

An evidence-based approach to creating a new nursing dress code



A survey of patients reveals what nurses should—and shouldn't—wear.

WHEN THE TOPIC is a dress code for nurses, everyone has an opinion, but almost no one has any evidence. At our hospital, the question of how nurses should dress was brought to our Professional Nurse Practice Council. The primary concern was that patients couldn't identify their nurses, but we on the Council also faced the larger issue of defining appropriate dress and personal appearance for nurses.

So we listened, discussed, and debated. Some wanted all nurses in white. Others were firmly against wearing the whites. Some raised concerns about infection-control standards when nurses wore artificial nails, several rings, or bracelets. We heard a range of views, but all the discus-

sions and debates went nowhere. Personal opinions created gridlock.

In search of facts

Our goal was to establish a dress code that provided physical and emotional safety for patients while allowing nurses as much personal freedom and comfort as possible. Our review of the literature revealed many opinions but only five research studies on dress codes for nurses. Only one of the five focused on adult inpatient settings and was less than 10 years old. And that study was done in Israel. In short, our search yielded no results we could use for our inpatient adult population on the east coast of the United States.

We decided to conduct research to answer these questions:

- How well can patients identify the nurses responsible for their care?
- What are patients' perceptions of the nurses' professionalism?
- How do patients prefer to identify nurses?
- What manner of dress for nurses do patients prefer?

Our study design and tools

The sample for our prospective descriptive study consisted of 430 randomly selected, adult inpatients. Patients on the gastrointestinal, pulmonary, medical telemetry, surgical telemetry, women's surgical, oncology, neurology, and orthopedic units participated.

We excluded patients who were either in isolation, too ill, or physically unable to complete the questionnaire.

Our survey tool had four parts. The first asked for the patient's age, sex, and race. The second and third parts were questions with response choices on a numerical rating scale of 1 to 10. (See *13 Questions on professional image and patient preferences*.) Two questions focused on the patients' ability to identify their nurse. Four questions addressed the professional image of the nurse caring for the patient. Seven questions were designed to determine how patients prefer to see a nurse dressed and how they prefer to identify a nurse. The fourth part of the survey asked patients to look at a poster with 12 pictures of nurses in various manners of dress and identify the picture they preferred.

A panel of experts, including 15 members of the Professional Nurse Practice Council and five community members, tested the face validity of the tool. A pilot study using 20 randomly selected patients from the surgical telemetry unit was performed to test the internal reliability of the tools. The results: The subscales of image and ability to identify the nurse had good internal reliability with Cronbach's Alpha of 0.84 and 0.87, respectively.

Patient protection and data collection

Institutional Review Board approval

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13 Questions on professional image and patient preferences

Our survey asked patients to answer these questions.

Nurse image: Circle the number that best describes how you feel.

1. I was able to identify the registered nurse (RN) responsible for my care during this hospital stay.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
2. My RN was dressed in a manner that helped me feel confident in his/her ability to care for me.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
3. In this hospital, it is easy to identify the RN.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
4. In this hospital, the RN appears professional.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
5. In this hospital, the RN appears to be skilled.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
6. In this hospital, the RN appears to be warm and caring.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**

Patient preference: Circle the answer that best describes your preference.

1. All nurses should wear white uniforms.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
2. Nurses should be allowed to wear any color uniform.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
3. All nurses should have their hair off their shoulders when taking care of patients.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
4. All nurses should have clean, short finger nails.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
5. All nurses should not wear bracelets, multiple rings, and dangling earrings.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
6. I could best identify my RN by the color of the uniform.
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**
7. I could best identify my RN by having a large-print name tag stating "RN."
Strongly disagree 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 **strongly agree**

with a waiver of consent was obtained by an expedited review. The patients' actions of filling out and returning the survey tools anonymously were considered patient consent.

Four nurses collected the data, but because the patients completed the questionnaire, interrater reliability wasn't tested. To ensure consistency and help limit bias, data collectors used a script to explain the study.

The four data collectors didn't collect data on their own units. They were dressed in casual professional clothing, not nursing uniforms. They did wear their identification badges.

We explained to patients that they would remain anonymous and that participation was voluntary. If they didn't want to participate, they could put the survey back in the envelope and seal it. We didn't collect

identifying information, so no one would know who participated, and the patients completed the survey in private. Of 466 surveys given to patients, 430 were returned completed.

