



CONSULTING ROOM

Your Aesthetic Partner

FEATURE ARTICLE

Appearance Matters



APPEARANCE MATTERS

Dressing appropriately to carry out any job role is important, but does what you wear in aesthetic practice define you more than you think? Do clients make assumptions about you - even if they're the wrong ones? And can appearance be used to manipulate consumers looking for cosmetic treatments?



In this article, I want to explore the clothing choices of those actively working in medical aesthetics; what they think about those choices; what others think about them; and whether appearance can both protect and reassure, as well as deceive the general public when it comes to the cosmetic practitioner who is about to treat them.

As part of this, Consulting Room undertook a survey of 100 aesthetic practitioners to learn more about their practices, experiences and opinions.

Of the 100 respondents, 52 were aesthetic nurse independent prescribers, 18 cosmetic doctors, 15 aesthetic nurses, 4 cosmetic surgeons, 4 cosmetic dentists, 3 beauty therapists, 2 dermatologists, and 2 other allied healthcare professionals, including a paramedic and a

physiotherapist working in aesthetics.

Back to Basics

As a child, the world seems to be a very simple place...

Children look at simple story books and play with generic toys, and thus the stereotypes of what a fireman, policeman, postman, doctor or nurse look like are set in our minds from a very young age. We carry such perceptions with us for the rest of our lives, and uniforms play an important role in how we evaluate the world, and the people, around us.

Such stereotypes, and uniformed appearances, can also convey an air of authority, or a level of expert knowledge, and engender a level of trust amongst the public.

All of this means that we are drawn to make assumptions about the information such individuals tell us, how we digest that information, and act upon it, and the trust that we give to them based on our judgement of their appearance and our interaction with their known stereotype.

A policeman, in uniform, for example, may make you think to behave politely and be on your best behaviour, as well as encouraging a feeling of safety.

The public are similarly very trusting of the medical profession, and associate images of nurses in uniforms, doctors in white coats, and surgeons in scrubs with those working in a medical environment who took oaths to do no harm and to protect and aid their patients.



What do you wear in aesthetic practice?

Uniquely in the UK, where we have both public and private healthcare sectors, the transfer from one to the other seems to matter not in most cases. The public will still hold those same perceptions about medical professionals, and appearance can reinforce the quality of service that one might expect in the private sector, where money is more readily changing hands.

In fact, a medical professional practicing in mainstream private healthcare may even be regarded more highly in those situations, than on the days that he or she practices in the NHS, even if the same attire is worn. This is not always the case for the aesthetic sector though, as lines are too easily blurred between the concepts of cosmetic or beauty treatment, and the medical procedures being provided. This may in fact denigrate the perception or the stereotype of the uniformed individual if the consumer is focused on the beauty angle.

When we asked what our survey respondents choose to wear most often in clinic when seeing and interacting with clients seeking non-surgical cosmetic interventions, 48% said they wear 'normal' clothes, with 26% of those opting for a smart casual approach and 22% a more formal (business suit) option. 18% choose to wear medical scrubs, 16% a nurse's uniform (13% trousers and tunic and 3% dress), 8% wear a medical white coat over their clothes and 3% wear beauty or spa style tunics.

81% wear the same thing no matter whether they are performing consultations or treatments, with the most popular option simply being to put on a white medical coat over

normal clothes when initiating treatment. Although there are those who have reservations about that too.

"I would like to wear a white coat or something that says I'm a doctor! However, I'm concerned that it makes me look too clinical, especially as hospital doctors are now dressed down. I wish to be regarded as a clinical professional and yet do not want to be in a long white coat! So, smart, casual, comfortable clothes is what I wear"; said one respondent.

Yet, others note that the white coat is now 'irrelevant'; *"Make-up sales girls wear white coats in Debenhams. Does the public think they're a dermatologist? No";* said another.

Highlighting issues of hygiene some respondents pointed out that they put on a white coat or nursing tunic which is not worn outside of the clinic, or wear freshly cleaned and pressed medical scrubs, daily. The addition of a plastic apron was also deemed appropriate for some procedures, over the top of normal clothes or uniforms.

Some nurses explained that they have decided to wear only a nurse's uniform because they want to be identified as a nurse and many could not understand why some colleagues would choose to wear a beauty tunic instead. In response, some noted



that they did wear a beauty tunic for many years, but now that they either work in a multi-disciplinary environment, or even shared their premises with other beauty or holistic therapists, they had realised a need to differentiate themselves, so reverted to a nursing uniform.

Finding that distinction and differentiation can be difficult, and not everyone wants to have to think about what to wear or be confined to a uniform, and to that end, many simply rely on embroidery or name badges on their chosen outfit to clearly define names and roles within the clinical environment.

