


# Clothes Encounter: Patient Perception of Nursing Attire in a Behavioral Health Unit

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## Abstract

**BACKGROUND:** In an acute behavioral health unit, patients' perceptions of nurses can be influenced by the type of clothing they wear. **OBJECTIVES:** The purposes of this study were to determine if mental health patients had preferences related to nursing attire, to determine if patient preference varied with age, and to determine if nursing attire affected patients' thoughts on approachability, competence, and professionalism. **STUDY DESIGN:** A six-question survey was distributed to patients who met specific criteria between August and December 2008. **RESULTS:** Overall, patients did not have a preference for the type of attire worn by staff. Identification of nurses was a concern for many. More than half of the respondents indicated approachability was not affected by attire; however, 29% said that street clothes made the nurse less approachable. Attire did not affect patient perception of competence or professionalism. **CONCLUSION:** As behavioral health care changes, staff attire may need to be reconsidered.

## Keywords

hospitalization, inpatient treatment, medical–psychiatric units, milieu therapy, patient satisfaction, outcome studies

## Background

Over the past several decades, many issues regarding the effects of nursing staff attire on patients and the overall milieu have surfaced. One issue is approachability; in the 1960s, literature began to suggest that nurses' traditional white uniform set up a barrier for developing therapeutic communication with behavioral health patients (Brown & Goldstein, 1967-1968; Petrovich, Bennett, & Jackson, 1968). In 1977, Malcomson, Brandman, and Alpert found that patients had significantly more socialization and approached nurses more often when they were dressed in street clothes rather than traditional uniforms.

Patient preference is another issue worthy of consideration. In 1980, a study evaluating the preference of nursing attire for psychiatric inpatients in two general hospitals found that older patients tended to prefer uniforms, whereas inpatients aged 29 and less were more comfortable with casual street clothes (Trauer & Moss, 1980). A study by Kaser, Bugle, and Jackson (2009) found that 36% of their pediatric respondents preferred all white scrubs for RNs rather than various colors/patterns of scrubs, street clothes, and blue scrubs with a lab coat. In another study, patients indicated that formal uniforms made staff less approachable (Tham & Ford, 1995).

As these issues continued to be debated, the effect on patient behavior was studied as it related to nursing attire selection. In one study of the effect of nursing attire on the behavior of hospitalized mental health patients, results showed that the highest rates of maladaptive behavior occurred during the portion of the study when nursing staff wore white uniforms rather than street clothes or the staff choice of attire (Rinn, 1976). These findings were validated through other studies that compared the effect of the nurse's attire on patient behavior. For instance, Lavendar (1987) found that there was a decrease in violent incidents and patient estrangement and an increase in comfort and confidence when the nurses wore street clothes.

Recently, the perception by patients with regard to nursing attire in non–mental health units has become an issue related to the qualities of caring, professionalism,

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and competency. A study of patients in women and newborn, medical–surgical, and progressive care units found that patients selected the white uniform as the attire that was most frequently associated with characteristics of confidence, reliability, competence, professionalism, and efficiency. The study also found that print uniforms were most frequently associated with the characteristics of caring, attentive, cooperative, empathetic, and approachability (Skorupski & Rea, 2006).

As psychiatric–mental health nurses, we seek to make the environment as therapeutic as possible. Appropriate attire for the nursing staff on behavioral health units, and how it affects the therapeutic process, has been debated for years. In mental health nursing, the traditional white uniform was exchanged for street clothes, whereas nursing scrub attire in a variety of colors and patterns have become standard in nonbehavioral health units. Over time, nurses in all fields have changed from the traditional white uniform to other alternatives.

In our behavioral health unit, the nursing attire has been changing since the 1970s as a result of early studies, trends, and growth in our services. Street clothes became the norm for most nurses in the late 1970s as a way to improve the therapeutic relationship and milieu. However, what was once a 17-bed general mental health unit has evolved into a 63-bed unit, caring for adult and geriatric patients with mental health disorders and medical comorbidities. As our unit evolved, the variety of attire worn by nurses has evolved, resulting in a combination of white uniforms, colored scrubs, and street clothes. This became particularly apparent with the addition of a geropsychiatric unit in recent years when many staff chose to wear scrubs rather than street clothes.

