

Hand Sanitizing: An Informal Look

by John Trinkaus, Baruch College, City University of New York

John Trinkaus was awarded the 2003 Ig Nobel Prize in literature, for meticulously collecting data and publishing more than 80 detailed academic reports about things that annoyed him.

This new study is one of a series Professor Trinkaus is publishing in the Annals of Improbable Research.

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This year, 2009, the public is being advised to frequently wash their hands, or otherwise sanitize their hands, as a precaution against the flu. But to what extent do people actually follow this advice? This study examines one aspect of that question.

The Hand Sanitizing Station Study

A number of organizations with high pedestrian traffic volume throughout the day in their buildings have installed hand sanitizing devices in the lobbies.

To glean some information as to the possible usage of such sanitizing stations, a study was conducted at one such facility: an ancillary building (housing faculty practice offices) of a teaching hospital located in the suburbs of a large Northeastern city. This multi-story building was used by approximately 80 physicians and related health care professionals, and their staffs, operating out of about 30 differing private practice offices. Immediately inside the entrance to the building, there was positioned a user-activated hand sanitizing station. Attached to the device was a prominently printed sign, at eye level, which read, in large clear lettering, a message to the effect that everyone entering the facility must disinfect their hands.

Using convenience sampling, 500 observations were made, during the summer of 2009, as to the number of people using the station as they entered the building.

Results and Discussion

Those wearing a hospital identification badge, or dressed in seemingly hospital garb, were judged to be health care practitioners: the others health care clients. Of the 108 practitioners observed, 3 (3%) stopped and used the sanitizing station. As to the clients, 23 (6%) of the 392 noted sanitized their hands.

Recognizing the methodological limitations of the inquiry, such as the use of convenience sampling, possible double counting, and the problem of replication, does not necessarily preclude speculation on the findings of this inquiry. For example, as to the small percentage of practitioners using the sanitizer, a number of reasons suggest themselves. These folks may have simply been in “summer mode,” thoughts of vacations and fun rather than disease and pestilence being utmost in their minds. Too, in their hierarchy of things to be done, flu prevention measures (the disease being in a relative state of remission at the time of the study) might have had a comparatively low place. Also, the practitioners could have just washed their hands prior to leaving their other location — or could be planning on cleaning their hands when arriving at the particular destination to which they were going.

Concerning the low percentage of client use of the sanitizer, they too could have been in “summer mode.” Also, they could have been so preoccupied with the business which brought them to the facility that flu prevention was not even in their thought process. There is a question of whether some of the clients could read English. Of course, for both groups, the results could perhaps be explained as basically an “out of sight, out of mind” happening—or, if in mind, the subject of the flu being dismissed as simply health care industry, media, or government hype.



A popular user-activated device that dispenses hand sanitizer gel.