The Nurse’s Appropriate Clothing

A Position Paper

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Translator’s notes:

This text is a translation of a position paper entitled LA TENUE VESTIMENTAIRE DES INFIRMIÈRES, translated with the permission of the Ordre des infirmières et infirmiers du Québec (OIIQ). Readers should consult the original French document for the official text if needed.

The feminine article (“she”, “her”) refers to both the masculine and the feminine throughout this document. Also, an effort has been made to make this translation as understandable as possible by anglophone nurses and nursing students, while staying as close as possible to the original version. To this end, words have sometimes been added to clarify the text.

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From Head to Foot:

Prevention and Control of Infections, 
Hygiene and Safety

According to what has been written about this, the main element of appropriate clothing involves a nurse’s uniform, personal clothing or a lab-coat. Other elements associated with this are the name-tag or identity card, hair, beards, any type of cap or head-covering, fingernails, jewelry, rings, pendants and other body jewels, necklaces, neckties and strings worn around the neck, perfume, make-up and shoes.

Clothing

The nurse’s uniform and personal clothes

The clothing worn by a nurse is in fact a working uniform. It plays an important part in improving hygiene practices and in strategies to combat infections. Once a nurse puts on this clothing, how it is made and maintained can substantially improve hygiene in health-care environments.

Wearing a uniform must be restricted to working hours, for reasons of hygiene and also for the promotion of the professional image of nurses.

The uniform must be kept strictly for wearing during working hours for reasons of hygiene, but also for promoting the professional image. In considering this issue, it is recommended to be particularly cautious in sectors involving critical health care (such as operating rooms), where the introduction of pathogenic agents (bacteria, spores, viruses, fungi, parasites) must be reduced to the maximum. Stricter measures may be applied in certain sectors, especially concerning particular categories of patients and types of health-care facility, the pathogenic agents that are likely to be present, as well as the frequency and extent of nursing care provided to patients.

So the uniform must be made out of cotton or a mixture of cotton and synthetic fibres, easy to maintain, resistant to washing and be of a colour that makes stains easy to see. In fact, it is recommended to wash the uniform each day after it is worn. This is why clothes made out of only synthetic material, like Lycra and polyester, are to be avoided, because they do not stand up to constant washing and hot water. Although not having enough money could be given as a reason
for not buying a uniform, it is important to understand that the uniform, even the least expensive one, will resist better and last longer than personal clothing.

The clothing worn by a nurse, whether a uniform or personal clothing, must be made out of material that can be easily cleaned and the colour of the clothing must allow stains to be easily seen. It must be comfortable when worn, while covering parts of the body that are at risk and allowing the nurse to correctly use personal protective equipment (PPE).

Clothing worn by the nurse, whether her uniform or her personal clothes, must be comfortable and allow her to move around normally and naturally, without any restriction on her movements, and enable her to use personal protective equipment (PPE) correctly. The appropriate wearing of PPE (gloves, masks, protective eye-wear, protective smocks) protects the nurse and reduces the spread of infectious agents from one room to another, as well as from the health-care environment to the outside community and vice-versa (Royal College of Nursing, 2005). These same principles also apply to health care provided in patients’ homes. Giving increasingly invasive and specialized treatment at home requires the nurse to wear PPE and to dispose of it correctly once it is soiled.

As for the way clothes to be worn by the nurse are cut, whether a uniform or personal clothing, this must also protect the parts of her body most at risk of being soiled when providing health care to patients. These parts of the body are the hands, the forearms as well the nurse’s body between the shoulders and the thighs. Clothing must therefore cover the shoulders and go down to the level of the knees. Consequently the wearing of loose jackets is not permitted, nor short tops leaving the abdomen visible, jeans, shorts or bermuda-length shorts or trousers with a low waist-line. In addition, clothing must be short-sleeved to allow for better hygiene of the hands and avoid direct contact of the material with the body surfaces of the patient.

Finally, certain colours may be designated and limited to certain health-care sectors, such as the operating room and emergency unit. These clothing policies of different units must be respected.