Medical Aesthetic Nurse Practitioner, Claudia McGloin told us what she chooses to do; *"I have 3 coloured sets of scrubs with my clinic name on. One is a navy pair and previously a comment was made about me being a nursing sister - Band 7! That, to me, made it look like I was still in the health service and not in independent practice. I like the scrubs but I feel more professional when I'm smartly dressed and feel as a Clinical Director; that suits me better. I am thinking of wearing my scrubs again for administering the bigger procedures e.g. PDO Threads, PRP etc. but I think civvies puts patients more at ease as it's not too clinical."*

Blurring the lines

But, it's not as simple as that. Many pointed out that it's all well and good if nurses, for example, choose to wear a uniform, something which they have worked hard to earn the right to do, but there is nothing it seems to stop



others from also doing so. Whether it's beauty therapists, nursing home staff or attendants in high street chemists and beauty counters, the wearing of scrubs or nursing-style uniforms by almost anyone is confusing the landscape.

“If you were caught in a police uniform you can be charged with impersonating a police man.”

“Lots of people wear nurse's uniforms... it doesn't depict anything anymore”; said one respondent.

“People always seem to associate a navy nurse's dress or tunic with being a ‘Sister’. Speaking to a member of staff at Boots once, I was told that she was occasionally assumed to be a nurse when the company first changed their uniforms to navy!”; informed another nurse.

“I don't think it matters too much what we wear so long as we look smart, are professional and don't pretend to be someone we are not – Beauty Therapists in scrubs/nursing tunics look like medical professionals, nurses with stethoscopes look like doctors etc.”; said Claudia McGloin.

“Previously all employees wore scrubs. Now we have a set uniform of wearing black and wearing a white coat when performing treatments. We were often getting associated with beauty therapists when we wore scrubs as the nail salon next door wore similar uniforms”; said one cosmetic doctor.

Child's play

And another told me; *“Some beauty therapists now wear nurse's tunics and even have a*



nurse's watch. It's almost laughable. It's like they are playing at 'dressing up', like we did as children”.

Although this was said with a tinge of comedy, and resignation, it conveys a very serious point. Those playing at 'pretend nurse or doctor' are misrepresenting themselves using their appearance. Some could argue that this touches on fraudulent behaviour. If a person is portraying an image of a professional in a nurse's uniform, white coat or medical scrubs on a website, in marketing literature, or on social media, then to most people in the street they are suggesting that they are medically trained. Adding in props such as stethoscopes, surgical masks or nursing watches compounds this 'role play'. This would be dishonest, and could endanger patient safety if a consumer chooses that person to treat them because they believed them to be a medical professional.

As one survey respondent so plainly put it; *“If you were caught in a police uniform you can be charged with impersonating a police man.”*

An Independent Nurse Prescriber went on to say; *“Within aesthetics, because there is little to no regulation, beauty therapists appear to be 'dressing up', wearing the traditional 'medics white coat' and navy blue tunics traditionally worn by 'sisters'; adding a surgical mask and hair net makes the procedure look more surgical and deceives the public. This perception I feel is being used to fool the public, and almost as a way of trying to 'prove' their qualifications. Yet none of them have endured the years of learning through medical or nursing school, and more importantly post qualification with hospital, community or*



patient experience.”

76% of survey respondents felt that uniforms currently sold for medical, hospital, dental, care home or beauty professionals are too

indistinguishable from each other for the public to clearly understand. And 97%

felt that it is too easy for non-healthcare practitioners to deceive the public by operating in aesthetic practice and wearing clothing such as medical scrubs, white coats or nursing tunics with impunity.

Many pointed out that there is no longer standardisation or differentiation of roles based on appearance within the public health sector which makes it even harder for patients to understand the private sector.

“I'd prefer nurses to wear nurse dress uniforms, whether in hospital or aesthetic practice. Scrubs should be for medics only when performing invasive procedures. White coats should be for medical doctors only. Beauty tunics for all therapists”; said one advanced therapist.

An Independent Nurse Practitioner agrees; *“No one, other than health care professionals, should be supplied with medical scrubs, white coats or nursing tunics. Qualifications and employer information should be checked before clothing is supplied.”*

“The public can all too easily believe that someone in a uniform is a nurse/doctor as they very often don't question roles and just make assumptions. I always hear 'well I think she was a nurse' when discussing previous clinicians that had done treatment”; said another INP.

Who cares?

Of course, not everyone is preoccupied with the perceptions and judgements of others and it simply comes down to what they prefer to do. Smart, office style wear might



work for some, but others may prefer the ease of simply grabbing a uniform each day, instead of having to decide what to wear! Or, the wearing of a uniform may just be more practical due to the nature of the work being undertaken and the focus on infection control, particularly for more invasive cosmetic interventions.

