

PERCEPTIONS OF NURSES' UNIFORMS

By

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ABSTRACT

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The purpose of this study was to measure the public's perceptions of the professional nurse based on type of clothing worn by nurses who work in hospital or in-patient facilities. The study population was a convenience sample of 50 subjects drawn from the rural population of Sussex County.

Using a descriptive study design, data were collected using the Nurse Image Scale (Mangum et al.), a Likert-type scoring sheet for nine photographs which pictured nine different styles of dress and asked the respondents to rate the styles of dress against ten attributes of the professional nurse. Participants also provided demographic information and answered the following questions. The additional questions were: Which style of dress does the public prefer? Which style of dress makes best first impression? Which style of dress makes it easy to identify the nurse among other healthcare workers? Data were

tabulated using frequencies, means, and t-tests.

Photo seven, depicting a nurse dressed in the traditional uniform of white dress, stockings, shoes and cap was the choice of respondents regardless of age, gender, or college experience. It was also chosen as the answer to the additional questions stated above. Due to the small sample size, generalizability is not possible.

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CHAPTER I

INTRODUCTION

I came out, Ma'am, prepared to submit to everything, to be put on in every way. But there are some things, Ma'am, one can't submit to. There is the Caps, Ma'am, that suits one face and some that suits another. And if I'd known, Ma'am, about the caps, great as was my desire to come out to nurse at Scutari, I wouldn't have come, Ma'am. (Woodham-Smith, 1951, p. 119).

The above quote comes from a letter written by one of Florence Nightingale's first nurses and it would seem that there was resistance to the required uniform even as the nursing profession began. One wonders what became of the letter writer who so strongly objected to wearing a cap. Did she succumb to group identity or did she leave the fledgling profession? It is agreed that the practice of professional nursing began with Miss Nightingale and group identity of this professional status must surely have been important. Until Miss Nightingale and her success in the Crimea, nursing was the duty of religious orders or was performed by women of low repute.

Prior to Miss Nightingale's sweeping reform, the secular nurse was a caricature immortalized by Dickens (Martin Chuzzlewit, 1844) in his infamous character of Sairy Gamp--drunk, slovenly, and ignorant. How would it be possible to distinguish the emergent "professional nurse" from her unkempt and uneducated predecessors? Muff (1982) claims that "because of this negative perception of professional nurses, uniforms were developed for nurses to convey an image of respectability, cleanliness and servitude" (p.397). Kalisch & Kalisch (1985) note that "the Edwardian nurse (1873-1909) was reluctant to even roll up her sleeves while caring for patients less she be mistaken for the 'charwoman' instead of the nurse" (p.888). From these beginnings, nursing's professional image became inextricably bound to the "white dress, cap, and badge (as the school pin is known today)" and up until the present time, the media helped to romanticize such an image. In 1968, Kay, a registered nurse, wrote a book for the juvenile reader explaining the nursing profession. The view reflected was that the nurse did not wear "the white starched uniform and cap" if employed outside the hospital.

The social reform movement of the late sixties and early seventies propelled change in the nursing uniform as well. Designer scrubs, a term used to indicate colorful

designs and vibrant colors, were worn with sneakers or athletic support shoes. Nurses made the change in the interest of comfort. At this time of great social change, old rules which were perceived to have little relevance to the present time were abandoned. Women no longer wore hats and gloves and time cherished ceremonies of lunches and teas all but disappeared. Nurses took this opportunity to choose comfort, both in the wearing and caring for uniforms, rather than any sentient feeling for traditional dress. Muff (1982) relates that both those in and out of the nursing profession equate the term "professional nurse" not with education, attributes, or values, but with this same image of "white dress, cap, and badge." Is this as true in 1997 as it was in 1982? Studies conducted from 1988 to 1994 suggest that the public still prefers and equates the image of the professional nurse with the "white dress, cap, and badge" (Muff, 1982).

Purpose

The purpose of this study was to determine differences in perceptions of what constitutes professional dress for hospital based nurses as perceived by the public. With so much discrepancy between what is actually worn and perceived as professional dress by the nurse, and the public preference and perception of professional dress

for the nurse, there is a need for research to clarify the issue. At a conference nearly ten years ago, Kalisch and Kalisch commented that they could ask ten nurses from the audience to wear what they wore to work and given an audience of non-nurses, not one of the audience would know what profession was practiced by the ten selected (Personal Communication, 1987). Tiffany (1987) argues that in the opinion of the client, new flexible dress codes have not improved the professional dress image of the nurse. Is the current nursing image truly at odds with the public's perception of the image of the professional nurse? Only research with similiar conclusions can validate that premise.

Research Questions

Research questions for this study were: (1) Which style of dress does the public believe best personifies a more positive image of the nurse? (2) Are there differences in style of dress preferred based on age of the respondents? (3) What other variables influence style of dress preferred (such as gender and education)? (4) What style of dress does the public prefer its nurse to wear? (5) What style of dress makes the best first impression? (6) Which style of dress helps the public to identify the nurse from other healthcare workers?

Summary

This chapter has presented a brief overview of the nursing uniform. The topic of social reform and its impact on nursing dress has also been discussed. The purpose of this study has been stated and research questions formulated. Chapter Two will present a literature review on the subject of nursing attire.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Literature addressing the topic of the nurse's uniform can be divided into eight general categories and encompasses the years 1979 through 1996 inclusive. This literature can be divided into sections. The first section deals with nurses and their reactions to dress codes. The second section discusses what nurses feel a uniform represents. The third section concerns uniforms as a type of clothing contrasted to modern thought about same. The fourth section deals with role ambiguity and role confusion. The fifth section reflects research on the public expectations of what the nurse should look like. The sixth section features research done on the public's perceptions of nursing attire. The seventh section discusses the nursing cap--the case for and the case against. The eighth section is a critique of the literature presented.

Nurses and the Dress Code

The 1979 study by Hughes and Proulx is considered the hallmark study for this research and begins the research on the topic of nursing uniforms. The authors stated that "traditionally, dress has been one way of identifying

and clarifying occupational roles" (p.113). Their study was an informal survey undertaken in a 240-bed hospital in a mid-Atlantic state. The sample size was sixty-eight registered nurses who answered a number of queries relating to the study question: what does the nursing staff think about its dress code? Nurses were asked about the nurse's cap and its meaning to the patient. Another question concerned the wearing of lab coats by nursing staff from the patients' standpoint and the nurses' own behavioral expectations while donning said garment. The study also elicited reasons for departure from traditional dress.

The authors state that uniforms constitute non-verbal communication and "convey not only the identity but also the functions of the wearer" (p.113). In place of the traditional doctor/nurse dyad in the hospital setting, one now encounters psychologists, social workers, and dieticians as part of the health care team. Any member of the health care team may wear the white lab coat, once the province of only medical doctors or the white uniform, once the province of only nurses. Stethoscopes and clipboards are symbols of power. Who is who? Such confusion leaves clients "bewildered, angry, and anxious" (p.114). In the study done by Hughes and Proulx (1979), a client, assigned to a nurse dressed in street clothes and a lab coat, became very

upset and declared that "she was paying a lot of money and expected a real nurse, not someone from social service" (p.114). The Hughes and Proulx (1979) survey results indicated that the cap was of little significance to the nurses surveyed; lab coats do not make a nurse any more or less a nurse; and comfort and convenience were primary factors for abandoning the traditional uniform. The authors concluded there was a need for a uniform and that each institution should set policy based on the function of each respective unit. They suggest that scrubs are appropriate for the Intensive Care Unit, but not for general patient areas. They relate that this suggestion, more simply stated, would be the "professional image must be maintained as part of the public relations program" (p.118).

Chenevert, a nationally recognized nursing leader, echoed this idea in her presentation to the Delaware Nurses' Association in 1993. She stated that a large, midwestern hospital had a most effective marketing tool--the nurses wore white uniforms, caps, and blue capes. (Personal communication, 1993).

Hughes and Proulx (1979) indicated a need for a uniform and stated that each institution should set the policy for same. Cox (1981) delineates the process used by her institution to resolve the problem of dress. Through

committee work and viewing theatricals, decisions regarding dress were made to the satisfaction of all concerned. Eleven traits (which included clean and tidy uniforms, identifying attire (caps preferred), neatly groomed hair, professional attitude attire, proper identification, additional garments match attire, minimal jewelry, clear, concise communication, neatly groomed fingernails, soft make-up, good personal and oral hygiene) were selected to form the guidelines for the dress code. It is interesting to note that this eleven guideline description very nearly matches the dress code written by Kalisch and Kalisch (1985) for what the Kalischs termed the "career dresser"--the only point of dissonance was the cap. Enforcement was left to immediate supervisors who followed chain of command. This eliminated the inconsistency so confusing to clients and unified the group. A dress code that has evolved with direct staff input relieves the problems encountered by Campbell (1981). Campbell (1981) states that many nurses use their uniforms as authoritarian armor and that the person behind the uniform is what is important.

