

Dressing for Success

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DRESSING FOR SUCCESS

BY BEATRICE J. KALISCH AND PHILIP A. KALISCH

Changing practice, changing fashion, and now a changing image affect what nurses wear.

Dressing for comfort and practicality has always been a priority but the "marketing message" or image conveyed through fashion is equally important: An observer often gets his first impression of a person's character, position, and status from that person's appearance.

The dissatisfaction of many nurses with available uniform options was echoed by television actress Christopher Norris (Nurse Gloria Brancusi of "Trapper John, MD"), who recently joined with the Crest Uniform Company to introduce a new line of designer nurse clothing under the slogan: "The look says fashion, the image says professional." The campaign highlights a problem that has emerged over the past few years—how nurses should dress for effectiveness on the job.

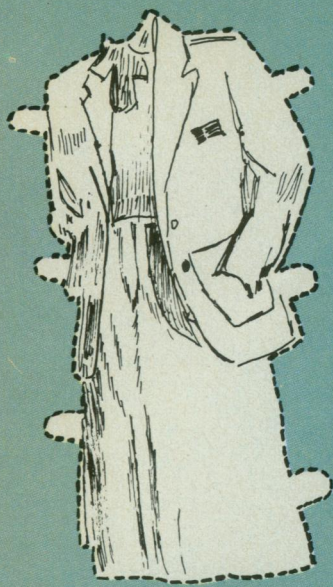
THE MEANING OF CLOTHING

Clothing is a form of nonverbal communication that stimulates judgmental or behavioral responses in others (1-3). Our clothing makes it possible for a stranger to categorize us—at least tentatively—and set the stage for fur-

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PETER FIORE



ther interaction. Therefore, it is important to understand the meanings that are conveyed through clothing so that we know how to project an image of professionalism and authority.

How a person dresses has been found to influence the behavior of others. In a comparison of women wearing "feminine" attire and women dressed in "masculine" attire, the feminine group was found to be helped more, especially by men(4). Similarly, in another experiment, middle-class working men were more willing to talk about themselves to a market researcher wearing a tie than to one without a tie(5).

Many occupations are identified with specific types of clothing. The police officer wears a blue uniform, the physician a white lab coat, the priest a black suit with a clerical collar, and business people conservative suits with polished shoes. The uniform is a means of immediate identification. The observer automatically expects the uniformed person to act according to a specific role(6). The uniform not only helps to predict the wearer's behavior, it also influences the wearer's self-concept and the ease with which he plays the assigned role.

Those who wear uniforms are issued a common identity, separating them from others. But uniforms send out a dual message: They are symbols of authority and power and, at the same time, a sign of reduced individuality—the wearer must act according to the expectations and limitations defined for the group(7).

HOW UNIFORMS HAVE CHANGED

The adoption by the then-new nursing profession of a definite uniform in the mid-1870s was not surprising, given that trained nurses came out of institutional structures with strong military and religious origins that valued uniforms. The early Victorian image of the "untrained" nurse as promiscuous, slovenly and dishonest (Dickens's Sairy Gamp and Betsy Prig in *Martin Chuzzlewit*) was soon replaced by the image of the clean, neatly uniformed Nightingale nurse.

This change in image was crucial to the public's acceptance of the hospital as an appropriate caregiving institution. Middle-class people were more inclined to enter the hospital if they thought they would be nursed by a paragon of virtue, not by some lowly kitchen maid thrown out of domestic service for dishonesty. A change in the "packaging" of the nurse was instrumental in this image change.

The outward appearance of nurses through the last century frequently reflected inner attitudes about their role in health care. The following section briefly describes the seven predominant styles of nurses' clothing from the beginning of professional nursing in the United States to the present.

The Edwardian-romantic nurse (1873-1909) generally wore a shirt-waist and skirt of white material, adjustable white cuffs, a stiff white collar, white cap, and sometimes a cape of blue or red. To achieve the desired "hourglass" silhouette, a tightly laced, boned corset was essential.

The cap and nursing badge, or "pin" as it later came to be known, rounded out the proper attire for the well-dressed nurse. The nurse's cap was designed to cover the long hair fashionable during the late nineteenth century. In the 1880s, most caps were made of lace-trimmed organdy; they were large, almost circular, and intended to be worn directly on the top of the head. The 1890s' caps tended to be smaller, more elongated, and worn further back on the nurse's head.

