Infection Prevention in Practice 8 (2026) 100603

Available online at www.sciencedirect.com

Infection Prevention in Practice

journal homepage: www.elsevier.com/locate/ipip

Clean Hospitals Day 2026: Empowerment of environmental services staff

Alexandra Peters [a,b,*], Martina Mocenic [a,c], Paulo Brois [a,d], Elleni Rioja [a], Brett G. Mitchell [e,f], Stephanie J. Dancer [g], David J. Weber [h], Martin Kiernan [i], Pierre Parneix [j]

[a] *Clean Hospitals, Geneva, Switzerland*
[b] *University of Geneva Institute of Global Health, Geneva, Switzerland*
[c] *Faculty of Health and Society, Department of Care Science, Malmö University, Malmö, Sweden*
[d] *Baixo Alentejo Local Health Unit, Beja, Portugal*
[e] *School of Nursing and Health, Avondale University, New South Wales, Australia*
[f] *Central Coast Local Health District, Gosford, New South Wales, Australia*
[g] *Department of Microbiology, NHS Lanarkshire, Glasgow, UK*
[h] *Department of Infection Prevention, UNC Medical Center, University of North Carolina at Chapel Hill, NC, USA*
[i] *Richard Wells Research Centre, University of West London, Brentford, UK*
[j] *Nouvelle Aquitaine Healthcare-Associated Infection Control Centre, Bordeaux University Hospital, Bordeaux, France*

Keywords
infection prevention
healthcare environmental
hygiene
health campaign
public health
ipc
healthcare-associated infection

Every year on October 20th, healthcare facilities around the world celebrate Clean Hospitals Day to raise awareness about the importance of healthcare environmental hygiene and environmental services (EVS) staff. This year's theme is Empowerment.

A microbiologically safe healthcare environment is essential for preventing healthcare associated infections (HAIs). It is estimated that 10—30% of all multidrug-resistant organisms are transmitted through the healthcare environment [1], meaning that the percentage of HAIs due to suboptimal environmental hygiene are likely significantly higher [1,2] resulting in millions of infections globally per year [3]. Appropriate healthcare environmental hygiene programs are essential for both infection prevention and high-quality of patient care.

Unfortunately, environmental service departments are often among the most underfunded departments in hospitals, and EVS workers are often treated like housekeeping staff in the service industry: not adequately trained, integrated, or compensated in accordance with their importance as essential frontline healthcare workers [4]. There is often a high turnover rate of EVS staff

* Corresponding author. Address: Alexandra Peters, University of Geneva Institute of Global Health, 9 Chemin des Mines, 1202, Genève, Switzerland. Tel.: +4178 907 9434 (direct).
E-mail address: alexandra.peters@unige.ch (A. Peters).

https://doi.org/10.1016/j.infpip.2026.100603
2590-0889

Table I
Structural and psychological conditions for empowerment

Structural			Psychological	
Structural Empowerment Condition	**In the context of EVS staff**		**Psychological Empowerment Condition**	**In the context of EVS staff**
1. Information	• Being taught the proper environmental hygiene procedures • Access to documentation and workplace reminders		**1. Meaning**	• A personal identity as someone who contributes to patient safety • A sense of belonging to the larger healthcare team
2. Resources	• Access to proper products and equipment • Adequate staffing levels • Staff is given sufficient time to complete the tasks required		**2. Competence**	• Confidence that their level of knowledge is sufficient to perform their work well, in both routine and outbreak situations
3. Support	• Help and support from superiors and team members when needed • Performance feedback is constructive rather than punitive		**3. Self-determination**	• Staff is entrusted to work independently • Enough competence and confidence to signal when issues arise and to alert their managers when appropriate
4. Opportunities	• Access to training and education programs • National or local-level certification programs • Opportunities for career advancement		**4. Impact**	• An identity as a part of the team that saves lives • An understanding that performing their work well is crucial for patient safety • The understanding that the operation of hospital activities is directly dependent on them
5. Formal and informal power	• Integration with the medical team • Ability to participate in decision-making			

in healthcare facilities, as well as low job satisfaction. Many institutions don't consider them as essential healthcare workers, and they often work under high pressure with very little training and without the necessary materials and institutional support to correctly perform their work [4–6]. It is important to note that staff empowerment does not replace giving EVS workers decent working conditions and fair pay.

