Loving Evidence for Our Prejudices

A recent article in the American Journal of Infection Control caught my eye. “Nursing and Physician Attire as Possible Source of Nosocomial Infections” fit my prejudices perfectly! We all have prejudices in some form and mine, in this case, relate to germs and how we spread them. Patients come to hospitals to be cared for and expect that we will do our best to make things go smoothly and that they will leave in better condition than when they arrived. We know that is not always the patient experience.

The authors, Wiener-Well, Galuty, Rudensky, Schlesinger, Attias, and Yinnon (2011), studied 238 samples from 135 personnel to determine the potential for uniform contamination. Most of the uniforms were contaminated, and not just by mild, weak pathogens! Some of the organisms were determined to be drug resistant. Why, you may ask, am I writing about this topic? I have many reasons, most of which relate to changing behavior through education.

Some of that changing of behavior is through modeling what I believe is important. After finishing clinical experiences, I would go to my car, carefully dump the contents of my pockets into a plastic bag, and then carefully peel my lab coat off inside out (even in the winter!). Its next stop was the cleaners, where I made clear it should be dealt with as if it were contaminated. My thinking, of course, was that it probably was! And, why, you may ask, wasn’t I leaving this garment at the hospital? You know the answer: few hospitals provide laundry services for staff garments, unless they are those left behind in special areas such as surgical suites.

Nurses, among many other professionals, are acutely aware of the complications patients suffer from infections and they are cautious about maintaining sterile fields, washing hands, and refraining from contact during bouts of not feeling well. Yet, almost all of us enter patient care areas with clothing we have worn in prior patient care areas. To make matters even more challenging, think about the number of individuals you see in grocery stores, pharmacies, and other public places who are still in uniforms. This study, which does not conclude that our uniforms are the cause of nosocomial infections, certainly raises several issues for us to consider.

If we are truly advocating for patients, we need to consider the results of this study, share them widely to provoke our thinking, and determine what our respective organizations are like. Perhaps we need to advocate for laundry services and changing rooms that allow us to leave contamination behind. Perhaps we need to wear protective garments over our uniforms or other clothing. The point is that we haven’t studied this issue enough to reach any conclusions about what course of action we must take. We must continue to study this issue and educate others about how we may make things worse for some patients.

If you are prejudiced for quality, think about whether your practice needs to change or whether you need to educate others about some seemingly innocent practice that may affect patients in a negative manner.

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