

# What Meets the Eye: An Examination of the Nursing Uniform

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While I was visiting my great-great-uncle, Jim Ballard, in the hospital in October of 2011, he expressed his pride that I am studying nursing. But he also astonished me by stating his hope that I will wear the traditional dress and cap. “It’s so hard to tell who is a nurse and who isn’t,” he said. Reflecting on Jim’s statement encouraged me to consider the historical context of the nursing uniform and to examine the current standing on healthcare uniforms in North America. I then conducted a survey to study people’s feelings, thoughts, and attitudes at a local level: Fredericton, Sussex, Hampton/Saint John, Moncton, and Miramichi. Evidence-based research data, local survey responses, and a hermeneutic phenomenological study clearly show that nurses must match their uniforms to the age and needs of clients.

## Historical Context

When one looks to the past, it is evident that the iconic image of a nurse in white dress and cap has not always been the standard; novels, as well as historical documents, indicate that nurses wore dark, heavy fabrics. In Dickens’s novel *The Life and Adventures of Martin Chuzzlewit* (1844), the nurse is dressed in a “very rusty black gown . . . and a shawl and bonnet to correspond” (236). When Florence Nightingale was preparing her 38 nurses to go to the battlefield in the Crimea, she considered Dickens’s words; she was determined that her nurses would not look as unprofessional as his fictional character who represented the nurses of that era. Nightingale theorized that a uniform would command respect from the patients and doctors alike, and she took “efforts to distinguish the professionals in this emerging career from drunken, indolent care providers” (Houweling 41). The uniform would instill greater confidence in the wounded soldiers. Nightingale’s carefully recorded data revealed that she also believed sanitation was essential to positive patient outcomes (Tye). A nurse in a clean uniform is as essential as clean bandages. Yet, Nightingale’s uniforms still were not white; they consisted of long grey tweed dresses, matching wool jackets, and plain white caps (Houweling).

Immediately following the Crimean War, one of Nightingale's students, Miss Van Rensselaer, designed a uniform that included a long blue dress, a white apron with shoulder straps, and a white frilly cap that tied under the chin. Variations of this uniform became the staple for nursing attire for the next eighty years. It was not until the 1940s that the uniform's design was finally an all-white, shorter dress without the apron. The cap became a pillbox or pointed version without a tie under the chin (Britt). The feminist movement of the 1960s ushered in slacks, which had a dramatic effect on the uniform; white pantsuits rapidly replaced the white dress (Houweling). Around this same time, the attire of the operating room changed from white to green scrubs to reduce glare (Houweling). As the pantsuit disappeared from fashion, it also disappeared from the nurse's closet. Nurses, in addition to all staff in the healthcare setting, including the cleaning staff, donned not only the green operating scrub but also an array of scrubs in other colours.

### **North America's Current Uniform Debate**

Herein lies the problem: many clients and their families can no longer distinguish the nurse from other healthcare providers. Some hospitals in large North American centres have explored solutions. For instance, as of March 2011, the Ottawa Hospital has been attempting to avoid patient confusion by implementing a dress code that mandates staff to wear distinctive uniforms determined by individual departments (Madwar). The McGill University Health Centre in Montreal, Quebec, has not made its dress code public, but an internal code is in circulation (Madwar). As of 2007, The Toronto Hospital for Sick Children has encouraged, but not enforced, a dress code consisting of cargo pants, colourful cotton shirts, and polo shirts (Madwar), offering a child-friendly look, yet uniformity. The JFK Medical Center's cardiovascular step-down unit in Atlantis, Florida, is wearing the traditional white nurse uniform instead of coloured scrubs to visually aid the patient in identifying the nurse (Sturrock). Valley Hospital in New Jersey contracted Yeohlee, a designer of pricey but practical women's clothing, to redesign the nurse uniform. Yeohlee tried to reintroduce the dress; however, it was not well received by the 1000+ registered nurses (Seabrook). Undeniably, the dress does not offer the comfort or functionality of pants. The administration at this hospital recognized the need to implement a standard uniform to avoid client confusion, but returning to the traditional white dress was

simply not an appropriate answer. Despite individual institutional efforts to dress the nurse in an identifiable uniform, national governing bodies have yet to intervene. Pamela Fralick, president and CEO of the Canadian Health Association, and Matt Fenwick, media relations officer at the American Hospital Association, say that neither nation has taken a stance on dress codes, allowing each hospital to be responsible for its own policy (Madwar).