The effects of staff empowerment have been studied in healthcare for decades, and there are few interventions that improve attitudes and behaviors as much. Although it is common knowledge that EVS workers are often lack empowerment [5–7], there is still a significant research gap concerning the effects of empowering EVS workers specifically. Still, the empowerment of nursing staff has shown consistent measurable positive outcomes in the quality of work performed, employee satisfaction, retention rate, performance, productivity and patient care [8–10]. It is therefore likely that some of the lessons learned from nursing apply to EVS staff.

The conditions for structural empowerment include access to information, resources, support, opportunities, and formal and informal power [11]. Further research on empowerment in healthcare also suggests the importance of psychological empowerment. It suggests that creating empowering work conditions is not enough; EVS workers also need to experience their work as meaningful, feel competent, have a sense of self-determination, and feel that their work has an impact [12]. When structural and psychological empowerment elements are both met, then they lead to positive outcomes for both the workforce and the healthcare facilities (Table I).

EVS managers and healthcare facility managers should consider empowering working conditions for EVS workers in order to increase healthcare facility hygiene and the quality of patient care. Empowerment should be seen as a concrete intervention to be implemented, and not as an abstract idea. The promotional toolkit for healthcare facilities is available from this link: https://cleanhospitals.com/promotional-toolkit-2026/. The seven posters have been translated in 22 languages and are available to everyone. Celebrate Clean Hospitals Day and empower the people who make safer, cleaner care possible every single day!

One of the seven Clean Hospitals Day 2026 campaign posters.

AP wrote the manuscript; MM and ER worked on the CH Day materials and themes, PB, SD, BM, PP, MK and DJW all edited the announcement. This Correspondence was supported by the Institute of Global Health (Faculty of Medicine, University of Geneva, Geneva, Switzerland). The authors alone are responsible for the views expressed in this Correspondence and they do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

Conflict of interest statement

None declared.

References

[1] Chen LF, Knelson LP, Gergen MF, Better OM, Nicholson BP, Woods CW, et al. A prospective study of transmission of Multidrug-Resistant Organisms (MDROs) between environmental sites and hospitalized patients-the TransFER study. Infect Control Hosp Epidemiol 2019;40:47—52.

[2] Mitchell BG, Browne K, Kiernan M, Parneix P, Russo PL. Hospital cleaning: considerations for designing and maintaining a successful environmental cleaning program. CMI Commun 2025;2:105102.

[3] Global report on infection prevention and control 2024. https://www.who.int/publications/i/item/9789240103986.

[4] Unpublished data from the healthcare environmental hygiene self-assessment framework. 2026.

[5] Dancer SJ. Hospital cleaning: past, present, and future. Antimicrob Resist Infect Control 2023;12:80.

[6] Peters A, Otter J, Moldovan A, Parneix P, Voss A, Pittet D. Keeping hospitals clean and safe without breaking the bank; summary of the Healthcare Cleaning Forum 2018. Antimicrob Resist Infect Control 2018;7.

[7] Sine D, Duplechan L. Roles of Environmental Services Workers' Wages and Status in Patient Safety. AMA J Ethics 2022;24:876—82.

[8] Goedhart NS, van Oostveen CJ, Vermeulen H. The effect of structural empowerment of nurses on quality outcomes in hospitals: a scoping review. J Nurs Manag 2017;25:194—206.

[9] Yang J, Liu Y, Huang C, Zhu L. Impact of empowerment on professional practice environments and organizational commitment among nurses: A structural equation approach. Int J Nurs Pract 2013;19:44—55.

[10] Purdy N, Spence Laschinger HK, Finegan J, Kerr M, Olivera F. Effects of work environments on nurse and patient outcomes. J Nurs Manag 2010;18:901—13.

[11] Kanter RM. Men and women of the corporation. New York, NY: Basic Books; 1977.

[12] Laschinger HK, Finegan J, Shamian J, Wilk P. Impact of structural and psychological empowerment on job strain in nursing work settings: expanding Kanter's model. J Nurs Adm 2001;31:260—72.