Care home uniforms: exploring stakeholders' views on clothing options for staff

Nursing Older People

evidence & practice
staff uniforms

Why you should read this article:

- To enhance your understanding of the arguments in favour of staff wearing or not wearing uniforms
- To learn about the views of staff, residents, relatives and visiting professionals on clothing options for care home staff that were identified in an exploratory study
- To recognise the areas that need to be considered to ensure any changes to staff uniform policy are implemented effectively

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Suzanne Mumford works for Care UK, which funded this exploratory study

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Abstract

Background Views in the care home community are divided regarding whether or not staff should wear a uniform. There is little research on the topic, and the views of care home residents and their relatives are rarely sought.

Aim To capture the views of staff, residents, relatives and visiting professionals in two care homes about the use of uniforms.

Method This small-scale exploratory study used photographs showing three clothing options: a formal option, a polo shirt option and an 'own clothes' option. Each option was modelled in two different poses - one 'approachable' and the other 'unapproachable'. Staff, relatives, the wider care home team and visiting professionals expressed their preferences by replying to a short survey. Residents, all of whom had dementia, expressed their preferences through a table-top activity.

Findings Overall, the formal clothing option was preferred for formal care activities and the 'own clothes' option was preferred for social activities. The polo shirt option often obtained the second-highest number of preferences. The photographs featuring the 'unapproachable' pose were rarely selected.

Conclusion The approachability of staff is just as important as the clothes they wear. An alternative to formal uniforms could be for staff to wear polo shirts, possibly as an interim measure to explore the effects of changing the care home's uniform policy.

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Keywords

care homes, clinical, communication, dementia, neurology, nurse-patient relations, nursing homes, older people, professional, professional issues, uniforms

Staff uniforms have been a topic of ongoing debate in the care home community for many years. Some care home staff gain a sense of professionalism from wearing a uniform and residents can find it reassuring to receive personal care from someone in a uniform (Knocker 2018). Others see uniforms as a symbol of an 'us and them' power imbalance and a barrier to creating a 'homely' environment for residents (Knocker 2018, Vogel 2018). While some families like a casual 'no-uniform' style, others like being able to immediately identify who the members of staff are when entering a care home (Short 2022).

Most care homes seem to prefer their staff to wear a uniform some care providers have removed the requirement for uniforms, in an attempt to make care homes feel more homely. Knocker (2018) encouraged care homes to move away from staff wearing uniforms, suggesting that uniforms make all staff look similar, which can 'result in a person with dementia finding it harder to distinguish between different paid carers'.

Research evidence on care home staff uniforms is limited and findings tend to be inconclusive. Care homes that have moved to a no-uniform policy have seen positive responses, but their findings are generally anecdotal rather than evidence-based (Haseltine and Dirksen 2020, Short 2022). Care homes that are considering making a change to their staff clothing policy may be discouraged by this lack of evidence.

To inform the ongoing development of its dementia strategy, a large care home service provider, Care UK, wanted to gain a better understanding of the views of residents, relatives and staff regarding the wearing of uniforms and other clothing options. Consequently, it funded a small-scale exploratory study conducted in 2020 by researchers at the Association for Dementia Studies at the University of Worcester in Worcester, England.

Literature review

Before the exploratory study was undertaken, an internal Care UK discussion paper had identified arguments in favour of the uniform and no-uniform options, noting that when it came to understanding people's preferences regarding staff clothing, 'the missing link appears to be actually involving people living with dementia and those who care for them', both informally and professionally (Mumford 2019).

Mumford (2019) identified a paucity of research literature on the topic of care home staff uniforms, so **the researchers**

conducting the exploratory study took a broader approach in their literature review and included grey literature as well. They searched the internet for aiiicles on the use of uniforms by staff caring for people with dementia in care homes or residential care settings. Search terms included combinations of 'uniform(s)', 'cai·e home', 'residential care', 'dementia' and 'cognitive impairment'. Since night-time attire was beyond the scope of the study, articles relating specifically to the use of pyjamas by care home staff at night were excluded. The search generated a mix of research articles and grey literature, which were screened by the reseai·ch team for relevance and to remove duplicates. At the end of this process, 26 aiiicles relevant to the study remained.