Hughes & Proulx (1979) further contend that the "recognition or identity factor is crucial to the patient's security in an unsettling and unfamiliar surrounding" (p.118). The Hughes and Proulx (1979) study has been

referred to or quoted by a number of sources consulted for this paper. Mangum, Garrison, Lind, Thackeray, and Wyatt (1991) in their article, "Perceptions of Nurses' Uniforms" credit Hughes and Proulx (1979) with identifying client confusion regarding the hospital personnel who care for them. Kalisch & Kalisch (1985) in their article quote Hughes and Proulx (1979) that nurses "are abysmally naked in their display of authority apparel" p.890). Muff (1982) in her book on women's issues in nursing also uses the above quote. It is interesting to note that in the article which prompted the idea for this thesis, Kucera and Nieswiadomy (1991) identify the Hughes and Proulx (1979) study as one of the few that elicits the public's preference regarding nursing attire.

Joseph and Alex (1972) state "that uniforms serve to identify the wearer's status, group membership, and legitimacy" (p. 77). Bickman (1974) did a study on the social power of the uniform by interviewing 153 adult pedestrians in the Flatbush section of Brooklyn. Using 3 men of similar build and height, the authors dressed them in the uniforms ranging from the least authoritarian (civilian) to the middle ground of a milkman to the most authoritarian (policeman) and studied the response to directives given by the men in 3 different "uniforms" to see if subjects would

obey the directives which the subjects did best for the most authoritative uniform. The implication for nursing is that the public generally consider the traditional uniform the most authoritative. A traditionally dressed nurse is perceived to have unquestioned authority because of the symbol represented by the traditional uniform.

What Nurses Believe the Uniform Represents

What nurses believe their uniform represents was a question asked by Halls, Martin, Nolan, and Taylor (1984) in a research survey done in England. Due to the small sample size of 50 participants, generalizability was not considered. The group interviewed 50 nurses randomly selected from student and graduate nurses and found that they were traditionalists. These traditionalists considered the uniform as a means of identification--while wearing the uniform, the nurse was reminded that a certain standard of skill and conduct was expected (p.54).

Halls, et al. (1984) found that nurses believed the cap completed the uniform, giving the nurse a professional appearance. A cap distinguished the nurse from a domestic or orderly and enabled the nurse to recognize others in the profession of nursing. It was, in effect, a status symbol. This view is consistent with Davis (1984) who writes that "it is presumed that the uniform is a symbol of authority

and therefore gives the wearer some type of social power" (p.329).

The Uniform vs. Modern Thought

In contrast to the findings of Kalisch and Kalisch (1985) who maintained that the traditional dress as defined at that time--white dress uniform with cap, white stockings and laced shoes, school pin, name tag with full name, R.N., and position title, no jewelry, hair up off the collar, little make-up or fingernail polish--conveyed the impression of one "who is clean, well controlled, efficient, moral, and competent, but not particularly powerful, imaginative, important, or authoritative" (p.893).

When this look is pared down to real clothes--simple, washable clothing that always looks fresh, low heeled shoes, name tags with degree and title, simple, neat hair and a small amount of make-up and jewelry, nurses become the "career dressers" as described by Kalisch and Kalisch (1985). They contend that this look is tailored, unfussy, and exudes confidence which translates into one who is perceived as "competent, autonomous, rational, influential, committed, and authoritarian" (p.893).

Chenevert (1993) mentioned that nurses in today's world must market themselves and their services. To do this, nurses must have a professional image. Clothing is a form

of communication and now, more than ever, nurses need to dress for success (Kalisch and Kalisch 1985).

Role Ambiguity and Role Confusion

Tiffany (1987) agrees with the Kalischs and suggested that clothing is a form of non-verbal communication stimulating judgmental responses in others. Citing the uniform's long and illustrious history, Tiffany (1987) decried the interpretation that the uniform had its origins in housemaids' finery. Tiffany (1987) stated that the uniform of the professional nurse, which evolved in the 1870's, was the result of training received in religious origins or military institutions where uniforms were valued. Changes from the traditional dress to designer scrubs has been more rampant in North America (Tiffany 1987). He stated that client reaction to designer scrubs has been negative and restates the Hughes and Proulx (1979) argument that nurses now look like any other health care worker and are thus indistinguishable from one another or other workers. This has led to "role-ambiguity" and "role confusion" among clients. Tiffany (1987) quotes the Hughes and Proulx (1979) survey on lab coats. Nurses who wore lab coats felt that they had more autonomy but also felt distant from client. Clients perceived this distancing and were reluctant to ask these nurses to perform bedside tasks such

as bringing them a glass of water (Hughes and Proulx, 1979). Tiffany (1987) did offer one novel idea. Commenting that much of what is available on the uniform market is inferior in terms of style and quality, he reasoned that this is because nurses have not demanded better. He also stated that is no reason to abandon the uniform. He closed by saying that if nurses wish to change their traditions, they need to ascertain which are worth changing and keep those of positive value. The uniform, he believed, was of positive value.

Public Expectations and the Traditional Nursing Uniform

Franzoi (1988) further advanced the negative case regarding non-traditional dress. Franzoi, a non-nurse, studied how choice of uniforms affects the public perceptions of a nurse's professional image. Subjects were shown pictures of women dressed in the traditional white dress uniform and cap; in the modern style of white pants, striped blouse and no cap; and in trendy "designer scrubs." Respondents were asked to guess the woman's occupation from the pictures. Results were that ninety-two percent correctly identified the nurse when wearing the traditional outfit; only fifteen percent correctly identified the nurse when wearing the "designer scrubs." On a Likert-type scale, the traditionally-dressed nurse was judged more neat, organized,

reliable, competent, and pleasant than her counterpart in modern dress. The nurse in "designer scrubs" received the lowest rating. Clients who stated a preference chose the traditional uniform by sixty percent; while the "designer scrubs" were disliked by seventy-two percent. When asked to comment, the respondents replied that the traditional dress made a nurse "look more professional" providing security to the patient, a theme echoed by Hughes and Proulx (1979). The "Modern Style dress" was discerned as having the effect of making the nurse look "like a waitress, rather than a real nurse." "Designer scrubs" received comments that ranged from "baggy pajamas" to "messy." Franzoi closes with:

A number of studies have found that people playing particular roles in society benefit from dressing in a manner consistent with cultural expectations and suffer socially when their dress deviates from these cultural norms. It appears that the traditional uniform best matches the public's expectations of how a nurse should look, while the scrub uniform deviates most sharply--hence the pronounced differences by the public in reacting to these uniform styles (Franzoi, p.1112).

Public Perceptions of Nursing Attire

Kucera and Nieswiadomy (1991) studied the public's

perceptions of nursing attire. The researchers showed photographs of the same woman dressed in four different uniform styles ranging from the traditional dress uniform to "designer scrubs" to shoppers in an urban mall and asked which style was the most professional and why. Most clients preferred the white uniform with cap for the female nurse working in the hospital setting. The adjectives respondents used to describe the traditionally dressed nurse were "caring, knowledgeable, and responsible." These nurses were not seen as "decision-maker" or "authoritative" echoing Kalisch & Kalisch (1985). This public preference for the traditional uniform may reflect persistent traditional views about nurses, were it not for the clients' responses that lab coats were better for teaching and counseling. Clients voiced the opinion that the nurse "would know what she was doing" if wearing the traditional uniform while rendering bedside care. The authors asked whether the solution to this was to reeducate the public or accede to tradition.

The study which provided the idea for this thesis was done by Mangum, Garrison, Lind, and Thackeray (1991). Expanding the idea of three or four photographs, Mangum et al. (1991) produced nine photographs of the same woman who wore different combinations of nursing attire. Care was taken to ensure the facial expressions and stance were

identical in each picture, a variable that was not mentioned in other studies. The sample consisted of one hundred clients, thirty nurses, and fifteen administrators who were shown the nine photographs in random order and asked to rate each picture on a Likert-type scale (5 highest to 1 lowest) on ten professional image traits compiled from a study of the literature. Clients rated the nurse in the white dress and cap significantly higher than her counterparts attired in assorted combinations of uniforms on all ten professional image traits of the nurse. Administrators, as well, chose this version of the professional nurse. The pants uniform with cap was the second choice of respondents indicating that clients still felt the cap was an necessary part of the uniform. Nurses ranked the "designer scrubs" significantly higher than client or administrator. Mangum et al (1991) suggest:

It would behoove nurses to listen to the patients' opinion and perception of the professional image since the nurse is judged primarily by what is worn and presented as professional at the bedside (p.130).

Research thus far has shown that almost all clients prefer the nurse in white dress, cap, and badge while nurses consider this type of dress a non-issue. Muff (1988) states "that there is more to the image of nursing than media

stereotypes" (p.48). Nurses who work in other areas of practice and not at the bedside have abandoned the uniform.

