Registered Dietitian Dress and The Effect of Dietitian Dress on Perceived Professionalism

Connie Lynn Packer
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REGISTERED DIETITIAN DRESS AND
THE EFFECT OF DIETITIAN DRESS ON PERCEIVED PROFESSIONALISM

by

Connie Lynn Packer

A thesis submitted to the faculty of

Brigham Young University

In partial fulfillment of the requirement for the degree of

Masters of Science

Department of Nutrition, Dietetics, and Food Science

Brigham Young University

December 2007
of a thesis submitted by

Connie Lynn Packer

This thesis has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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Date                                                                             Lora Beth Brown

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As chair of the candidate’s graduate committee, I have read the thesis of Connie Lynn Packer in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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ABSTRACT

REGISTERED DIETITIAN DRESS AND THE EFFECT OF DIETITIAN DRESS ON PERCEIVED PROFESSIONALISM AND EFFECTIVENESS

Connie Lynn Packer
Department of Nutrition, Dietetics and Food Science
Masters of Nutritional Science

People use others’ dress to make assumptions, including how they believe the wearer will behave. Observers then adjust their behavior in response to the anticipated behavior of the wearer. Physician or nurse dress affects the degree to which patients perceive the medical professional as confident, experienced, competent, mature, trustworthy, and professional. Dietitian dress has not been studied.

Our purpose was to identify 1) the current level of formality of dress of registered dietitians (RD), 2) characteristics of dress codes, 3) the effect of RD dress on patient/client perceptions of professional traits, and 4) the level of formality at which an RD is perceived as being most professional.

Phase I

Respondents were randomly selected from the American Hospital Association database and the national WIC directory. A total of 972 managers (449 WIC and 523 hospital nutrition services) completed a survey about their facility’s dress code policy for RDs, and how the facility’s dietitians dress for work. Data showed that at most WIC clinics dietitians dress in Semi-Casual (khaki pants/collared knit top) attire while most
hospitals dietitians dress in Business Casual II (dress slacks/knit shirt) attire. Over half of all managers surveyed felt that dietitian dress was important and a priority.

**Phase II**

Respondents were patients/clients of a hospital or WIC clinic in Illinois, Virginia, or Utah. Respondents gave demographic information and rated pictures of a dietitian in nine sets of clothing on eight characteristics: empathetic, competent, approachable, credible, organized, effective, professional, and confident. Respondents identified the dietitian with whom they would most and least prefer to have nutritional counseling. A total of 582 surveys were collected. These data showed that WIC participants and hospital patients most preferred the dietitian to dress in Business Casual (dress slacks/collared dress shirt) with a lab coat; this attire also received the most positive/desirable Professional Characteristic Scores. All respondents least preferred the dietitian dressed in Casual (jeans/knit shirt) attire; this attire received the least positive/desirable Professional Characteristic Scores.

Only 1.1% of WIC and 8.1% of hospital dietitians regularly wear dress slacks, a collared shirt, and a lab coat, the patients’/clients’ most preferred dress for dietitians.
AKNOWLEDGEMENTS

I appreciate the many people who have helped me complete this research in the hope that I might gain knowledge and experience and make a contribution to the dietetics field.

Many thanks to my graduate committee. Dr. Nora Nyland for lending her expertise, encouragement, and time in helping me develop a complete research project from a very vague “hmm.” Dr. Lora Beth Brown and Dr. Lori Wadsworth for their advice and support to help me succeed in mastering my coursework and in conducting a meaningful project.

My gratitude to my dear husband, Sam, who has celebrated during the good moments and empathized through the setbacks. I also want to thank my family members who had faith in me and in my ability to complete my research.

I also extend my thanks to those who went out of their way to help me: Clare Costello, Mary Gregoire, and Patricia Scott spent much time securing data collection sites.