The literature review found that benefits of uniforms were often described in biogs published on the websites of companies whose main aim was to promote or sell workwear - for example Lauri (2016), Perera (2018) and Interweave Healthcare (2019) - raising the issue of potential bias. Some of these biogs assumed that all staff wear a uniform and therefore discussed different style and colour options, rather than proposing alternatives (Verity 2008, Lauri 2016).

One company raised the question of whether staff should wear a uniform and referred to a 2014 poll on the website carehome.co.uk in which 62% of respondents thought care home workers should wear a uniform (Interweave Healthcare 2019). However, Jones and Miesen (2004) reported that a care provider who had made the wearing of uniforms optional found that 70% of its staff 'immediately took up this opportunity' to wear their own clothes at work. This indicates that what staff think should be the norm might not necessarily align with what they choose to do in practice.

At two care providers that had relaxed their formal uniform policy, Sirona Care & Health (Grahame Gardner Ltd 2012) and Stonehaven Care Group (2013), staff appeared to prefer wearing work-specific polo shirts or tunics in different colours than their own clothes. In a blog about working with a team of home care nurses, Sanderson (2016) explained:

'We decided that having a smart dress code but wearing our own clothes was important. We explored the polo shirt with logo idea- but this is simply a different kind of uniform. We agreed that we wanted a jacket, that eve,yone would have, in the same colour with a discreet logo of the well-being team.'

When the care provider Erskine considered changing staff uniforms, the discussion centred on using colour to differentiate roles, rather than on whether uniforms should be worn at all (Kelly 2016). It is interesting to note that Erskine's uniform revamp included new name badges for staff, with 'the name of the staff member in bigger and bolder print, so it is easier for our residents and their families to read' (Kelly 2016).

Where there had been consultations regarding uniforms, these tended to involve staff (Ford 2018) but not residents. In a case study focusing on the ethics of whether or not care home staff should be encouraged to wear a uniform, Mitchell (2018) stated that it had been 'agreed that the people living with dementia should remain at the centre of discussions'. However, their views had not actually been sought. Objections to a no-uniform policy were noted in relation to negative perceptions by staff and visitors and to infection prevention and control issues. Another concern was that a change of policy might confuse residents. While confusion might be an issue in the short term, these views did not consider potential longer-term benefits such as a more relaxed and informal atmosphere that would contribute towards improving well-being and reducing distress (Mitchell 2018).

Aim

To capture the views of staff, residents, relatives and visiting professionals in two care homes about the use of uniforms. An additional aim was to obtain feedback from respondents about their preferred staff name badge design, since name badges are part of staffs uniforms.

Method

Photographs

Two methods of data collection were used in this small-scale exploratory study: a survey and a table-top activity. Both of these methods centred on a set of six photographs which had been designed to elicit respondents' preferences. The use of photographs ensured consistency, since all respondents would comment on the same images.

The photographs showed three clothing options modelled by a member of staff:

» A formal top and black trousers, representing the formal uniform that care home staff traditionally wear (formal option).

» A polo shirt and black trousers, representing a less formal style of uniform (polo shirt option).

» An informal top and black trousers, representing the 'own clothes' option.

For each clothing option there were two photographs with the model in a different pose: an 'approachable' pose and an 'unapproachable' pose.

All clothing options were checked by the managers of the two participating care homes to ensure they followed existing guidance around sleeve length, neckline and overall style. To avoid respondents being influenced by different colours, the tops in all three options were purple, which matched the care provider's branding.

Surveys

Three surveys were conducted to elicit the views of three groups: care staff, residents' relatives, and the wider care home team and visiting professionals. The surveys were co-designed by the research team and care home management teams. The photographs were positioned so that the two contrasting poses for each clothing option were not adjacent. The same positioning was used in each survey to ensure consistency. The surveys included three images of staff badges - the existing badge and two variations, each of which had a different emphasis on first name, job title or corporate logo.

The surveys comprised nine questions tailored to each group to explore their views and preferences, as well as how they thought residents would respond. Respondents were asked to indicate which photograph represented the uniform or badge that would be the preferred option in different situations, including formal care activities such as physical assistance or personal care and social activities such as walking in the garden, having a conversation and a cup of tea, or listening to music.

Table-top activity

Following discussions with the management teams, it was felt that asking care home residents - most of whom had dementia - to complete a survey might cause unnecessary confusion or distress. Since it was considered important to obtain direct feedback from residents, a **table-top activity was designed.** A staff member who knew the residents would be responsible for explaining and facilitating the activity, since they would be alert to signs of confusion *or* distress.

