SUMMARY

Introduction

Within the context of Infection Prevention and Control, the World Health Organization (WHO) describes janitorial (i.e., cleaning) staff as an important part of the health workforce and highlights their role in providing a safe, hygienic environment to deliver clean and safe care. Despite their contribution to creating a clean esthetic environment that minimizes the risk of infections and antimicrobial resistance, they were given less recognition in the healthcare service. Outsourcing of non-core services is a worldwide trend that anticipates the efficiency and effectiveness of the service. Janitorial service is one of the utility services that has been outsourced in Sri Lankan hospitals as well. Though it was said that outsourced janitorial staff were not effective in providing the expected services, there is hardly any evidence. Even in world literature, it is a less-priority area. As the world embarks on a decade of patient safety, these non-healthcare-providing staff (those who clean), who are often overlooked, must be recognized, and elevated to their level. Therefore, this research project was conducted to improve the effectiveness of the janitorial staff at a national-level healthcare institute (i.e., Lady Ridgeway Hospital) in view of improving their service and providing insights to achieve the expected outcomes from the Janitorial Staff.

Objective

To enhance the effectiveness of the Janitorial staff of the Lady Ridgeway Children's Hospital (LRH) in Sri Lanka.

Methodology

The Project was conducted in three phases. Phase I (i.e., the pre-intervention assessment) was carried out to identify the existing level of effectiveness of the janitorial staff by assessing knowledge, attitude, practices, job satisfaction and their perception of job-related factors using an interviewer-administered questionnaire. The satisfaction level of the internal customers (i.e., hospital staff who liaise with janitors and administrative staff under whose purview this janitorial staff performed.) was assessed by conducting Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) using a structured interviewer guide. In addition, a patient satisfaction survey was conducted to assess the perceptions of external customers (i.e., parents & guardians of the patients) about the janitorial staff, using a self-administered questionnaire. Prior to all these assessments, ethical and administrative approvals were obtained. An integral part of their performance depends on an uninterrupted supply of equipment, consumables and chemicals that are needed to maintain aseptic conditions and the availability of guidelines, protocols and manuals that provide directions to their performance was assessed using a checklist (i.e., checklist -2). As effective performance mainly depends on their practices, an observational assessment was conducted to observe their practices using another checklist (checklist 1). Details of the outsourcing process, agreement and information related to their management were extracted from secondary data through a data extraction sheet. The gathered data was analyzed, and the implementation package was developed with the identified gaps, Inputs of stakeholders and supervisors.

During Phase -II (i.e., the intervention phase) the designed package was implemented. It included developing a training guide, a cleaning manual, and conducting training programs for both janitors and supervisors. The checklists were developed and introduced to increase supervision, performance assessment and to track safety errors. An uninterrupted supply of

equipment and chemicals was ensured by record keeping. Welfare facilities and rewarding mechanisms were established.

Phase III (i.e., post-intervention assessment) included the same methods as in Phase I to assess the effectiveness of the intervention using the same tools.

Results

Pre-intervention assessment revealed that knowledge, attitudes practices, job satisfaction and their perception towards job-related factors were substandard. Findings of the checklist -1 showed the suboptimal practices of the janitors. On-time availability of supplies and equipment was unsatisfactory. Supervision and monitoring were lacking due to a lack of guidelines, etc. Lack of adherence to the service agreement by the contractor was the root cause of many issues. Perceptions of internal staff and the parents/guardians were not satisfied with the janitors' work.

Post-intervention assessment indicated a remarkable improvement in knowledge (improved from 47.9%(n=62) to 64.5%(n=62), attitude (23.9%, (n=23) to 53.1%) (n=51), practices 30%(n=29) to 81.25% (n=78), job satisfaction (43.7%) (n=42) to 77%(n=74) and perception of job-related factors of the janitors. In addition, the mean score of knowledge significantly improved from 38.3 to 98.4 (p=0.00), attitude from 30.3.to 82.5 (p= 0.020), practices from 41 to 98.4 (p=0.01) and job satisfaction from 50.5 to 98.8 (p=0.04). The improved mean satisfaction score of the guardians was from 4.89 to 16.71 (p=0.00). Most of the non-available facilities were established including a preparing cleaning manual, training guide, supervisory checklists, performance assessment forms and reward mechanisms. A system of uninterrupted supply of chemicals and equipment, incident reporting and welfare facility improvement was

also created through improving compliance of the contractor to service agreement. KII and

FGDs confirmed that internal staff satisfaction improved to a greater extent.

Conclusions and Recommendations

In conclusion, the outcome evaluation revealed that the intervention improves the

effectiveness of janitorial staff. The project recommends performing continuous monitoring

of activities related to hospital environmental cleaning, continuous training of janitors, the

possibility of using microbiological methods for assessment of cleanliness, periodic checking

of the efficacy of the chemicals and properly acknowledging the contractor on IPC and

personal requirements of janitors.

Keywords: Janitorial service staff, outsource, effectiveness, LRH

vii