In recent years, the staff and management had many concerns related to the variety of nursing attire on our unit. Ancillary departments and physician consultants expressed some frustration with the difficulty of differentiating staff from the patients in the milieu. Risk of elopement of patients dressed in street clothes was also a staff concern. An increase in medical illnesses and procedures for the behavioral health patients seemed to make street clothes impractical, although protective attire for infection control was available when needed. Some behavioral health staff was concerned about patients' ability to quickly identify staff in the event of an emergency, especially if staff identification badges were not visible. In the past year, nursing staff have been provided with identification badge clips with "RN" displayed prominently so that patients and other staff can easily identify them. Leadership thought that the mixture of uniforms did not seem to be patient centered or customer friendly and might be perceived as too casual and unprofessional;

however, patients had never been asked about their thoughts on nursing attire.

In 2008, the Behavioral Health Unit implemented the Relationship-based Care model. As part of that initiative, primary nursing replaced team nursing. As the unit's nursing staff worked to redesign the care model to be more patient and family centered, it seemed appropriate to evaluate patients' preference for nursing attire as it related to their safety concerns and view of staff as caring and competent. Depending on those results, the leadership team could take the information learned in the survey to the unit practice council for recommendations.

Staff was not surveyed at this time, as their opinions were known. Staff wanted to continue to make their own choices in clothing. Staff who had been on the unit when the change to street clothes occurred preferred to wear street clothes. Newer staff, accustomed to wearing scrub attire on medical–surgical units, preferred scrub attire. Some staff chose different attire based on the particular unit on which they would be working. As part of our shared decision-making unit, the unit practice council had already written a policy for appropriate attire on the unit. The policy allowed for flexibility and choice, yet provided guidance to address safety issues and maintain a degree of professionalism on the unit.

In our unit, all nursing staff may select what they choose to wear. As a result, psychiatric technicians, LPNs, and RNs may choose to wear a uniform, scrubs, or street clothes. Social workers, therapists, and physicians who work on the unit typically wear street clothes. Consultants from other areas wear a variety of attire including lab coats, scrubs, and street clothes.

## Purpose

After reviewing the literature about the nursing attire in mental health settings, and discussing the concerns about attire on our unit, it was decided that a patient survey would be conducted. The purposes of the study were to (a) determine if mental health patients had a preference related to nursing attire, (b) determine if patient preference varied with patient age, and to determine if nursing attire affected patient's thoughts on (c) identification, (d) approachability, and (e) abilities.

## Method

### Setting

The setting of the study was a 63-bed adult behavioral health unit within a 500-bed teaching hospital. The unit is subdivided into four distinct units. The two adult units for

patients aged 18 to 65 years are divided into acute care and subacute care. The 17-bed adult acute unit primarily treats patients with diagnoses of schizophrenia or psychosis, bipolar disorders, and suicidal ideations or attempts and patients with mental retardation who have severe behavioral problems. The 27-bed adult subacute unit primarily treats patients with depression or other mood disorders, many with comorbid substance abuse or personality disorders. Patients are a mix of voluntary and involuntary admissions. The additional two units are geropsychiatric units for patients aged 65 years and older: an 8-bed unit primarily for treatment of depression or anxiety in geriatric patients who have multiple medical comorbidities requiring close supervision and an 11-bed acute geriatric unit for patients with end-stage dementia who need behavioral management, medication adjustments, and complete physical care for their activities of daily living. Most of these patients have multiple medical comorbidities that complicate their care, and many come from nursing homes where their behavior has become unmanageable. Nursing staff must maintain competency to work on any of the four units but are typically assigned on either the adult or geriatric units, based on patient needs, acuity, and staff preferences.

### The Survey

A six-question survey tool (see the appendix) was designed. The survey was designed to be informational and descriptive. Therefore, no psychometric properties such as reliability and validity were tested. The survey included questions to ascertain patients' viewpoints on nurses' attire as it related to ease of recognition, approachability, and perception of competency. It also included an opportunity for the patients to select from a list of choices of nursing attire ranging from street clothes with or without a lab coat, scrub attire in the same color to identify staff, no standard color, or no preference. To get a full picture of the patients' preferences, the survey provided a space for the patient to add any additional comments.