The first US Nightingale School of Nursing, at New York's Bellevue Hospital, created the first school badge for the class of 1880. A crane in the center of the badge signified the nurse's vigilance, an inner circular field of blue,

constancy, and an outer circle of poppy capsules symbolized mercy and the relief of suffering. The pin was a source of considerable pride for the wearer.

Uniforms enforced social distinctions both in the hospital and in the home. A proper uniform ensured that a trained nurse would not be mistaken for a domestic. The early nurses' uniforms, however, were neither practical nor hygienic; the emphasis—creating an image of the "lady nurse"—precluded efficiency. While the Edwardian style fostered an impressively romantic portrait of a woman in white, a nurse taking care of a patient with an infection could not be on duty more than half an hour without getting her sleeves contaminated. Yet, a nurse who rolled her sleeves up was severely criticized for being "unladylike" and looking like a scrubwoman. In 1890, *Trained Nurse* went so far as to suggest that it might be wise for nurses to "give up high-heeled shoes and tight corsets"(8).

Despite its practical limitations, however, the prototypical nurse's uniform did convey considerable authority and was greatly admired by the public. In 1905, Oldfield wrote: "The adoption of a pretty and distinctive uniform, worn in public, was the real starting point of the modern professional nurse..."(9).

The 'new woman' nurse (1910-1919) wore a softer, more functional uniform. By 1910 women had begun challenging male supremacy on several fronts; suffrage was a major movement and more women were working for a living and earning a measure of economic independence. A growing number of these employed women were nurses.

As the straitlaced Victorian morality of the first decade of the century gradually gave way to a more relaxed approach to life, so did nurses' uniforms. The boned corset was abandoned about 1912; the silhouette became straighter, softer, and more relaxed.

Taking its cue from women's fashion, the nurse's uniform became shorter and narrower. Hemlines were above the ankle for the first time and rose to six to eight inches from the floor in 1918. Waistlines were belted, often a little higher than the natural waistline. Bodices were usually full rather than closely fitted. The navy blue nurse's cape, often lined in red, was common.

Frills and laces disappeared in a deliberate move away from overly feminine clothing. Most nurses now bought their uniforms from uniform shops or directly from several manufacturers who advertised extensively in the *Trained Nurse* and the *American Journal of Nursing* and sent out catalogs to private-duty nurses.

The Jazz Age nurse (1920-1929) wore a straight, simple uniform with a lowered neckline, a dropped waistline at the hip, and a hemline a few inches below the knee. Although the style remained essentially the same during this decade, hemlines rose and fell from year to year, with the shortest skirts from late 1925 through 1927.

Nurses' caps shrank and began to serve solely as decoration and for school identification. Nurses who bobbed their hair, wore short skirts, and used traces of cosmetics occasioned vehement protest in several hospitals.

The conservative nurse (1930-1945), in reaction to the nearly knee-high styles of the twenties, wore hemlines down almost to the ankles and then at about 10 or 12 inches above ground during the first years of the

1930s. Gradually, the hems rose until, in the early 1940s, they stood at 15 to 17 inches off the floor. Shoulders were natural and sloping in the Depression Years but, from about 1940 to 1945 sleeves became fuller at the shoulder, puffed or tailored to emphasize the shoulders. There was a trend toward short sleeves. An article in the *Trained Nurse and Hospital Review* of March 1941 boasted:

"The streamlined, tailored nurse's uniform of today is the smartest garb devised for nurse wear since professional nursing was established in this country. It is a combination of style, comfort, convenience and consideration of hygienic principles. . . . No longer are nurses apprehensive that the wearing of the uniform, especially outside of hospital walls on professional duty, will result in a lessening of professional dignity. On the contrary it enhances that dignity"(10).

The 'new look' nurse (1946-1959) wore a uniform that, like fashion in general, represented a subconscious desire to return to the safety of the Victorian era, when women were sheltered, life was simple, and sex roles were clear-

cut. Skirts went down almost to the ankles. Bodices were well fitted and usually belted. The proper foundation garments to create an indented waistline were crucial.

