Tunic, badge and belt with silver buckle: should aesthetic nurses wear a uniform?

Abstract

In July, the Royal College of Nursing (2013) published guidance on uniforms and work wear, which clearly stated that when uniform is 'not deemed appropriate, clothing should still meet certain essential requirements'. The rationale for a uniform reflects the need to uphold nurses' professional image, so why are aesthetic nurses who are trying to assert authority choosing not to take part in this? This article shares the thoughts of an aesthetic nurse on the need for uniforms in clinics and what her research has taught her about perceptions of this among her colleagues.

Key words

▶ Uniform ▶ Policy ▶ Nursing ▶ Hygiene

istorically, the wearing of uniform for hygiene and identification purposes was a simple matter for nurses: they were supplied and laundered daily, and the code on wearing uniform was uncompromising. Different colours, belts, hats and lapels denoted hospital, rank and specialty. One of the most respected professions across the globe, the image of a nurse wearing a uniform and name badge is instantly recognisable. Uniforms serve the critical purpose of creating and upholding the image that people form about those serving in any profession: an army or police uniform gives the impression of control and authority, a nurse's uniform one of confidence, care and cleanliness. Having said all that, the image of a woman in a dress with a starched apron and cap no longer dominates the national stereotype.

Nursing uniforms have undergone tremendous change over the past few years, to the extent that in some areas of practice the wearing of uniform has been abandoned, as it is thought to be a barrier to effective nursing. This is, however, only in certain, clearly defined settings such as mental health and learning disability, and non-clinical roles.



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At the other extreme, there has been a call to reinstate uncompromising uniform policy. In Wales, a National Uniform Policy has been 'developed to encompass the principles of inspiring confidence, preventing infection and for the control and safety of the workforce, while also projecting a professional image' (Hywel DDA Health Board, 2010). Scotland also has a national uniform.

My question is: 'When nurses in non-surgical medical cosmetics are trying to assert professional authority in the field, why are more of them not wearing the uniform and name badge they worked so hard for?' No wonder the public is not aware that the person injecting them should be a nurse, or medically qualified.

How many times have patients said, 'So you used to be a nurse', 'Oh, so you are actually a nurse' or 'I chose to come to you because you are a nurse'? Don't get me wrong; I didn't use to wear a uniform until a couple of years ago when I went on a training course. One of the other trainees was a nurse who looked, what I thought at the time, to be rather twee, in her tunic, badge and belt with silver buckle. She made a comment on which I reflected. She said she always wore her uniform as she had worked so hard to gain the right to do so.

I decided to do a little research. Just about everyone I asked said they thought that wearing a uniform would make them feel better if they came to see me for treatments, that they would find the uniform reassuring, even though they knew that, if they thought about it, the uniform didn't actually add to my skill. Even though some said they wouldn't mind either way, they conceded that the uniform would be a nice touch.

I started to wear a uniform. I adopted a style to suit my brand, a tunic with black leggings and boots in winter, long shorts and shoes in summer. I have white scrub tops for hotter days and more invasive treatments such as dermal rolling. I wear a name badge, a Royal College of Nursing (RCN) badge, and sometimes a black petersham belt fastened with my old silver buckle.

This ensemble looks professional; it is both practical and stylish. With so many therapists wearing nursestyle tunic tops, I try to ensure that the ones I wear look more nursing than beauty, and I have been considering the royal and navy blues worn by the district nurses, to strengthen my professional identity.

One of my patients recently said how professional she had found me to be. She commented on my uniform,

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'not like that other woman who turned up in her Ugg boots', she said.

The wearing of uniform is not necessarily an infection control issue, as it is often mistaken to be. Bacteria are present on any clothing, reflecting the bacterial flora of the wearer and environment. There is no evidence linking transmission of such bacteria to patients (Wilson et al, 2007). The critical intervention in infection control is adequate hand hygiene, for which uniforms and workwear should allow.

In July this year, the RCN (2013) published guidance on uniforms and work wear, which clearly states that when uniform is 'not deemed appropriate ... clothing should still meet certain essential requirements'.

Underpinned by legislation and guidance governing health care environments (Health and Social Care Act, 2008; Health and Safety at Work Act, 1974; Department of Health, 2010), the RCN (2013) guidance states that a uniform must be 'smart, safe and practical', fabric must be durable and able to withstand thermal disinfection through laundering (at least 60°C and tumble drying). Hands, wrists and lower arms should be bare and free from jewelry (a plain wedding band is considered acceptable). Footwear should be comfortable, with enclosed toes and non-slip soles. The guidance also covers 'Organizational and Personal and Professional Standards', highlighting that nurses should not wear uniform outside of the workplace, nor in commercial premises and that hair should be worn 'neatly, in a style that does not require frequent re-adjustment' (RCN, 2013:9).

Guidance is also given on the appropriate use and disposal of protective clothing and, helpfully, the document includes 'Suggested content for uniform and workwear policy', with useful points for consideration (RCN, 2013:10).

The rationale for a uniform reflects the need to uphold the professional image and confidence in nurses, yet, almost as though trying to get away from their professional identity, some nurses in non-surgical medical cos-



On hot days and when providing more invasive treatments such as dermal rolling, the author wears white scrub tops

metics adopt random titles and discard their uniform. I would highly recommend a title that includes the word 'nurse' and a uniform to all of those who have not taken to wearing one; you may be surprised how it will be a benefit to you. And don't forget, nurses can claim tax relief in resect of laundry costs where they have to pay for laundering their uniform (RCN, 2013:11).

References

Department of Health (2010) *Uniforms and Workwear: Guidance on Uniform and Workwear Policies for NHS Employers*. http://tinyurl.com/njvuz87 (Accessed 27 August 2013)

Health and Safety Executive (2013) Personal Protective Equipment at Work. A Brief Guide. http://tinyurl.com/27u6vca (Accessed 27 August 2013)

Hywel DDA Local Health Board (2010) Uniform Policy and Dress Code for Nurses, Midwives & Specialist Community Public Health Nurses. http://tinyurl.com/q83lr7c (Accessed 27 August 2013)

Royal College of Nursing (2013) *Guidance on Uniforms and Work Wear*. http://tinyurl.com/3uq6r4 (Accessed 27 August 2013)

Wilson J, Loveday P, Pratt R (2007) Uniform: an evidence review of the microbiological significance of uniforms and uniform policy in the prevention and control of healthcare-associated infections. Report to the Department of Health (England). *J Hosp Infect* **66**(4): 301–7