### Procedures

The study was reviewed by the institutional review board and determined to be exempt. The survey was distributed by the same nurse to patients who were admitted between August and December of 2008. Patients were selected to receive a survey on Day 3 of hospitalization, which gave patients time to orient to the unit and have a brief stabilization period before being asked to fill out the survey. Ninety-five surveys were distributed to a convenience sample of patients who met inclusion criteria. Inclusion

**Table 1.** Patient Preference of Nursing Attire.

Preference	Frequency	Percentage
No preference	32	32.3
No response	19	19.2
Different uniforms for different positions	15	15.2
Uniform attire	13	13.1
Street clothes and ID badge	9	9.1
Lab coats for RNs, others wear scrubs	6	6.1
Other	5	5.1
Total	99	100.0

criteria consisted of patients 18 years of age and older who were nonpsychotic and cognitively unimpaired. Patients were excluded from the study if they were acutely anxious, psychotic, severely depressed, or cognitively impaired. As a result of the exclusion criteria, patients on the acute adult unit or on the acute geropsychiatric unit were not surveyed. The nurse distributing the survey always consulted with the nursing staff taking care of the patient when determining if a patient met the criteria for inclusion or should be excluded because of current condition. Patients were given an explanation of the survey and assured of their right to refuse participation. Patients placed the survey in a sealed envelope provided and returned it to the nursing station on completion.

## Results

### Preference

Over the course of the 5 months that the survey was distributed, 93 patients met inclusion criteria and completed the survey. Patients could indicate more than one type of nursing attire preference. Many patients indicated that they did not have a preference for the type of attire worn, although they wanted staff to wear an identification badge that clearly designated their roles (32.3%). The second most preferred nursing attire was different uniforms for different positions (15.2%). An example of this would be all white attire for RNs and colored attire for non-RN positions. Thirteen percent preferred some type of standard uniform attire. Table 1 summarizes the preference responses.

### Age

The mean age of the participants was 41 years (range = 18-87 years). To determine if preference was associated

to age, age was broken down into two groups based on the median age of 42. One group consisted of participants aged 18 to 42 years, and the other group consisted of participants aged 43 years and older. A chi-square test of independence was performed to examine the relation between age and nursing attire preference. The relation between these variables was not significant,  $\chi^2(1, N = 88) = 3.12, p = .212$ .

### Identification of Nursing Staff

Eighty-two percent of the respondents reported that they could *easily* recognize the nursing staff. A second question asked if the patient could quickly identify nursing staff when in *need of help*; 85% of the patients indicated that they could *quickly* recognize staff.

### Approachability

The respondents were split on whether the wearing of street clothes affected the patient's sense of approachability of the nurse. In this study, 55% of the respondents indicated that street clothes did not affect approachability. However, 29% said that street clothes made the nurses *less approachable*, whereas only 16% felt that street clothes made the nurses *more approachable*.

### Effect of Attire on Perception of Abilities

One of the questions was aimed at determining if patients' opinion of the nurses' abilities were affected by their attire. Eighty-one percent of the surveyed patients indicated that the wearing of a uniform did not affect their opinions regarding nurses' abilities.

## Discussion

One purpose of the study was to determine what patients would like nurses to wear. Overall, patients who participated in the present study did not indicate a preference for nursing attire. However, the wearing of identification badges was essential. The following qualitative responses indicate the importance of badges:

It would be fine with the staff choosing to wear street clothes or uniforms as long as ID badge is worn. (Respondent, age 62)

The IDs on some nurses are almost impossible to read. (Respondent, age 27)

However, I do think they need name tags so we can see their name. (Respondent, age 42)

Their attached badges are very important to a patient or visitor. (Respondent, age 63)

Another purpose of this study was to determine if mental health patients had a preference of nursing attire according to their age. In some studies of nursing attire in various settings, the older age-group had a preference for the more traditional uniforms. Age was not a factor.

Most patients indicated that they could easily identify the nurse if they were in need of help. Approximately 20% of the patients either could not identify the nurse or could not easily identify the nurse if they needed help. Because these patients were screened to eliminate those with cognitive impairment, this is a concern. If the respondents were selected from a more randomized group, including those with confusion and psychosis, the results may have been of even greater concern.

A few respondents commented on the difficulty in identification of nurses because of the variation in attire on the unit. The following are a few comments from the patients:

For some patients, nurses in uniform may be easier to recognize. (Respondent, age 21)

Sometimes it is difficult to tell which staff member is a nurse. (Respondent, age 25)

All staff for nursing should wear scrub pants and can wear different tops or street tops. (Respondent, age 28)

I think the different color uniforms they have now are likeable and street clothes wouldn't be appropriate. (Respondent, age 42)

A few patients had the following comments with regard to abilities:

Scrubs or street clothes make no difference when talking to the nurses. (Respondent, age 18)

A professional is still a professional regardless of what he or she wears. Clothes doesn't make the professional, the person wearing the clothing does. (Respondent, age 37)

A uniform is not what makes the nurse. It is the job performance, knowledge of position and bedside manner that makes all the difference. (Respondent, age 40)