The cap was always worn. In 1955, *Nursing Outlook* editorialized:

"Although it no longer serves any practical purpose, the cap does help to distinguish the nursing personnel from other hospital workers. And it isn't very likely that nurses would look favorably on any suggestion to discontinue the use of the cap."

The editorial went on to comment on the changing perception of the intent and importance of the nurse's attire: "Our requisites for a uniform are those of any other clothing we wear—good looks, suitability, simplicity, comfort, and economy. We . . . agree that the nurse should wear a uniform which pleases her, her patients, and the public. It should never be regarded as a cloak of authority, a determinant of status; nor should it be a barrier to the relationships between the nurse and the people she cares for or works with"(11).

The mini-mod era nurses (1960-

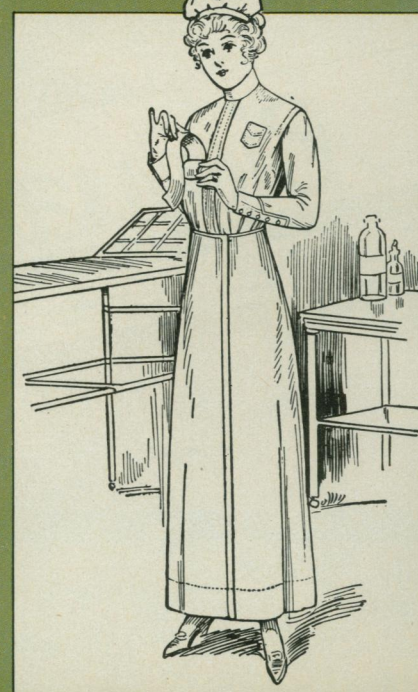


ALL STYLES
of
Nurses' Attire
ARE SHOWN IN OUR
NEW BOOKLET

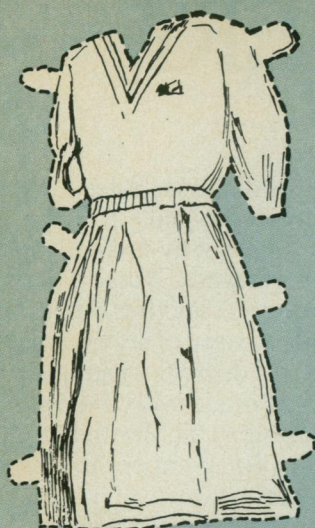
It contains pictures showing just how they look.
It gives the price of each article.
It shows the colors and materials they are made in.

This BOOKLET sent free to
Nurses who ask for it.

1873-1909



1910-1919



1973) wore colorful, varied, and individualized uniforms that echoed modern fashions. Hemlines crept steadily upward until they reached an all-time high about 1967. In 1969 there was a countertrend toward longer skirts: the midskirt or calf-length hem. Pantsuits became popular: By the end of the 1960s they were acceptable for business and professional wear. They were particularly welcomed by nurses since they were easy to move in.

The 'do-your-own thing' nurse

(1974-present). By the mid-1970s, the traditional nurse's uniform had become increasingly ineffective as professional clothing. Its acceptance by the public and the prestige once associated with it had declined steadily, paralleling the decline in prestige of both military and religious uniforms as well as the growing emphasis on "power" dressing in other professional groups.

The nursing uniform had also lost its historic function of identification since many nonprofessional workers were dressing in similar styles; the public could no longer rely on such attire to identify the professional nurse. The greater numbers of men becoming nurses made emphasis on the traditional uniform and cap inappropriate.

Furthermore, as nurses assumed wider and more diverse clinical roles and management positions in health care, the traditional uniform was no longer a reliable indicator of role expectations. It is much easier to define "proper" attire for a group whose role definitions are unambiguous, as was once the case for nursing. Today the traditional nursing uniform "does not promote an image of an autonomous per-

son"(12). Hughes and Proulx note that nurses "are abysmally naked in their display of authority apparel"(13).