To my fellow BYU nutritional science graduate students who have provided their opinions, listening ears, meaningful distractions, and many laughs, I say THANK YOU!
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INTRODUCTION

Policies in Management

Since the 1990s, work attire has become noticeably more casual. It is believed this trend began in Silicon Valley, California among internet company employees who rarely, if ever, saw their customers and therefore did not need to dress formally (1-4), or that the economically turbulent times of the late 1980s and early 1990s compelled managers to look for low-cost perquisites they could provide to their employees, such as a casual dress code (5). This trend of casual dress continued into the early 2000s when companies found the relaxed dress code was not effective and began reverting back to more formal “business professional” dress codes (1, 2).

Influence of Attire

Sproles and Burns (6) defined fashion symbols as a form of non-verbal communication that is context dependent, acts as a visual medium for sending signals, and contains a high degree of variability of interpretation among people. People behave differently based on the inferences and meanings suggested by the clothing of their counterpart (6). When people expect an appearance and see something different, they may have trouble processing the inconsistency in appearance and role (7).
Impact of Dress on Clients

Employee dress reflects the image of the organization and the employees’ role within the organization. Heitmeyer and Goldsmith (8) found that clients least preferred counselors who were over-dressed in a suit or under-dressed in jeans than counselors who were dressed between these extremes. Malloy (9) suggests that a medical doctor in an upper-middle-class suit portrays an image of doing business rather than healing; therefore a doctor in a lab coat is preferred. He also proposes that other healthcare professionals wearing the white doctor’s jacket project a greater image of credibility than those who do not wear a lab coat.

Dietitian Dress

When Spillman (10) looked at the attitudes towards dress codes of registered dietitians’ in the Midwest, she found that registered dietitians have an overall negative attitude toward formal attire at work. Stein’s (11) editorial on the topic of registered dietitian appearance pointed out that many people engage the services of a registered dietitian in hopes of improving their own images, making the appearance of registered dietitians especially important when compared to most other healthcare professionals.

This study strives to determine the current standards of dress for dietitians in hospital in-patient and out-patient settings and in WIC clinics, and the level of formality most desired/expected from patients/clients in these settings.
Objectives

The purposes of this study were to:

1. describe current registered dietitian dress codes and current registered dietitian dress practices at hospitals and WIC clinics;

2. identify if registered dietitian dress affects client/participant perception of registered dietitian professionalism and effectiveness, and if so, to identify the level of formality most correlated with professional and effectiveness traits; and

3. identify if the acceptable range of dress formality matches the current dress codes and current dress practices at hospitals and WIC clinics.

Hypotheses

Phase I
I. Dress codes will vary depending on setting, location, and size of facility.

II. Dress codes are not strictly enforced in facilities.

III. Managers will agree that dress is important for a dietitian to be successful in his/her job.

Phase II
IV. Participants will most prefer dietitians dressed in the middle of the formality scale and least prefer those on either extreme.

V. Participants’ preferences will vary depending on age, education, income, occupation, and where the participant grew up.

Phase II compared to Phase I
VI. Participants’ most preferred dietitian in each setting will be higher than managers’ description of dietitians’ work attire.
Limitations

One limitation of the present study is the use of one model who is not representative of all dietitians. While most dietitians are Caucasian and female, the model does not represent all genders, races, ages, or body shapes and sizes of all dietitians. The model only wore pants since the addition of skirts would add another variable. Scrubs were not an option in the Phase II booklets since Phase I revealed that the use of scrubs by dietitians was limited.

Another limitation is that respondents rated the dietitian on only eight characteristics, which are not likely to be inclusive of all traits desired in a dietitian. Also, dress formality is only one determinant of professionalism; this study does not consider verbal communication or other forms of non-verbal communications such as posture, gestures, and mannerisms. While the data were collected from the East Coast, Mid-West, and Mountain regions, the planned facilities on the West Coast were not able to complete the study. Therefore, the patterns cannot be assured to be the same on the West Coast, but they are likely similar given the lack of variability among the three cities surveyed.