Each institution decides the sectors in which nurses are required to wear their uniforms and those in which clothing can be adapted to the requirements of the location, taking account of various factors of the setting. Such a clothing policy, however, does not eliminate each nurse’s professional obligation to wear appropriate clothing.
The lab-coat and other outer-wear

Recognized in our society as the clothing worn by health-care professionals, the lab-coat is one way of identifying oneself as a nurse. It is better adapted, however, to situations such as interviews, rather than situations that involve directly providing nursing care, such as changing dressings, because the sleeves of a lab-coat often make contact with surfaces of the skin of patients. It is the same for warm-up or workout tops, and other types of windbreakers and similar wear. Consequently, the lab-coat, as well as warm-up tops, sweat shirts, etc., must not be worn when administering direct care to patients, before entering an isolation room, or before putting on individual protective equipment, particularly protective smocks. On the other hand, the lab-coat may be used to cover a uniform when the nurse goes outside the health-care unit, as long as the buttons are solidly closed for the full length. Always for reasons of hygiene, the lab-coat must be cleaned frequently, just like track-suit-type tops.

For hygienic reasons, the lab-coat must be cleaned regularly and can be worn when the nurse is not giving direct care to a patient, just like track-suit tops and similar clothing. Buttoned down for its full length, the lab-coat can be used to cover the nursing uniform during activities outside the health-care unit.

The name-tag or identity card

As a general rule, the clothing of professionals and non-professionals is very similar. The name and job-title then become one of the ways in which the patients know to whom they are talking and who is talking to them. Consequently, the name-tag or identity card must be positioned in such a way that the patient can easily read it. This information can help develop better contact between the patient and the nurse. The name-tag or identity card must also be attached in a way that that the client cannot be injured while the nurse is providing care to the patient. For example, a nurse who takes a baby in her arms could easily injure the baby with her tag or card. In the same way, a badly located name-tag or identity card can injure a person with limited mobility during their transfer.
The name-tag or identity card on which are written the nurse's name and the job-title must be clearly visible and attached safely to her clothing.

Hair and beards

Regardless of the length of hair, a hair-style that requires frequent attention and handling to be kept in place while providing care encourages inadequate hygiene. Such gestures in fact increase the risks of contaminating the face and the mucous membranes with hands that are insufficiently clean. Moreover, hair is a risk factor in the care provided to patients because single hairs could fall on wounds, for example. Therefore, long hair should be tied.

Beards are also a risk factor when providing care to patients since, as in the case of long hair, the hairs of the beard may fall onto a wound. The beard must therefore be covered when providing certain types of care, such as changing bandages, in order to avoid any such incidents. The beard must also allow for wearing a mask. When obliged to put on a high-filter mask, notably in the case of tuberculosis or SARS, the beard must be freshly shaved or else there is a real risk of leakage through the mask (Canadian Centre for Occupational Health and Safety, 2003).

Long hair must be attached and beards must be covered during certain particular forms of treatment.

Headgear

Hats, caps and all the other forms of head-covering are also not to be worn, since they prevent the correct use of personal protective equipment such as masks, protective glasses or medical caps.

No head-wear of any kind may be worn.
Fingernails

As recommended by the Ministère de la Santé et des Services sociaux du Québec (1999) and the World Health Organization (2005), fingernails must be short, scrupulously clean and unvarnished. As well as making percussion painful for the patient during physical examinations, long nails also damage disposable gloves. Moreover they are classified by the Quebec Commission de la santé et de la sécurité au travail (CSST) as "a factor that has caused injuries in the field of health care".

Fingernails must be short (5mm. long at the most), unvarnished and without added artificial nails.

According to the results of research studies, artificial nails (Pottinger, Burns and Manske, 1989) as well as varnished nails are to be prohibited, for they increase the quantity of micro-organisms (Gupta et al., 2004; McGinley, Larson and Leyden, 1988; Tietz, Francioli and Widmer, 2004) and encourage bacterial colonization; they are at the origin of nosocomial infections (Passaro et al., 1997).

Jewelry, rings, pendants and other body jewels

Rings and bracelets can injure patients, cause hygienic gloves to tear and compromise hand’s hygienic procedures (Salisbury, Hutfilz, Treen, Bollin and Gautam, 1997). In order to ensure the safety of the patient, to avoid causing the patient any skin lesions and to prevent infections, it is therefore recommended not to wear bracelets or rings, including wedding and engagement rings. When there is no clock on the wall, the wristwatch should normally be replaced by a pock-watch or a watch attached to the clothing. As for other rings, pendants and body jewels, these may fall off or lead to developing sites of infection if they scratch the patient (Newman, Wright, Wrenn and Bernard, 2005). They must therefore be solidly attached and covered when, for example, they risk coming in contact with wounds. It is also important to remember that wearing such jewelry has a major influence on the amount of confidence the patient has towards the care-provider and can create discomfort while receiving certain kinds of care.