Leventon (1989) makes a strong case for the abolishment of uniforms for community health nurses. Service (1989) comments that nurses can't be viewed as professionals if they do not look or act the part. Service cites as an example nurses who attend professional conferences and seminars in less than tasteful business attire. The presenters always dress in suitable professional garb, why don't the nurses who attend? Service further states:

Can nurses be as competent in dirty shoes as well as clean ones? Of course. Can we make the best possible statement for nursing in dirty shoes? Not likely.

Polish that image. Dress for success (p.7).

The Nursing Hat (or Cap)

To conclude this discussion, the specific issue of caps should be addressed. Lee (1988) suggests that nursing hats are a tradition outside of logic and wonders why nurses continue to wear them. Lee (1988) surveyed 24 nurses about their view of caps; nine wore caps citing tradition; three of these spoke of the "image of nursing" an idea that has received much attention. One nurse who was beginning her nursing career spoke of the tradition and the importance of the hat; while another new to the profession, liked hats

"because they make the nurse feel that she fits the traditional image and model of a nurse" (p.59). Status was important to the nine respondents who chose hats. Hats were a means of identification which over half the nurses surveyed believed was a reason to wear hats. Three nurses, new to the profession, said that wearing hats improved their confidence and symbolized that the nurse was indeed a nurse; hats were interpreted to give the nurse a feeling of importance, significance, and self-confidence. Fourteen of the nurses surveyed thought that the wearing of hats had nothing to do with the quality of nursing care. Yet, Service (1989) writing in the above article made a case that professional image depended on the externals such as professional dress.

Lee (1989) explains that information in the literature on nursing caps is scant. She continues that old pictures show that the caps served the purpose of protecting a nurse's hair, today's hat is merely decorative. She closes by stating that caps are "something of a white elephant"--tolerated but not popular (p.61).

In an opinion article, Booth (1990) recounts the excitement of placing the cap on one's head as a new nurse, but goes on to state that he doesn't think there are too many hospitals left where caps are usually worn or required.

"There can't be many who haven't had their excuses for retaining them laughed out of court" (p.32). Booth (1990) wagers that there is an even larger number of hospitals where caps are not required but the nurses have clung to them anyway. He does not accept the reasoning the cap makes the nurse identifiable, stating that a Bozo-the-clown red nose would work equally as well.

It is interesting to note that for the 1996 graduation of the nursing students from the Georgetown campus of the Delaware Technical and Community College, the administration of the nursing department had decided on no more capping ceremonies. However, this class of students insisted on it. This became the last capping ceremony for the campus. (1996, May 22. The News-Journal, p. DE1). The graduate nurses felt that receiving their caps was an important transition from student to graduate nurse. Lois Studte, director of instruction, who was capped in 1961, stated that at the time of her capping, the cap represented commitment, something akin to taking the veil or surviving boot camp. Caps, she stated, no longer serve a purpose and are not relevant with males now entering nursing.

Critique of the Literature Presented

The research reviewed for this study can be said to promote a positive stance for the traditional uniform with

cap. Few authors seem to take a dissenting view. Research on this topic is not plentiful and what there is makes a case for the client's perceptions and not the nurse's comfort. What links this research is the common thread of the clients' preferences for the traditional uniform and nurses' abandonment of same. Limitations of the research studied for this project would include the small sample size of the studies done. Hughes and Proulx (1979), Lee (1988), Halls et al (1984). used registered nurses as their research subjects. The tone of the research would indicate all were women. None of the other studies give specifics as to gender, occupation, or even age. Another limitation of the research presented in this paper could be said to be the strong British influence. Seven out of twenty-two articles come from the British nursing press. It could be argued that the opinions presented are skewed due to the heavy traditionalism of England. Another limitation could be the type of questions asked of respondents. Nurses in this study were asked what they thought of their dress code or why so few continued to wear their caps? A truer picture could have been obtained if the questions were built around the theme of: Which uniform do you prefer (if you had to wear it)? Which uniform looks most like a nurse? Which uniform looks most professional? Which nurse would

you wish to care for you?

This theme continues with the lab coat question. Hughes and Proulx (1979) mentioned an incident in which a nurse wore a lab coat over street clothes to care for a patient. Would the results of this query have been altered if the nurse in question wore a uniform under the lab coat rather than street clothes?

In the study which provided the idea for this thesis, Mangum et al. (1991) prepared nine photographs of nurses wearing various uniforms. The nine photographs could be subtly biased in regards to choices. Six photographs showed the nurse in some form of whites. Two wore caps. One wore street clothes and lab coat. The fact that Franzoi is not a nurse could lend objectivity to her study. However, in having clients guess the occupation by dress flirts with the concept of stereotyping. Hamilton (1979) defines stereotyping as "when a perceiver makes inferences about a person because of that person's membership in some group. This definition seems to be a bit removed from Franzoi's objective. Clients do not consider nurses dressed in a non-traditional way as incompetent, but merely prefer a traditionally dressed nurse for the security and knowledge that such dress conveys. This is not stereotyping but cultural expectation.

It seems logical that one builds from a first impression to a perception which then becomes one's cultural expectation as one discovers that their personal perception matches that of others. Perhaps the first impression of a nurse is the popular heroine of the Cherry Ames series of books. The heroine is seen as "adjusting her cap on her head" as she rushes off to her nursing education at Spencer Hospital as those who read the book "Cherry Ames, Student Nurse" can attest. At an early age, one receives the impression that nurses wear uniforms and caps. The heroine is seen as always on time, competently carrying out all duties assigned, with plenty of time to solve mysteries and enjoy romance with eligible doctors. One can infer that nurses are confident and competent, and enjoy rewards. As experience increases, one sees the Cherry Ames books brought to life by real nurses. Actual nurses do indeed wear white dresses and caps in some settings and are confident and competent. Actual experience reinforces the first impression given. This reinforcement leads to a perception that nurses in white caps and dresses are competent and confident. This confidence and competence will help guide the patient through the unpleasantness of the doctor visit or hospital stay. This perception is reinforced by the experience of others who interact with us. The media (until recently)

confirms our perception and that of everyone else. Nurses wear white dresses and caps and are confident and competent. The culture now reflects this view. One occasionally hears horror stories of the nurse who is less than ideal. This woman is a pariah--a very rare occurrence. Can all this be construed as stereotyping? It is doubtful. Collective perception has led to what the culture knows and expects, in this case, what a nurse should look like and how she should act.

It is interesting to look at a microcosm of society by reading the funny papers. The goal of the comic strip is to create humor in four small panels so universally that everyone immediately gets the joke. Cartoonists use symbols and cultural expectations to quickly identify characters and make them immediately recognizable.

One strip called "JUMP START" was created by a young man who is now about fourteen. The heroine is a nurse and whenever she is on duty, she and her nursing colleagues are always portrayed in white dress and cap when working the hospital floor. Can this be considered a stereotype? Does the young author have a command of the nuances of stereotyping or is he merely relying on cultural expectation to represent his character?

1997, March 20. The News-Journal. p. D5 featured

not only "JUMP START" but "NON SEQUITUR" which had a cartoon depicting nurses in a hospital nursery, both wearing the white dress uniform and cap. The joke as in "JUMP START" was not about nursing, but portrayed nurses dressed traditionally as a cultural expectation--in other words, they were immediately recognizable. Cultural expectation is not an idea endorsed by the microcosm of nursing administrators in Sussex County, Delaware. Judy Schnell, Vice-President for Nursing for Milford Memorial Hospital stated that by liberating themselves from traditional dress, nurses became liberated from the old maidservant to the doctor miasma. She does not advocate a return to traditional dress but understands that clients can no longer determine who is the nurse. Her remedy is a name tag with bold letters indicating name and title; a solution already in effect at Nanticoke Hospital (personal communication, February 16, 1996). It is interesting to note that only two nurses wear their caps at Milford Memorial Hospital. One wears the traditional white dress (with a colorful sweater on occasion) and the other wears pants with a colorful scrub jacket for her work in the ER. Both will never desert their caps because of the accomplishment it took to be able to wear it (personal communication, October 5, 1993). Leona Tull, a nurse administrator at Nanticoke Hospital feels that

abandoning the traditional dress is not a loss of professionalism, but rather a loss of credibility. She does not advocate a return to traditional dress because it is "cumbersome, uncomfortable, and not practical with today's technology." She suggested that new nurses be educated on pride in their profession and create a better image for nurses to follow. She feels that every nurse is responsible for her own credibility (personal communication, February 16, 1996).

Summary

This chapter has presented a review of the literature consulted for this paper. The review of literature covered ideas divided into eight sections. Topics ranged from nurses and their reactions to dress codes, what nurses believe the uniform represents, the uniform and modern thought about same, role ambiguity and role confusion, the public's expectations and the traditional nursing uniform, the public's perceptions of nursing attire and the nursing cap. A critique of the literature reviewed for this paper was also presented.

CHAPTER III

METHODOLOGY

Introduction

This chapter presents the methodology used in this research project. The research questions are presented and the variables and other terms used in the research are defined. Study design, population, and data collection methods are discussed. The assumptions and limitations of this study are also presented.

