

**NLEHIGH VALLEY HOSPITAL
PATIENT CARE SERVICES**

PATIENT CARE MANUAL

Professional Image Standard of Dress - Patient Care Services

I. KEY POINTS:

1. Personal grooming fosters professional representation of the LVHN healthcare team.
2. Standardized uniforms help patients to easily identify care team members; influence both patient safety and patient satisfaction; promote and foster team collaboration. (Apker, Propp, Ford, & Hofmeister, 2006; Skorupski & Rea, 2006)
3. RN working for LVHN on an impacted inpatient or outpatient area is to wear a uniform with properly branded LVHN logo or Lehigh Valley Children's Hospital logo.
4. Units associated with the Lehigh Valley Children's Hospital are approved to have that branded logo embroidery.
5. In order to respect the cultural and religious diversity of the population we serve, no holiday wear or costumes will be permitted.
6. Outerwear, including fleeces, sweatshirts and hoodies, are not permitted.
7. Footwear should be based on OSHA regulations: non-skid low heels and without holes or open toes to prevent exposure to sharps, blood and body fluids.
8. Refer to grid identifying skill level and approved professional attire (Attachment A).
9. Enforcement: Lack of adherence to the policy is considered a performance standard violation. Department Director/designee is responsible for monitoring and enforcing compliance in accordance with Human Resources Administrative Policy: Dress Code <http://webappprd001.lvh.com/webpublic2/lvhnhr/pdfs/2000.40.pdf> and Human Resources Policy, HR 2000.40 Employee Counseling and Discipline. <http://webappprd001.lvh.com/webpublic2/lvhnhr/pdfs/2000.40.pdf>

II. PURPOSE:

To promote a professional image and consistent identification of Patient Care Services personnel in the healthcare work environment. A neat, clean, well fitted uniform projects competency, inspires confidence, and communicates respect to patients, families and visitors, as well as to colleagues. All Patient Care Services personnel are required to comply with the Lehigh Valley Health Network Administrative Policy: Dress Code. <http://webappprd001.lvh.com/webpublic2/lvhnhr/pdfs/2000.40.pdf>

III. DEFINITIONS:

Artificial Fingernails are any materials which are attached to the natural nail, including but not limited to plastic press-on nails, acrylic nails, acrylic nail tips, fiberglass, gels, silk wraps, shellac, nail extenders or any additional items applied to the nail surface, such as nail jewelry. This also includes any nail product that requires "curing" under ultraviolet light.

Direct Patient Care - applies to all personnel who as part of their routine daily activities do any of the following:

- Direct hands-on patient care/treatment
- Perform treatments or procedures on patients
- Handle equipment/items that are used directly in the care/treatment of patients
- Handle items that are consumed by patients or visitors
- Interact with patients, visitors, and healthcare team.

IV. SCOPE:

All Patient Care Services personnel involved in direct patient care and interactions.

V. SKILL LEVEL:

Registered Nurses, Licensed Practical Nurses, Technical Partners, Professional Student Nurse Assistants, Patient Observation Assistants, Professional Student Patient Observation Assistants, Administrative Partners and Patient Transporters.

VI. INTERVENTION/GUIDELINE:

Guidelines:

1. All personnel are required to wear photo identification. The identification badge shall be worn at the neckline with picture, first name, last name and position title visible.
2. Jewelry:
 - a. Employees providing patient care should not wear jewelry that dangles away from the body.
 - b. An employee's jewelry should not interfere with job performance or distract others.
 - c. Visible face and/or body jewelry are not permitted while on duty (i.e. nose, lip, eyebrow, or tongue jewelry are not permitted).
 - d. Jewelry shall be kept simple and appropriate for the position. Ear jewelry must be less than two inches in diameter and length, and is limited to two items per ear. If safety is a concern, individual departments may modify this guideline.
 - e. Gauges must be solid and not exceed ¼ inch in diameter. Jewelry connectors are not permitted.
 - f. Rings are limited to one per hand (wedding set counts as one ring) in the clinical area, for purposes of infection control and patient safety.
 - g. Wrist jewelry in the clinical settings is limited to watches and emergency alert bracelets, for purposes of infection control and patient safety.
3. Hair and Headwear:
 - a. Hair must be clean and neatly combed; extreme hair colors that are unnatural are not permitted.
 - b. Hair accessories should not interfere with job performance or cause a distraction, and should be consistent with a professional appearance.
 - c. Sweat bands are not permitted.
 - d. Headwear is not permitted unless it is related to work, for medical reasons or religious beliefs. In such instances, black, white or earth-tone colors such as green, blue, gray are acceptable. <http://pray30days.org/learn/culture/veils>
4. Fingernails:
 - a. Personnel providing direct patient care and interactions shall not wear artificial