Clearly there is a distinction in what one might wear to actually treat a patient, bearing in mind clinical hygiene and best practice, as compared to what one may wear during the face-to-face consultation. Some may therefore split their days where appropriate, and change their attire accordingly, a surgeon for example, whilst others put on a white coat over the top of their clothes at the point of commencing treatment. But in the main, our survey respondents do not routinely 'change' what they are wearing from consultation to treatment.

Why do you wear what you wear?

Now that we know what people are wearing, it beholds the question of why do they choose to wear the clothes that they do in aesthetic practice. 46% of our survey respondents noted that their choice of clothes is practical for the work that they're doing, with 49% liking to feel comfortable whilst they work; but what are the emotional attachments to how

practitioners present themselves.

80% of survey respondents claimed that the way that they choose to dress makes them feel professional, 45% think it makes them feel more confident, and 44% believe that it makes clients take them more seriously. A further 31% think that it helps clients to know what or who they are, in terms of their specialty. For those who choose to wear a uniform, 23% noted that they were proud of their uniform and 9% felt reassured wearing it.

Only 3% of respondents didn't think clothes mattered at all in terms of the importance of their job.

Patient assumptions and perceptions

The first thing we have to help us when we meet someone new is what our eyes tell us, and this forms the 'first impression' that we make of an individual. Therefore, appearance will absolutely affect the assumptions that clients seeking cosmetic interventions

make about their service provider.

One survey respondent, a physiotherapist and aesthetics blogger put the shoe on the other foot; *"As a patient/client when seeing an aesthetic practitioner, their appearance significantly affects how I interpret the quality of their work, how comfortable I feel with their ability to perform their role, and their overall quality of service. It demonstrates that they have a pride in their appearance, and so will hopefully take pride in mine, working with me to ensure I look great. Although I realise that clothing ultimately has zero effect on one's ability to perform a procedure, when choosing a clinic, I would ultimately choose the one with beautiful decor, clean toilets and well-presented staff."*

For the avoidance of any doubt, and to combat the reliance on appearance, some survey

respondents told us how they like to introduce themselves when first meeting new patients, and go on to explain their qualifications and background. This is their way of ensuring clarity and making sure the client



understands who and what they are. Some also have all their certifications and qualifications clearly displayed in the room so they are visible during this interaction.

Independent Nurse Prescriber, Cheryl Barton told us; *"When meeting a patient for the first time, we have an in-clinic policy so we all say 'Hello my name is **** and I'm your nurse, doctor, surgeon, dentist etc."*

This is however not a fail-safe practice.

"I have my own aesthetic practice which has the word 'clinic' in its name. I wear scrubs with a name badge which has the word 'nurse' on it. I have nursing, prescribing and aesthetics training certificates on the clinic walls, which all state my professional qualifications. I display my BACN charter mark. My website describes my medical background etc., but clients STILL say things like 'oh you used to be a nurse?'. I feel like banging my head against the wall."; said one nurse I spoke to.

Another nurse pointed out that she was frequently called 'doctor' when she worked in Occupational Health, in both the private sector and the NHS, where she wore smart, normal clothes. She felt this was because this attire was commonplace with consultants.

A cosmetic doctor also reported that she wore a tunic and trousers for a while, but clients thought she was the receptionist or a therapist, so she stopped and reverted to smart clothes.

Jane LaFerla, INP noted that she wasn't believed to be a nurse when she wore 'civvies'. *"Over the years my 'uniform' (in aesthetic practice) has slightly changed. I started wearing smart clothes, but got fed up of people asking if I was a nurse! Now that I wear scrubs I never get asked, they just assume that I'm a medical professional because I wear a medical uniform; it's crazy!"*



One nurse explained that when she used to work in critical care, everyone wore scrubs, even the domestics. This meant that they often got asked medical questions about the patients by the visitors who were unable to see a distinction as the lines had been blurred between the roles, based purely on appearance.

Some have even chosen to ask their patients to solve the issue by asking them what they think, and what they would like to see them wearing. Feedback tends to be that they prefer to see a uniform, as it inspires a measure of confidence.

Emma Davies, Independent Nurse Prescriber and Clinical Director of Save Face noted; *"My patients also said they prefer a uniform. Only a handful said they didn't mind what I wore, none said they positively preferred normal clothes or 'civvies'. It actually boiled down to boundaries which I was not expecting."*

22% of those responding to our survey noted that they had, at some point, changed what they routinely wear in aesthetic practice. Reasons given were quite varied.

Those who reverted to a more uniformed approach did so because clients mistakenly believed them to be admin staff or therapists.

Whilst those who reverted to a smart, professional dress code did so in order to put clients at more ease and to relax the interaction, reducing the presence of nerves by diluting the clinical feel of the environment.

"Patients felt that the uniform was a barrier, and when I wore a simple



black dress in the summer they felt I was more approachable and informal. Interesting really as my behaviour and the way I did things did not change!"; said one prescribing nurse.

