

The Impact of Physical Appearance of Nursing Instructors on Nursing Students

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Abstract

Physical appearance impacts personal opinions of others. Extant research concludes that professional dress is positively associated with competence and more informal attire is correlated with compassion and approachability, but not necessarily competence. Academic instructors are also judged by students on their physical dress and appearance. Those who are dressed professionally are rated by their students as more competent, while the professor who dresses more informally is judged to be more compassionate, yet less competent. Other factors that impact physical appearance include weight, visible body piercings, tattoos, and evidence of smoking. There is limited research on how nursing students feel about nursing instructors who are obese, have tattoos or are smokers. It appears that nursing students may hold some of the same prejudices and biases about obesity, tattoos, and smoking that are present in the general public. The objective of this research study examined the impact of nursing instructor's physical appearance on nursing students' opinions towards the instructor's competence. In Las Vegas, Nevada, 255 undergraduate RN nursing students in various semesters of their schooling were surveyed about how they judged an instructor's competence and ability to be a role model based on their physical appearance. Results were mixed based on the age of the nursing student and each physical factor being surveyed including obesity, visible tattoos, facial piercings, and smoking status. The value of the study is for nursing instructors to gain insight into the impact of their physical appearance upon their own credibility with nursing students.

Keywords: *Nursing Faculty; Image of Nursing; Instructor Effectiveness; Obese Professionals; Nurses Who Smoke; Nurses with Tattoos*

Background

Physical appearance and clothing play a critical role in creating impressions of others. Physical appearance, attractiveness and professionalism have all been identified in previous studies as factors that impact student perceptions of the instructor [1,2]. Educators today must achieve not only subject matter expertise but also be able to build rapport and credibility with their students to inspire the modern generation of diverse learners. Nursing instructors must do the same. An advantage of being a nursing instructor is that they must already be a Registered Nurse, and generally have a master's degree beyond their nursing degree in nursing education, which provides some inherent credibility.

In academia, results have revealed that instructors who dress more professionally are perceived as being more knowledgeable, prepared, organized, trustworthy, and competent. In contrast those who dress more casually were considered approachable but not as competent [3]. Formal attire is generally associated with competence, organizational skills, and intelligence, while informal dress and physical appearance are associated with approachability, compassion, and warmth. While all of these qualities are desirable for instructors, it is valuable to gain insights into what physical appearance style promotes which qualities.

Physical appearance in the professional setting has an impact on how others are viewed and judged. Physical appearance can have both positive and negative effects on professionals in the workplace [4]. One effect is the perception of competence, which is a judgement others make based on appearance. Someone who is well-dressed and well-groomed may be seen as more competent and trustworthy than someone who is disheveled or unkempt [5]. Another effect of physical appearance is the level of confidence the person feels about themselves, and the confidence others feel towards the individual. This can be beneficial in a professional setting, as it can lead to better performance and more assertiveness. Unfortunately, studies show that physical appearance can lead to bias and discrimination in the workplace. People who do not fit certain dress and beauty standards, including weight, may be discriminated against, or overlooked for job opportunities and promotions. The way people dress and appear may also contribute to an overall work culture from more formal and hierarchical to more relaxed and casual. In some cases, physical appearance can also make someone more vulnerable to sexual harassment in the workplace. This can be particularly true for women who are seen as attractive or who dress in a provocative manner.

The physical appearance of a nurse can have a significant impact on patient perceptions, as it can affect how patients feel about the quality of care they are receiving [6-8]. Patients are more likely to trust and have confidence in a nurse who is well-groomed, clean, and professional-looking, which can lead to better communication, compliance with treatment plans, and overall satisfaction with care. A nurse's physical appearance can also affect how they are perceived as a professional. For example, if a nurse is wearing scrubs that are wrinkled or stained, it may give the impression they are sloppy and not as professional or competent [9]. When a nurse is dressed professionally and clean patients may likely perceive the nurse as empathetic and approachable opening communication, which may decrease potential errors [10]. Physical appearance can also lead to stereotyping and bias in healthcare. The physical appearance may also be perceived differently by different cultures who have expectations of a nurse's appearance [11]. The public image of nursing is impacted by physical appearance [12].