Study respondents rated dietitian attire on given characteristics and expressed their most preferred and least preferred dietitian attire. The willingness of patients/clients to be accepting of or not offended by any attire was not evaluated. This study simply looks at patient/client perceptions and assumes positive perceptions relate to positive rapport and therefore high dietitian effectiveness. This study does not look at patient/client behaviors in response to dietitian dress formality.
Definitions and Abbreviations

ADA Areas – Geographic areas of the American Dietetic Association. These areas are defined by number of dietitians, not necessarily by general population, culture, or geographic features. The areas are designed to equally represent the number of practicing registered dietitians (Figure 1).

Formality of Dress – level of formality based on Rasband’s (12) Personal/Professional Style Scale. Formal attire refers to professional attire (such as a matched suit), casual attire refers to collarless and jacketless attire (such as jeans and a t-shirt).

Hospital manager – director of food and nutrition services or clinical nutrition manager supervising dietitians.

Mean Professional Characteristic Score – a mean of all the individual characteristic scores (empathetic, competent, approachable, credible, organized, effective, professional, confident). The term professional was selected to describe the combined effect of the characteristics, even though professional is one of the individual characteristics rated by respondents.

Registered Dietitian – Credential given by the Commission on Dietetic Registration of the American Dietetic Association.

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WIC – Common name for the Special Supplemental Nutrition Program for Women, Infants, and Children. It is a national program under the supervision of the United States Department of Agriculture. It provides nutritious foods to children under the age of five and pregnant or breastfeeding women in low-income families.

WIC manager – state director, local agency director, or clinic director in the WIC program. This person may or may not be a dietitian.
LITERATURE REVIEW

Management Policies

Managers are held responsible for the success of their organizations. To achieve success, managers establish policies and procedures that will guide employees in their work. Policy making is part of the planning function of management, which becomes a general guide to organizational behavior (13). Policies function to guide decision making, delimit an area within which a decision can be made, activate the organization’s goals and objectives, and give direction for action (13). One such policy is the organization’s dress code.

A manager is the person primarily responsible for the performance of the human, physical, and monetary assets entrusted to his/her care (14). When the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) inspects healthcare facilities, it expects managers to take “responsibility and legal authority for the safety and quality of care, treatment, and services” and to “provide resources necessary to maintain safe, high-quality care, treatment, and services (15).” Therefore, a dress code policy can be defined as a policy established by management defining acceptable clothing attire that may be worn by employees; it should be written in such a way that when employees of the organization follow it, it will help them be successful in their positions. Appropriate dress differentiates the customer from the clerk, the manager from the line worker, the sales representative from the customer, and the nurse from the patient (16).
Dress Code Policy Trends

Since the 1990s, work attire has become noticeably more casual. It is believed this trend began in Silicon Valley, California among internet company employees who rarely, if ever, saw their customers. This trend of casual dress spread quickly throughout the United States (1-4). When the dot-com “bubble burst” in the early 2000s, companies found the relaxed dress code was not productive and began reverting back to more formal “business professional” dress codes (1, 2).

Another explanation for the casualization of dress codes is that the economically turbulent times of the late 1980s and early 1990s compelled managers to look for low-cost perquisites they could provide to their employees. Casual dress became one such perk. Employees eventually started dressing too casually and the managers have been tightening dress codes ever since (5).

The number of businesses with casual dress code policies for everyday dress decreased from 51% in 2001 to 41% in 2005. Organizations with at least one casual day a week decreased from 60% in 2001 to 55% in 2005 (2, 3). Some speculate the sloppy look popularized in the nineties brought a sloppy work attitude with it (1), leading to a return to more formal dress in recent years. As workers changed their dress they experienced a change in professional image. In 2005, more than 80% of professionals surveyed by HR Focus (17) said a person’s work attire affects his or her professional image and 69% of employees said they would react favorably if companies required more professional workplace attire. Experiencing the negative effects of casual dress in the workplace has brought dress codes back to more professional attire, though not back to the formality level once common.
Casual workplace dress has created confusion among employees about what to wear and tension over employees who dress inappropriately. Yet only about half of U.S. employers have a written dress-code policy and these dress codes tend to use very general terms to describe the policies (18). Although expected work attire has changed quite a bit over the last two decades, little research has been done to identify the level of formality in work attire that brings the most positive response from customers/patients/clients. The level of formality to which customers respond most positively can be considered part of the environment of any organization. Although managers may create an organization that performs its services very effectively, “deliberate study of the environment can give managers a significant strategic advantage over intuition and experience alone (19).” One such component of the environment is customer expectation of service-providers’ professionalism and attire.