- fingernails or nail jewelry.
- b. Natural nails shall be kept short, clean, and healthy. Chipped or worn nail polish is required to be removed.
5. Strong perfumes/scents are not to be worn in patient care areas.
 6. Every effort to cover tattoos/"body art" shall be made.
 7. Clothing Specifics:
 - a. Shorts, capris (mid-calf or shorter) and denim are not permitted.
 - b. All clothing shall be clean, free from wrinkles and stains and must present a professional appearance.
 - c. Clothing shall be appropriately sized for the employee.
 - d. In order to respect the cultural and religious diversity of the population we serve, no holiday wear or costumes will be permitted.
 - e. Outerwear, including fleeces, sweatshirts and hoodies, are not permitted.
 8. Footwear (Shoes, Socks, and Stockings):

Footwear should be based on OSHA regulations: non-skid low heels and without holes or open toes to prevent exposure to sharps, blood and body fluids. Leather and rubber preferred.

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS

 - a. Athletic type shoes and professional-type clogs are permitted. Colors and patterns must maintain a professional-look and should not distract others. Clogs with holes are not permitted. Clogs with open backs must have a strap.
 - b. Socks or stockings/pantyhose are required by all personnel involved in direct patient care and interactions.
 - c. White, flesh, navy or black color stockings/pantyhose/tights shall be worn with standard uniform skirts.
 9. Hospital Supplied Scrub Attire:
 - a. LVHN personnel working in the following Patient Care Services units/departments are permitted to wear hospital supplied scrub attire:
 - Burn Center
 - Labor & Delivery
 - Respiratory - during OR procedures
 - b. Scrub attire will be provided by Linen Services on a routine basis.
 - c. Personnel will don scrub attire on arrival and remove prior to leaving work.
 - d. Scrub attire is to be placed in an appropriate soiled linen hamper.
 - e. Employees are not authorized to leave the LVHN premises while wearing a LVHN owned garment, unless original clothing was damaged or soiled.
 - f. Damaged or soiled uniforms shall be exchanged promptly for clean and properly repaired garments, in accordance with Contaminated Clothing Policy found in the Environment of Care Manual.
 - g. Removal of scrub attire from the hospital will be construed as theft, and appropriate disciplinary action will be initiated.
 10. Attire for Registered Nurses, Patient Care Coordinators, and Patient Care Managers in all areas except where hospital-supplied scrub attire is designated to be worn:
 - a. Solid Navy scrub pant and solid Navy scrub top (with approved logo).
 - b. Solid navy scrub skirt with pantyhose/stockings and solid navy scrub top (with approved logo). Skirt must be at the knee or below for performing bending, lifting,