Likewise, the physical appearance of a nursing instructor, who functions in a professional role in academia, can influence perceptions of nursing students [13]. In several studies published in the *Journal of Nursing Education*, nursing students perceived nursing instructors who were dressed professionally as more competent and organized than those who were not [14]. Nursing students look up to nursing instructors as role models for the profession and the physical appearance of an instructor can set an example of professionalism for students, or not [15]. An instructor who is well-groomed, dressed appropriately, and presents themselves in a professional manner can help instill these values and expectations in students. The physical appearance can also influence the perception of approachability. Interestingly, nursing students may make assumptions about an instructor's competence or abilities based on their physical appearance. For example, students may assume that an instructor who is older or who dresses in past fashion and clothing styles is not up to date with current nursing practices either. Nursing instructors, like other educators and professionals, may benefit from presenting themselves in a professional and approachable manner, which may include dressing professionally, and practicing good hygiene [16].

Beyond the style of clothing or hair, are the physical issues of overweight, obesity, visible facial and ear piercing, and visible tattoos. This study sought to identify the influence of these physical characteristics of nursing instructors on nursing students.

Literature Review

There is ample studies on the effect of physical appearance of professionals on those who they work with, including nurses and their patients. Additional studies on the influence of a nursing instructor's physical appearance on their students have also become available as the image of nursing has evolved. A study at the University of South Dakota examined the impact of an instructor's attire on student perceptions of faculty credibility [17]. The results showed a significant positive correlation between student performance and their perception of credibility towards the instructor. Instructor credibility was not contingent upon the physical dress of the instructor but did show a positive correlation with the student performance, attentiveness in class, if the student had respect for the instructor. Other studies have examined the student nurse's opinion of their nurse mentor based on physical appearance and found correlations between poor appearance and low respect [18,19].

The present study desired to determine specific physical parameters that may influence the respect nursing students have for their nursing instructor. Obesity, visible tattoos, facial piercings, and smoking status are other physical characteristics worth examining as all are prevalent among the general population. Although nurses continue to rank as the number one most trusted profession in Gallup surveys for several decades, the image of nursing continues to evolve [20,21]. The profession of nursing still struggles with public image of being a profession requiring diligent training and intellect [22-24].

Obesity bias

Obesity is a significant health issue in America, with a high prevalence of overweight and obesity among both adults and children. According to the Centers for Disease Control and Prevention (CDC), more than 42% of adults aged 20 and over are obese, and 73.6% are overweight. Among children and adolescents aged 2 - 19, 18.5% are obese and 33.2% are overweight [25].

Obesity is associated with a range of health problems, include heart disease, stroke, type 2 diabetes, certain types of cancer, and mental health issues such as depression and anxiety. It can also lead to reduced quality of life, increased healthcare costs, and reduced life expectancy. Many factors contribute to the high prevalence of obesity in America including genetics environmental factors, socioeconomic status, and lifestyle behaviors such as diet and physical activity. Efforts to address obesity in American include a range of approaches such as public health campaigns, policy initiatives, and community programs, but it is important to recognize that obesity is a complex issue that requires a multifaceted approach and that individual behavior change alone may not be sufficient to address the problem.

Obesity in America is often accompanied by social and cultural prejudices that can negatively impact individuals who are affected by this condition. Stigmatization can lead to discrimination, bias, and negative stereotyping. Obese individuals may be viewed as lazy, lacking self-discipline, or having poor health habits, which can lead to prejudice and negative attitudes towards obese individuals. Obese nursing instructors may be recipients of such discrimination in their own academic setting and students may unconsciously be biased against obese instructors.

Obesity is a complex issue that affects many people worldwide, including faculty members in academic institutions. Key findings from the literature review on the topic of obese faculty reveal several issues. Obese faculty members may face discrimination and bias in academic settings, including negative stereotypes and assumptions about their abilities, qualifications, and work ethic. This can lead to reduced job opportunities, lower salaries, and limited opportunities for career advancement. Obesity can also impact the physical and mental health of faculty members, affecting their job performance and overall well-being. This can lead to increased absenteeism, reduced productivity, and a higher risk of chronic health conditions. There is a growing awareness of the importance of creating supportive and inclusive work environments that prioritize diversity, equity, and inclusion, including diversity in physical appearance. This also includes efforts to challenge stereotypes and biases about body size and weight, and to promote a culture of respect and compassion in academic institutions. Public opinion however on obese nurses is not favorable as confirmed in multiple studies [26-28].

Education and awareness initiatives play an important role in promoting healthy behaviors and preventing obesity among faculty members. These may include nutrition and fitness programs, stress management techniques, and workplace policies that support healthy eating habits and physical activity. Support and resources for obese faculty members, such as access to counseling services and accommodations for physical challenges, can help promote a positive work environment and reduce the negative impact of obesity on their job performance.

