“If the cap fits: does nursing need to rebrand its image?”

Only the most ardent retro fan would seriously entertain a return to the days of the nursing cap. Why is it then, that alongside fob watches, starch and matrons, it continues to remain a dogged symbol of all that was good about nursing?

Until the 1970s trained nurses were instantly recognised by their caps. The origins can probably be traced back to the nuns’ habit, which, when adapted and endorsed by Florence Nightingale to distinguish her new “trained” workforce, became the norm.

Today this “hallmark of a profession” – once considered the very symbol of knowledge and caring – has all but disappeared. Reasons for its decline range from the practical (such as they harboured infection) to the more symbolic: the hapless cap representing an outdated subservient attitude to men as well as linking the profession uncomfortably to the domestic maid’s servility.

If the cap was superfluous did this mean its associations of dignity, dedication, caring and knowledge were also less important? Is there an argument to suggest that the baby was inadvertently thrown out with the bathwater? Certainly many of the public feel that way. The whites and the cap, as well as making nurses easily identifiable, also seem to be associated with a sense that the wearer is professional and compassionate. An experiment in a cardiovascular setting in the US provided such strong validation it actually led to the permanent reintroduction of both to this day.

Though it’s extremely “old hat” (pun intended) to suggest clothing and appearance can imply professionalism, the evidence nevertheless suggests that we have not yet found a successful replacement for the uniform in which the public and patients placed so much trust. Should we continue the trend for purely functional (ever more multicoloured sack-like scrubs and Crocs) or could our uniform be part of a kind of rebranding of the profession?

Several years ago in the US, a proposal was put forth that all nurses wear a patch on their uniforms that said simply “RN” in big red letters on a white background. It was described at the time as “the solution to nurses’ identity crisis” but perhaps not surprisingly hasn’t really caught on – nurses were markedly split in their views. It is probable that any similar attempts at rebranding would produce an equally divided response. Maybe the extraordinary evolution of the cap, cape, buckle and whites and their attendant associations is just impossible to recreate.

It’s actually irrelevant anyway. Rose-tinted views of the virtue of past nurses and gloomy prognoses on the declining standards of modern nurses are both inaccurate and unhelpful. Let’s look to a future where appearance or obsession with professional development and educational attainments take a back seat to what you actually do: “I knew she was a nurse because she treated me skilfully, respectfully and in a caring manner”. If that cap fits, we should all be proud to wear it.

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Being a patient can teach you valuable lessons

Being a patient yourself or having a relative in hospital often provides a useful insight into healthcare delivery from the other side and will give you ideas on how care could be improved. Finding your own relative with a call buzzer or a drink that is out of reach can be a useful prompt to check these small but essential details in your own practice.

Student nurse Gwen Carter has gone a step further and used her experiences as a patient to influence and improve care given by her fellow students (see page 21). She also presented her reflections to mentors who reviewed the way they worked as a result.

This work shows how lessons learnt from one person’s experience can gain momentum and spread in ripples, impacting on patient care in a positive way.

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