The study had some limitations. Because of the exclusion criteria, patients who were on the most acute units were not

surveyed. It is these units where violence is higher, and the need for quick visual clues to assist with recognition of nurses would be most important. It is the patient who is most ill that may have had the most difficulty with identification of the nurse. Patients who are in their most acute state may be the ones who would need to feel safe and that nursing staff is approachable. By not surveying this population, the number of patients who prefer that the nurses wear street clothes may have been biased. This limitation of only distributing to patients who were not in their most acute stages may have presented bias into the study. In reviewing the comments, it is clear that some patients viewed scrub attire the same as a uniform. This affected their answers, but did not affect the results regarding street clothing versus some type of uniform attire.

Another limitation may have been during the design and distribution of the tool. Patients were not given definitions of the types of attire and it appeared that many patients considered scrub attire as uniforms; however, this does not negate the low response to preferring that nurses wear street clothes. Additionally, to maintain consistency, one person, the nurse manager of the unit, distributed the survey, and the patients took this opportunity to make comments unrelated to the survey on the survey form. Many comments were supportive of the nursing staff, whereas others addressed an unrelated concern, such as meals or having to wait. Last, by choosing to give the survey to patients who were more stable and who had been hospitalized for several days, the patients had an opportunity to get to know several of the nurses by the time they received the survey. If they had established a good relationship with their primary nurse, they may have been more likely to select the type of attire that their nurse wore. Some of these supportive comments are given below:

Whatever makes the nurses comfortable when talking to patients. (Respondent, age 18)

Staff should wear comfortable attire . . . scrubs, any color. (Respondent, age 46)

I think the scrubs for nursing staff are very practical. (Respondent, age 63)

As psychiatric–mental health nurses we work to eliminate obstacles that may interfere with developing a therapeutic relationship. Over the years, even our attire has been considered an important contributor to developing and maintaining a therapeutic relationship and therapeutic milieu for hospitalized patients with a mental health disorder. At this time, we are experiencing a shortage of RNs, and a greater shortage of new nurses who select psychiatric–mental health nursing as a career. Sometimes there is a need

to balance patient preferences and customer service with the preferences of the nursing staff. This study suggests that on our unit the culture has changed from staff wearing street clothes to one of predominantly wearing comfortable scrub attire. This has not interfered with our patients' view of the nurses as professional, approachable, and competent. Easy identification of different staff members and their roles was clearly seen as an obstacle to be addressed.

As other mental health units treat older patients and patients with more medical comorbidities, street clothes for staff may become a thing of the past. Psychiatric–mental health nurses on our unit are required to have the competence to manage medical or surgical issues. It is not always practical for staff to wear street clothes while providing the types of treatments necessary for patients with medical comorbidities. Perhaps, as the culture of behavioral health units and psychiatric–mental health nursing has changed from that of patient control to that of patient empowerment, street attire is becoming less of an issue. The long-held practice of wearing street clothes to improve the therapeutic alliance may not be as necessary as was once thought; however, a return to anything that reminds patients of the days of rigid and authoritarian behavioral health environments should not be an option. Future studies may want to examine the role of nursing attire in light of the new reality of behavioral health units treating patients with more medical comorbidities.

## Appendix

Age: \_\_\_\_\_ Arbitrary Study Number: \_\_\_\_\_

### Patient Survey About Nursing Attire

We want to get your feedback on how the nursing staff attire affects your ability to relate to nursing staff. We would appreciate it if you could take a few moments to complete these questions. This is anonymous and voluntary. Your completion of this survey signifies your agreement to complete this survey.

1. Can you easily recognize who the members of the nursing staff are?  
YES NO
2. Does the presence of a nursing uniform affect what you think about the nursing staffs' abilities?  
YES NO
3. Does the lack of a nursing uniform affect what you think about the nursing staffs' abilities?  
YES NO

(continued)



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**Appendix(continued)**

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4. Do you feel that street clothes make the nurses more or less approachable?
- More            Less            No difference
5. Can you quickly identify nursing staff when you need help?
- YES                                  NO
6. If you would like to see a change, which of the following would you prefer?
- a. All staff wearing street clothes and their identification badges
- b. All nursing staff wearing some sort of uniform attire—such as same color of scrubs or same color of pants or tops
- c. Different uniforms for different staff positions, such as one color for RN, one color for LPN, and one color for Psychiatric technicians
- d. RN wearing lab coats over street clothes and others wearing scrubs
- e. No preference
- f. Other \_\_\_\_\_

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Please give any comments below.

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