Overall, the literature on obese faculty highlights the need for greater awareness and understanding of the complex issues surrounding obesity, including the impact on academic institutions and the importance of creating inclusive and supportive work environments. Efforts to promote healthy behaviors, challenge stereotypes and biases, and provide support and resources for obese faculty members can help to improve their job satisfaction, productivity, and overall well-being.

There is limited research specifically on nursing student perceptions towards obese nursing instructors. However, there are a few studies that have explored nursing student attitudes towards obesity and the impact of weight bias on healthcare delivery. One study surveyed nursing students to assess their attitudes towards obesity and weight bias. The study found that nursing students held negative attitudes towards obese individuals, with many believing obesity as a personal failing or evidence of poor health habits. The study also found that weight bias could impact the quality of care provided to obese patients [4]. Another study examined nursing student attitudes towards obesity and weight bias in the context of clinical education [7]. The study found that nursing students perceived weight bias as a significant issue in healthcare and expressed a desire for more education and training on how to provide equitable care to patients regardless of body size or weight. A study published in the *Journal of Nursing Education and Practice* explored nursing student attitudes towards obesity and their perceptions of the role of nurses in promoting healthy lifestyles. The study found that nursing students recognized the importance of promoting healthy behaviors and lifestyle choices but expressed concern about the potential for weight bias and stigma to impact patient care.

While these studies do not specifically address nursing student perceptions towards obese nursing instructors, they do suggest that weight bias and discrimination are important issues to address in nursing education and practice. It is important to promote a culture of inclusivity, respect, and empathy for all individuals, regardless of their body size or weight, in order to provide equitable and compassionate care to all patients.

Some students may view obesity as a personal failing or as evidence of poor health habits, which could lead to negative attitudes or assumptions about obese nursing instructors. Additionally, students may perceive obese instructors as less competent or less credible in their role as educators, which could lead to a lack of respect or engagement with the course material.

On the other hand, some nursing students may view obese instructors as relatable and empathetic, particularly if they themselves have struggled with weight or body image issues. Obese instructors may also be seen as role models, demonstrating that it is possible to be successful in the nursing profession regardless of body size or shape. It is important to recognize that weight bias and discrimination can be harmful and contribute to negative health outcomes. As healthcare professionals, nursing students should strive to cultivate a culture of inclusivity, respect, and empathy for all individuals, regardless of their body size or weight. This can involve challenging negative stereotypes and assumptions, promoting body positivity and self-acceptance, and advocating for policies and practices that support the health and well-being of all individuals.

Tattoo bias

Biases against people with tattoos have been present in various cultures throughout history, and they continue to exist today in many societies. Some potential implications of these biases include negative stereotypes, discrimination, stigmatization, and even limited career opportunities. People with tattoos have historically been stereotyped as being rebellious, unprofessional, or even criminal, which can

impact their opportunities for employment, housing, and even social acceptance. People with visible tattoos may face discrimination in various settings, including the workplace, schools, and social environments. Visible tattoos have also been known to limit career opportunities in traditional professional jobs such as for dentists, lawyers, doctors, and high-end business industries. It is important to recognize that biases against people with tattoos are often based on assumptions and old stereotypes, which can have harmful impacts on individuals who are affected by them. An interesting evolution in fashion and American culture has taken place in the past two decades where body art is becoming not only acceptable but fashionable.

Body piercing bias

Biases against facial piercing, like biases against tattoos, can impact an individual's opportunities for employment, social acceptance and overall well-being [29]. Some potential implications of these biases include negative stereotypes, social exclusion, discrimination, and stigmatization similar to body tattoos. Concerns about safety and hygiene are also recognized among healthcare professionals for both body piercings and tattoos. Similar to tattoos, body piercings are often based on older stereotypes. Attitudes towards body piercings have also begun to evolve over the past two decades allowing for not only acceptance but status as fashion statements. Due to the change in popularity the industry for tattoos and body piercings is also becoming more regulated.

Smoker bias

The bias against smokers refers to the negative attitudes and discriminatory treatment that smokers may face from non-smokers or society at large. This bias is based on the medical belief that smoking is harmful and unhealthy behavior that has negative consequences for both smokers and nonsmokers around them through second-hand smoke. As a result, smokers may be subjected to social stigmatization, discrimination in the workplace, and limitations on their personal freedoms, such as smoking bans in public places.

