The Influence of a Nurse's Physical Appearance on the Patient's Perception of Nurse Competence

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Abstract

The image of the professional nurse has changed throughout history. Nurses have been voted the most trusted profession for decades. Many nurses, as almost 50% of the American general population, have become overweight or obese, which means they no longer completely represent the traditional heathy role model.

Many nurses who are overweight or obese admit they feel hypocritical teaching patients to lose weight [1]. The study question for this research seeks to know if the nurse's physical appearance influences a patient's perception about the nurse's ability to be a role model of health. Findings demonstrated a generational and cultural difference in how a patient's perception of the nurse's physical appearance influenced the perceived competence of the nurse.

Keywords: *Image of Nursing; Patient Perception; Perceived Competence; Nurse's Physical Appearance; Obesity in Nursing; Nurses who Smoke; Nurses with Tattoos*

Statement of the Problem

The research question asks does a nurse's physical appearance influence a patient's perception on their ability to serve as a role model of health. How does a nurse's physical appearance, smoking status, facial piercings and tattoos, and weight affect the patient's perception in Latin American countries compared to the United States? Regardless of whether it is right or wrong, people still judge others based on their physical appearance. Since the beginning of time, people create judgments of others based on physical appearances including skin color, hair color, structure and stature of body, and weight. Multiple studies reveal that people develop prejudices based on physical appearance [2].

A vast literature review concludes that physical appearance influences people's opinions of others. Nurses see themselves as well educated, compassionate and trustworthy, however it is valuable to understand the impact of the nurse's physical appearance on a patient's perceived competence of the nurse. Nurses have benefited from the historical public opinion of their altruism and virtue, which again are moral characteristics. Previous studies conclude the general public expects nurses to wear white and be well kept. With the increase in obesity, facial and body piercing, smoking status and tattoos among nurses, it is valuable to examine the physical appearance of nurses.

This study examined public opinion of nurses in Latin America countries compared to North American nurses based on their physical appearance of weight, tattoos, facial piercings, and smoking status.

Many professions such as doctors and lawyers have a distinct image of how that professional should behave and act [3]. The image of nursing as a profession influences the ability to recruit student nurses, how the public views the profession, how nurses view themselves in their own role, and even funding for nursing education and research [4].

Due to the growing obesity trends in the United States, nurses are among the general population who have also become overweight or obese and no longer completely represent the traditional heathy role model. Nurses often are hesitant to educate patients about healthy habits when they are overweight or obese themselves and admit they feel hypocritical telling a patient to lose weight when they themselves are obese [1].

Historical image of nursing

The image of nursing as a profession has evolved for centuries. Originally the image of a professional nurse was a full-time caregiver to children for the wealthy or royalty who could afford to hire outside assistance and care. The nurse was hired by reference and experience rather than academic education. Nursing before the 1600's was done primarily by religious nuns who created an image of piety and honor for nurses. An interesting evolution was when the religious order of nurses trained the poorly educated and often women of the street to help, requiring their headmistresses to lock up the younger nurses at night to prevent them from tarnishing their virtue and image. It was in this era of the 1800's that Florence Nightingale emerged with a quest to help and heal, and why her father forbade her to join the profession as it was considered beneath the aristocracy to perform such lower-class tasks. The nurse was viewed as only the handmaiden of the doctor and not an independent thinker.

With each war, nurses inherited additional skills and training by practice on wounded soldiers and desperate conditions. The romantic image of the beautiful nurse healing the valiant soldier who fell in love together was marketed during World War I and II's recruitment campaigns and is known as the "Angel of Mercy" image. Nursing career novels such as the Cherry Ames series or Clara Barton series also depicted nurses as compassionate, clean and orderly heroines, which educated young female readers to the romantic image of nursing [5]. With the help of Florence Nightingale's formal training and registry of nurses, academic rigor began to rise along with the honor and recognition of nurses. Hospital training to become a diploma nurse evolved over the decades to associate, baccalaureate, masters, and doctoral degrees. In the past three decades certifications and specializations exploded as did the interest in nursing by men as a legitimate and fulfilling career.