Research Questions

This study posed six research questions:

- (1) Which style of dress does the public believe best personifies a more positive image of the nurse?
- (2) Are there differences in style of dress preferred based on age of the respondent?
- (3) What other variables influence the style of dress preferred, such as gender or education?
- (4) What style of dress does the public prefer its nurse to wear?
- (5) What style of dress makes the best first impression?
- (6) What style of dress helps the public to identify the nurse from other healthcare workers?

Study Design

A descriptive design was used since the main objective was accurate portrayal of the characteristics of persons, situations, or groups, and the frequency with which certain phenomena occurred. This research project sought support for the findings of previous research, namely, that the public prefers a nurse to dress in a traditional uniform with cap.

Study Variables

The independent variables were the specific uniform combinations worn by the nurse. The dependent variables were the perceptions of the public regarding the uniform worn and the image portrayed.

Definition of Terms

For the purpose of this research:

Perception was defined as a process, subjective in nature, of interpreting an observation. It is immediate and intuitive, as of a moral or aesthetic quality.

Image was defined as a mental representation or description; an idea or concept.

A nurse was defined as one who is educated and skilled in caring for the sick in a hospital or in-patient setting.

A uniform was defined as particular clothing that is worn only in a work situation and not for social occasions.

Study Population and Sample

The population for this study were residents from a small rural area in Sussex County, Delaware. A convenience sample of 50 was drawn from this population via man-on-the-street interviews conducted in front of the IGA supermarket and stores in a small shopping center located on Mulberry St. at the intersection of Route 16 in Milton, Delaware. Prospective respondents were approached by the researcher and asked if they would speak to the researcher about nursing uniforms. It was helpful to have the photographs immediately visible, since the photographs provided an introduction to the project and the request for participation.

Instrumentation

The Nurse Image Scale, designed by Mangum and Bown (1988) and used with permission, was used to measure perceptions of the nurse. Using a Likert-type scale, with ratings of #5-highest to #1-lowest, it asks respondents to rate nine photographs of different combinations of clothing worn by nurses against ten of the most common image traits of the professional nurse, which have been recognized in the review of the literature and by the American Association of Colleges of Nurses (1986). These image traits are: empathic, approachable, attentive, confident, competent, efficient,

professional, reliable, and cooperative. The highest score each picture could obtain was 50 points; the lowest score was 10 points. Scoring was tabulated by adding the score for each image trait for each photograph.

Pilot Study

A pilot study was done in the outpatient lab waiting room of a small rural hospital in Sussex County, Delaware. The nurse researcher applied to the hospital for permission to conduct the study. The study was not submitted to the SSU Committee on Human Volunteers; the hospital administration gave permission for the study to be conducted. To reduce bias, a student volunteer introduced herself to the participant and gave a brief outline of the research to be conducted under the supervision of the nurse researcher. When the participant consented to be part of the research project, the tool was introduced. The student volunteer, under the supervision of the nurse researcher then showed each client the nine photographs and allowed the client to complete the Likert-type scoring sheet rating the nine photographs against ten attributes of the professional nurse. It took participants approximately thirty minutes to complete the task. Fifty scoring sheets were collected over a week's time. The data collection method using a Likert-type scale with 5-highest to 1-lowest to match the

professional image traits to the pictures was too cumbersome and time-consuming; as half the respondents were elderly and had a hard time understanding the Likert approach, it was thought that a more simplistic approach should be used.

Validity

The tool has face validity as evidenced by the appearance of the consistent mention of the attributes in the literature as professional image traits of the professional nurse. These attributes were endorsed by the American Association of Colleges of Nurses who list these attributes or their equivalents in their list of attitudes and personal qualities as essential for the professional nurse (1986) thus establishing content validity. The tool was also submitted to three nursing experts who agreed that while all combinations of uniforms were not represented, the major types of clothing were present thus establishing content validity. These experts agreed that the tool indicated a method that could be used to ascertain public perceptions of the types of clothing worn by nurses.

Data Collection

At the shopping center, the researcher approached passersby and asked if they would answer questions about nursing uniforms. The researcher explained that the photos were of hospital nurses and the project was research for a

master's thesis. Demographic data was collected and coded so that this researcher could quantify the responses of the survey. Participants were asked to rate nine, clear plastic encased, sharply defined, 8 inch by 10 inch photographs of the same woman wearing nine combinations of nursing attire while standing in approximately the same position with the same expression on her face. Participants rated the nine photographs against the ten professional image traits of the professional nurse using a Likert-type scale with #5-highest to #1-lowest. A scoring sheet allowed the participant to complete the Likert rating and to circle photograph numbers in response to the following questions: Which uniform would you prefer a nurse to wear? Which uniform makes the best first impression? Which uniform helps the public to identify the nurse from other healthcare workers?

Method of Data Analysis

Fifty scoring sheets were completed by respondents. The results of the scoring sheets and demographic information about the participants were then transferred to a grid and coded for data entry. Descriptive statistics were then obtained for all data. To determine a score for each photograph, the Likert ratings for each were summed. To determine an overall score for each photograph, the Likert rating for each attribute were summed. The highest possible

score attainable was 50, indicating the most professional representation. The lowest possible score of 10 indicated the least professional representation. A mean score with standard deviation was tabulated for each of the nine photographs. Thus, each professional image trait (or attribute) for each scoring sheet was averaged and an overall score for each photo and the standard deviation tabulated.

To compare the ratings of the photos by age, a t-test for independent samples was computed. The respondents were divided into those under forty years of age and those forty years of age and above. This test was also performed to compare the photo ratings by gender (male or female) and education (no college experience or college experience).

To perform data analysis on the three additional questions, frequency distributions were performed on each of the nine photographs. The frequency distribution for each of the nine photographs indicated the number of times each photograph was chosen and the percentage of respondents who chose that particular photograph.

Ethical Implications

Confidentiality and protection of the respondents' rights were considered throughout this study. Participation in this study was strictly voluntary and the respondent was

given the right to refuse to participate. The study methods were approved by Salisbury State University's Committee on Human Volunteers. There were no known risks or discomforts associated with participation in this study. All scoring sheets were destroyed following encoding and transcribing of data.

Assumptions

The respondents know the accepted definition of the ten attributes culled from the literature and can apply them. The respondents also know what represents a hospital nurse.

Limitations

The following limitations are identified: (1) the tool is in its infancy in reliability and validity; (2) there could be more combinations of uniforms than those used; (3) the subject of male nurses was not addressed; (4) the population studied in the original research and the population currently studied are from politically conservative areas of the country; (5) the small sample size and the nature of a convenience sample will affect generalizability; (6) the research is limited to hospital nurses only.

Summary

Methodology for data collection and analysis has been discussed in this chapter. Limitations and assumptions were

presented as well as ethical considerations. Chapter Four will describe the analysis of the results of this methodology.

CHAPTER IV

DATA ANALYSIS

Introduction

This chapter will describe the study sample demographic characteristics and the result of data analysis. The six research questions presented in Chapter Three will be answered. The Statistical Package for Social Sciences (SPSS), Windows 6.1 version, was used to analyse the results of the data collection. The p value stated for significance was 0.05.

Study Sample

The study sample consisted of 50 participants from a small rural area in Delaware. Interviews were conducted in a man-on-the-street style. The dates were Sunday, July 20 through Thursday, July 24, 1997 inclusive and interviews were conducted mid-morning and mid-afternoon. The goal was ten interviews per day. Participants were approached in a small shopping center parking lot, in front of small businesses and the supermarket and asked if they would participate in a study on nursing uniforms. Consent was implied by completion of the scoring sheets by the participants. This researcher is aware of bias which may exist because the researcher is the interviewer, a situation

which could not be corrected. The researcher was careful with directions, method of speech and body language to try to avoid bias.

Study Sample Demographic Characteristics

The sample represented a cross-section of age as follows: Forty percent (n=20) of the sample were under twenty years of age. Twenty percent (n=10) of the sample were between 40 and 49 years of age. Eighteen percent (n=9) were between the ages of 20 to 29 years of age. The remaining twenty-two percent were ranked as follows:

Ten percent (n=5) were between the ages of 30 to 39 years of age.

Six percent (n=3) were between the ages of 60 to 69 years of age.

Four percent (n=2) were between the ages of 50 to 59 years of age.

Two percent (n=1) were between the ages of 70 to 79 years of age. (See Table 1)

Respondents were also categorized as either having college experience or not having any type of college experience. To make data analysis more manageable, the sample was collapsed into non-college 62% (n=31) and college 38% (n=19).

The gender of the respondents was also considered. Thirty four percent (n=17) of the respondents were male; while 66% (n=33) of the respondents were female.

