Nurses should not let themselves be defined by their uniform

It is time to stop focusing on nurse uniforms as a means of professional identity and base our self worth on the importance of the profession’s work, argues Sara Morgan

The nursing uniform debate rages on, with strong opinions held on all sides. As the research report on page 21 demonstrates, these views develop before nurses have even qualified.

The specific topics of conversation change – such as nationwide uniforms, scrubs or unisex uniforms – but the basic underlying questions remain the same. What does our attire say about our profession? How does our appearance affect our interactions with patients and colleagues?

The uniform discussion, seemingly trivial on the surface, is actually a proxy argument for many of the challenges that are facing the nursing profession today.

A common argument for keeping more traditional uniforms is that they allow nurses to look and feel like professionals. While this may be true for some, the nurses who are helping with the disaster relief efforts in Haiti and Chile are undoubtedly doing a fine job in whatever clothes are on their backs, probably covered in mud, blood or the sweat of several days’ work.

Nurses demonstrate that they are professionals by their knowledge, their skills, how they care for their patients and how they treat their colleagues, not by what they wear. Actions speak far louder than thread count, colour or tunic shape.

Doctors, pharmacists, speech and language therapists, dietitians and many other members of the healthcare team wear their own clothes to work and are respected as professionals by both patients and other members of staff. Why is it only nurses who feel that clothing is responsible for demonstrating professionalism?

Another frequently held belief is that without uniforms, patients will be unable to identify us. Again, I refer back to our doctor colleagues who, now deprived of their traditional white coats, must introduce themselves to patients. Nurses should be doing this anyway, but it becomes too easy to occasionally skip the introduction if we think patients know us already based on the colour of our uniforms. The truth is, we cannot and should not expect this of our patients: their job while in hospital, in clinic or at the surgery is to focus on their health, not memorise uniform variations. We may say that uniforms help patients to identify us, but does this absolve us from having to proactively (and politely) introduce ourselves to them?

The worst case scenario is if nurses are not identifiable either by appearance or by introduction. Is this so bad? It may prompt patients to ask questions, such as: Who are you? What is your role in my care? What is the plan for my care? The more questions patients ask, the more empowered they become and the more engaged they will be in their own care. Both nurses and patients should be focusing on this therapeutic relationship, rather than concentrating on who is wearing what.

Instead of being caught up in the finer details of epaulette colours or stripes and piping – a dilemma that really is best left to London Fashion Week – we should focus on why these issues spark such fierce dialogue. Why are we letting ourselves be defined by what we wear? The patients’ lives with which we are entrusted are far too valuable for us to let our self worth and performance rest on something as fickle as fashion.

Regardless of what we wear while at work, we cannot let our uniforms do the talking for us. Our role is to speak up for ourselves and, even more importantly, for our patients.

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To see Sara Morgan’s blog, Nursin’ USA, go to www.nursingtimes.net/Blogs

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