



Dress code and personal presentation / hygiene of hospital staff

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Introduction

The way people present themselves is affecting their careers more than they think. According to a CareerBuilder.com survey most people would agree that your personal presentation has an impact on your chances of promotion. This is seen as a way of showing that you take care of yourself and you take your work and responsibilities seriously. In the medical field, this might be important in a way that patients will judge medical credibility and competence based on the way doctors and nurses present themselves (1).

Going back to the past, Hippocrates said that the physician “must be clean in person, well dressed and anointed with sweet smelling unguents”. Many centuries ago, way before there were doctors, village healers already had to dress in a certain way (2).

In a social study, patients were asked to evaluate their doctors based on their presentation. In this study, the evaluated groups of doctors were divided in four different groups with four participants of different genders, races and personal presentation. Professional attire was preferred by 76.3% of the participants, which shows how important the medical attire is (2).

Another issue related to physician’s attire is the possible colonization of their clothes with potential pathogens that can be carried from patient to patient, contributing to nosocomial infections. “Those coming into contact with patients should wear short-sleeved shirts/blouses and *avoid wearing white coats*” and also avoid wrist jewellery and ties (3).

A study was done in London, in which patients from different clinics had different photographs of doctors wearing different clothing. In this study, not only the general appearance was evaluated, but also “important attributes including professionalism, hand hygiene, confidence, seniority, and likelihood of following a doctor’s advice”. Contrary to what hygiene rules would dictate, the pictures in which the doctors had long sleeves, formal suits or white coats were preferred to the ‘bare below the elbows’ or scrubs version (2, 3, 4, 5, 6).

Not only physicians are affected by these dress code 'rules' but also surgeons. In a study, surgical inpatients were asked to give an opinion about surgeons' dress code. The collective agreement was that surgeons should always wear their nametags, as well as white coats every time they visit their patients. This reflects on the way they think about their surgeons and the way they are judged for their competence. On the other hand, the surgeons themselves said that scrubs are an acceptable attire (7).

It also happens that patients do not have an opinion about the way their doctors dress. In the Emergency Department, for example, patients do not seem to have a preference for either formals clothes, scrubs or white coats. Patients in this setting of Emergency Department tend to not evaluate the competences of the doctors and their satisfaction with the service by the way they present themselves. Other factors that were evaluated and dismissed by the patients were race and gender (8).

There is one more situation where the use or not of white coat is debated and this is the paediatric setting. In many departments everywhere many physicians gave up their white coat. On one hand, there are the parents of the little patients that have their own ideas of what they want their child's doctor to look like. On the other hand, there is the thought that children might fear their doctor if they have a white coat on (9, 10, 11, 12, 13, 14).

When it comes to older children and adolescents, their opinions do not seem to be driven by the physicians dressing style. After 5 years old, there is not really a correlation or even a fear to the use of white coats by the physicians. There is, actually, a negative view of the doctors that just wear plain casual clothing. There is not much data really about children under the age of 5, the age at which they are supposedly scared of the white coated men (11, 14, 15).

In one study, nursing students were asked about the dress code issues in the medical world and the conclusion was that the older the students were, the more they thought that a white coat over regular civilian clothes contributed for a more serious and professional image. Also,

the fact that the hemline was above or below the knees changed with the increasing age of the students asked. With increasing age of the students, they were more prone to think that a hemline below the knee was more appropriate for the workplace (16).

Another question that is frequently asked is if all medical staff should wear the same style of clothing. There are proposals for different styles of clothing according to the hospital hierarchy. According to this, each type of healthcare worker should have something to distinguish them from other classes of workers, so nurses, technicians, doctors and other healthcare assistants should all have their own outfit. There is also a debate about just the group of doctors that revolves around the possibility of all doctors to look the same or to have their grades exposed through their outfits (17).

Something that was mentioned previously but is important to stress more is the fact that the spread of infections is the main factor that should be taken into account when considering a change in the assigned outfits to healthcare workers. In 2007, the Department of Health in the UK tried to reduce the potential spread of infections by publishing guidelines about dress code. Short sleeves, no jewellery and no neckties was the new fashion (3, 18).