As this was a study on nursing uniforms, it was important to determine the respondents' hospital experience. Hospital experience for the purpose of this study was defined as experience in hospital settings either as a patient or visitor. Twenty eight percent (n=14) had no hospital experience, while 72% (n=36) had experience in the hospital setting. Experience with nurses was also considered in this study. Category one included respondents who had experience with nurses in a hospital setting as a patient. Category two included respondents who had experience with nurses in a hospital setting as a visitor. Category three included respondents who knew nurses. Since categories one through three indicated experience with nurses, they were grouped together. Category four included respondents who had knowledge of what a nurse was or does but had no experience with nurses. Category five indicated the subject did not know what a nurse was. Categories four and five indicated no experience with nurses and were grouped together. To make data analysis more manageable, the sample was collapsed into nurse experience 96% (n=48) and no nurse experience 4% (n=2).

Another demographic characteristic studied was the occupation of the respondents. Respondents were asked to fill in their occupation and a determination was made by the researcher as to whether the respondent was professional or non-professional (either white collar or blue collar worker). To make this determination, each occupation was considered as to type of work done. White collar workers included secretaries and office workers. Blue collar workers were those who worked manual jobs. Forty six percent (n=23) were white collar by occupation; 54% (n=27) were blue collar.

The profile of the predominant or "typical" respondent which emerged was a non-college experienced female under 20 years of age who worked as a non-professional and has had experience with hospitals and nurses. (See Table 1 for sample characteristics.)

Style of Dress

The first research question asked, which style of dress does the public believe best personifies a more positive image of the nurse? Each of the nine photographs had a scoring sheet based on a Likert-type scale of 5 (highest) to 1 (lowest) which rated ten professional image traits of the professional nurse. With five as the highest score and ten attributes to rate, the perfect score was computed to be a 50. Each scoring sheet for each photograph was tallied

Table 1

Characteristics of Sample Subjects

Characteristic	Frequency	Percent
N=50 N1=34 N2=16		
AGE		
Less than 20 years	20 N1	40.0
20-29 years	9	18.0
30-39 years	5	10.0
40-49 years	10 N2	20.0
50-59 years	2	4.0
60-69 years	3	6.0
70-79 years	1	2.0
COLLEGE EXPERIENCE		
No college experience	31	62.0
College experience	19	38.0
GENDER		
Male	17	34.0
Female	33	66.0

Table 1 (Continued)

HOSPITAL EXPERIENCE

No	14	28.0
Yes	36	72.0

NURSE EXPERIENCE

No	2	4.0
Yes	48	96.0

OCCUPATION

White collar	23	46.0
Blue collar	27	54.0

to determine an overall score. Then a mean and standard deviation were computed for each photo. Based on the highest mean score (40.7), photo seven, the nurse dressed in the traditional dress, cap, stockings and shoes best personified a more positive image of the nurse in this study. Photo three which depicted the nurse dressed in white pants, and a dark colored scrub top had the lowest mean score (29.6).

(See Table 2) Based on mean scores, the photos were ranked from highest to lowest score as follows: seven, six, four, nine, five, two, one, eight, three. (See Table 3)

Difference in Style of Dress Preferred Based on Age

The second research question asked, are there differences in style of dress preferred based on age? A t-test for independent samples was used to compare the young group (those respondents under 40 years of age) and the old group (those respondents forty years of age and older) on their ratings of each of the nine photos. How significant was the difference? There was a significant difference between young and old age groups in terms of ratings for photo 2, ($t=2.40$, $p=.020$), photo 3 ($t=3.16$, $p=.003$), photo 4 ($t=2.57$, $p=.013$), photo 5 ($t=2.10$, $p=.041$), photo six ($t=4.12$, $p=.000$) (See Table 4) For photo two (nurse in traditional dress with no cap), photo three (nurse in white pants, dark colored scrub top),

Table 2

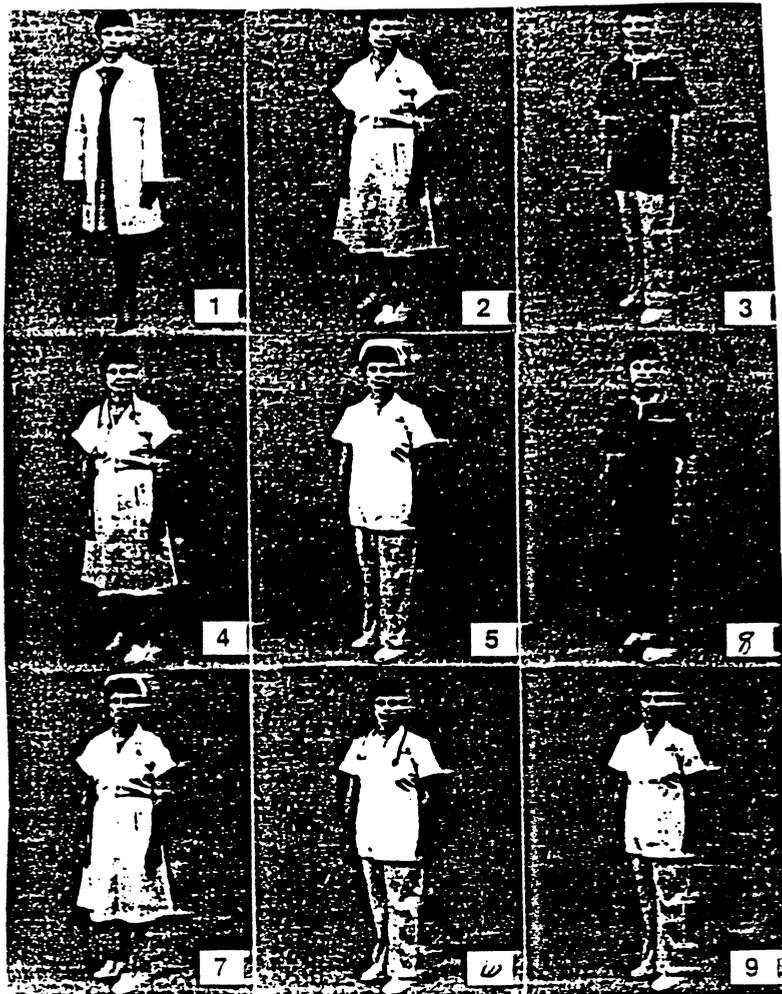
Mean Scores and Standard Deviation by Photo

Photo	<u>M</u>	<u>SD</u>
1	29.8	8.14
2	34.2	7.36
3	29.6	8.74
4	36.9	8.56
5	36.3	8.19
6	37.5	9.40
7	40.7	8.85
8	29.8	11.21
9	36.6	8.50

Table 3

Photo Mean Scores Ranked Highest to Lowest

Photo	<u>M</u>
7	40.7
6	37.5
4	36.9
9	36.6
5	36.3
2	34.2
1	29.8
8	29.8
3	29.6



Photographs (originally in color) were rated according to the following traits: confident, competent, attentive, efficient, approachable, caring, professional, reliable, cooperative and empathic.

Table 4

A Comparison of Mean Scores for Uniform Ratings by Age

N=50

PHOTO	YOUNG N=34 (<20-39)		OLD N=16 (40-79)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
1	30.00	7.92	29.20	8.87
2	35.74	6.27	30.53	8.60
3	31.97	8.22	24.13	7.55
4	38.83	7.66	32.40	9.11
5	37.80	7.93	32.67	7.88
6	40.57	8.30	30.20	7.83
7	40.43	8.82	41.40	9.18
8	30.97	11.71	27.00	9.74
9	37.77	8.57	33.73	8.57

photo four (nurse in white traditional dress with no cap and with stethoscope), photo five (nurse in white top, white pants, with cap), and photo six (nurse in white top, white pants, stethoscope), there was a significant difference in photo scores between the two age groups. Therefore, those under forty, when compared to those over forty, preferred photo two, photo three, photo four, photo five, and photo six. Photo six received the highest score from those under forty indicating a real preference. Those forty years of age and older preferred photo seven indicating a real preference.

Difference in Style of Dress Preferred Based on Gender

The third research question asked, what other variables influence style of dress preferred? A t-test was used to determine difference in style of dress preferred based on gender. There were significant differences between males and females in terms of style of dress preferred in photo three ($t=2.58$, $p=.013$), photo four ($t=-2.51$, $p=.016$), and photo nine ($t=-2.41$, $p=.020$). (See Table 5) There was no significant difference between male and female in terms of style of dress preferred in photo one, photo two, photo five, photo six, photo seven, and photo eight. Therefore, photo three (nurse in dark colored scrub top with white pants), photo four (nurse in traditional dress without cap,

Table 5

A Comparison of Mean Scores for Uniform Ratings by Gender

N=50

PHOTO	FEMALE (n=33)		MALE (n=17)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
1	29.45	8.39	30.35	7.95
2	34.61	7.59	33.35	7.05
3	31.79	8.94	25.41	6.74
4	38.97	8.18	32.88	8.05
5	36.94	8.99	34.94	6.39
6	38.52	10.56	35.42	6.40
7	40.18	9.23	41.76	8.23
8	30.52	12.25	28.35	9.03
9	38.55	7.97	32.71	8.39

with stethoscope), and photo nine (nurse in white top and white pants) all showed significant difference in photo scores between male and female. It is interesting to note that the highest score for males was a mean of 41.76 for photo seven; for females, the highest score was a mean of 40.18 for photo seven. Photo seven depicted the traditionally dressed nurse in white dress, white shoes, stockings and cap. While males and females may differ in preference over some types of uniforms worn, both agree the traditionally dressed nurse best represents what they prefer.