Rings and bracelets must not be worn. Pendants and other body jewels must be simple, solidly attached and covered, if they are worn at all.
Necklaces, neckties and strings worn round the neck

Accessories worn around the neck must not come in contact with surfaces when the nurse leans forward. They may be worn inside the collar or fastened with the help of a clip as in the case of ties.

Necklaces, neckties and strings worn round the neck must be fastened down to eliminate any contact with surfaces.

Perfume

Perfume can cause nausea and even vomiting with certain patients; it can provoke asthmatic attacks or discomfort for others. Consequently, the use of perfumes is to be avoided in order to avoid disturbing patients or cause them inconveniences. It is equally important to recognize that people have different tastes with respect to perfumes.

Perfume must not be used in order to avoid disturbing clients or cause them inconveniences.

Make-up

The shiny particles that some make-up products contain risk getting detached from the skin. Their contact to the skin as well as their small size make them a problem in the health-care setting, particularly at the time of treating wounds.

Make-up must never contain particles that risk detaching themselves from the skin.

Shoes

Wearing solid, closed-toe shoes with non-slip soles helps to prevent accidents and back-aches (Commission de la santé et de la sécurité du travail, undated (a)). Moreover, the toes must be covered to avoid potential spillage of bodily fluids or to risk heavy, pointed or sharp objects falling on them. To prevent accidents, it is recommended not to wear high heels or shoes with platform soles. Finally, shoes should be white or lightly coloured in a way that any stains will be readily visible. As for shoe-covers, these must be worn only in places that are designated by the institution.
Shoes must be solid and closed, with low heels and soles that are non-slip and noiseless, enclosing the heel and the toes. They must be easy to maintain and be cleaned regularly. Moreover, they must be worn only at work.

From Head to Foot:

The Image of the Profession

Throughout the history of nursing, clothing has been seen as a symbol and form of communication. This is particularly the case with the nurse’s uniform. In fact, the uniform established membership in a special group, with its own norms and values. The uniform is also associated with the professional image of nurses. The clothing worn by a particular professional group is therefore a reflection of the group’s collective identity. This identity in turn depends upon each of the members of this group. Through her clothing, therefore, each nurse influences the professional image that the general population has of all nurses. In the context of health care, appropriate clothing therefore has its full meaning, and its reason for existing, for the profession of nursing.

Professionalism means a way of communicating with patients, a way of being in contact with them and a way of behaving and dressing.

The importance of the image and of the first impression a nurse makes is too often under-estimated. However, it is recognized that they both exert a major influence on the behaviour of patients (Hallward, 2005) as well as on how patients perceive the credibility of the professional and the recommendations that she makes. Equally, it has been shown that the image and first impression influences the credibility of the nurse’s clinical advice and opinions for other professionals (McGill University, undated). Since providing information about, promoting and teaching health are daily activities of nurses and the major part of their communicating is non-verbal (93%, according to Mehrabian, 1972), nurses have everything to gain from ensuring that the way they dress presents a credible image of their profession. Among the ways nurses communicate non-verbally, the uniform has been recognized as particularly important.

Dressing appropriately, particularly with respect to wearing her uniform, transmits the message that the nurse adheres to the values
and norms of the group to which she belongs. This symbolic value of the way she dresses therefore contributes to increasing the credibility of the profession with both patients and the population at large. Wearing the uniform in circumstances and places unrelated to providing care to clients, for example in public transport or going to the grocery store, is a gesture that lowers the value of this symbol (Catanzaro, 2002).

Even if many nurses do not believe that the uniform influences the perception of their professional status, the great majority of patients do see this relationship (Cha et al., 2004). Moreover patients prefer health professionals, particularly nurses, to wear white clothes (Mangum et al., 1997).

Creating a relationship of confidence between the patient and the professional depends particularly on the patient's opinion of the nurse's professionalism, an opinion in part based on how she dresses. Dressing appropriately also allows the nurse to define clearly the boundaries of the therapeutic relationship. Such limits are truly essential in establishing and maintaining the nurse-patient relationship as well as in determining the success of her health-care activities (Aranda and Street, 1999, cited in DeKeyser, Wruble and Margalith, 2003).