What not to wear

How you dress is a very personal thing, and we all have our own 'style'. Individuality is often permitted more nowadays in all professions, including the medical profession, much more than only a few decades ago in fact.

Yet, it's important to not take it too far so that one appears neither ridiculous nor unprofessional. No one likes being judged on their taste in clothes, and it certainly shouldn't be to the detriment of their expertise and qualifications in a specialism. Boundaries between who is the patient and who is the medical expert are important and clothes can play a role in controlling that interaction and settings those boundaries.

Cosmetic Doctor, Dr. Dan Dhunna said; *"I don't understand why some doctors dress like they've either walked off a Jean Paul Gaultier catwalk, or like they're a Big Issue seller. Of course, we can allow some artistic license, but how can we be taken seriously if we don't dress and groom appropriately?"*

For medical practitioners, appearance is further scrutinised with regards to good grooming and national guidelines on infection control, such as the 'bare below the elbow' rules enforced in NHS environments.

Many survey respondents discussing appearance in aesthetic practice mentioned the importance of being clean and tidy, using surgical gloves, tying up loose hair, keeping nails short and unpolished, maintaining professional levels of make-up (i.e. not too heavy), and taking caution with the wearing of watches and other jewellery on hands and wrists which should be kept to a minimum. Some

also felt that it is inappropriate to wear high heeled shoes in clinical practice.

Dressing down is also disliked, with one nurse prescriber relating her story of coming into her clinic unexpectedly, on a day that she was not supposed to be working, thus was dressed very casually for a day off. She noted that she felt uncomfortable and unprofessional and would avoid being in that situation again.

"A clinical, professional interaction is not the time, or place, to express our style or 'glam-up'. Smart, clean and professional is the way to go, whether that's a professional uniform or not"; said Emma Davies.

Religious dress codes

Although not a feature of any of the survey responses, or active conversations that I had when researching this article, it is worth pointing out the impact that appearance and clothing choices based on religious beliefs can have on the interaction between a patient and a medical practitioner, even in the aesthetic sector.

From a simple Christian cross on jewellery worn around the neck, or the wearing of a hijab or Islamic head scarf (or full face veils such as the burqa or niqab) to Jewish kipa and Seikh turbans; such dress can have both a relevance in identifying a person's faith and cultural practices, but also impact on how they practice clinically, in terms of infection control.

When the NHS introduced the 'bare below the elbow' dress code guidelines in 2008, which encouraged exposed arms and good hand and wrist washing, it caused some issues

for those religions where modesty was an important part of their beliefs. The balance between respecting such concerns and patient safety has led to the development of a number of localised solutions within the public health sector. From more discrete necklines on theatre scrubs, which also incorporate religious dress such as a head covering, to disposable sleeves which are elasticated at the wrist and elbow, many healthcare trusts have altered their dress code policies.

Such considerations may also be relevant for private aesthetic practice and is very much a choice for the individual and the client base that they serve. Religious dress practices, particularly anything which covers the face, have courted controversy in the UK in recent times. However, they may not be an issue if a medical practitioner, who chooses to dress accordingly, services individuals who hold the same beliefs, practices and perceptions on the meaning of the appearance, which may seem strange to others.

Conclusion

Motivational speaker and entrepreneur Bianca Frazier is quoted as saying *"Dress how you want to be addressed"* and I think that very much answers the questions raised by this



article.

If you want your aesthetic clients to treat you like the doctor, nurse, surgeon, dentist or therapist that you are then dress appropriately so that they know how to interact with you.

Ignore those who try to role play, like all children's games, the make-believe becomes apparent before too long and the consumers will learn a very valuable lesson, defined by yet another cliché which allowed them to judge the book by its cover and not see beyond until it was too late.

Whilst researching this piece many people commented on what an important discussion this is to have, something which is often over looked and which must be debated as part of the overall review of professionalism and identity within the aesthetic sector. I hope it has given you, the reader some pause for thought, and perhaps you may go on to debate this with your industry peers in future.

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Thank you to all those who responded to our survey, your insight has made this article possible.



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Lorna has been Editor of Consulting Room, the UK's largest aesthetic information website since 2003. She has become an industry commentator on a number of different areas related to the aesthetic industry, collating and evaluating statistics, plus researching, investigating and writing feature articles, blogs, newsletters and reports for Consulting Room and various consumer and trade publications, including *Cosmetic News*, *Journal of Aesthetic Nursing*, *Body Language*, *PMFA News*, *Aesthetic Medicine* and *Aesthetic Dentistry Today*. Lorna has also been asked to present at various industry events, including *Smart Ideas*, *FACE* and the *CCR Expo*. She was awarded *Journalist of the Year* at the *MyFaceMyBody Awards 2014*.