**Effects of Dress**

People behave differently based on the inferences and meanings given to the visual appearance of their counterpart (6). Impression management can be used to control a person’s visual appearance so as to elicit a desired impression in the viewers’ minds and then bring desired responses (7). Fashion-related appearance, verbal self-presentation, nonverbal expressive behavior, and intentional behavior are all components of a person’s visual appearance that can be controlled or modified for impression management (6). Therefore, by controlling fashion-related appearance, a person can control their overall visual appearance, which will likely elicit specific responses from other people.
Sproles and Burns (6) defined fashion symbols as a form of non-verbal communication that is context dependent, acts as a visual medium for sending signals, and contains a high degree of variability of interpretation among people. Clothing can communicate much more than trait and attitude information; when observed in social context, clothing may provide information about behaviors, social interactions, and relationships (20). People use the information they gather from others’ appearance and actions to attempt to predict the future behavior of that person (7, 21). Themes of inference that can be made from clothing include (22):

1. Evaluation – descriptors related to the positive/negative components of the person’s character (trustworthy; sloppy), sociability, or mood.

2. Potency – assessments of the person’s power, competence, and intelligence.

3. Dynamism – perceptions of the person’s physical and mental activity, self-control, and stimulation.

4. Quality of thought – the person’s flexibility, objectivity, and tangibility (clear vs. vague, direct vs. indirect).

The messages transmitted by dress are complex and multi-dimensional. Messages are dependant on the wearer, the perceiver, and the context of the encounter (5, 7, 22). Also, changing fashion trends modify the meanings of dress (5). The complex nature of the messages and their interpretations makes the overall message greater than the sum of the parts (22). An article of clothing does not constitute a whole message, just part of a message in the context of the other items of clothing worn.
Figure 2 shows some of the messages communicated through dress (6).

**Figure 2. Messages Communicated by Appearance-Related Symbols**

<table>
<thead>
<tr>
<th>Messages</th>
<th>Communicated By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manliness</td>
<td>Trousers, heavy materials</td>
</tr>
<tr>
<td>Femininity</td>
<td>Skirts, delicate materials</td>
</tr>
<tr>
<td>Sexual Provocation</td>
<td>Emphasis on secondary sexual characteristics</td>
</tr>
<tr>
<td>Naivete</td>
<td>Drawing attention away from or covering sexual characteristics, small patterns, playful shapes and styles</td>
</tr>
<tr>
<td>Dominance</td>
<td>Stiff fabric, fur, leather, high hats or collars, dark colors, metal, freedom of movement</td>
</tr>
<tr>
<td>Submission</td>
<td>Soft materials, pale colors, lace, frills, impairment of movement, swinging clothes</td>
</tr>
<tr>
<td>Social Power</td>
<td>Expensive materials, classical lines, designer clothing, demonstrative use of clothing, dress privileges</td>
</tr>
<tr>
<td>Social Weakness</td>
<td>Cheap materials, ill-fitting clothes, second-hand clothes, out-of-date clothing</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Casual fit, un-ironed clothing, rolled-up sleeves</td>
</tr>
<tr>
<td>Fitting In</td>
<td>Impeccable fit, creases, starched fabric, stiff collars</td>
</tr>
</tbody>
</table>

Rasband (12, 23) describes the formality of dress as a continuum with four basic levels. The most formal attire, Level 4, is *tailored* attire which includes matched suits and communicates authority, confidence, capability, and stability. Level 3 is *softly tailored* attire which includes blazers and unstructured/unfitted jackets and communicates accessible, influential, and dependable. Level 2 is *casual tailored* attire, which lacks the jacket layer, includes collared shirts and communicates helpful, conscientious, yet less influential. Level 1 is *untailored* attire which includes collarless shirts such as t-shirts and communicates available, unofficial, and temporary.