There is a significant body of research that has explored bias against smokers, both in terms of societal attitudes towards smokers and the impact of smoking-related stigma on smokers themselves [30]. Studies have found that smoking is one of the most stigmatized behaviors, and that smokers are often viewed negatively by non-smokers and society at large. This negative attitude towards smokers can manifest in many ways, including social exclusion, discrimination in employment and housing, and negative health outcomes [30].

Some people may view smokers as lacking self-control, being selfish or irresponsible, or as a burden on society due to the increased healthcare costs associated with smoking-related illnesses. It is important to recognize that smoking is a complex addiction that can be difficult to quit, and that smokers may face many barriers to quitting, including addiction, stress, and lack of access to resources and support. Therefore, it is important to approach the issue of smoking with empathy and understanding, and to provide smokers with the resources and support they need to quit if they so choose.

In addition, studies have found that smoking-related stigma can contribute to health disparities and inequalities, particularly for marginalized populations such as low-income and minority smokers [31]. These groups may already face significant barriers to accessing healthcare and resources for smoking cessation, and stigma can further exacerbate these challenges. The research on bias against smokers highlights the need for increased awareness and understanding of smoking as a complex addiction and the importance of providing support and resources for smokers who want to quit. It also underscores the need to address smoking-related stigma as a public health issue in order to promote equitable health outcomes for all individuals, regardless of their smoking status. Interestingly, studies also demonstrate that the very campaigns for smoking cessation may also contribute to the negative bias towards smokers as stigmatizing them in negative ways [32-34].

One study examined opinions of patients who were surveyed found that healthcare professionals who were smokers were viewed less favorably than non-smokers, particularly in terms of their ability to provide health advice and care [35]. Another study by Smith and colleagues [36] found that healthcare professionals who were smokers were viewed by patients who were surveyed as less competent and less trustworthy than non-smokers.

In general, nursing students have a negative opinion towards smokers as they have learned it is a leading modifiable behavior that contributes to the major preventable diseases including heart disease, lung cancer, vascular disease and more [37]. Nursing students hold negative attitudes towards nursing instructors who smoke as they may view smoking as incompatible with the role of a healthcare professional [28,38]. Several studies surveyed nursing students and found that students were less likely to perceive smoking instructors as professional role models and found the behavior as incompatible with the professional role of nursing [27,37]. Nursing students are trained to promote health and wellness, and smoking is widely recognized as a significant health risk. Some nursing students find it difficult to reconcile their beliefs about the importance of health promotion with the behavior of their instructors who smoke. Additionally, nursing students may feel that their instructors who smoke are not setting a good example for their patients and may undermine their credibility as healthcare professionals. One study that examined patient views towards healthcare professionals who smoke concluded that patients and their colleagues had less confidence in a healthcare professional who smoked. Healthcare professionals who smoke also admitted to offering smoking cessation guidance and counseling less than their non-smoker colleagues [38]. This may be particularly relevant in clinical settings where instructors are expected to model health behaviors and serve as role models for their students. Students are generally not allowed to smoke during a clinical shift and may feel the instructor is hypocritical if the instructor leaves for smoking break and comes back smelling of smoke. It is important to note that smoking is a personal choice and should not be the sole factor in evaluating skills or competence of a nursing instructor. Nursing instructors who smoke can still be effective educators and may have valuable insights and experiences to share with their students.

Methodology

This study is a phenomenological qualitative study without any intervention. A survey was given to undergraduate nursing students who were in all semesters of an accredited RN program in Las Vegas, Nevada, which is a very diverse city in the United States. The research survey was explained to the students and there was absolutely no impact on their grade as the nursing professor was not their course instructor. Students were able to withdraw at any time, however the entire study only involved a simple questionnaire without any follow-up from the students or additional time commitment. The survey included 10 questions on the Likert scale. Questions confirmed bias by making statements in opposite extremes.

They did have to disclose if they were a previous or current smoker and give their height and weight to calculate their own BMI. BMI was used to evaluate any bias towards nursing instructors who were obese. The surveys were collected without any student identification and a statistical analysis was then completed. A T-score for relationships between student body mass index, and smoking status allowed for any correlations between their opinions and personal status of the same physical features that were being measured. For example, correlations were made between the student's smoking status and BMI level and how they scored the smoking status and obesity of the nursing instructors.

