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## **Is it really just a uniform 'nurse'?**

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### **Abstract**

Every time I looked up I noticed I was the only person not wearing a uniform -I felt so powerless. The other students all looked the same, they were a group, and I was different. I was alone. [As] the class began, the lecturers immediately began to discuss the significance of professionalism and how we looked and behaved affected our professionalism. They also discussed the significance of first impressions and how first impressions can never be taken away. So, by not wearing my uniform was I automatically presumed to be unprofessional and had I ruined my first impressions? But more importantly what does all this mean to clients? (Ladd, 2000, Journal).

The nursing uniform is a form of nonverbal communication (Meade 1980, 147). Nursing uniforms are often the first points of any contact between a nurse and a client (Leventon 1989, 64). The moment a nurse walks into a room and a client visualizes them they will immediately notice their uniform (Leventon 1989, 64). Attached to this nursing uniform are not only a substantial history but also a multitude of stereotypical images, some of which are positive and some of which are negative (Nightingale 1983, 22). This can both enhance and impede the role of the nurse as well as having a significant affect on the therapeutic relationship between the nurse and the client (Nightingale 1983, 22; Mangum, Garrison, Lind & Gill-Hilton 1997, 39). Consequently the issue of nursing uniforms has and will continue to be a highly debated issue about whether nurses should or should not wear uniforms (Smith 1990, 32). However, central to any discussion should be consideration of the views and opinions of the client (Mangum, Garrison, Lind & Gill-Hilton 1997, 39).

Nursing uniforms, as nonverbal communicators, have the capacity to convey many different messages to clients, both positive and negative (Tiffany 1987, 40). A nursing uniform can convey stability and confidence to the observer - when everything around a client is changing, namely their health, there is confidence in recognizing a nursing uniform, and knowing exactly what that uniform represents (Mangum, Garrison, Lind & Gill-Hilton 1997, 39-40). A nursing uniform can also convey feelings of calmness in the observer - that the uniform wearer will nurture and protect them (Kaler, Levy & Schall 1989, 85 ). A nursing uniform can also convey the image of 'sex object' - perpetuated by media depictions of nurses as being predominantly unintelligent, immoral women (Kaler, Levy & Schall 1989, 85-89). This can best be exemplified by a male client who recently asked me where my short skirt was; he clearly felt this was an integral part of the care I was about to provide him. A nursing uniform can also stipulate 'boundaries' - '[she/he] would take your pulse [and] give you a pill' a client stated on viewing a nurse in a traditional uniform (Tiffany 1987, 40: Rowland 1994, 35).

So where do these beliefs and impressions come from? Effectively, through the process of socialization (Robinson 1987, 115). From an early age a child is taught what a nurse looks like and what 'she' does, by institutions like their family, media, and school (Brennan, Scully, Tarbuck & Young 1995, 36). All of these representations are derived from historical interpretation (Heywood-Jones 1980, 105). For example, centuries ago the first people to provide health care were nuns and monks who were often attired in their 'order's' uniforms, projecting an image of purity (Heywood-Jones 1980, 105). The military nurses provided nursing and its uniforms with an image of order and strength (Tiffany 1995, 40). However, the early Victorian era presented nurses as 'promiscuous, slovenly and dishonest' (Tiffany 1995, 40). This was later rectified by Nightingale's nurses who were both 'clean' and 'neat' (Tiffany 1995, 40). Consequently, all of these historical representations and perceptions of nurses have culminated in stereotypes that today include the nurse as the 'angel', the nurse as the 'battleaxe' and the nurse as the 'handmaiden' (Sparrow 1987, 41). The nursing uniform has therefore become a symbol representing all of these images. When a client sees a nurse in a uniform all prior knowledge and experience allows that client to categorize, to pass judgment and to respond to an individual nurse's perceived competence and professionalism based on their uniform (Tiffany 1987, 40; Mangum, Garrison, Lind & Gill-Hilton 1997, 40).

As a result of these prior beliefs and values there are several reasons why many clients prefer nurses to wear uniforms (Brennan, Scully, Tarbuck & Young 1995, 36). Firstly, it makes nurses easily identifiable, to answer questions, to provide assistance and to assist in emergencies. Clients believe that by recognizing the uniform they automatically know the knowledge and skills of the wearer (Brennan, Scully, Tarbuck & Young 1995, 35). Often, clients who I have never met before will sing out 'nurse' or 'sister' with the expectation that I can and will help them. However a study by Hawkey and Clarke (1990) found that clients who had stated that uniforms were needed to help them to identify nurses, had in fact had no difficulty identifying nurses who did not wear uniforms (Hawkey & Clarke 1990, 30). Clients also believe that uniforms instill confidence in the observer, with clients feeling 'safer' with uniformed nurses (Sparrow 1991, 119). However this is not necessarily always true: in 1994 a woman wearing a nurse's uniform walked into a British hospital and was handed a newborn child, purely because she was wearing a 'nurses uniform'. She then left the hospital, undetected for some period of time, with the neonate (Castledine 1994, 784).