Generally, the public view of a nurse is swayed by the individual experience a patient has with a nurse during a personal illness or of their loved ones. The public at large also assumes most nurses work in hospitals and nursing homes and isn't aware of the full spectrum of work for a nurse. They are also under the misconception that the medical assistant (MA) or even certified nursing assistant (CNA) is a nurse as Physicians often call their MAs nurses. Even in the hospital, historically there has been little to help identify a nurse as a Registered Nurse versus a phlebotomist or nursing assistant as they are all wearing similar scrubs. Most people don't understand the academic staircase to climb to become a registered nurse, to maintain licensure, specialization and distinction between a licensed practical nurse, associate degree, or baccalaureate prepared nurse. Despite the vague understanding by the public of what a nurse is, the general impression is almost always positive. Nurses are viewed as caring people and the public has voted them consistently as the number one most trusted profession in the annual Gallup Poll [6,7]. The most recent surge in the high esteem for nurses has come during the worldwide COVID-19 pandemic when nurses were shown by the media as courageous, caring and sacrificing their own health to care for those infected with the virus.

What is not showcased to the general public however are the requirements and training for competence. The image of the caring nurse holding the hand of a sick or elderly patient is encouraging but limited in the expansive scope of work for nurses. It is known that many nursing students chose the nursing profession based on the media and more specifically the entertainment industry's portrayal of nurses in TV drama series. Although the nursing profession is seen based in virtue, nurses need to speak up and help promote the knowledge-based identity of the profession [8]. Nurses often speak of the emotional connection with patients rather than the high levels of competency and training required for a demanding job.

Patients alike, focus more on the kindness of a nurse rather than the requirement of scientific competency and skills.

In a hallmark study in 2006 by Cohen (2007), 331 emergency room nurses were surveyed about what nurses thought mattered most in the image of nursing. Greater than 75% of these participants believed how we present ourselves to patients and families, how we dress, how we introduce ourselves as nurses, how we appear to get along with co-workers, how we act around the nursing station and whether patients and families feel that we care were most important. Achieving higher knowledge, training and education were not among the topics of most concern to them in improving the imaging of nursing. Research suggests strongly that nurses don't know how to improve our own image to the public and should work harder to educate the public about the true work of nursing [9].

Johnson & Johnson (J&J) have advocated for the nursing profession in their $30 million Campaign for Nursing's Future in the early 2000's, which gratefully has helped bring young nurses into the profession with their "Dare to Care" campaign, however it still only promoted the virtue of caring rather than academic rigor for training. Additional campaigns have attempted to recruit better prepared nurses including the Institute of Medicine's 2011 report on the scope of work for nurses and the American Academy of Nursing 2007 campaign to raise the voice of nursing. Men and minorities in nursing have also received more attention in the past decade to add variety of faces and skills to the nursing profession [10]. White, non-Hispanic women still make up the majority of nurses, with only 10% of men in nursing and less than 15% Hispanic and 12% African American nurses [11,12].

During the COVID-19 crisis, nurses have received an additional boost to the image of nursing. Nurses are known as courageous and caring. In the current healthcare climate of attention to patient satisfaction scores, nurses also need to be aware of the impact of their physical appearance on patient perceptions of their competence and ability to serve as a role model for health.

Research has looked at patient satisfaction based on their communication with a nurse, but there is a paucity of research examining the impact of a nurse's weight, smoking status and even facial piercing and tattoos on how the patient perceives the professionalism of that nurse.

The literature of the public image of nursing is extensive, with many studies examining the perceptions of nurses and nursing in different contexts and cultures. Nurses are generally viewed positively by the public with many people acknowledging the important role they play in patient care. However, there are also negative stereotypes and misconceptions that persist, such as the idea that nursing is a low-status, low-paying profession. The media has a significant impact on the public image of nursing, with portrayals of nurses in popular TV shows, movies, and other media often reinforcing stereotypes or presenting a narrow view of the profession. Gender bias is a common issue in the public image of nursing, with nursing being perceived as "feminine" profession and male nurses often facing challenges in being accepted and respected by their peers and patients. This can lead to a devaluation of the profession as a whole. There are also cultural differences in the public image of nursing, with some cultures valuing nursing highly and others viewing it as a low-status profession. Education and training can play an important role in shaping the public image of nursing with efforts to promote the profession and increase awareness of the value of nursing education and training having a positive impact on public perceptions.

The general public has beliefs that nurses are the most trusted profession. This image has been generated in ancient times where there was war and conflicts. This nursing image include those analogies, such as fight for a battle, fight for a patient, fight for a disease, works in the trenches, and implementation of physician orders. These metaphors consequentially reiterated the image of nursing as giving loyalty, obedience, protection, servitude, and a follower of orders. Furthermore, the nurse is regarded as compassionate, providing a caring attitude. These images still remain today as nurses with integrity [13]. However, in the contemporary settings, the image of nursing has evolved. Current studies confirm the relationship of appearances, well-being, and health of the nurse affecting the care provided to the patients.

