



Brief report

Attitudes regarding the safety of health care provider attire



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The majority of medical providers, nurses, and patients agree that appearance is important for patient care. However, at our institution, concerns regarding providers' white coats as fomites are expressed primarily by providers and nurses, not by patients. We provide a framework for approaching this important issue through a structured quality-improvement process.

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Health care-associated infections are a significant source of mortality and morbidity. The Centers for Disease Control and Prevention estimate that 1 in 20 inpatients will acquire a health care-associated infection.¹ Although there is strong consensus regarding the importance of health care worker hand hygiene, debate remains regarding the role of health care worker attire in infection prevention. Research has shown that white coats do become rapidly saturated with potentially pathogenic microorganisms when worn in a hospital²; however, despite concerning stories in the lay press and online,³⁻⁵ there are minimal data demonstrating that pathogens are spread to patients via attire.⁶

Given this lack of hard evidence, what do patients, doctors, and nurses believe about provider attire? Data on patient attitudes toward provider attire in the United States are sparse. One US study⁷ reported that physicians wearing white coats favorably influenced trust and increased confidence during the medical encounter. Provider and nurse attitudes toward attire are even scarcer. A recent study from the Society for Healthcare Epidemiology of America⁸ revealed that patients generally did not perceive white coats as infection risks. In our effort to formulate a rational health care worker dress code that balances patient safety with acceptability, it was important to understand all stakeholder perceptions

of provider attire. The goal of our project was to assess current provider, nurse, and patient attitudes regarding provider attire.

METHODS

Our study was performed on inpatient medicine and surgery units at University of Washington Medical Center and Harborview Medical Center during 2012. The primary intent was to assess perceptions of medical provider attire as part of a quality improvement initiative. Thus, institutional review board approval was not required.

Electronic surveys were distributed to nurses and medical providers without exclusion at both medical centers. Paper copies of a similar questionnaire were distributed to patients at the time of hospital discharge. Exclusion criteria for patients included being unable to read or speak English, too ill to participate, younger than age 18 years, or having cognitive impairment, behavioral issues, or severe mental illness. Identical questionnaires were distributed to patients and nurses, and included 13-items using a 5-point Likert scale (strongly disagree to strongly agree) with 2 yes/no questions about respondents voicing concerns or their intent to do so, and additional space for comments. The questionnaires distributed to medical providers were homologous to those presented to nurses and patients with 3 additional questions regarding frequency of wearing white coats. These questionnaires are available from the authors upon request.

Responses to collapsed categories on the 5-point Likert scale are presented as percentages. *P* values for the comparison of groups on percentages were calculated by χ^2 test. Calculations were carried

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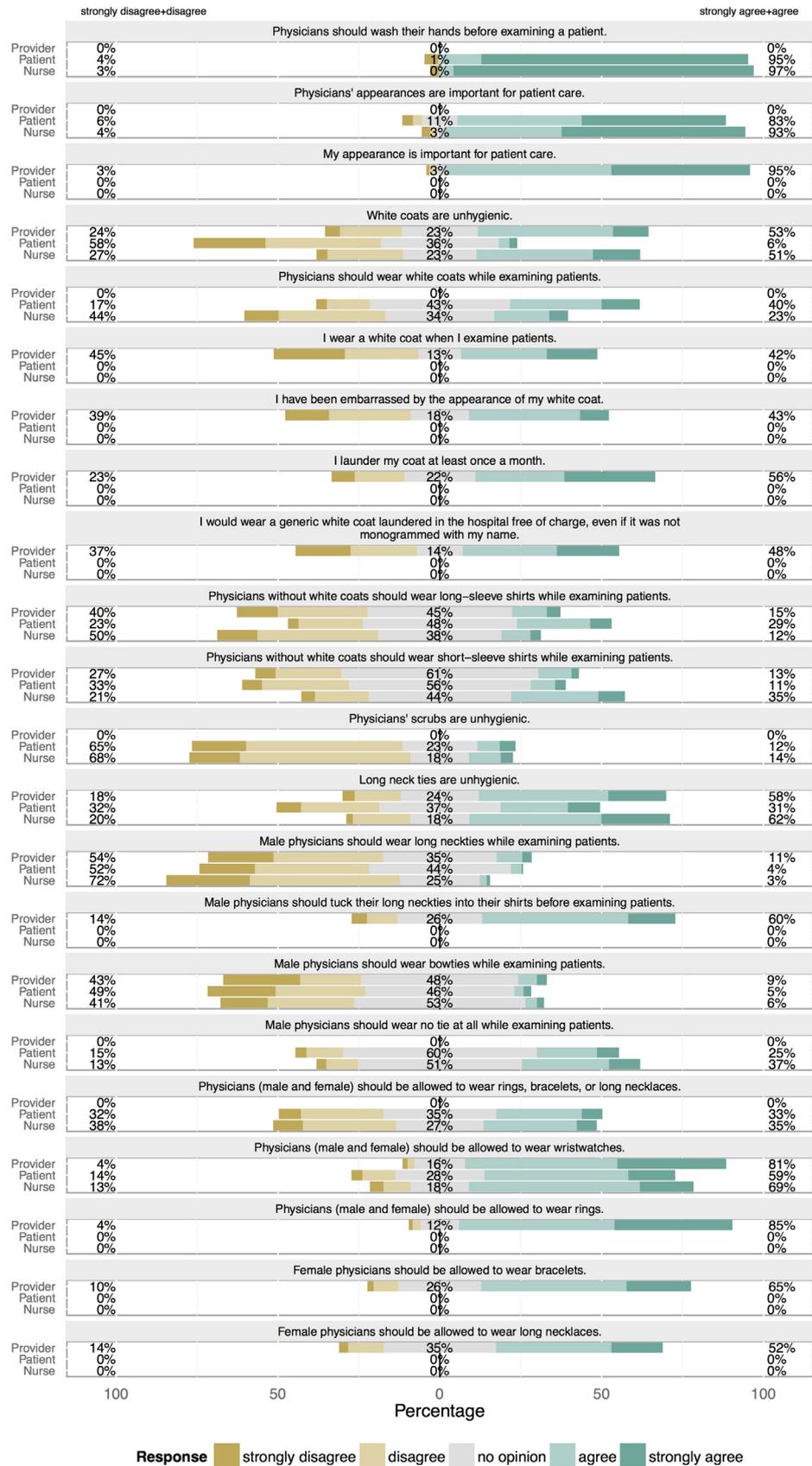


Fig 1. Results from questionnaires.

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