed to change attitudes – even when the information is so obviously in their self-interest. If it was simply about giving information, people would not smoke; they would drive at 30mph in built areas and would not drink and drive.

Peer pressure can in certain circumstances be effective. We are and can be influenced by friends, family and colleagues.

Change Organisational Culture. The attitude of employers too is obviously important – this can be in the form of encouraging a culture that promotes hygiene through to the provision of clean, hygienic and welcoming washroom facilities

Legislation. We could try and change attitudes and behaviours through legislation, for example, The *Workplace (Health, Safety & Welfare) Regulations 1992* (HSE, 1992). But the current legislation in respect of toilets needs to be extended to include hygiene standards in the washroom environment. The British Toilet Association has been campaigning on this issue. The legislative route is always difficult because inevitably there would be accusations of the 'nanny State', and in any case it would be difficult to enforce.

A softer top-down approach might be through **Government Guidance and Codes of Practice.** This is happening at the moment through initiatives such as the *National Healthy School Standard Guidance* (Department of Health, 1999) which seeks to promote physical and emotional health, but unfortunately no where is there any mention of toilets and hygiene behaviour.

A more positive and holistic approach is provided by the UK Government's which recently launched the *Action on Health Care Associated Infections in England* Consultation Document (Department of Health, 2005). In the Draft Code of Practice it states that

> *Healthcare services should be provided in environments that are: a) well designed to support the prevention of infection, b) well maintained to ensure continued effectiveness."*

Provision. Finally, we can try and change attitudes and behaviour through provision. I have just remarked that changing behaviour by means of giving information or changing attitudes is not always effective. We know, however, from psychological research that sometimes you have to change the behaviour first and this in turn will lead to a change in attitude – the introduction of legislation and regulations on seat belts, crash helmets and more recently smoking on public transport and public buildings demonstrates how effective a strategy this can be. Changing the physical environment can have a similar effect. Recent trends in automated and no-touch facilities would not only begin to protect the public from the inactions of others but should also encourage the use of hygiene facilities and thereby promote healthy behaviours. But this involves more than just 'technological fix' solutions. It requires a holistic approach that takes in the total washroom environment.

Conclusion

The washroom design, management and servicing industry has an important role to play in improving hygiene. Through design and servicing this industry can play a crucial role in encouraging the adoption of more hygienic behaviours and thus make a major contribution to the creation of a healthier society.

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