Other beliefs by clients as to why nurses should wear uniforms include clients believing that nursing uniforms are an indication of knowledge, status, and hierarchical identification (Sparrow 1991, 118). However, they believe this is significant to the profession of nursing itself and not necessarily to themselves as clients, which Sparrow (1991) argues is an important indicator that a large proportion of clients look at nurses collectively believing they all have identical knowledge and skills (Sparrow 1991, 119). Finally, some clients believe nurses wore uniforms to protect themselves from infection and to 'keep clean' (Sparrow 1991, 120). However a study performed by Hawkey & Clarke (1990) found no difference in the microbial rates between uniforms and personal clothes after microbial testing (Hawkey & Clarke 1990, 30). In her study, Sparrow (1991) found that nurses were in fact more likely to wash their hands and wear aprons if they were wearing their own clothes as there was an increased concern attached to ruining their own clothes (Sparrow 1991, 120).

Conversely, there are also many reasons why clients would prefer it if nurses did not wear uniforms. Some clients feel that there is a distinct segregation between themselves and nurses in uniforms (Brennan, Scully, Tarbuck & Young 1995, 36). By wearing a uniform a nurse may appear more detached and less able to relate to a client (Brennan, Scully, Tarbuck & Young 1995, 36). As

one 92-year-old lady explained to me: 'I do like your less formal uniform, it makes you seem so much friendlier'. It has also been noted that some clients view nursing uniforms as a 'rigid, authoritarian, traditionalist regime', which once again places emphasis on the differences between staff and clients' and divides power (Livingston 1995, 390). This can be particularly detrimental in such settings as the psychiatric ward where clients are already feeling particularly powerless (Newnes 1981, 28). However, it has been argued that in some psychiatric situations when nurses have not worn uniforms, clients have become confused and disorientated and this has subsequently increased their levels of anxiety (Newnes 1980, 28). But Newnes (1980) continues to argue that this evidence is merely 'anecdotal' and that his study produced results that indicate personal clothes in fact reduce anxiety (Newnes 1980, 30).

There are several other reasons why clients feel that uniforms inhibit their care. When nurses wore uniforms clients felt their role was a passive one where by they had to 'lie back and let the nurse make me better', that the nurse had control and 'authority' (Hawkey & Clarke 1990, p.31; Punton 1985, 42). However when nurses were not wearing uniforms the clients felt more independent and more able to deal situations themselves without the need to seek permission (Sparrow 1991, 120). Roles thus become less defined and more equal (Sparrow 1991, 120). Clients also felt that when nurses didn't wear uniforms they were more obliged to introduce themselves and ask permission to access a client's body which once again made their relationship more equal (Brennan, Scully, Tarbuck & Young 1995, 36). Some older clients suggested that uniforms brought back bad memories of their experiences in the war, yet others felt that the defining of roles was important and decreased their confusion (Sparrow 1991, 119; Mangum, Garrison, Lind & Gill-Hilton 1997, 39). Younger clients tended to feel more comfortable and more able to relate to nurses out of uniform (Smith 1990, 34). Finally, some clients have suggested that night nurses are 'ghost like' in appearance creeping around in their white dresses, stating they found this to be unsettling (Smith 1990, 32).

What essentially needs to be derived from all of this information is whether or not uniforms inhibit or enhance the therapeutic relationship between clients and nurses (Smith 1990, 32). This is a significant consideration as nurses play a pivotal role in assisting clients to achieve their 'therapeutic objectives', which enable them to return to their pre-morbid health status (Smith 1990, 35). This question was addressed in a study conducted by Brennan, Scully, Tarbuck & Young in 1995. This study concluded that 82% of clients surveyed felt that by taking away uniforms that they could relate better to the nurses who were working with them and caring for them and that 77% of clients felt this made them more 'equal' with nurses. 83% of clients believed it took away the 'them and us' effect (Brennan, Scully, Tarbuck & Young 1995, 36). Nurses who did not wear uniforms were also perceived to be both friendlier and more approachable than those who wore a uniform which meant clients were more likely to 'self advocate' (Livingston 1995, 390; Brennan, Scully, Tarbuck & Young 1995, 37). 78% of clients felt they could develop a better relationship with a nonuniformed nurse. Finally, and of note, 61% of the clients surveyed felt that nurses still appeared professional even when they did not wear a uniform (Brennan, Scully, Tarbuck & Young 1995, 36).

So, with out doubt nursing uniforms are forms of nonverbal communication (Meade 1980, 147). It is suggested that clients do take in their visual impressions of a nurse, namely their uniform, and interpret them in a way that can influence their relationship with that nurse (Mangum, Garrison, Lind & Gill-Hilton 1997, 40). Perceptions have been derived from historical interpretation and subsequent construction of stereotypes (Heywood-Jones 1980, 105-108). It is argued that by wearing a uniform a nurse takes on predetermined expectations about his or her behavior and

attitudes - this can be very limiting for both the nurse and the client (Meade 1980, 147). By taking away, or at least modifying, uniforms many nurses, clients and myself believe that barriers will be brought down between clients and nurses (Smith 1990, 34; Brennan, Scully, Tarbuck & Young, 1995, 38). This has the potential to increase equality with in this therapeutic relationship as well as allowing for increased self-advocacy on the part of the client (Brennan, Scully, Tarbuck & Young 1995, 38). Consequently when it comes to first impressions, nursing uniforms are significant to not only nurses, nursing as a profession but also to clients (Mangum, Garrison, Lind & Gill-Hilton 1997, 40).

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