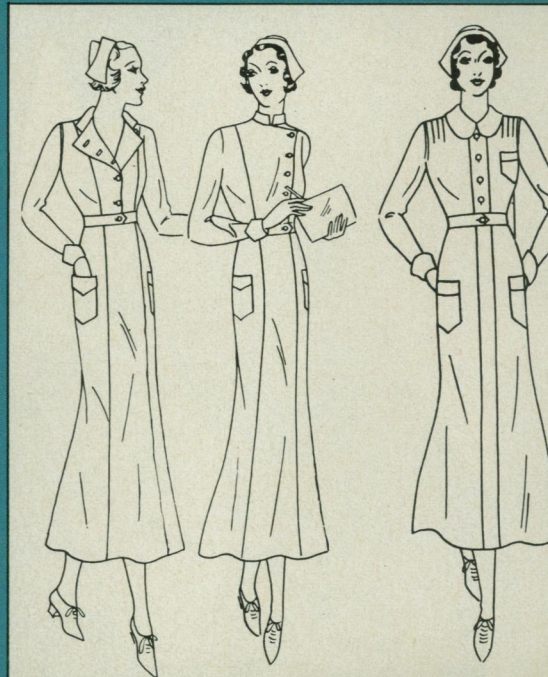
The customs that have yielded the traditional image of the nurse are not easily changed, but a change in nurses' clothing could help foster recognition of new nursing roles in health care. The decline of the traditional uniform in itself is really not a problem; in fact, it creates an opportunity to shed some of the long-standing stereotypes about nursing that are associated with dress. But in the process, many nurses seem to have lost sight of the fact that their appearance is still a critical element in professional effectiveness.

The garments and style of dress available cover a wide spectrum. We have identified five distinct types of nurses' uniforms prevalent today.

Traditional dress. These nurses wear the full dress uniform with cap, white stockings and laced shoes, school pin, and name tag with their full name, RN, and position title. They avoid jewelry, makeup, fingernail polish, and long hair. Men wear white pants, shirt that hangs over the belt, white shoes and socks, but no cap. In general, these



1920-1929



1930-1945

nurses convey the message that they are clean, well controlled, efficient, moral, and competent, but not particularly powerful, imaginative, important, or authoritative.

Cute little girl. These nurses wear dresses and blouses with puffed sleeves, bibs that cross in the back, jumpers, frilly ruffled blouses, and shoes with colorful patterns on the shoelaces and trim to match, or "Mary Jane" shoes with a strap across the top. The cap is more often absent than present and hose color is usually neutral. Name tags typically contain just the first name, often followed by RN or preceded with "Hi, I'm—." These nurses tend to wear little-girl hairstyles, use a moderate amount of makeup, and small items of jewelry. They are clean and neat. They seem to be saying that they are nice, conscientious "helpers" with limited competence and little, if any, authority.

'I don't care' nurses wear a wide variety of clothing from odds and ends of uniforms to jeans and sneakers. They do not wear caps or makeup. Their hair is long and stringy, or short and uncombed. Name tags are a hit-or-miss

proposition. Intending to be seen as "down home," these nurses also—*without* meaning to—can seem inattentive and unconcerned.

Sexy dress. Nurses who wear revealing, tight clothing, large jewelry, and heavy makeup convey a sexually provocative message—that their primary interests are themselves and potential sex partners rather than their work.

Career dress. There are many variations of this type of dress but classic designs prevail. These nurses wear simple clothing characterized by neatness and quality. They may wear white suit jackets or lab coats over white tailored skirts and blouses, or pants and shirts, all of washable but good-quality material, and low-heeled shoes. Men wear ties when appropriate. Name tags contain full names or first initials and last names, with degree, title and position. Women wear moderate makeup and small pieces of jewelry. Hairstyles are simple and neat. The message conveyed by these nurses is that they are competent, autonomous, rational, influential, committed and authoritative.

Nurses in the coming years need to persuade the public (as well as other

nurses) that how things are is not how they ought to be and that the place traditionally provided for nurses is much less than nurses deserve. The past 10 years have seen a substantial change in the balance of supply and demand in health care, compelling nurses (and all health care providers) to market themselves and their services competitively—which means promoting an "image" that is true to the nature of nursing yet flexible enough to adapt to ever-changing market forces.

Endorsement of the traditional full uniform as a cluster of symbols to represent nursing to the public is no longer viable. (The only symbol that has held to some degree since the 1880s is the school pin.) At the same time, the confusion that reigns within the vacuum surrounding nurse clothing of the mid-1980s is a marketing nightmare. It is virtually impossible to differentiate RNs in the crowd of hospital workers.

