

LETTERS TO THE EDITOR

Comments Regarding Masroor et al: Perceptions and Barriers to Universal Gloving for Infection Prevention

To the Editor—Masroor et al¹ reported an additional way to investigate the gloving rate: perceptions of healthcare workers (HCWs) and their interaction with the perception of patients. The authors were right to seek responses from every HCW, considering that other studies have shown that gloving is determined by the behavior of all HCWs.² The results reported by Masroor et al showed that HCWs were ambivalent: On the one hand, they knew that gloving reduces cross transmission risk; on the other hand, they considered gloving an inconvenience. These results are consistent with the results of a study we conducted among our hospital nursing aides. However, our study revealed 2 other barriers to the adoption of gloving.

We studied compliance with the use of personal protective equipment (PPE) among 121 nursing aides (NA) when they had self-reported exposure to biological hazards and to chemical hazards.³ Indeed, nursing aides can also be exposed to chemical contamination risk, in particular when they handle antineoplastic drugs.⁴ We used 2 criteria to assess the PPE compliance rate: (1) the use of gloves when there was a risk and (2) the appropriate use of gloves to counter the risk. We analyzed their work and administered a self-reported questionnaire regarding their knowledge of hospital PPE rules.

For biological hazards, compliance rates in our sample were between 67% and 77%. However, the nursing aides in pediatric units were not as compliant, in particular, in caring for babies. The compliance rates were only 30% when nursing aides in pediatric units were exposed to infantile disease. The non-compliant nursing aides used alcohol-based hand products between patients, so there was no risk of cross-transmission of infection to the patients. Most nursing aides explained their actions by claiming potential harm to the patient-provider relationship if gloves were used.

For chemical hazards, the compliance rates were between 75% and 100%. When we asked why some nursing aides did not use PPE to counter chemical risk, their answers revealed another barrier to PPE use. Some nursing aides thought that vinyl gloves were reserved for non-HCWs and/or projected a social image of janitorial staff. Additionally, nursing aides thought that only latex gloves projected the image of healthcare professionals. This belief prevented them from following PPE rules.

These results compliment the study by Masroor et al.¹ It is important to consider the perceptions of HCWs to promote gloving. Sociological representations can influence the

behavior of HCWs. Furthermore, compliance is usually higher for some kinds of care (eg, surgical procedures, etc).⁵ Certainly, it would be easy to assume that universal gloving prevents these sociologic phenomena.⁶ Indeed, the population will gradually accept gloving, but these social barriers may remain a limiting factor as this change is more universally implemented in the coming years because it often takes a long time to change mindsets and behaviors.

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