A signal (such as a uniform) in its expected context allows other people to make connections between the person and his/her anticipated actions. When a signal or symbol is lacking or not established, people may have difficulty understanding who they are interacting with. What may be deemed appropriate or thought highly of in one setting may be deemed inappropriate or offensive in another setting (7).
The messages from various articles or elements of clothing with specific characteristics combine into a visual appearance that produces an impression in the observer. The observer interprets this impression then behaves accordingly toward the wearer. If this impression is modified through the alteration of individual articles of clothing, the behavior of the viewer may also be modified (7).

**Sociological Theorists’ Views on Clothing Attire**

Several sociologists have studied the impact dress has on other people’s perceptions of and behaviors towards the wearer. This research resulted in various theories on dress and introduced the concept of image management.

**Alfred Schutz**

Schutz (24) suggests that experience with objects causes people to begin to typify them, to the point that the social world becomes “a network of typifications.” Typifying brings associations with other objects so when an associated object is encountered, the person can fill in the details of the object and make predictions about how the person will behave. Each individual draws upon his or her accumulated stock of knowledge in formulating responses to new events and modifies the stock of knowledge in the light of new experiences.

**George Herbert Mead**

Mead (25) taught that clothing becomes a medium for symbolic interaction, an unspoken conversation. The common problem in this method of interaction is that
symbols may mean different things to different people. So people from different places, in different eras, with different experiences, and interacting in different settings will interpret dress symbols differently. Interpreting the symbols worn by someone begins an internal conversation by the viewer where he sees himself through the eyes of his counterpart, as he perceives his counterpart sees him. The assumptions go beyond answering the question “What type of person is this?” The assumptions also answer “What does this person think of me” and “How will he act towards me?” Based on the answers/assumptions, people change the way they behave.

Erving Goffman

Goffman (21) wanted to know what factors make for orderly, co-operative relations in most of social life. He believed that everyone is continuously engaged in constructing performances in order to make other people think about them in a certain way, known as image management. In these performances every person becomes an actor. When interacting with someone, it is expected that the ‘actor’ will represent an internally consistent image of the self, and one that projects socially desirable characteristics.

The actor begins this interaction by providing a “front” which includes the setting, furniture, decoration, clothes, and make-up, represented by the setting of the encounter and the attire the actors are wearing. The front simplifies the process of recognizing the role the person is playing, making standardized fronts an enhancement to the performance (21, 24). Since people recognize that everyone is giving performances, they become skeptical and ask whether an impression is true or false, or whether the
performer is authorized to give the performance. When actions reveal the true skill or identity of a person, it is more forgivable to find the person was of higher status or skill then fronted than it is to find the person was of lower status or skill then fronted. While the performance is not always actively managed, the performance is always being given (21).

**Dressing to be Part of the Group vs. Differentiated Within the Group**

Organizational culture is likely to be expressed through employee work attire. Employee dress is determined by a formally written dress code or an informal dress code developed as a result of the organizational culture. Uniforms are tools for identification, visibility, and expression of organizational roles. They help people outside the organization identify the wearer as part of a specific organization and they help people inside the organization identify the rank, duties, and privileges of the wearer. In the absence of uniforms or written dress codes, informal dress codes still emerge in response to communication in the organization’s setting. In larger organizations, people tend to be viewed in relation to their roles; with these identified roles come stereotypes in appearance and behavior. When people expect an appearance and see something different, they may have trouble processing the inconsistency in appearance and role. Employee dress reflects the image of the organization and the employees’ role within the organization (7).
Work Attire

As dress code trends have shifted, research has examined (8, 26-28) the most effective dress for particular areas of employment. These studies determined that there is a level of formality most preferred by potential customers or clients. Customers often ascribed a poor rating to very formal and very casual attire. These studies also identified the messages sent by employee dress and the customer behaviors likely to result from employee dress. Ratings and anticipated behaviors depend on such factors as gender and area of employment.

