



# The Last Word: Uniforms in Aesthetics

Dr MJ Rowland-Warmann discusses why she believes aesthetic practitioners need to take uniform policies more seriously and outlines where she thinks the industry is going wrong

**Uniforms are introduced to us all from a very young age and it is likely that many of us will wear some sort of uniform for the rest of our professional adult lives.**

As early as the nineteenth century, doctors wore recognisable white lab coats to treat their patients, this was to connote authority and attempt to distinguish themselves from mystics and 'quacks'.<sup>1</sup> Professions from policemen to paratroopers have a history of livery to inspire, protect and assist, so wear uniforms that reflect this. But what is the dress code for an aesthetic practitioner, who I believe also has a duty to inspire, protect and assist?

Few will be able to argue that uniforms do not have a valid purpose; the right attire can actively promote patient safety and hygiene, as well as showing patients you take your professional presentation seriously. They're also an opportunity to identify with your team and improve morale. Unless you're a particularly fashion-conscious practitioner, isn't there also something liberating about not having to choose an outfit each morning?

Dressing appropriately is not just for your benefit, but it shows how our fledgling profession is viewed by others such as patients and aesthetic colleagues. Clinicians should ask themselves, how do you want to present yourself? How do you want to present your corporate entity? But most importantly, how do you want to present the aesthetic industry to the public? So, why am I so frequently surprised by some of the most experienced practitioners in what they perceive as appropriate?

## Current guidelines

There are no guidelines set out by any medical regulatory bodies on what is classified as suitable attire for aesthetic practitioners working in private clinics.

The British Medical Association (BMA) advises that it is good practice to 'dress in a manner which is likely to inspire public confidence', 'wear clear identifiers (i.e. a name badge)' and 'keep finger nails short and clean', whereas it is seen as poor practise by the BMA to 'wear hand or wrist jewellery/wristwatch' and 'wear false nails for direct patient care'.<sup>2</sup>

In dental practice, uniforms are mandated – the wear of which is not permitted outside the practice and the same goes for the NHS<sup>3</sup>; this is a significant issue that a lot of practitioners fall foul of. This is for the simple reason that outside germs should be kept away from procedures, and biohazards should stay within the practice to protect the wider public. A report released by the National Institute for Health and Care Excellence indicated that in 2010 in England, infectious diseases accounted for 7% of all deaths and around 300,000 patients a year acquire a healthcare-associated infection as a result of care within the NHS.<sup>4</sup> This just confirms how important hygiene is.

Personal protective equipment (PPE) guidelines state that personal appearance must be tidy, long hair should be tied back, earrings to be studs and a conspicuous absence of any rings or watches. These are just the top line minimum standards, but are supported by a study held by Cambridge Core which shows that bacterial load and bacteria transmitted were significantly higher on ringed fingers compared with control hands.<sup>5,6</sup>

I shouldn't need to elaborate on why uniforms should be gold standard in performing any type of medical procedure for cross-infection purposes. You know not to wear your hair down when performing a thread lift and are likely to be aware of the types of bacteria living on the skin and hair. Your patients don't deserve to develop an infection after treatment from the bacteria stuck under your watch strap. Yet time and time again I see practitioners treating their patients, pausing to flick their hair out of their eyes with a gloved hand and rings bulging through nitrile.

## Symbolic meaning

Not only is dressing appropriately for clinical treatments vital in ensuring health and safety standards are high, but it has been indicated through a 2012 study held by the *Journal of Experimental Social Psychology* that wearing a uniform can increase work performance and instil trust for the patient. 'Encloded cognition' is the product of research surrounding the symbolic meaning of specific clothes, coupled with the physical experience of wearing them. It found that lab coats on physicians not only make patients pay more attention, but actually increase the wearer's sustained attention and ability. Those who donned lab coats performed better in critical tests versus the group who wore their own clothes.<sup>6</sup> Whether it's lab coats or other scrubs, there is a genuine and real argument that what you wear matters. It has been shown to increase the receptive performance of the patient and the clinical performance of the caregiver, even improving attention to detail. This has not only been demonstrated in medicine, but across the board in professions and disciplines; think barristers' gowns, chefs' hats and I'm sure you'd agree that putting on your gym gear makes you more likely to become active.

So, if wearing the right clothes makes you a better clinician and improves patient outcomes then why do so many just get it so wrong?

### Presenting at conferences

When I watch others demonstrate medical procedures, I often find myself asking whether a medical procedure is taking place or if it's a night out on the town. Aesthetics is a glamorous industry, there's no disputing that. Like the very patients we treat, practitioners are often conscious about the way they look too. Some will think that wearing a designer suit shows others they are a good practitioner because it's opulent and aspirational. But, we need to be thinking harder about this. What sort of patients do you *really* want to attract and how do you want your specialty to be perceived by others? Not only that, but it is important to think about the messaging we are sending to our junior peers. Are we a serious profession, or a multitude of blundering fools fixated on fashion?

I have found that this is particularly apparent at industry conferences, so it's not only within the practice that our attitude to attire should change for the benefit of patients. Conferences are a place to be educated and to network with friends and colleagues, not to show off who has the most success by the tag on your suit, and we still need to maintain clinical standards, especially when performing live demonstrations.

### Conclusion

As aesthetic practitioners we need to stop hiding behind the lack of regulations and perform a little more self-discipline with the hope of shaping opinion across the industry. Alongside the obligatory mask and gloves, I believe that scrubs or, at the very least, lab coats should be considered mandatory. Appropriate medical clothing to

perform aesthetic procedures should not be optional. It enhances patient safety and reinforces the professionalism with which we, as medical professionals, should present ourselves. I believe that clothing choices must be appropriate and overtly professional. They should correlate with the serious and technically demanding job that aesthetic practitioners are part of, which I believe contributes to the specialty's standards and reputation. Changing the mentality of an entire industry requires the kind of effort that we can only achieve with a global, concerted and paradigm shift in attitude. I think we should all start to think about changing the fabric of aesthetics – for the sake of our patients.



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