For consistency, the activity used the same set of photographs of the uniform and name badge options as the surveys, but presented them alongside relevant images to prompt conversations about various activities. This gave residents the opportunity to express their preferences for clothing options according to activity. For example, the image of a garden would be shown to residents alongside the question: 'Which person from the photographs would you like to go out for a walk in the garden with?' The activities pictured included formal care activities and social activities. Residents were also asked to indicate which name badge option they found easiest to read.

Data collection and analysis

Two care homes were chosen by the care provider to take part in the study based on the profile of residents, the number of potential respondents and the care homes' capacity to take part in data collection. However, data collection had to be postponed due to the first coronavirus disease 2019 (COVID-19) lockdown in March 2020. During that time one of the care homes had to withdraw from the study and a replacement care home was identified.

The researchers provided remote support to ensure care home staff understood how to disseminate the surveys and conduct the table-top activity. **When data collection took place** it was still negatively affected by the pandemic, notably because of restricted access to care homes (Joint Committee on Human Rights 2021) and the fact that data collection was not a priority. Therefore, the number of survey responses was lower than anticipated, particularly for visiting professionals and residents' relatives, and only one of the two care homes was in a position to conduct the table-top activity.

Due to the nature of the data, responses were analysed using descriptive statistics (Law 2021). This enabled the researchers to identify respondents' preferred options in different scenarios. The qualitative responses from the surveys' open-ended questions were used to support and explore the quantitative findings.

Ethical considerations

Ethical permission was granted by the University of Worcester Health, Life & Environmental Sciences Research Ethics Panel (Ref: CHLES19200011-R). In response to the COVID-19 pandemic, an amendment was obtained so that data collection processes included the possibility of completing the survey online. This enabled the care homes to email survey links to potential respondents, thus avoiding them having to collect a paper copy.

Completion of the surveys and participation in the table-top activity was voluntary and all respondents were required to provide written consent before proceeding. Information sheets were provided with the surveys to explain the study and enable people to decide if they wished to participate. Staff read out similar information to residents when introducing the table-top activity to ensure that they understood the aim of the activity and what it involved.

Findings

A total of 49 people completed the surveys: 27 care staff, eight wider care home team members or visiting professionals, and **14** residents' relatives. Six residents participated in the table-top activity.

Formal option

The formal clothing option featuring the 'approachable' pose was preferred for formal care activities, both in the surveys and the table-top activity. All six (I 00%) residents participating in the table-top activity chose this option when asked who they would want to give them personal care and physical assistance. Among care staff, 70% *(n=19)* of respondents considered it to be the most practical option to wear at work every day.

Table I shows survey respondents' answers to the subset of survey questions relating to formal care activities.

Table 1. Responses to survey questions relating to formal care activities

Survey question	Percentage and number of respondents who chose the formal clothing option featuring the approachable pose		
	Care staff (n=27)	Wider care home team and visiting professionals (n=8)	Residents' relatives (n=14)
Who do you think the residents would prefer to help them to get washed and dressed?	65% (n=17 out of 26*)	88% (n=7)	79% (n=11)
Who do you think that the residents would prefer to ask for help and assistance?	78% (n=21)	Not applicable	57% (n=8)

Who would you feel confident to approach to discuss concerns about a resident's physical health needs?	Not applicable	88% (n=7)	86% (n=12)
Who looks most trustworthy?	59% (n=16)	88% (n=7)	50% (n=7)

• One person did not answer this question

Own clothes option

Overall, the 'own clothes' option featuring the 'approachable' pose was preferred for social activities, including activities taking place outside the care home. All six (I 00%) residents chose the staff member wearing the 'own clothes' option to go on a trip with, and 67% (n=4) of them preferred the 'approachable' pose.

Among the wider care home team and visiting professionals, 75% *(n=6)* felt that residents would prefer to do activities outside the care home with the staff member wearing the 'own clothes' option. This was also the case for 41% *(n=***11)** of care staff. Furthermore, the 'own clothes' option was chosen by 50% (n=4) of the wider care home team and visiting professionals when asked who they thought the residents would most like to talk to. Of the three options, it was considered to appear the most comfortable by 44% (n=l2) of care staff

Polo shirt option

The polo shirt option appeared to **be the second choice** in most survey answers. Among the wider care home team and visiting professionals, 63% *(n=5)* selected that option when asked who they would feel comfortable approaching if they wanted to raise concerns about the emotional health ofa resident. The same percentage also felt that residents would most likely ask staff wearing the polo shirt option for help.