For better or worse, clothing communicates. Now, as before, it is important that nurses dress for success.

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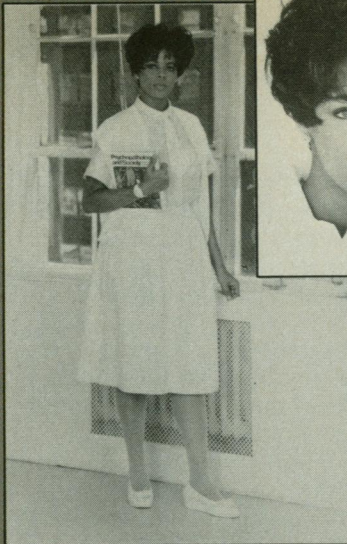


1946-1959

APPEARANCES DO COUNT



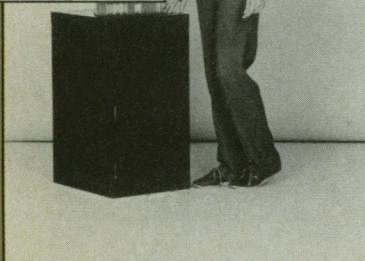
Before



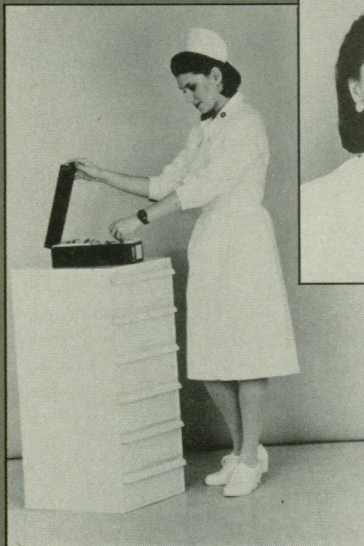
After



Andrea's long hair and heavy jewelry sent the wrong message—with a short, neat haircut, understated makeup and jewelry, and a change in uniform, her appearance reflects her professionalism.



Before



After



Flattering makeup and hairdo give Joan a more poised, lively look; a tailored uniform enhances her authority.

FASHION FEEDBACK

In 1984 *AJN* asked nurses to speak out on uniforms. Questionnaires were mailed to 1,000 nurses: 339 responded. Questions covered subjects ranging from the preferred fabric for a uniform to attitudes toward dress codes and changes in uniform fashions.

The majority (66.9%) of the respondents work in hospital settings; 21 percent work in nursing homes and 17 percent in clinics, community health facilities, or colleges. The remaining 22 percent listed "other" work settings.

The nurses replying indicated a swing back to dress codes: four of 10 nurses said they work in a place that is switching *back* to a dress code requiring uniforms. When asked whether their agencies were switching to *nontraditional* apparel, fully three quarters gave a thundering No! Of the remaining one quarter, half are now choosing scrubs, indicating they probably work in an ICU, neonatal, OB or surgical setting. Only 10 percent

of our respondents said they are switching from uniforms to other, non-scrub apparel.

Almost all the respondents buy their own uniforms (9.5% reported that their institutions pay for uniforms) and a large majority (82.3%) said that wearing a uniform is required at their place of work.

It's not surprising that uniforms spark interest—to put it mildly—among nurses, given that survey respondents reported owning, on average, from five to eight uniforms. Specialty stores are the preferred suppliers (by 78.2%). When asked to rank quality, price and fashion in order of importance, the majority of respondents gave quality the number one slot, with price a close second and fashion finishing third.

Over half said they cannot wear colored uniforms where they work; 42 percent can. An overwhelming majority said they preferred white anyway.

The nurses gave polyester/cotton their

vote as the first choice in fabrics; 100-percent cotton was second, with 100-percent polyester a distant third.

Below, ranked in order of preference are the styles favored by our respondents:

WHAT KIND OF UNIFORM DO YOU BUY?

(N-316)

Dress	66.8%
Pantsuit	53.8%
Separates	40.2%
Lab Coat	29.4%
Culottes	7.9%
Jumpsuit	7.3%
Coverall	2.5%

How do their choices compare with your own experiences/opinions? Please let us know.