There is a current need to study the importance of appearance-related support by health care providers. At this time, studies suggest that appearance is the initial method for forming an opinion about a person. For example, research has demonstrated that a short exposure to an unfamiliar face can lead to specific personality conclusions about an individual with additional effect on social outcomes. People in general relates positive personality traits to well-known typical appearance. This means that people with different preconceived image are at potential risk of being treated less positively with negative outcomes during the interaction. Stigmatization is a common negative social outcome which is relevant to appearance aspects at the interpersonal level described. Therefore, it is an important element to promote the nurse's awareness of appearance-related first impression implications [14].

In 2015, a Harris Poll of 2,225 of surveys online in the United States showed that there was an increasing number of Americans with tattoo. Three in 10 Americans or 29% revealed that they have at least one tattoo as compared with 16% in 2003 and 21% 2012. This prevalence means that there is a need to comprehend the acceptance and comfort level of patients has among health care workers with visible tattoos. This appearance impacts first impressions which affect the initial beliefs, comfort, confidence, and quality of care the patients receive. Thus, there is a health care organizations dress codes defining their professional outfits to ascertain standards in relation to dress, grooming, and personal hygiene to reduce the negative bias of patients to the health care staff. Some of these dress codes require the staff to cover visible tattoos [15].

At this time, research in relation to acceptance of visible tattoos in the health care settings is limited, outdated, with conflicting findings. The literature pertaining to the hospital policies and visible tattoos may not be evidence-based. Two research studies, conducted in 2010 and in 2012, revealed that patients had more negative confidence level of care implemented by nurses with visible tattoos. Other studies also suggest that patients rated the nurses with least skills, least caring, and less knowledgeable when they have conflicting dress codes and with visible tattoos. The health care staff without visible tattoos was regarded by patients more positively compared with the health care staff with visible tattoos. Thus, studies suggested that many health care settings have policies regarding tattoos, even though this was not evidence-based. There is a dearth of information to make informed decisions about tattoos in the health care settings. In 2017, a study was conducted in the Attitudes Regarding Tattoos (ART), and it was assessed the patients' perceptions of physicians with visible tattoos implementing care in the emergency department. This study revealed that there was no effect on patients' perceptions of physicians' skills, professional behavior, or trustworthiness [15].

The health promotion practiced by health care staff can affect the health promotion practices taught to their patients. Those who are overweight are less likely to give advice loose and those who have higher personal activity level are likely to promote positive practices to their patients. Those who are smokers are less likely to teach their patients to start a smoking cessation programs compared with non-smokers health care staffs. Smoking professionals have lower levels of knowledge about positive healthy behaviors, and they do not emphasize the associated risks for smoking, which has a negative impact to patient confidence level of care [16].

The impact of physical appearance

A literature review on patient's perceptions about nurses focuses on quality of care, communication and the professional image of nursing based on clothing, but no studies exist on the patient's perception of the nurse's body image and perceived competence. Patient

satisfaction shows ample studies examining indicators of quality of care such as a nurse's compassion, response to the need for pain medication, communication, and patient education. Chang., *et al.* (2003) examined if demographic characteristics such as age, gender, and cultural background influence patient perceptions about the nurse. Conclusions were that older females thought physical aspects were more important than did younger male patients. When patients had minimal contact with the nurse and lacked information from the nurse about procedures and recuperation, patient satisfaction scores decreased [17]. Patients value gentle and frequent communication from their nurse.

The image of nursing has also changed with the evolution of nursing uniforms from the Edwardian-romantic nurse of the 1800's to the variety of colored scrubs. The public does still identify the nurse as the one with the tailored white dress and cap. Recent data suggests that RNs appeared more professional if they wore a standardized uniform style and color, however there was no one preferred color [7]. Physical indicators for patient perceptions about a nurse's professionalism was studied by surveying 120 college students and found that participants perceived a nurse who took time to improve physical appearance to be professional, trustworthy, and least lazy. A nurse who looked disheveled was perceived as being less professional, less confident, and even less compassionate [18].

The public does consider the professional nurse as one who combines knowledge, skill, and caring [19-23].

Methods

The study question for this research seeks to know if the nurse's physical appearance of weight and body piercings influence a patient's perception about the nurse's competence and ability to be a role model for health. The study was a phenomenological qualitative survey with patient populations in three countries in Central and South America. The countries sampled were Colombia, Peru, and Costa Rica where nurses and nursing students were serving as volunteer nurses in a general medicine clinic. Participants were randomly sampled patients while in a waiting room before seeing the Provider. Translators were used to ask the survey questions to each participant in their native language.