- or reaching as part of the responsibilities of the position.
 - c. An additional layer of clothing may be worn beneath the scrub top uniform and must be solid white or navy. Sleeves must not extend beyond wrist with three-quarter length preferred for infection control purposes.
 - d. Solid navy scrub warm-up jacket long or short sleeve, optional (with approved logo).
 - e. Solid navy athletic/track jacket without hood, optional (with approved logo).
11. Attire for Directors in all areas except where hospital supplied scrub attire is designated to be worn:
- a. Business attire, optional. Business attire will align with professional image outlined in sections 7 and 8.
 - b. Solid navy scrub pant/skirt and solid navy scrub top (with approved logo).
 - c. An additional layer of clothing may be worn beneath the scrub top uniform and must be solid white or navy. Sleeves must not extend beyond wrist with three-quarter length preferred for infection control purposes.
 - d. Solid white scrub warm-up jacket long or short sleeve, optional (with approved logo).
 - e. Solid white lab coat, optional (with approved logo).
 - f. Solid white athletic/track jacket without hood, optional (with approved logo).
12. Attire for Nursing Supervisors, Clinical Resource Specialists, Patient Care Specialists, Wound Ostomy Care Nurses and PICC Team Registered Nurses in all areas except where hospital supplied scrub attire is designated:
- a. Solid navy scrub pant/skirt and solid navy scrub top (with approved logo).
 - b. An additional layer of clothing may be worn beneath the scrub top uniform and must be solid white or navy. Sleeves must not extend beyond wrist with three-quarter length preferred for infection control purposes.
 - c. Solid white scrub warm-up jacket long or short sleeve, optional (with approved logo).
 - d. Solid white lab coat, optional (with approved logo).
 - e. Solid white athletic/track jacket without hood, optional (with approved logo).
13. Attire for Licensed Practical Nurses in all areas except where hospital supplied scrub attire is designated:
- a. Solid uniform scrub pant and/or skirts with solid top.
 - b. Scrub uniform colors are at the discretion of the employee, except for solid Navy, royal blue, burgundy, or Caribbean blue.
 - c. Solid scrub warm-up jacket long or short sleeve, optional.
 - d. Solid athletic/track jacket without hood, optional.
 - e. Colors for scrub warm-up jacket and athletic/track jacket at the discretion of the employee except for solid navy, royal blue, burgundy, white or Caribbean blue.
14. Attire for Technical Partners, Professional Student Nurse Assistants and Certified Nurse Aides in all areas except where hospital supplied scrub attire is designated to be worn:
- a. Either a two or three piece uniform is to be worn. The skirt/pant may be royal blue or white. The blouse/shirt must be royal blue.
 - b. If a scrub warm-up jacket or athletic/track jacket without hood is worn, it must be royal blue.
15. Attire for Administrative Partners in all areas except where hospital supplied scrub attire is designated to be worn:
- a. Solid black scrub pant and solid black scrub top (approved logo optional).
 - b. Solid black scrub skirt with pantyhose/stockings and solid black scrub

top (approved logo optional). Skirt must be at the knee or below for performing bending, lifting or reaching as part of the responsibilities of the position.

- c. An additional layer of clothing may be worn beneath the scrub top uniform and must be solid white or black. Sleeves must not extend beyond the wrist with three-quarter length preferred for infection control purposes.
- d. Solid black scrub warm-up jacket long or short sleeve, optional (approved logo optional).
- e. Solid black athletic/track jacket without hood, optional (approved logo optional).

16. Attire for Patient Observation Assistants and Professional Student Patient Observation Assistants:

- a. Burgundy jacket and/or scrub top, white under layer shirt, dark or khaki pant.

17. Attire for Patient Transporters:

- a. Solid Caribbean blue scrub shirt (with approved logo).
- b. An additional layer of clothing may be worn beneath the scrub top and must be solid white. Sleeves must not extend beyond the wrist.
- c. Khaki pant.
- d. Solid Caribbean blue scrub warm-up jacket (with approved logo), optional.

18. Attire for Contract Staff

- a. Contract staff will wear the designated personnel color as defined above in #7-17.
- b. Additional markings (i.e. Logo, name, etc.) will not be required.

VII. DOCUMENTATION:

Not applicable.

VIII. IMPLEMENTATION PROCESS and MONITORING:

Enforcement: Lack of adherence to the policy is considered a performance standard violation. Department Director/designee is responsible for monitoring and enforcing compliance in accordance with Human Resources Administrative Policy: Dress Code <http://webappprd001.lvh.com/webpublic2/lvhnhr/pdfs/2000.40.pdf> and Human Resources Policy, HR 2000.40 Employee Counseling and Discipline. <http://webappprd001.lvh.com/webpublic2/lvhnhr/pdfs/2000.40.pdf>

IX. FORMS/ATTACHMENTS:

Attachment A - Table of Clinical Staff with Direct Patient Contact: Approved Professional Attire

X. EVIDENCE SUMMARY:

Nursing uniforms were initially designed by a student in Florence Nightingale's School of Nursing for hygiene and identification of the nurse. The traditional registered nurse (RN) uniform consisted of a dress, apron and cap. As years passed, there have been many variations, but the traditional white uniform with cap remains the single most recognizable and identifying feature of the RN.