### Local Survey

If large centres such as Ottawa, Montreal, Toronto, Atlantis, and New Jersey have felt the need to address clients' concerns that the nurse is no longer identifiable, should this not be addressed at a local level in New Brunswick? I produced a survey to gather the opinions of children, 10 and under; teenagers, 11 to 19; young adults, 20 to 44; middle-aged adults, 45 to 64; and seniors, 65 and over. I offered each participant four choices: the traditional dress and cap, an all-white pantsuit, colourful scrubs, or the option that the uniform does not matter. The survey was conducted in both urban and rural localities of New Brunswick: Fredericton, Sussex, Hampton/Saint John, Moncton, and Miramichi, and their surrounding areas (Clarke). A strong desire to see the nurse wear white, be it the dress and cap or the pantsuit, was expressed by an overwhelming 53% of the 391 participants. Fifty percent of people aged 11 to 44 indicated a preference for colourful scrubs, but a surprising 60% of the children indicated they would like their nurse to wear white. Many of the senior participants in the study, 73%, were adamant the nurse should wear the dress and cap, or at least the cap with the white pantsuit (Clarke). One retired nurse said, "The demise of the nursing profession began when the nurse stopped wearing the cap" (Anonymous personal communication, November 28, 2011). Many participants took the time to include a note explaining that it is very difficult to distinguish the nurse from the other staff. One male bluntly stated that, "I do not know who is who, but I do know they all run around in their Walmart pajamas" (Anonymous personal communication, November 29, 2011). Houweling reiterates this idea, "The irony is clear: nursing dress has gone from being entirely unregulated to being extremely regimental to being back where it started" (48). The people of New Brunswick have echoed the same concerns: the nurse is not readily identifiable, a recognized uniform reduces this confusion, and a uniform instills confidence. Imagine mistaking a nurse

for a visitor! (Clarke). One survey participant shared a story of how frightened she became during her hospital stay when she was awakened to find a woman in muftis tampering with her IV line. She exclaimed, "Who the . . . are you?!" The participant still laughs, recalling that the woman in question was actually the head nurse (Anonymous personal communication, December 2, 2011). Many other New Brunswickers indicated the need for nurses to wear white uniforms when dealing with seniors, and several felt that Alzheimer's patients, in particular, would benefit from a nurse in white (Clarke).

### Analysis of Survey

An image is a powerful thing, particularly a collective image. We are what we wear: even my dog knows a mail carrier by his or her attire. The results from my survey strongly suggest that nurses should wear white in healthcare settings involving older patients, e.g., nursing homes, Alzheimer's wards, and hospital units such as palliative care, cardiovascular, and orthopedics, where the patients are predominantly older. The younger people, aged 11 to 44, have indicated a preference for the nurse to wear colourful scrubs. This cohort recognizes the impracticality of the white uniform – that it is so difficult to keep clean – yet, they would appreciate a distinctive professional look (Clarke). Units should colour-coordinate staff uniforms to avoid confusion of healthcare worker identity. The image of the nurse in coloured scrubs will eventually become the norm; thus, there will not be a need to wear white when this younger generation becomes the older generation. We must also address the startling response of the children 10 and under who have expressed a desire to see their nurse wear white (Clarke). Perhaps they are identifying with the white image portrayed in literature. For example, Nurse Nelly in Richard Scarry's *What do People do All Day?* (1979) wears the classic dress and cap. Moreover, the real-life photos in Dan Liebman's *I Want to be a Nurse* (2001) depict nurses in white scrubs as well as the white dress and cap. We need to change the way nurses are illustrated in children's books if we wish children to abandon their preference for the white uniform. If this younger age bracket could adopt the image of a nurse in coloured attire, the healthcare system would only need to grandfather the white uniform for clients born before 1968.

Over 150 years ago, Florence Nightingale felt compelled to give her nurses a collective image by dressing them alike, thus beginning a

movement. Since then, nurses have chosen a uniform that sets them apart as they care for their patients. The uniform has evolved, but it appears from articles, periodicals, and participants' responses to my local survey that the current status of unregulated uniform selection does not adequately assist patients or their families. It is necessary to minister to patients' needs within a particular unit by wearing a uniform that mirrors the perceptual image of that generational cohort. Therefore, the governing bodies in North America need to take a stand. Nurses often have only a minimal window of opportunity to gain the trust of a patient like Great-great-uncle Jim; if the regulated uniform sets the stage for an easily established therapeutic relationship, then nurses must embrace it.

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