The study is a self-scored survey of 10 questions on a Likert scale from strongly agree to strongly disagree. It was given to patients in a clinical setting as they waited in the waiting room. The study participants were random for gender and age, based on those who attended the general medicine clinic. Participation in the survey was voluntary and without compensation.

The nurses received the patient, completed a thorough history and physical exam, and completed all patient education, with the help of translators. The Provider was a native physician from the country. Each nurse had the majority of time with the patient and surveys were completed before the nurse and patient encounter. The variety of nurses and student nurses included 95% women in their 20's, 5% men in their 20's and an even mix of ethnicities including white Caucasian, Mexican/Latino, Asian/ Pilipino, and African American. Of the twenty nurses approximately ¼ were overweight, ¼ were obese and ½ were within the normal body mass index (BMI). Approximately ¼ had visual tattoos or facial piercings such as nose, lip, or eyebrow piercings. The survey asked participants to score how much they agree or disagree with ten statements.

Findings and Discussion

Results were completed with statistical analysis to identify the mode for each question for each country and T scores between ages and correlations of results. Below are the ten questions and the responses comparing Latinos with the Americans surveyed.

There is a general belief that being obese nurse is not a problem for the Latinos, but a smoking nurse or nursing instructor interferes with them being a role model of health. Smoking interferes with the ability of a nurse to give good care. Interestingly, the Latinos didn't have a problem with tattoos but preferred a nurse who didn't have facial piercings. More Americans than Latinos preferred a nurse without tattoos and a nurse who wasn't obese.

There is a generational and cultural effect on the perception of the image of a nurse as a healthy role model. Central and South Americans didn't view obesity as a negative feature in their nurse at all. Characteristically in Mexican and Latino countries, overweight and obesity are not seen as negative features. Historically, obesity was seen as a sign of wealth and abundance. An overweight or even obese nurse was seen equally as competent as a nurse in a healthy body mass index. In comparison, Americans were less trusting of an obese nurse giving health or diet information.

The older generation in every surveyed country was influenced negatively by a nurse with facial piercing, and tattoos. For patients older than fifty, all viewed facial piercings and tattoos as distracting and that the nurse was less competent. Patients younger than thirty years-old overall didn't feel facial piercings or tattoos made the nurse any less competent.

About 83% of patients in all countries surveyed preferred a nurse who doesn't smoke. In the older adult population of greater than fifty years old, patients viewed a nurse who smokes as not being a good role model.

1. A nurse's weight affects the ability to give good nursing care.

   36% Latinos agreed; 50% Americans agreed.

2. An obese nurse cannot be a role model for health and wellness.

   32% Latinos agreed; 35% Americans agreed.

3. A nursing instructor who is obese cannot be a role model to students.

   46% Latinos agreed; 47% Americans agreed.

4. A nurse who smokes cannot be a role model for health and wellness.

   50% both Latinos and Americans agreed.

5. A nursing instructor who smokes cannot be a role model for students.

   92% Latinos agreed; 75% Americans agreed.

6. Smoking affects the quality of care given by the nurse.

   95% Latinos agreed; 74% Americans agreed.

7. I prefer a nurse who does not smoke.

   83% Latinos agreed; 62% Americans agreed.

8. I prefer a nurse who is not obese.

   32% Latinos agreed; 62% agreed.

9. I prefer a nurse who doesn't have tattoos.

   39% Latinos agreed; 52% Americans agreed.

10. I prefer a nurse who doesn't have facial piercings.

    50% Latinos agreed; 40% Americans agreed.

Conclusion

Nurses need to be aware of their physical appearance and the influence it may have on their perceived competence and ability to be a role model of health in the eyes of their patient. The value of this study is for nurses to acknowledge that their physical appearance influences how patients perceive them. In an era of heightened attention to customer service, nurses must also be conscientious of their professional appearance and perception by their patients, their customers. The modern image of nursing depends on nurses understanding the power of their impact on patients, healthcare in general and health outcomes.

Along with the saying, "people don't care how much you know until they know how much you care", may be added, "people don't care how much you know if you don't care how good you look."

Limitations of Study

The participants were interviewed at a free medical clinic in Peru while working with nurses directly. Each additional country was represented by a small population when surveyed in an international airport.

Implications for Nurses

First impressions matter to patients. The perceived effectiveness of a nurse is related to the physical appearance of a nurse.

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