Findings and Discussion

Demographic data, seen in table 1, shows that of the 255 total students who completed the survey, 215 were female and 40 were male. The percentage of male students is actually higher at 18% than the national average of 11% [39]. The mean BMI for all students was 21, however the mean for girls alone was slightly higher at 22. 32% of the students were overweight or obese, which supports national averages for this age group [40]. The student population age average was 22, which is typical for college-age population. The total of smokers was 56, with 199 being non-smokers and more girls were smokers than the males. Within the non-smoker group included those who were past smokers.

All Students										
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
# of 1	163	109	36	129	66	36	30	39	22	32
# of 2	44	37	40	45	55	15	10	44	30	15
# of 3	24	41	65	39	49	35	97	75	78	126
# of 4	17	32	81	25	53	54	34	38	41	51
# of 5	7	36	33	17	32	115	83	59	84	31
Total	255	255	255	255	255	255	254	255	255	255
Mean	1.67	2.41	3.14	2.04	2.73	3.77	3.51	3.13	3.53	3.13
St Dev	1.07	1.48	1.24	1.28	1.37	1.43	1.30	1.36	1.29	1.11
BMI	Min	Q1	Med	Q3	Max	Mean	St. Dev	Smoker		56
	18	20	20	25	30	21.97	3.15	Non-Smoker		199
Male Students										
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
# of 1	28	19	10	24	13	8	3	3	3	6
# of 2	6	4	6	3	9	4	2	7	2	3
# of 3	4	4	9	4	4	6	15	14	13	19
# of 4	1	5	10	3	9	4	4	5	6	8
# of 5	1	8	5	6	5	18	16	11	16	4
Total	40	40	40	40	40	40	40	40	40	40
Mean	3.70	4.39	5.11	4.07	4.71	5.70	5.49	5.11	5.53	5.31
St Dev	19.26	17.89	17.51	18.34	17.44	17.93	17.87	17.43	17.63	18.42
BMI	Min	Q1	Med	Q3	Max	Mean	St. Dev	Smoker		11
	20	20	20	25	30	21.75	2.86	Non-Smoker		29
Female Students										
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
# of 1	135	90	26	105	53	28	27	36	19	26
# of 2	38	33	34	42	46	11	8	37	28	12
# of 3	20	37	56	35	45	29	82	61	65	107
# of 4	16	27	71	22	44	50	30	33	35	43
# of 5	6	28	28	11	27	97	67	48	68	27
Total	215	215	215	215	215	215	214	215	215	215
Mean	4.29	4.96	5.64	4.71	5.34	6.20	5.88	5.51	5.92	6.64
St Dev	19.80	18.38	17.96	18.89	17.99	18.40	18.29	17.92	18.12	22.55
BMI	Min	Q1	Med	Q3	Max	Mean	St. Dev	Smoker		45
	18	20	20	25	30	22.01	3.20	Non-Smoker		170

Table 1: Demographics of participants.

Survey results seem different than the literature review findings of bias against obesity and smokers. It is possible the generational difference of the students surveyed in this study, known as “millennials,” born from 1990 - 2010, who are known to be more open and welcoming to diversity are decreasing these biases. Results of the questions demonstrated that nursing students disagreed that obesity and smoking interferes with competence as a nursing instructor. They did however agree that obese or smoking nurses cannot serve as a role model for health.

Although the survey results suggest that the nursing students disagree that obesity and smoking are hindrances to competence, they overwhelmingly prefer a nursing instructor who does not smoke and is not obese. These opinion results are interesting to see the difference between their interpretation of competence compared to what they prefer in a nursing instructor’s health habits. Those students who were past smokers judged a smoker nurse harsher and very strongly agreed that a nursing instructor who smokes cannot be a role model for health. There was also a correlation between students with higher BMI’s and their belief that obesity did not impact a nursing instructor’s competence. The student opinions towards facial piercing and tattoos were more neutral and not as polarizing as the weight and smoking questions.