Only 36% (n=S) of relatives felt that residents would most likely ask staff wearing the polo shirt option for help, but the polo shirt was still their second choice for that question after the formal option (57%, n=8). The pattern was similar for care staff, with 22% *(n=6)* selecting the polo shirt option as their second choice after the formal option (78%, n=21).

Care staff consistently selected the polo shirt option as their second choice for both formal care and social activities. For example, 22% *(n=6)* thought it would be **the preferred choice when assisting residents with washing and dressing** for the formal option. The polo shirt option was selected by 37% *(n=*10) of care staff when asked who residents would like to talk to, second behind the 'own clothes' option (41%, *n=*11). The polo shirt option was also care staffs second choice in terms of practicality (19%, *n=5)* and comfort (30%, *n=8).*

None of the six residents **selected the polo shirt option, since they all chose either the formal option or the 'own clothes' option**

Effect of pose

Regardless of the clothing option, pose was a crucial factor in respondents' choices. During the table-top activity, the six participating residents were asked whether they would not want to be cared for by anyone shown in the photographs. All residents (100%, *n=6)* selected photographs which featured the 'unapproachable' pose in response to this question. This also indicated that residents were able to differentiate between the photographs.

The three photographs with the model in an 'unapproachable' pose were rarely chosen in the surveys. They were chosen by 7% (n=2) of care staff when asked who residents would like to talk to, **and this was the highest percentage the 'unapproachable' pose obtained from care staff.** For the wider staff team and visiting professionals, photographs with an 'unapproachable' pose were never chosen by more than one respondent (13%). When asked about activities outside the care home, 29% (n=4) of relatives chose the 'own clothes' option with the 'unapproachable' pose. For all other questions, photographs with an 'unapproachable' pose were chosen by a maximum of one (7%) relative.

Badges

Respondents consistently chose the badge focused on staffs first name as the easiest one to read. It was preferred by 74% of care staff(n=20), 77% (n=IO) of relatives, 100% (n=8) of the wider home care team and visiting professionals, and 100% *(n=6)* of residents.

Discussion

There is a paucity of research into care home staff uniforms that focuses on the views of staff, residents' relatives and in particular the views ofresidents themselves (Ford 2018, Mitchell 2018, Mumford 2019). Most of the literature appears to be largely anecdotal rather than based on evidence (Haseltine and Dirksen 2020, Short 2022). Although this exploratory study was relatively small in scale, it provides an insight into the views of various stakeholders in the ongoing debate about care home staff uniforms. Furthermore, the study shows that, with suitable adaptations and support, care home residents with dementia can express their opinions about issues that directly affect them. Therefore, it should not be assumed that they are unable to participate in research or that they should be excluded from research because including them would be too challenging.

The views expressed in this exploratory study indicate that there is an openness to moving away from all staff wearing the same uniform style at all times, which reflects the work of Knocker (2018). The findings will inform the dementia strategy of Care UK. They also indicate opportunities to conduct further research on the topic. More generally, in the authors' view, staff and managers in older people's care settings should be encouraged to explore the idea of adapting staff's uniforms to the activity unde11aken.

The findings of this exploratory study show that there is a link between the preferred staff clothing option and the context in which it is worn. While respondents' views differed, overall it was identified that a 'one size fits all' approach is not necessarily appropriate; instead, the choice of clothing needs to reflect the type of activity being undertaken. For formal activities such as providing personal care, the formal option was preferred. For social activities, **the more casual option** was generally preferred. However, **getting care home staff to change clothes according to the activity being undertaken** would be impractical to implement in practice.

For both formal and social activities, the polo shirt option was often the second choice among the survey respondents. This suggests that if care homes are looking to change their uniform policy and move away from formal uniforms, polo shirts could be worth considering as an alternative. The polo shirt option could be an interim measure to explore the effects of changing the care home's uniform policy before potentially moving to an 'own clothes' policy if desired and appropriate.