The concept of RN identity has become an increasingly relevant issue when considering the patient. According to Skorupski & Rea (2006) patients find it difficult to identify the RN because of uniform variability, shorter length of stay and 12-hour shifts.

Nurse identity and professional image have become increasingly relevant issues since RNs transitioned from wearing the traditional all white uniform. Patients have expressed difficulty in identifying the RN. While, the issue may be multifactorial, organizations around the country, including Pennsylvania are investing significant fiscal resources to establish RN scrub uniform standardization. RN identity and professional image as reflected by a uniform have yielded limited literature in the most recent years. Of that literature, the standard model of measurement was to elicit patient perceptions by showing them pictures of RNs in various uniforms.

At LVHN, it was decided to conduct a more robust study with some replication of process based on the Windel, Dumont, & Tagnesi (2008) methodology. The findings (in draft for publication) noted the following:

A descriptive, comparative, cross-sectional designed study was conducted at LVHN in 2014. Two units were selected at each site (one intervention –navy blue scrub uniform; one control – usual scrub uniform). Patients who met criteria (n = 322) were surveyed on the units with 179 control and 143 intervention unit patients enrolled. The valid and reliable Windel Scale was used and the Cronbach alpha was .81 for this study.

Mean age overall = 61.58, SD =15.09, range of 18-92.

Mean age control = 60.45, SD = 14.62, range of 25-92

Mean age Intervention = 63.01, SD = 15.59, range of 18-89

Mean control unit identification score = 6.45

Mean intervention unit identification score = 7.47

The subscales are: a. Patient Perception of Nurse Identity (Questions 1-4)

1. I was able to identify the Registered Nurse (RN) responsible for my care during this hospital stay
2. In this hospital, it's easy to identify the Registered Nurse (RN).
3. In this hospital, it's easy to identify the Registered Nurse (RN) by uniform color.
4. In this hospital, it's easy to identify the Registered Nurse (RN) by red print RN on name tag.

When comparing each question of the Identification subscale score between the 2 groups individually, Identify Uniform Color was statistically significantly different between the 2 groups (mean rank control = 143.4 and mean rank intervention = 171.2, $p=0.0054$). This means that the responses for this particular question were significantly higher in the intervention group.

Identity

The value placed on appearance of the RN has been studied over the years quantitatively and qualitatively without clear delineation of a standard. The studies lack uniformity with respect to design and evaluation methods. Four studies conducted by various organizations (Albert, Wocial, Meyer, Na, & Trochelman, 2008; Kaser, Bugle, & Jackson, 2009; Mangum, Garrison, Lind, & Hilton, 1997; and Skorupski & Rea, 2006) used the Nurse Image Scale (NIS) or Modified Nurse Image Scale (MNIS). The NIS is administered by showing subjects a series of pictures and then rating each of the

images on a Likert Scale of 5 (highest) to 1 (lowest) based on the characteristics of confident, competent, attentive, efficient, approachable, caring, professional, reliable, cooperative, and empathetic. Each image can score up to 50 points.

Kaser et al. (2009) and Mangum (1991) used the NIS means to identify the most preferred uniform of patients. Kaser et al. (2009) in a study of 99 patients, patient families and nurses found white scrub uniforms scored highest with a mean of 4.13, followed by a variety of print tops and solid pants with the mean score ranging from 3.72 to 3.86. Solid colored purple scrub uniforms mean score on the NIS was 3.64. In comparison, Mangum et al. (1991) in a study of 1,180 patients, 918 nurses, and 332 administrators found white pants with a stethoscope had a mean NIS of 3.94, followed by white pants or dress and cap mean score of 3.77.