Question		Demographic	# of 1	# of 2	# of 3	# of 4	# of 5	Total Responses
			Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
1.	An obese nursing instructor is not as competent as a nursing instructor within normal weight.	S	163	44	24	17	7	255
		F	119	36	16	12	6	189
		P	9	15	2	8	3	37
		Total	291	95	42	37	16	481
2.	A nurse's weight does affect their competency	S	109	37	41	32	36	255
		F	68	36	21	28	36	189
		P	8	14	4	8	3	37
		Total	185	87	66	68	75	481
3.	An overweight or obese nurse can't be a role model for health and wellness to patients.	S	36	40	65	81	33	255
		F	25	42	49	50	23	189
		P	7	11	6	9	4	37
		Total	68	93	120	140	60	481
4.	A nursing instructor who smokes is not as competent as a non-smoker nursing instructor	S	129	45	39	25	17	255
		F	118	36	16	14	5	189
		P	2	1	1	17	16	37
		Total	249	82	56	56	38	481
5.	A nursing instructor who smokes can't be a role model to nursing students	S	66	55	49	53	32	255
		F	37	41	38	51	22	189
		P	2	1	0	17	17	37
		Total	105	97	87	121	71	481

6.	A nursing instructor who smokes can be just as competent as a nonsmoking nursing instructor	S	36	15	35	54	115	255
		F	24	6	19	50	90	189
		P	3	3	1	14	16	37
		Total	63	24	55	118	221	481
7.	I prefer a nursing instructor who does no smoke	S	30	10	97	34	83	254
		F	18	8	26	39	98	189
		P	1	8	1	11	16	37
		Total	49	26	124	84	197	480
8.	It doesn't matter to me if a nursing instructor smokes	S	39	44	75	38	59	255
		F	54	37	36	30	32	189
		P	6	16	2	6	7	37
		Total	99	97	113	74	98	481
9.	It doesn't matter to me if a nursing instructor is overweight or obese	S	22	30	78	41	84	255
		F	14	25	50	51	49	189
		P	6	15	1	5	10	37
		Total	42	70	129	97	143	481
10.	I prefer a nursing instructor who is fit, trim and healthy	S	32	15	126	51	31	255
		F	27	31	62	49	20	189
		P	6	12	1	9	8	36
		Total	65	58	189	109	59	480

Table 2: Survey scores.

Limitations of Study

The survey was completed by 255 nursing students in an undergraduate program in only one city of Las Vegas, Nevada, which is inherently a widely diverse population. A similar study could be conducted in other cities and states to evaluate local populations and variations between conservative and liberal communities. The BMI of the students was stated only and could also have been more formally measured. The data collector did notice a trend towards understating personal weight. This study examined the correlation between a nursing instructor’s weight and smoking status on the perception of competence and being a role model. An additional study could measure the terms respect and teaching effectiveness or other qualities.

Implications and Conclusion

Implications for students

Recognize physical factors and prejudices that may influence your attitude towards an instructor.

Nursing students can take several steps to prevent bias against obese nursing instructors and promote a culture of inclusivity and respect. The first step in controlling prejudice is recognition and awareness of personal biases. Nursing students should be aware of their own biases and assumptions about obesity, weight, body piercings, and visible tattoos. Nursing students can promote body positivity and self-acceptance, both in their own lives and in their interactions with others. They will care for a wide variety of patients and must

be in control of their own prejudices. Students can also advocate for policies and practice that support the health and well-being of all individuals, regardless of their body size or weight. Students can advocate for equitable healthcare delivery. Students can help foster inclusivity by promoting diversity and inclusion in their interactions with colleagues and patients. Students who represent the next generation of nurses can also seek out education and training on weight bias and discrimination to incorporate into their practice as future healthcare professionals. Seeking out opportunities for self-reflection, controlling their own prejudice and encouraging personal growth on acceptance of others regardless of weight status, tattoos, or body piercings. As healthcare professionals however, nurses do still have a responsibility to teach patients about self-care, avoid infections from piercing procedures and weight management options including nutrition counseling, medication assistance for weight loss, and hygiene.

Implications for nursing instructors

Nursing instructors need to recognize that their physical appearance may make an impact on their perceived effectiveness and competence. While improving their own health if needed, such as losing weight if they are overweight or obese, nursing instructors can also help promote an environment of inclusion and civility. Discussions about infection control for body tattoos and piercings is warranted but moral judgment for those with these should be withheld. Obese nursing instructors may face weight bias, lower job satisfaction and even limited career advancement. Obese nursing instructors need to be aware of the potential negative impact their physical appearance may have on their own credibility and perceived competence and take efforts toward weight loss if possible. They may face challenges in establishing trust with patients and students who hold negative attitudes towards obesity.

Education and awareness initiatives plan an important role in promoting healthy behaviors and preventing obesity among faculty members. These may include nutrition and fitness programs, stress management techniques, and workplace policies that support healthy eating habits and physical activity. Support and resources for obese faculty members, such as access to counseling services and accommodations for physical challenges, can help promote a positive work environment and reduce the negative impact of obesity on their job performance [41].

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