Another potential source of infection, especially post-operative infection is the use of street shoes in operating theatres. A study compared how bacterially contaminated shoes were. The researchers compared shoes worn at the beginning and at the end of a working day with street shoes. The way this was assessed was by sampling both indoor and street shoes and compare their bacterial contamination. The species of bacteria that are usually a cause of postoperative contaminations and complications were found in all the groups, but the street shoes seemed to be more contaminated. Surprisingly, the shoes analysed at the end of shift were less contaminated than the ones at the beginning of the working day. The species that were mainly reduced in these swabs were coagulase-negative staphylococcal bacteria. The pathogenic bacteria cause not only wound infections, but also airborne infections in many patients. In the

same study, it was concluded that the shoes were not the only transmitter of infection, but also tiny droplets of water that contaminated sterile gloves after the surgeons did their surgical scrubbing (19).

A simple thing that most women wear is nail polish. A Norwegian study concluded that contrary to popular belief, it does not increase contamination or danger of transmitting infections. What has an effect on the carriage of bacterial species such as *Staphylococcus aureus* was the actual length of the nails. It was therefore recommended to healthcare workers not to have their nails longer than 2mm (20).

Lastly, there is an issue that is not an obvious dress code problem per se but it is becoming more and more common: body adornments. These include body piercings and tattoos. Some studies have showed that people have a negative opinion about body adornments (21, 22).

It is actually recommended for people who are going to an interview to attempt to hide their body adornments, especially tattoos (21, 23).

Body piercings that are non-traditional (everything except for earlobe in women) and piercings in males also have a very negative connotation. They can be taken out during working hours, unlike tattoos, and their adepts need to keep this in mind (21, 24).

Discussion

So what is the appropriate dress code for medical staff that takes into consideration both hygiene and good presentation? In 2007, the Department of Health in the UK tried to reduce the potential spread of infections by publishing guidelines about dress code (3, 18). According to these the long sleeved outfits were not permitted anymore. This is a good way of preventing nosocomial infections to a certain extent, since a lot of germs are carried from patient to patient through the doctor himself. The exact same applies for neckties and jewellery.

As for the presentation part of it, people tend to think that a white coat is the most serious work outfit and is associated with responsibility and efficiency (1). It was found that when looking at pictures, a great majority of people will think that formal attire with long sleeves is more appropriate than their 'bare below the elbow' counterparts (2, 3, 4, 5, 6).

This does not happen in all settings. The Emergency Department seems to be an exception to these preferences. It seems that the patients do not care whatsoever about what their doctor looks like in regards to clothing, race or gender (8). This might be due to the fact that in an Emergency setting the patients might have other things on their minds. They might be thinking of things such as the reason why they are there, how long they will have to wait for their turn, how severe their problem is or even how much it will hurt.

The problem with the shoes that are worn outside and inside the hospital, especially the operating theatre represents a big issue to be debated. It was found that street shoes are way more contaminated than indoor-only shoes (19), which make perfect sense. Surgeons should have their own pair of shoes for inside the operating theatre and should not take them outside. On the other hand, these rules would probably not be followed by many, since it represents an extra effort from the surgeon to go change his shoes just because he needed to go somewhere outside of the operating theatre for a few minutes. As for the rest of the hospital, it seems

pointless to have special shoes, since patients and visitors are walking around. This means that the floor will be contaminated by their shoes anyway.

Conclusion

This work explores different issues related to the dress code in the hospital environment. Even if many patients think that a formal style looks more respectable, I believe that their protection against nosocomial infections should speak louder. Safety should come first and fashion second. Shirts or blouses should have short sleeves. Avoidance of clothes that are too casual, such as jeans, should be taken into account. Shirts with provocative sentences, words or logos are also not appropriate. Hair should be tied and kept clean and in most natural possible colour. Jewellery on arms and hands should be avoided. Nails should be kept as short as possible, but not bitten. Having personal indoor shoes is an option, but it should be kept in mind that the hospital is supposed to be a quiet place, so high heels and squeaky shoes are not appropriate. Always have a nametag. And contrary to what patients seem to enjoy, ditch the white coat.

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