Skorupski et al. (2006) study of 180 patients and Albert et al. (2008) study of 499 patients used similar methods by showing images of nurse uniforms and how the uniforms reflected each of the ten characteristics. Skorupski et al. study findings indicated the white uniform was most often selected as the nurse that patients would not like to care for them, but also most often selected as being easiest to identify as a nurse. The print scrub uniforms was the most often selected as the nurse you would most like to take care of you. Albert et al. findings indicated the median scores for white uniforms (white fitted top and pressed pant set, and white scrub pant set) to be 34 and 33, respectively. The median MNIS scores for small print top with white pant or small-print top with solid colored pant were lowest. Both Skorupski et al. and Albert et al. further examined the sample by generation. Skorupski found the Generation, Y, X, and Baby Boomers prefer nurses who care for them to wear prints over white, while the Seniors (58+ years old) preferred the white uniform. When comparing age groups, Albert et al results showed the median MNIS scores for white tunic top and pressed pant were higher in the two oldest adult groups as compared to the younger adult group (45–69 and 70–100 vs. 18–44 years; $p < .001$).

Two studies conducted in the same facility (Windel, Halbert, Dumont, Tagnesi et al., 2008 and Dumont & Tagnesi, 2011) surveyed patients about preferences. The sample of 950 patients ($n = 430$, 1st study and $n = 503$, 2nd study) indicated on a scale of 1 (strongly disagree) to 10 (strongly agree) that most patients preferred to see nurses wearing different colors of scrub uniforms ($M = 6.6$, $SD = 3.4$) as compared to white scrub uniforms ($M = 3.7$, $SD = 3.4$). The ability to identify nurses increased from a mean of 5.6 ($SD = 3.1$) in the initial study to a mean of 7.9 ($SD = 2.7$, $p < .001$) in the second study by adding a large-print “RN” name badge, but there remained a portion of the participants who indicated they were unable to identify the nurse.

Image

The recognizability of a uniform is not the only factor in the identity and image of a RN. Apker, Propp, Ford, and Hofmeister (2006) explored how nurses communicate professionalism with other members of the health care team. Interviews, focus groups, observations, and qualitative analysis involving a total of 50 participants were used to reveal four communicative skill sets exemplified by nursing professionals. These skill sets included: collaboration, credibility, compassion, and coordination. Participants included: staff nurses, clinical nurse specialists, physicians, patient care assistants, unit clerks, and unit coordinators. The researchers found that a wide and complex set of team communication skills are an expectation for professional nurses. However, role identity becomes an issue when other expectations contradict this concept.

Many variations exist, both in law and practice, in how different professions are identified in different states. Powell (2002) explains how most states do not have specific

identification requirements in their statutes for nursing. Some states are moving to require all licensed nurses to be identified by a name badge disclosing their name and credentials, as they appear on the individual's license. The purpose of this is to keep the public fully informed of who and the qualifications of the personnel caring for them.

XI. REFERENCES:

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XII. DISTRIBUTION:

Patient Care Manual

XIII. APPROVED BY:

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ATTACHMENT A

Table of Clinical Staff with Direct Patient Contact:

Approved Professional Attire

Clinical Staff with Direct Patient Contact	Tops	Pants/Skirts	Under Layer	Outerwear
<ul style="list-style-type: none"> Registered Nurses Patient Care Coordinators Patient Care Managers 	Navy with approved logo	Navy	White or Navy	Navy with approved log
Directors <i>(Business attire optional)</i>	Navy with approved logo	Navy	White or Navy	White with approved logo
<ul style="list-style-type: none"> Nursing Supervisors Clinical Resource Specialists Wound Ostomy Care Nurses PICC Team Registered Nurses 	Navy with approved logo	Navy	White or Navy	White with approved logo
Licensed Practical Nurses	Solid color <i>except for</i> navy, royal blue, burgundy, or Caribbean blue	Solid color <i>except for</i> navy, royal blue, burgundy, or Caribbean blue	Solid color <i>except for</i> navy, royal blue, burgundy, or Caribbean blue	Solid color <i>except for</i> navy, royal blue, burgundy, or Caribbean blue
<ul style="list-style-type: none"> Technical Partners Professional Student Nurse Aides Nurse Aides Certified Nurse Aides 	Royal blue	Royal blue	Optional, solid color discretion of employee	Royal blue
Administrative Partners	Black	Black	White or Black	Black
<ul style="list-style-type: none"> Patient Observation Attendants Professional Student Patient Observation Attendants 	Burgundy	Dark or khaki color	White	Burgundy
Patient Transporters	Caribbean blue	Khaki	White	Caribbean blue