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Standards for Dress, Grooming Proposed

Clearer Identity Among Ourselves And to Patients Is One Major Goal

At 9:30 a.m. on the morning of November 11, 1971, Linda Johnson awoke in her bed on the Acute Care Unit, half-covered with a light sheet. Exhausted with pain, she longed for privacy and the comforting reassurance of a familiar face.

According to an analysis of ward activity made by the nursing service on that date, Miss Johnson was to be rudely disappointed: during the next two hours, 108 different Duke Hospital employes brushed by her bed.

Who were these people, and what were they doing there?

Fourteen were physicians and eleven were nurses, but some of them were not easily recognizable as such. Many of the remaining 81 employes were unidentifiable either by uniform or name tag, and a few looked as if they had simply wandered in off the street.

In short, these people were all of us, doing our usual jobs on an average day, unaware of the spectacle of confusion to which we each make our small, hourly contribution.

The spectacle is not confined to the A.C.U.. Had Miss Johnson been a patient on Osler ward, she would have seen 112 different hospital employes pass by her open door during the same two hours. On Reed Ward, 27 employes would have entered her room, for one reason or another, during an average day.

Somewhere in these disturbing figures, the concept of patient privacy and peace of mind is easily lost.

The prospect of Duke Hospital, contrary to its traditions, growing into a cold, impersonal medical complex seriously concerned the 53 physicians, nurses, and administrative officials who participated in a conference at the Quail Roost Center last February. Soon thereafter, the Committee on Patient Services and Personnel Relations — which grew out of that conference — began to seek ways to restore the atmosphere of personal concern which for so many years characterized Duke Hospital.

"We found that most of the members of the hospital community are strangers, not only to our patients, but to each other," reports Dr. Richard Kramer, a neurosurgeon who chairs the committee.

"Many of us do not wear any uniform or other apparel which would define clearly, for patients and co-workers, our role in the hospital. Even fewer of us wear our name tags, with the result that personal communication between employes is becoming nearly impossible. As one possible solution, we decided to propose a 'dress code' for the Hospital."

Formally entitled Uniform Standards of Dress and Grooming for Employees of Duke University Medical Center, *the "dress code" was approved by the Hospital Advisory Committee on November 28, 1973; it required six months to prepare. The complete proposal, a portion of which is published in this issue of* Intercom, *will soon be distributed throughout the Medical Center for employe review — and possible revision — prior to implementation this spring.*

"The 'dress code' is based upon information and suggestions obtained from Duke employes through over 350 of their supervisors," emphasized Kramer.

"It's intent, clearly outlined in the Introduction, *is positive rather than arbitrary or disciplinary. It is even-handed, in that comparable restrictions are imposed upon both professional and support personnel.*

"Nevertheless, any attempt to establish standards of dress or appearance for seven thousand men and women will undoubtedly meet with some resentment, touching many of us in a very sensitive area. Whether we are prepared to make small, daily sacrifices on behalf of Duke Hospital and its patients remains to be seen. Our committee believes that we are prepared to do so, and that the medical center community will consider the 'dress code' in the spirit in which it is proposed."

I. Introduction

The establishment of uniform standards of dress and grooming for employees of the Medical Center is felt by many traditionalists to be long overdue. Nevertheless, this Committee feels that some justification for such a definition of standards should be offered, particularly since there are many others among us who cherish another of Duke's traditions, the encouragement of individual expression and non-conformity.

There are indeed many areas of university life in which each individual may appropriately exercise the free and full expression of his unique personality, reflected in his concern (or deliberate lack of concern) for conventional standards of personal appearance. In our judgement, Duke Hospital is not one of those areas. Several reasons can be offered:

Our responsibility to each other.

There was a time, not long ago, when virtually every employee of Duke Hospital knew every other employee by name, capability, and character. Physicians, orderlies, housekeepers, and nurses, we spoke to each other, cared about each other, and worked together for the comfort and welfare of our patients.

The Duke University Medical Center now employs nearly seven thousand men and women in over three hundred identifiable job categories.

What was once a "family" has grown into a community, and threatens to become a city. We regard this prospect with genuine concern. The traditions of Duke Hospital will not tolerate the emergence of an increasing number of anonymous employees working without encouragement, direction, or recognition.

Moreover, it is unlikely that such an intensely personal enterprise as patient care and service should succeed under such conditions.

No committee action can restore an atmosphere of mutual concern; however, a reasonable first step can be taken by rendering more apparent the identity of each member of the community, and his role in its successful operation.

Our responsibility to ourselves.

Pride.

Every one of us properly demands the opportunity to take pride in ourselves, our capabilities and responsibilities; pride in our co-workers, their performance and reputation; pride in the Medical Center, its history and its aspirations.

Pride is both precious and fragile. It stimulates and sustains individual and collective excellence, cooperation, and loyalty. It frequently appears to be in short supply among some of our employees, perhaps because pride is nurtured by recognition and praise.

Small things may be symptomatic of loss of pride. An unkempt personal appearance or the non-wearing of an appropriate uniform may reflect a person's feelings about himself or his associates. Certainly the acceptance of anonymity may have even graver implications, both for the individual and for the institution. The underlying disorder is often complex and elusive; we therefore propose to treat the symptoms.

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DUKE SHIELD AND CHEVRON—Here are the Duke Medical Center shield and chevron, or title stripe, specified for use with a number of uniforms and other apparel. (See Section "3. Insignias.") The staff and bars of the shield will be in gold. The outline of the shield and the lettering will be in Duke blue on a white background. A "Laboratory" chevron is pictured as an example. The chevron also will be lettered and outlined in Duke blue on a white background.