No scrubs. No shoes. No serving.

In a bid to reduce patient confusion, the Ottawa Hospital has introduced a dress code that will require staff to wear uniforms prescribed by their respective departments and functions.

The Ontario-based hospital may be the first to issue a formal, publicized dress code in the country. Put into effect in March, the code requires staff to don their scrubs and lab coats whenever they enter the hospital, and take them off when they leave, even for a quick trip to the convenience store. Hospital workers who do not deal directly with patients are obliged to wear business casual.

The dress code, though, does not define professional attire other than to prohibit jeans, workout clothes and anything revealing — think crop tops and short shorts.

“We wanted to make sure everyone is dressed professionally,” says hospital spokesperson Allison Neill.

Neill says that patients often had difficulty distinguishing between various tiers of clinical staff, and for years, have written letters of complaint to the hospital stating that they couldn’t tell nurses apart from other health care workers. The confusion prompted administrators to develop the hospital-wide dress code (www.ottawahospital.on.ca/wps/wcm/connect/acc1d08045b4df838effee37f5617b32/ADM+X+310-Dress+Code+%282010%29.pdf?MOD=AJPERES).

The move bucks a trend over recent decades toward more relaxed attire.

But it also reflects a trend among hospitals to respond to patient feedback, says Pamela Fralick, president and CEO of the Canadian Healthcare Association.

It’s “so that patients can tell who’s who,” Fralick says. Colourful, informal clothes demystify caregivers and make them seem more accessible. “The idea of seeing our health providers in less frightening and authoritarian uniforms ... has its merits.”

But it also can confuse patients, she adds. Without uniforms or an enforced

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Patients have difficulty distinguishing between various tiers of clinical staff when uniforms are not colour-coded by function, an Ottawa Hospital official argues.

dress code, “you can’t tell who’s your physiotherapist, who’s your psychotherapist, who’s your nurse and who’s your doctor.”

The national association has not taken a stance on dress codes, leaving it up to individual institutions to regulate what medical staff may and may not wear on site.

The Ottawa Hospital’s dress code was five years in the making and involved several iterations and consultations with staff, hospital officials indicated. Administrators discovered there were few codes to imitate as most facilities in Canada or the United States lack codes or guidelines for attire.

“Beyond something that could impact patient care, no standardized guidelines exist for dress,” Matt Fenwick, media relations officer at the American Hospital Association, writes in an email. Each hospital is responsi-

ble for developing its own policy, since their requirements would vary.

To the extent that there are common elements among existing hospital dress codes, most prohibit T-shirts with highly visible logos or images, and encourage conservative forms of dress. They also recommend that piercings be limited (in one case, no more than two) and tattoos covered up. Women’s skirts must be at least knee-length, while long hair must be pulled back. Badges must be visible.

The few hospitals that have dress codes typically do not make them available to the public but, like the McGill University Health Centre in Montréal, Quebec, circulate them internally.

Other hospitals have codes for hygiene that can encompass some elements of attire or appearance. In some cases, they include reminders to keep hair neat and facial hair and fingernails trimmed.

Many hospitals outlaw open-toed shoes in clinical areas, especially for staff who are in direct contact with patients and risk being splashed with bodily fluids, or having needles and other sharp objects dropped onto their feet. The Ottawa Hospital's code requires that staff who work in laboratories and patient care areas wear shoes that feature nonslip soles and are fully closed at the toe.

Such safety concerns appear justified in the wake of studies that have demonstrated that hospital attire may place patients at risk of infections.

Over the past decade, research has shown that *Clostridium difficile* and Methicillin-resistant *Staphylococcus aureus* (MRSA), two common culprits behind hospital-acquired infections, may be transmitted to patients via lab coats and nurses' uniforms. The evidence, though not conclusive, helped lead to measures in the United Kingdom that eliminate dangling bits of clothing, such as neckties, as well as jewelry (*J Hosp Infect* 2007;4:301–07).

The UK's National Health Service issued guidelines for uniforms and a dress code for medical practitioners in 2007. Known informally as the “bare below the elbows” policy, the document

discourages bracelets and long sleeves, which are seen as a barrier to effective handwashing.

The American Medical Association mulled similar guides but decided at its 2010 annual meeting there was insufficient evidence that sleeves are vectors for illnesses. If medical staff follow proper hand hygiene, the association reported (www.ama-assn.org/amednews/2010/06/28/prsn0628.htm), there should be no concern over disease transmission through lab coat sleeves.

The Ottawa Hospital is now providing nurses with a lab coat that has elastic bands around the cuffs. Neill says the cuffs are meant to roll up easily so that nurses can wash their hands more thoroughly.

Lab coats for nurses are part of a trend toward a more professional look, says Christina Bates, a historian at the Canadian Museum of Civilization. “[The lab coat] is white ... and it has a white collar connotation. It also has that efficient, scientific connotation.”

Other hospitals in Canada have a more informal approach toward dress codes. The Hospital for Sick Children (SickKids) in Toronto, Ontario, for example, rolled out nurses' uniforms in

2007, consisting of cargo pants, colourful cotton shirts, polo shirts, tunics and recycled fleece vests. The outfits were not mandated, but encouraged.

So far, those uniforms are unique in Canada. That may be because Sick Kids serves only children, says Bates.

Bates adds that pediatric nursing has influenced other medical fields in the past, and is partly responsible for a shift from starched, white pantsuits and scrubs to bright, colourful attire starting in the 1970s.

Fralick says the move towards more casual attire in recent decades also reflected a focus on workers' needs. “I think this was a move to help the provider, make them feel more comfortable, give them some flexibility, make them feel less regimented,” she says.

But now hospitals face the challenge of balancing the needs of health care workers, who need to be comfortable, with those of patients, who want their doctors and nurses to look approachable but professional, she adds. “For patients, it does appear that is important. In the end, that's what it's all about.” — Samia Madwar, Ottawa, Ont.

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