Difference in Style of Dress Preferred Based on College/Non

The third research question asked, what other variables influence style of dress preferred? A t-test for independent samples was used to compare the scores of nine photos based on level of education of the respondents. There were significant differences between college and non-college experienced respondents in style of dress preferred in photo four ($t=2.31$, $p=.025$) and photo six ($t=2.23$, $p=.009$). (See Table 6) Photo four (nurse in traditional dress without cap with stethoscope) and photo six (nurse in white top, white pants, and stethoscope) indicated significance between college and non-college experienced respondents with non-college respondents choosing photo four and photo six over

Table 6

Comparison of Mean Scores for Uniform Ratings by College Exp

PHOTO	COLLEGE (n=19)		NONCOLLEGE (n=31)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
1	30.74	8.08	29.16	8.25
2	33.47	8.77	34.61	6.48
3	27.79	10.49	30.74	7.43
4	33.47	8.14	39.00	8.25
5	34.37	8.66	37.42	7.80
6	33.11	8.37	40.13	9.11
7	39.26	8.81	41.61	8.89
8	32.05	12.07	28.39	10.61
9	34.84	8.05	37.61	8.73

college respondents. However, photo seven, which depicted the traditionally dressed nurse received the highest mean score from both college and non-college experienced respondents. The non-college experienced mean score for photo seven was 41.61; the college experienced mean score for photo seven was 39.26.

Style of Dress Preferred by Public

Research question four asked, what style of dress does the public prefer its nurse to wear? In order to answer this question, data was collected from the respondents by having them circle their preference on a scoring sheet (See Appendix A). Frequencies on these responses were used because they show which preferences are stronger than other preferences.

Photo seven (nurse dressed traditionally in dress and cap) was chosen by 38% (n=19) of the respondents. Photo six was chosen by 24% (n=12). Photo eight was chosen by 14% (n=7). Photo three and nine were chosen by 4% (n=2) respectively. Photo four and five were chosen by 8% (n=4). Photos one and two were not chosen. Based on these results, photo seven was preferred by the public in this sample.

Style of Dress and Best First Impression

Research question five asked, what style of dress makes the best first impression? Photo seven (nurse dressed

traditionally in dress and cap) was the choice of 46% (n=23), very nearly half the respondents. Photo six was selected by 22% (n=11). Photo eight was chosen by 12% (n=6). Photo five was chosen by 8% (n=4). Photo four was chosen by 6% (n=3) Photo one, photo three, and photo nine all were chosen by 2% (n=1), respectively. Based on these results, photo seven which depicted the traditionally dressed nurse was chosen by respondents as making the best first impression.

Style of Dress and Identification among Healthcare Workers

The sixth and final research question asked, which style of dress helps the public to identify the nurse from other healthcare workers? Photo seven (nurse dressed traditionally in dress and cap) was chosen by 62% (n=31) of the respondents. None of the other eight photos received such a score. Photo one and two, respectively, were not chosen by any of the respondents. Photo three was chosen by two percent (n=1) of the sample. Photo four and photo six were chosen by 6% (n=3), respectively. Photo five was chosen by 8% (n=4). Photo eight was chosen by 4% (n=2). Photo nine was chosen by 12% (n=6). Based on these results, photo seven which depicted the traditionally dressed nurse was the choice of respondents as the style which made it easier to identify the nurse among other healthcare workers.

Summary

This chapter has given a description of the sample in terms of demographics. It has paired research questions with results of statistical tests to answer those questions. The findings of this chapter indicate that photo seven which depicted the traditionally dressed nurse is preferred as the most positive image of the nurse, is preferred by young and old alike, is preferred by males and females alike, is preferred by both college experienced and non-college experienced, is the type of clothing the public wishes its nurse to wear, makes the best first impression and allows the consumer to pick out the nurse among other healthcare workers.

CHAPTER V

SUMMARY/SIGNIFICANCE/LIMITATIONS/RECOMMENDATIONS

Introduction

The purpose of this study was to examine the public's perceptions of what constitutes professional dress for hospital based nurses. In this chapter, the results of data analysis are interpreted and discussed. The limitations of the study and future implications for nursing are presented.

Discussion of Study Findings

Style of Dress

The first research question asked, which style of dress does the public believe best personifies a more positive image of the nurse? Photo seven was the highest ranked with a mean score of 40.7 and a standard deviation of 8.85. Photo seven depicted the nurse dressed traditionally in white dress and cap. This supports Hughes and Proulx (1979) who stated that "traditionally, dress has been one way of identifying and clarifying occupational roles" (p. 113). Photo seven also supports the research done by Franzoi (1988) who found that on a Likert-type scale nurses dressed traditionally were judged more neat, organized, reliable, competent, and pleasant than nurses in modern dress. Franzoi (1988) states from her research that traditional

dress best matches the public's expectation of how a nurse should look.

Kucera and Nieswiadomy (1991) conducted research using four photos of a nurse dressed in styles that ranged from traditional to scrubs. The adjectives that respondents used to describe the traditionally dressed nurse were "caring, knowledgeable, and responsible." These professional image traits echo those of this study. The results of this study are also consistent with the study done by Mangum, Garrison, Lind, and Thackeray (1991), who found that the nurse dressed in white dress and cap scored significantly higher than her other eight counterparts. Therefore, photo seven's score in this project is consistent with the previous research.

Forty percent of the respondents in this study were under 20 years of age and had no college experience. A romanticized image of the nurse in white dress, stockings/shoes, and cap may appeal to such a respondent since this respondent is young enough not to be affected by life's experience or hospital experience. At less than twenty years of age, life holds promise and a tendency to look at the world through "rose-colored glasses." A nurse dressed traditionally in her "whites" with a cap might be a very glamorous and positive image for such a young person. Only twenty percent of the respondents in this study were

between 40 and 49 years of age. All have had experience with hospitals and nurses. Would the traditionally dressed nurse appeal to such a group who came from a time when nurses "looked like nurses" or so they say? Since this study was conducted in a very small rural area, the traditionally dressed nurse may be the only type of nurse with whom these older respondents have had contact, while the more casually dressed nurse may be the only type of nurse the younger respondent has seen. The choice of the traditionally dressed nurse was borne out by this research and other research. This type of clothing was the clear choice. Twenty-six percent of the sample gave the traditionally dressed nurse a perfect score.

Difference in Style of Dress Preferred Based on Age

The second research question asked, are there differences in style of dress preferred for the nurse taking care of the public based on age? There were significant differences based on age in terms of photo two, three, four, five, and six. Respondents under forty years of age gave a higher score to photo two (nurse in white dress, stockings, shoes, no cap) than respondents over forty years of age. Respondents under forty years of age gave a higher score to photo three (nurse in dark colored scrub top and white pants) than respondents over forty years of age.

Respondents under forty years of age gave a higher score to photo four (nurse in white dress, stockings, shoes, stethoscope) than respondents over forty years of age.

Respondents under forty years of age gave a higher score to photo five (nurse in white top, white pants, cap) than respondents over forty years of age. Respondents under forty years of age gave a higher score to photo six (nurse in white pants, white top, stethoscope) than respondents over forty years of age.

The published research literature consulted for this thesis did not mention age of the respondent as a variable. This particular research shows a significant difference in preference for photo two, three, four, five, and six by the under forty group. The mean score differences ranged from five points up to ten points of difference in scores. This finding supports the researcher's theory that respondents under forty years of age have not been as socialized or exposed to the traditional dress of the nurse as has the group over forty years of age. Photo six does represent the nurse in whites but it is pants, with a stethoscope and no cap. A nod to traditionalism could be interpreted from the white color but it is a weak link to the traditional uniform over forty clients prefer. Younger people dress quite casually for the most important of occasions perhaps as a

reverberation from the social reform of the sixties. If younger people dress casually themselves, it follows that if they do not see a nurse traditionally dressed but more casually dressed, this is their norm, their expectation. However, those respondents under forty as well as those respondents over forty gave the highest mean score to photo seven which depicted the traditionally dressed nurse. Respondents over forty may have perceived that the traditionally dressed nurse is more knowledgeable because her all white appearance with cap conveys a sense of security, competence and intellect. This was a comment that was often voiced by respondents to this survey. Photo one which depicted the nurse in street clothes and a lab coat was least preferred by those under forty. Photo three which depicted a nurse in white pants and a dark-colored top was least preferred by those over forty.

Difference in Style of Dress Preferred Based on Gender

The third research question asked, what other variables influence style of dress preferred. When gender was considered, there were significant differences in scores on photo three, four, and nine. Females rated photo three (nurse in dark colored scrub top, white pants) significantly higher (mean 31.7) than males (mean 25.4). They also rated photo four (nurse in white dress, stockings, shoes,

stethoscope) higher (mean 38.9) than males (mean 32.8). In photo nine, females rated photo nine (nurse in white top, white pants) higher (mean 38.5) than males (mean 32.7). Again, the literature consulted for this paper made no distinction between male and female respondents.

