

Additional File 1: Items linked to the TDF

Psychological Domain (abbreviated)	Barrier or lever to hand hygiene (HH)
1 Knowledge	<p>E learning about HH Don't believe that HH reduces infections in hospitals Information for patients improves their HH Adverts relating to HH inform practice A HH newsletter helps improve practice Advice from occupational health regarding sore hands improves HH Basic training does not cover HH sufficiently Training lag – staff are insufficiently trained for specialist posts Available HH guidelines</p>
2 Skills	<p>Not computer literate HH training is tailored to professional group and need <small>appears also in professional role</small> Good HH training helps</p>
3 Professional Role	<p>HH is embedded into professional practice HH is a non negotiable part of the job Some professional groups are more likely to clean hands than others Respect for patient improves HH Board to ward responsibility improves practice HH training is tailored to professional group and need <small>appears also in skills</small> HH is better when the practitioner takes pride in their work Professional culture influences HH <small>appears also in professional role</small></p>
4 Beliefs about Capabilities	<p>A confidence in HH ability aids good practice Full hands e.g. carrying equipment makes HH difficult It is impossible to do HH as frequently as needed Afraid to ask others to carry out HH</p>
5 Beliefs about Consequences	<p>Sore hands reduces HH Patient may catch an infection and die if HH omitted HH carried out to prevent and infection to self Fear of disciplinary action of HH not carried out HH carried out to prevent complaint from patient The thought of cost of infections in hospital improves HH HH creates patient confidence Criticised when HH missed <small>appears also in social influences</small> Good attitude promotes HH <small>appears also in motivation and goals</small> HH avoids getting a bad reputation Name and shame – being made an example of if HH is omitted Challenged when HH not carried out There is zero tolerance to poor HH A certificate for good HH Using the “glow and show” light box identifies unclean hands and influences HH The organisation would lose status if HH not carried out Don't want to feel responsible for infecting patient so carry out HH Blame from others if HH not carried out</p>

	Self-blame if HH omitted
6 Motivation and goals	<p>More important things to do than HH</p> <p>Enthusiastic about HH</p> <p>Good intentions result in better HH</p> <p>Good attitude promotes HH <small>appears also in consequences</small></p> <p>Belief that HH is not important</p> <p>Complacent about HH</p> <p>Emergencies and other priorities prevent HH</p> <p>HH is a priority</p> <p>Disagree with HH guidelines</p> <p>Can't be bothered to carry out HH</p>
7 Memory and attention	<p>Forgets HH</p> <p>It is automatic to clean hands</p> <p>Infection promotion notice boards prompt HH <small>appears also in environmental resources</small></p> <p>HH is a good habit</p> <p>Forget HH when tired</p> <p>Infection promotion notice boards inform HH</p> <p>Adverts relating to HH prompt practice</p>
8 Environmental resources	<p>Type of ward environment</p> <p>Necessary equipment is too expensive</p> <p>There are not enough sinks for good HH</p> <p>Facilities are inadequate for HH</p> <p>Some government policies make HH difficult (e.g. bed occupancy)</p> <p>Hand cream encourages HH</p> <p>Gel is always available</p> <p>A cluttered environment prohibits HH</p> <p>Inefficient systems of care inhibit HH</p> <p>Infection promotion notice boards prompt HH <small>appears also in memory and attention</small></p> <p>Staff/skill mix is important if HH is to be carried out</p> <p>No time to attend HH courses</p> <p>Working in more than one area makes HH difficult (e.g. hospital and community based)</p> <p>Poor staffing levels make HH difficult</p>
9 Social influences	<p>Strong leadership makes HH more likely</p> <p>Reluctant to let the team down by omitting HH</p> <p>Positive ward culture increases the likelihood of HH</p> <p>The influence of peer pressure leads to better HH</p> <p>HH champions help with HH compliance</p> <p>Patients expect good HH from staff</p> <p>Supervision from seniors improves HH</p> <p>Opinion leaders promote HH</p> <p>Criticised when HH missed <small>appears also in consequences</small></p> <p>Praise makes HH more likely</p> <p>The reintroduction of Matrons improves HH</p> <p>Infection prevention and control teams influence HH</p> <p>A practitioner (link) is responsible for communicating with the infection prevention team</p> <p>Good role models improve HH</p>

	<p>Encouragement helps HH compliance Nobody else bothers with HH Professional culture influences HH appears also in professional role Reluctant to prompt senior staff with HH Managers and the IPC team are very motivating with HH</p>
10 Emotion	<p>Fear of ward closure due to infection if HH omitted Anticipated guilt or regret if hands are not cleaned Feel guilty if HH omitted Feel ashamed if HH omitted Frustrated when others omit HH Embarrassed to fail HH audit Angry if HH not carried out</p>
11 Action Plans	<p>Several improvement strategies at the same time make HH more likely Government and organisational targets mean HH is more likely Audit and feedback improves HH</p>