The pose of the person modelling the different clothing options in the photographs affected the responses, with a general preference expressed for the photographs featuring the 'approachable' pose. The six residents clearly expressed that they would not like to be cared for by a member of staff who appeared 'unapproachable'. Therefore, the approachability of staff may be equally as important as the clothes they wear, or possibly even more important. This finding is likely to apply to all staff caring for older people, regardless of their role or the setting. Care providers may want to consider encouraging staff to become increasingly aware of their body language or attitude, for example via training sessions or as part of induction training.

Name badges have an important role in care homes and other settings, since they can assist residents and relatives to identify staff. In the context of the COVID-19 pandemic, when staff's faces may be covered by masks, badges may be increasingly important. Since the crucial element in such badges is the person's name, it needs to be easy to read. The study findings consistently showed that the respondents preferred the badge that prominently showed the person's first name, rather than focusing on their job title or a corporate logo. Kelly (2016) reported that when the care provider Erskine introduced changes to staff uniforms, staff members' names were made 'bigger and bolder'. Reviewing the style of name badges could be a 'quick win' for care providers in terms of stai1ing to change their clothing policy. It could be the first step in a broader process of change, making the transition away from formal uniforms smoother. Name badges that are easier to read could become increasingly important to identify staff who no longer wear a formal uniform.

The prospect of implementing a change in cai·e home uniform policy can be daunting, notably because of the risk of causing controversy among staff or disruption for residents. However, there are potential long-term benefits of moving away from formal uniforms, such as creating a more homely environment and reducing the power imbalance between staff and residents (Knocker 2018). If care homes can be refurbished and redesigned to improve residents' orientation, wayfinding and well-being, it should also be possible to implement a phased change to staff uniforms.

The way in which change is managed is often of equal importance to the change itself. Ensuring there is clear communication can assist in reducing any concerns or anxieties, including among staff for whom wearing a uniform creates a sense of pride and belonging. Co-production can give stakeholders a sense of ownership and a clearer understanding of the vision behind the change. Any change to staff uniforms needs to be implemented in conjunction with adequate training and support. This will assist staff to appreciate why the

change is being made and to understand its anticipated benefits. However, such training should not only focus on clothing, but also emphasise the importance of body language and attitude.

While this study focused on care homes, its underlying principles may be applicable to other healthcare settings where staff wear uniforms. It is important to recognise that the options for changing nurses' uniform styles may be limited in many settings because of infection prevention and control measures and a greater expectation that nurses should be wearing a uniform. However, the study findings regarding the importance of an 'approachable' pose and badges clearly showing the person's given name are relevant to all nurses, particularly those caring for older people with dementia.

Limitations

While this exploratory study was intended to be relatively small in scale from the outset, its sample size was negatively affected by the COVID-19 pandemic. Fewer responses to the surveys were obtained than anticipated, particularly from relatives and visiting professionals, and the table-top activity was only completed with a small group of residents in one care home.

Another limitation was that the study was conducted in two care homes owned by the same care provider, so findings could not be compared with organisations where staff wear other uniform styles. In addition, the most formal of the three clothing options was closest to the existing staff uniform in the two care homes. Since it would have looked the most familiar option to respondents, bias may have unintentionally been introduced. It is unclear to what extent the existing uniforms in the two participating care homes influenced the views expressed in this exploratory study.

Conclusion

In this small-scale study, there were no conclusive findings with regards to the question of whether care home staff should or should not wear a uniform. Respondents demonstrated an openness to a change in uniform policy. In some respects, the idea that staff clothing needs to reflect the type of activity undertaken was more important than the question of whether or not a uniform should be worn by staff. The introduction of polo shirts could be an interim measure when moving away from a formal uniform policy and exploring the effect of such a change. Furthermore, the approachability of staff appeared to be as important, if not more important, than the clothes they wear. Any proposed changes to uniform policies and associated communication, training and support for staff need to consider these aspects.

Implications for practice

- ***Care home staff should have more flexibility to adapt their uniform to reflect the type of activity they undertake with residents***
- ***Polo shirts could be a suitable compromise for care homes wishing to move away from formal staff uniforms***
- ***It is important for care providers to ensure that care home staff are aware of the effect of their attitude on residents' perceptions***
- ***Name badges clearly showing the person's given name are important to help with staff identification***
- ***Any changes to staff uniform policy need to be made in consultation with all stakeholders, with appropriate training provided where necessary***
- ***Research activities can be adapted to ensure that the views of people with dementia are elicited***

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