The uniform acts as the point of contact between the care-provider and the patient.

In certain sectors, however, the uniform may become an obstacle in the therapeutic relationship. For example, it has been shown that wearing personal clothing when meeting clients with mental disturbances decreases their deviant behaviours and increases their willingness to confide in nurses (MacFarlane, 1990). Also, a sector such as pediatrics may benefit from a less classical way of dressing. The association that children make between the uniform, the health-care provider and pain following treatment received may needlessly increase the child's distrust towards the professional dressed in a uniform.

Wearing clothes that do not match the image of the nursing profession or the image that the institution where she works wishes to project may therefore have a negative effect on developing a relationship of confidence and make it harder to create a therapeutic relationship. (Brennan, Scully, Tarbuck and Young, 1995). On this subject, researchers have shown that rings or other jewels on the nose, lips, cheeks, chin and eyebrows alter the communication between patient
and nurse and reduce their confidence in the nurse (Newman et al., 2005). The various elements that make up the clothing are not however the only factors involved in professionalism. Behaviours, attitudes, knowledge and communications skills also influence interactions with the client.

Having a ring attached to the face has been found to reduce a patient's perception of the nurse's competence by 24.4% and patient-nurse confidence by 22%. Wearing such an ornament can also increase the discomfort felt by patients by 21.9% when they receive basic treatment by a care-provider.

As well as respecting the recommendations presented in the preceding paragraphs, dressing that is consistent with the professional image of nurses involves a behaviour which reflects the criteria of "sobriety". Sober clothing is simple, discrete, without any extravagance. Furthermore, this means that the clothing must be made out of a non-transparent material so that the underwear is not visible and that the style and colour of the hair must be adapted to the professional context and compatible with a professional appearance. Simplicity and discretion are also priorities for all the other elements of clothing, in cases where these might be permitted (for example, certain jewels or make-up).

Clothing that reflects the image of the nursing profession is sober, simple, discrete and not extravagant.

In conclusion, clothing clearly plays an important role in the field of prevention and control of infections, in hygiene and in the security of both patients and nurses. Its influence on the image of the profession has been widely acknowledged. It is the individual responsibility of the nurse to wear clothing at work that reflects the requirements of the profession. This is a responsibility which must be impressed on nursing students from the time of initial training and which must be the object of dressing policies in each health-care institution.

**Recommendations to nurses**

Given its importance in the practice of nursing, The *Ordre des Infirmières et infirmiers du Québec* (OIIQ) recommends to all nurses to wear at work clothing that responds to the requirements of the profession. In this context, the OIIQ considers that:
- For reasons of hygiene and in order to prevent the eventual propagation of bacteria both within and outside the institution in which she is working, the nurse must wear her uniform only during working hours.

- Clothing, whether a uniform or the nurse's own personal clothing, must be made out of a material that is easy to keep clean and be of a colour that makes it easy to identify any stains. It must be comfortable to wear while covering all parts of the body at risk and allowing the nurse appropriate use of personal protective equipment (PPE).

- Personal clothes, in those places where these are allowed, must be consistent with presenting a professional image. They must be clean and simple, easy to maintain and allow the nurse to move about easily.

- For reasons of hygiene, the lab-coat must be cleaned frequently and may not be worn while providing direct nursing care to patients, just like track-suit tops and other warm-up jackets. Buttoned-down its full length, the lab-coat may be worn to cover the uniform during activities when the nurse is outside the units.

- The name-tag (indicating the nurse's name and function) or identity card must be clearly visible and attached securely to the clothing.

- Long hair must be well-attached.

- A beard must be covered when providing care, such as the replacement of bandages.

- Head-wear of any kind is forbidden.

- Fingernails must be short (maximum 5 mm.), unvarnished and without artificial nails.

- Rings of all kinds are not permitted.

- Bracelets, pendants and body jewels must be simple, solidly attached and covered, if they are worn at all.

- Necklaces, neckties and any strings around the neck must be firmly attached so that they do not come in contact with any surface.

- Perfume must not be used, in order not to disturb patients or cause them inconveniences.

- Make-up must in no case be composed of particles that risk becoming detached from the skin.

- Shoes must be solid and closed, with low heels and have anti-slip and silent soles; they must also cover the heel and the toes. They must be easy to maintain and they must be cleaned regularly. They must also be kept for exclusive use at work.
References


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