What the patients wanted

We interpreted the responses to questions in parts 2 and 3 as follows: A rating of 7 or more on a 10-point scale indicated agreement, and a rating of 3 or less on the 10-point scale indicated disagreement. Here's what we found:

- 31% of the patients thought that identifying their RN was easy.
- 55% thought that identifying their RN was *not* easy.
- 94% thought nurses appeared to be professional.
- 64% thought nurses should be allowed to wear any color uniform.
- 73% thought nurses should keep their hair back and off their shoulders.
- 91% thought nurses should not wear long fingernails.
- 80% said they would like to identify their RN by a large print "RN" on a name badge.
- 39% said they would like to identify their RN by uniform color.
- 28% said nurses should wear all white. (See *Reviewing the mean responses.*)

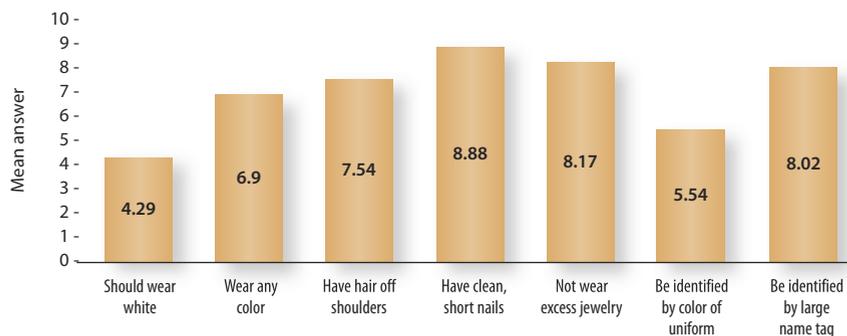
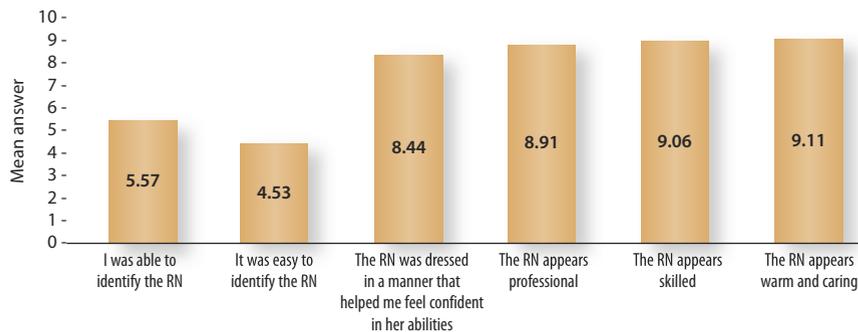
When asked to select the photo that best represented the way they would like to see a nurse dress, patients chose photos of nurses with their hair back and a large print "RN" name badge. The patients' top three choices represented all of the uniform color combinations, thus reinforcing the evidence that our patients don't care what color the uniform is. (See *Who's the best dressed?*)

Study limitations and strengths

Although we made efforts to make sure the survey was anonymous and voluntary, responses may have been biased by concerns that the nurse collecting data would learn the patients' answers. Also, we can't know whose professionalism the

Reviewing the mean responses

These two graphs show the mean responses to our 13 questions. A rating of 1 means strongly disagree; a rating of 10 means strongly agree.



patients were evaluating because many didn't find it easy to identify their own nurse. The question on excess jewelry didn't clearly define "excess." And despite randomization procedures, the sample had a significantly higher number of men

and African Americans than our total patient population.

According to probability estimates, our sample size was large enough to represent the population. The patients had real-life, current experience with the nurses in the

hospital, and thus were in the best position to know how a nurse's appearance affected a patient. To avoid bias, data collectors used the same script for every patient, and the collectors were not caregivers on the unit. We maintained anonymity. And the responses to the questions were confirmed by the most common choices of the photos.

New dress code

Guided by the evidence of patients' preferences, the Professional Nurse Practice Council has written a new dress code. After a period of feedback from the nursing staff, the dress code was put into effect. We still have some nurses who feel strongly about being able to wear long artificial nails and excess jewelry. We respect a nurse's right to self-expression, but we also recognize how that self-expression affects our patients—and we enforce our new code.

We plan to learn what effects the new dress code and the new large print name badges have on our nurses' professional image and our patients' ability to identify their nurses. We'll also determine if our nurses are satisfied with the dress code. Of course, we'll find out by doing research, not by endless debate. ★

Who's the best dressed?

We showed patients 12 photos and asked them to pick the one that best represented how they wanted nurses to dress. Here are the top three picks. Note that all three nurses have their hair pulled back and are wearing a large-print "RN" name badge. Clearly, there's no consensus on uniform color.



Selected references

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- For a complete list of selected references, visit www.AmericanNurseToday.com.

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