Why did females rank photo three, four and nine higher than their male counterparts? The absence of the cap is probably not the reason, because photo five and seven are the only photos with the nurse wearing a cap. The preference of dress over pants is probably not the reason, because photo five, six, and eight also feature the nurse dressed in pants. Looking at the mean score for photo seven, the traditionally dressed nurse, differences in mean scores between male and female was 1.58 which was not statistically significant. This traditional viewpoint may be well in keeping with the small rural area that produced this sample.

Difference in Style of Dress Preferred Based on College/Non

The third research question asked, what other variables influence style of dress preferred? The variable of college experience versus non-college experience was also examined and significant differences were found in photo four and photo six. In photo four (nurse in white dress, stockings, shoes, stethoscope), non-college experienced respondents gave this photo a higher score (mean 39) than college

experienced respondents (mean 33.4). In photo six (nurse in white pants, white top, stethoscope), non-college experienced respondents gave this photo a higher score (mean 40.1) than college experienced respondents (mean 33.1). Both pictures represent the nurse wearing a stethoscope. Is this the deciding factor? Hughes and Proulx (1979) mention that stethoscopes are seen as "power symbols" much as are clipboards and pens. It is possible that non-college experienced respondents interpreted the stethoscope as more important than college experienced respondents.

Research consulted for this paper made no distinction in educational levels of the public surveyed. Non-college educated people cannot be construed as being less intelligent than college educated people, but they do lack the experience and knowledge of the world that a college education can provide. A non-college educated person may perceive that the stethoscope is an important part of a health providers uniform. The health care provider looks competent and authoritative with the stethoscope. The college educated person may perceive the stethoscope as a symbol of the profession. It is merely a piece of equipment necessary to do the job and has no other significance. This may account for the difference in the mean scores of photo four and photo six between non-college and college

experienced respondents in this survey. Both groups gave the highest mean score to photo seven which depicted the traditionally dressed nurse. The lowest mean score was given to photo three by the college experienced respondent which depicted the nurse wearing white pants and dark scrub top. The lowest mean score was given to photo eight by the non-college experienced respondent which depicted the nurse dressed in dark colored scrubs.

Style of Dress Preferred by the Public

Research question four asked, what style of dress does the public prefer its nurse to wear? Photo seven (nurse in white dress, stockings, shoes, cap) was chosen by 38% (n=19). This finding was supported by the literature. Hughes and Proulx (1979), Halls, Martin, Nolan and Taylor (1984), Tiffany (1987), Franzoi (1988), Kucera and Nieswiadomy (1991) and Mangum, Garrison, Lind, and Thakeray (1991) all reached the same conclusion in their respective studies. One could argue that photo seven represents only 19 respondents out of 50 respondents and that photo six (nurse in white top, white pants, stethoscope) was chosen by 24% (n=12), a difference of only seven respondents. Data is concrete and despite the small numbers of the respondents, photo seven still emerged as the top choice and for this study was considered the answer to research question four.

By however small a margin, the public consulted for this study prefers the nurse in traditional dress.

Mosbacher (1985) quoted the famous humorist, Erma Bombeck, as saying, "right or wrong, the way a person looks is the only yardstick you have for measuring people who want your trust even though you don't know them very well" (p. 25). This speaks to the heart of the question of traditional dress in a hospital setting--getting people to trust the skill and knowledge the nurse possesses. The public must trust the nurse and to make that important decision to trust, the public relies on the appearance of the nurse. When the public sees a traditionally dressed nurse, it reinforces their feelings of comfort and security because this is their perception of how a nurse should look. In the small rural community that provided the sample for this study, the nostalgia factor may be operating due to conservative views and resistance to change.

Mosbacher (1985) contends that 55% of what is believed about us is purely visual. To be able to win the public's trust in those first few minutes should make the nurse's job easier and clients more cooperative. Photo seven, the traditionally dressed nurse may inspire the public's trust.

Style of Dress and Best First Impression

Research question five asked, what style of dress makes

the best first impression? Once again, photo seven (nurse in white dress, stockings, shoes, and cap) was the clear choice of 46% (n=23) of the respondents. This is very nearly half the respondents surveyed for this study. Photo six, a popular contender in this research, received only half the score of photo seven (22%, n=11). The literature consulted for this paper made no distinction as to what style dress makes the best first impression. One can speculate that all literature reviewed for this paper that supports the clients' preference for traditional dress also states the case for best first impression, particularly the studies in which clients had to choose their preference from photographs. Jonas (1985) states, "we should realize that the first impression of one's appearance establishes rapport with the patient before a word is spoken or a temperature taken" (p. 27). By presenting an image that is consistent with the clients' perceptions of a competent nurse, the nurse establishes this rapport and wins the clients' trust.

Style of Dress and Identification among Healthcare workers

Research question six asked, which style of dress helps the public to identify the nurse from other healthcare workers? Photo seven (nurse in white dress, stockings, shoes, and cap) was the overwhelming choice of 60.8% (n=31) of the respondents. Often, while conducting research for

this paper, this complaint was voiced--one cannot tell the nurse from other hospital based healthcare personnel. Hughes and Proulx (1979) mention the incident of a patient who was cared for by a nurse wearing street clothes and a lab coat. The patient was indignant that she was being cared for by someone from social service and not a nurse when she was being charged ostensibly for the service of a nurse. Franzoi (1988) stated that respondents in her survey felt that modern dress made the nurse look like a waitress rather than a professional nurse and so preferred traditional dress. Kucera and Nieswiadomy (1991) stated their respondents felt the traditionally dressed nurse was the more professional. Based on the public interviewed for this survey, many felt that if one could see the traditional dress, then one was sure it was the nurse.

Limitations of the Study

The study included only a convenience sample of fifty respondents, a number too small for adequate generalization and application of the findings to any other settings. Another limitation of this study could be the statistical methods employed for analysis of data. To isolate factors of age, gender, and education, t-tests were utilized. Each of the nine photographs underwent a t-test for the factors of age, gender and college experience. With a large number of

t-tests, in this case twenty-seven, could significant findings be a matter of chance? Two texts, *An Introduction to Statistical Methods and Data Analysis*, 3rd ed, 1988, and *Nursing Research*, 1991, did not address this. Therefore a statistician was consulted and confirmed that one could do no less than 27 t-tests to accomplish the statistical analysis desired. (Austin, Personal Communication, 1997). Austin stated further that computing 27 t-tests in this way would not increase the possibility of finding significance in the sample by chance.

This sample was heavily weighted on subjects under 20, female, and non-college experienced. More definitive results could be obtained by balancing the demographics used in this survey. A reason this lack of generalization exists is probably a result of the study design. Perhaps collecting data at different times of the day would have helped the sample results. A busy shopping mall may have yielded a more diverse subject base. Using a convenience sample weakened the study design as evidenced by the composite of the respondent. Research was done for hospital based nursing which affects generalizability as nurses dress differently in public health, doctors' offices and clinics.

The tool used for this research was a combination of the Nurse Image Scale, photographs developed by Mangum et

al. (1988) and researcher generated questions. The NIS tool was unwieldy when using the Likert-type scale scoring sheet. The researcher had to make sure the respondent understood how the tool worked and that the respondent also knew the meaning of the ten attributes in the context of the tool. It was necessary to do this without influencing the respondent. This proved tedious. It may be easier to separate the two parts of the tool into separate research tools. As the tool is in its infancy, reliability has not been proven and could affect interpretation.

Implications for Nursing

The dearth of recent literature on this topic could be construed to mean that this is now a non-issue as far as nursing is concerned. As more and more nursing education programs drop the traditional cap and dress, this issue fades into insignificance. Yet, research done almost yearly from 1979 until 1992 reflects a small but persistent group trying to capture nursing's attention with regard to what nurses look like and the effect of that appearance on the public. While articles on this topic may have disappeared from nursing literature, is this subject still viable? The answer can probably be discerned by the entrance of a traditionally dressed nurse at a patient's bedside.

Despite the limitations, this research did speak to the

issues of age, gender and education while previous literature has not. Nursing may want to pursue these issues by further research. While this issue is not viable at this moment in time, it will come to the fore again as hospitals try to attract consumers (i.e., clients) for their goods and services. This is especially relevant as more and more hospitals have reversed the trend of their liberal dress codes. Perhaps common dissatisfaction with nurses' attire has become evident. Chenevert (1993) has noted that this has begun.

