Author’s response to reviews

Title: “The role as a champion is to not only monitor but to speak out and to educate”: The Contradictory Roles of Hand Hygiene Champions

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Dear Editors:

Thank you for the opportunity to revise our manuscript, “‘The role as a champion is to not only monitor but to speak out and to educate’: The Contradictory Roles of Hand Hygiene Champions.” We have revised the manuscript based on the advice of the reviewers and believe it has significantly improvement the manuscript. Our responses to the reviewers are included below. We have also included the manuscript with track changes so the revisions can be easily identified.

We greatly appreciate the opportunity to respond to reviewer comments and look forward to your decision regarding publication. Please let us know if you need anything additional from me or my co-authors.
Reviewer #1:
Abstract
The abstract is generally clear and well-written. Conclusions should be more concise. Some points for clarifications:

Thank you for the comment on the clarify and quality of the writing in the abstract. We agree with the comment that the conclusion needs to be more concise and struggled with this when we originally wrote it because the manuscript has implications for both a hand hygiene and implementation science audience. We have worked to make the conclusion more concise in this version. Please see page 2 for the revision.

* What qualitative theoretical approach was adopted? E.g. constructivist etc
The senior-author and principle investigator of this study is trained as a medical anthropologist. In her training, ethnography is both a methodology and a theoretical or epistemological approach, which is why we intentionally labeled it as such in the abstract. We elaborate on this decision more in the methods section and in response to Reviewer #2. Given the limited space in the abstract, we did not make the revision in that section of the manuscript.

* Was the analysis approach thematic analysis (Braan and Clarke)?
Yes, it was a thematic content analysis driven by the senior author’s anthropological training (citations in methods section reflect this). We have revised the sentence to provide more detail about the coding (e.g., from Braun, Clark, Hayfield, and Terry’s perspective it was a codebook approach to thematic analysis). Revisions are on pages 5-6 of the manuscript.

* How many people participated in interviews?
A total of 173 individuals participated in interviews. The abstract has been updated on page 2.

* Why were 2 types of interviews used?
We used two types of interviews (individual and group semi-structured) because we wanted to elicit two different types of data from two distinct groups of participants. The individual interviews were conducted with staff directly involved in or responsible for hand hygiene compliance at their hospital. Individual interviews allowed us to get in-depth, detail-rich data from the hand hygiene experts or specialists. We conducted group interviews with frontline staff to elicit their group perspectives of their hospital hand hygiene program. By conducting the interviews in a group, we could better understand shared knowledge and document frontline staff comparing and contrasting their own knowledge to their colleagues’ on their unit. In addition, we elicited broad, brushstroke data (i.e., their general knowledge and perceptions) from them as frontline staff without specific expertise in hand hygiene.

Introduction
Can references be changed to [1-3], instead of [1,2,3]?
Thank you for catching our mistake. This has been updated on page 3.
Overuse of direct quotation marks - suggest how this information is incorporated in the Introduction is revised.

Given we are comparing and contrasting real-world implementation of an implementation strategy to the strategy as defined by implementation experts, we decided leave the direct quote of definition of clinical champion in the introduction. We have, however, deleted the direct quote regarding The Joint Commission’s goals regarding hand hygiene. Please see page 3 for the change.

Aims and objectives of the paper should be stated more clearly, and situated in the latter stages of the Introduction. Alluding to the implications is better suited to the Discussion section or included earlier in the Introduction.

Thank you for the feedback. We have significantly revised the last paragraph of the introduction to better situate the aims of the paper. We also shifted some of the implications earlier, while deleting others. Please see pages 4-5 for revision.

Methods

How were the interview guides developed?
We have revised the manuscript to describe the development of the interview guide. See pages 6-7 for revision.

Detailed analyses process outlined, which is informative.

We appreciate the feedback.

Lacking in theoretical approach of the researchers to the research question and environment. Lacking consideration of research team's own biases and how this may have affected the qualitative process.

No consideration of reflexivity.
We more fully describe how ethnography is both a methodology and an epistemology/theoretical approach. Please see pages 5-6 for revision. We address reflexivity in the study limitations. See pages 20-21 for these revisions.

Results

Results are generally clear.
Thank you for the feedback.

Why not refer to data collected at T1 and T2 from the Methods section?
This has been updated, page 5.

The sentence "Next we describe the educational…” should be removed.
This has been removed on page 10.

The first quote under HH Champion Barriers is extremely long and should be condensed. This is also the case in other sections of the Results. Please review all long quotes to ensure the necessity of these.
We have reviewed all quotes and condensed them when possible.

Tables and figures are clear. Was gender or years experience data collected?
Unfortunately, we did not collect gender or years of experience.

Discussion & Conclusions

The Discussion section presents an accurate synopsis of the findings and considers the wider and real-world context.
Thank you for the feedback.

The Conclusion should be made more concise.
We have revised the conclusion to be more concise. See page 21 for revisions.

Reviewer #2: This is an insightful paper that really does a good job exploring some of the implementation problems around the champion role that is promoted in many hand hygiene programs. A real strength is the diversity of roles in the interview/focus group panel and the detailed overview of the coding process.
Thank you for the feedback.

A few observations for the author. This article will attract people who are designing and delivering hand hygiene programs and who may not be familiar with all qualitative research methods. There is one sentence that mentions an ethnographic study. As people may be more familiar with this type of research as efforts to observe and/or interact with the study participants in their environment, some additional context as to why this was called an ethnographic study is required.
Thank you for the opportunity to further clarify why we defined this as an ethnographic study.

I would suggest that Dinah Gould's Cochrane systematic review on hand hygiene improvement strategies be sited. On page 18, there is emphasis on the effectiveness of audit and feedback without any limitations mentioned on sustainability (when audit and feedback is not present) and the Hawthorne effect.
We have revised the paper to include Gould and colleagues Cochrane systematic review both related to audit and feedback (and Hawthorne Effect), as well as the general findings of the review. We apologize for the oversight. Please see pages 19-20 for revisions.

Reviewer #3: Thank you for the opportunity to review this interesting manuscript. There are some well-considered elements of the main thrust of this work around the perceptions, functions and competing interests of hand hygiene champions.
Thank you for the feedback.

There are also opportunities for further analysis based on a body of literature not represented in the work. I think it would have been useful to contrast the notion of champion with that of facilitator. This may enable a contrast between the more technical, goal-oriented approach to implementation represented in this manuscript vs facilitation from an empowerment, practice development approach. I realise that the goal was to explore what participants considered a champion to do and to be, and interesting points were made about the complexities that the authors considered to be the contradictory roles of audit and feedback vs coaching and education. I encourage the authors to consider the following article regarding such complexities and to consider a more critical interpretation of the findings.

This is a very insightful comment, which we had not considered due to our focus on an insider’s perspective—or the use of “hand hygiene champions” by the participants themselves. To explore the comment further, we did a lexical search for facilitat* and found it was used by two sites for very specific roles in the hospital not related to hand hygiene (“infectious disease department facilitator” who served as a patient scheduler and a “unit facilitator” for environmental management services). The choice of using 1) audit and feedback, 2) coaching, and 3) education were due to the specific tasks
described by participants in conjunction with the term “hand hygiene champion.” However, comprehensively, facilitator is more of an overarching, umbrella implementation strategy that often encompasses several more specific strategies such as audit and feedback. This implementation strategy may have an important role if hand hygiene programs were to reconsider the organizational structure of their programs, the roles, and the names and definitions they give those roles. We have included this in the discussion. Please see page 18 for revision.