Suggestions for Further Research

Replication of a study is always considered when discussing further research. To replicate this study, it would be necessary to secure a larger more diversified sample and one that has a basis for comparison. A more precise method such as random sampling rather than a convenience sample should be employed. It would be interesting to match a client to the nurse caring for him/her and see the results concerning the professional image of the nurse. With a more comprehensive and comparative sample, more sophisticated statistical analysis could be performed including studies for reliability not only on the data but the tool itself. The Nurse Image Scale photos could be expanded and different scoring would benefit

further research. The Likert type scale is burdensome and unwieldy. Expanded photos of the NIS could help with research outside the parameters of the hospital based nurse. The NIS could have categories which represent the diverse fields of nursing. With enough valid results such studies could influence schools of nursing education to form a universal dress code. A universal dress code could encompass the men in nursing as well. Such studies would also provide a basis for hospital dress codes and may finally settle the question of cap wearing.

Summary

This chapter included discussion of data analysis in response to research questions. It included limitations of the study as well as implications for nursing and suggestions for further research. This research reinforces the preference the person-on-the-street has for the traditional uniform. Whether young, old, college, non-college, male, female, the public prefers traditional dress as the most positive image of the nurse in a hospital setting, is preferred by the public in a hospital situation, makes the best first impression and enables the public to pick out the nurse among other healthcare workers. Suggestions for future research could be different photos sans accoutrements such as caps, stethoscopes. If the

public is exposed to traditional dress via movies, television, greeting cards, will this create a stereotypical image of the nurse that invites comparisons by the public and not favorable ones at that? There is much to be said about being able to be comfortable when working a hectic day which often requires a nurse to roll up his/her sleeves and concentrate on solving the nursing problem at hand.

APPENDIX A

CONSENT TO BE A RESEARCH SUBJECT

The purpose of this research is to examine client opinions of the nurse's professional image based on photographs of nine different professional uniforms and to match the photographs with ten qualities of the professional nurse. This research is being conducted by Rose Sombar, R.N., C. a Salisbury State University student who is conducting the research for her master's thesis.

You will be given a scoring sheet so that you may match photographs to a given quality of a professional nurse. You will be asked to choose the uniform you think a nurse should wear. You will be asked to choose the nurse's uniform that makes the best first impression. You will be asked to choose the nurse's uniform that makes it easy to recognize the nurse among other healthcare workers. You will also be asked some demographic information for the purpose of this study.

There are no known risks or discomforts associated with participation in this study. The benefits from your participation will aid research on the professional image of the nurse.

The information you provide for this study will remain confidential and will be reported as group data only--not individual. You are not required to enter your name on any of the forms.

Participation in this research study is voluntary. You have the right to refuse to participate.

If you have any questions about this study, please feel free to contact:

Rose Sombar, R.N., C.
RD #1 BOX 437R
Ellendale, DE 19941
(302-684-0313)

Your completion of the questionnaire will indicate your willingness to participate in this research study.

Thank you.

RESPONDENT DEMOGRAPHIC DATA

Directions: Please answer the following questions to the best of your ability. Please do not leave any blanks. If you do not understand the question, please ask the researcher for clarification. All information is confidential and there is nothing that will identify you as a respondent for this study.

1. What is your age?

Less than 20_____	50-59_____
20-29_____	60-69_____
30-39_____	70-79_____
40-49_____	80 or over_____

2. Gender: Male_____ Female_____

3. What is the highest level of education obtained?

8th grade or less_____

9th to 12th grade_____

Vocational/Technical Training_____

Some college_____

College graduate_____

Master's degree_____

Doctoral degree_____

4. Have you had experience in hospital settings?
Yes_____ No_____

5. Have you had exposure to nurses working in hospital settings?

Yes, as a patient_____

Yes, as a visitor_____

Yes, I know a nurse_____

No, I know what a nurse is, but have never had experience with them_____

No, I do not know what a nurse is_____

6. What is your occupation?_____

Code _____

NURSE IMAGE SCALE
NIS

Picture Number 1

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest			Lowest	
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

Code _____

NURSE IMAGE SCALE
NISPicture Number 2

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest				Lowest
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

Code _____

NURSE IMAGE SCALE
NISPicture Number 3

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest			Lowest	
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

Code _____

NURSE IMAGE SCALE
NIS

Picture Number 4

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest			Lowest	
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

Code_____

NURSE IMAGE SCALE
NISPicture Number 5

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest			Lowest	
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

Code _____

NURSE IMAGE SCALE
NIS

Picture Number 6

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest			Lowest	
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

Code _____

NURSE IMAGE SCALE
NIS

Picture Number 7

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest			Lowest	
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

Code _____

NURSE IMAGE SCALE
NIS

Picture Number 8

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest			Lowest	
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

Code _____

NURSE IMAGE SCALE
NIS

Picture Number 9

Please rate the nurse in the picture on the following characteristics from highest to lowest. Circle the appropriate number.

	Highest			Lowest	
Confident	5	4	3	2	1
Competent	5	4	3	2	1
Attentive	5	4	3	2	1
Efficient	5	4	3	2	1
Approachable	5	4	3	2	1
Caring	5	4	3	2	1
Professional	5	4	3	2	1
Reliable	5	4	3	2	1
Cooperative	5	4	3	2	1
Empathetic	5	4	3	2	1

ADDITIONAL QUESTIONS FOR RESEARCH

Please circle your answer below.

Which uniform would you prefer a nurse to wear?

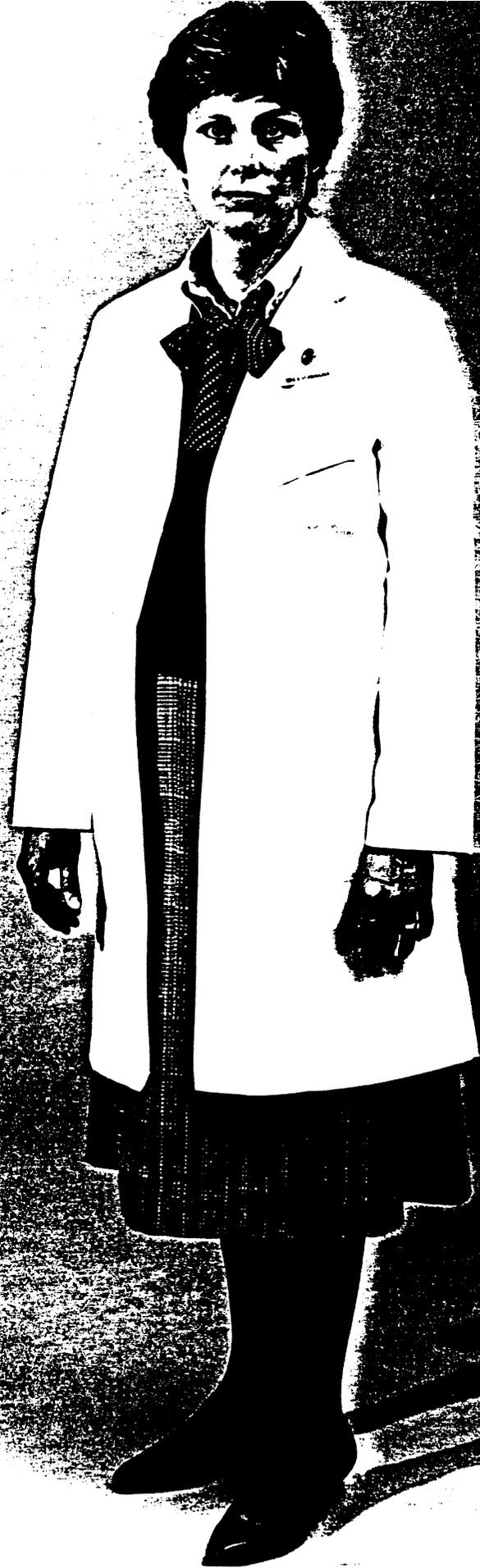
Picture #1, #2, #3, #4, #5, #6, #7, #8, #9

Which uniform makes the best first impression?

Picture #1, #2, #3, #4, #5, #6, #7, #8, #9

Which uniform helps the public to pick out the nurse from other healthcare workers?

Picture #1, #2, #3, #4, #5, #6, #7, #8, #9



















APPENDIX B

STATEMENT OF APPROVAL

COMMITTEE ON HUMAN VOLUNTEERS

SALISBURY STATE UNIVERSITY

Date July 17

MEMO TO: Dr. Sheila Rodgers

FROM: Chairman, Committee on Human Volunteers

SUBJECT: Perception of Nurses' Uniforms

Title of Study

Grant Application No.

Sponsoring Agency

Dr. Sheila Rodgers

Principal Investigator or Program Director

Rose Sornbar

Student Investigator

The Committee on Human Volunteers has considered the above application and, on the basis of available evidence, records its opinion as follows:

- (1) The rights and welfare of individual volunteers are adequately protected.
- (2) The methods to secure informed consent are fully appropriate and adequately safeguard the rights of the subjects (in the case of minors, consent is obtained from parents or guardians).
- (3) The investigators are responsible individuals, competent to handle any risks which may be involved, and the potential medical benefits of the investigation fully justify these studies.
- (4) The investigators assume the responsibility of notifying the Committee on Human Volunteers if any changes should develop in the methodology or the protocol of the research project involving a risk to the individual volunteers.

Stephen Schmick
Chairman

APPENDIX C

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