Shao, et al (28) looked at the effect of dress of service-industry personnel by having 200 undergraduate marketing students rate a woman photographed in a bank setting in usual banker attire (charcoal suit) deemed “appropriate” attire or more casual attire (jeans and grey shirt). The appropriately dressed picture was associated with greater intent to purchase and greater expectation of service quality. In both variables, the correlation was significantly stronger for female than for male customers. While not always a conscious process, customers make inferences about an organization and its product based, at least in part, on the dress of the personnel.

When women consumers were asked to rate an advertisement on credibility and their intent to purchase, the appropriateness of dress impacted their ratings. When the person in the advertisement was dressed appropriately for the situation presented in the photograph, cleaning a home, the consumer rated them higher in credibility and indicated a greater intent to purchase. The authors concluded that dress influences the perception of credibility and appropriateness of dress influences the message communicated and the response to the wearer (27).
When rating a male and a female business professional dressed in three levels of attire, formal (suit), semiformal (sport coat, no tie, and trousers), or informal (shirt or blouse with trousers), college students rated those in formal attire higher in powerful appearance attributes (authoritative, credible, business-like, and responsible) than those in semiformal or informal attire. Students rated the male in the semiformal attire (sport coat and trouser) higher in social appearance (friendly, courteous, approachable, trustworthy, reliable, efficient, knowledgeable, willing to work hard, and competent) than the males in formal or informal attire. The students rated the woman in a skirted suit significantly higher in both power and sociability than the woman wearing the plaid jacket and trousers or the blouse and trousers; implying the students preferred a working woman with a more formal appearance. Business students rated models dressed in all three outfits lower in all characteristics than did other students. This may be due to the business students’ familiarity with and therefore higher expectations of dress formality of those who work in the field (26).

In a counseling center, where a longer discussion replaces a brief clinical exam, clients preferred a male counselor with the dress slacks, dress shirt, and tie. Clients less preferred counselors who were over-dressed in a suit or under-dressed in jeans. There was no difference in perception by gender of the client (8).

While customers/patients/clients may not be demanding in the type of attire worn by the people who provide a service to them, their actions and their attitudes toward the organization are affected if the attire is deemed too casual or too formal. Appropriate work dress communicates an ability to understand work roles, perform them effectively (5) and is associated with greater intent to purchase and greater expectation of service
quality (28). The degree to which inferences are made from dress may vary by gender and familiarity with the service-providers’ profession.

Work Attire of Healthcare Professionals

Physicians and the White Lab Coat

Most medical doctors wear lab coats so they can be easily recognized by their uniformed dress and so they can use the pockets to carry necessary items (29). But it also appears that the attire of the health care provider is important to patients across all lines of population and geography studied to date (30). Malloy (9) suggests that a doctor in an upper-middle-class suit portrays an image of doing business rather than healing. For this reason, he suggests that the best attire for a doctor is a white shirt with tie and white doctor’s jacket. He also proposes that other healthcare professionals wearing the white doctor’s jacket project a greater image of credibility than those who do not wear a lab coat.

Several studies support Malloy’s (9) recommendations (30-32). Brase and Richmond (31) found that undergraduate university students rated doctors in a white lab coat as more authoritative and doctors in a formal suit as more friendly. Participants’ willingness to disclose private information was associated more with authority than friendliness. Professional attire with a white coat favorably influences trust and confidence-building in the medical encounter (33). Lab coats have been avoided in some pediatric clinics due to the belief that lab coats frighten children (34). When children ages 4-8 years were shown four photographs consisting of a male and a female, each
pictured with and without a lab coat then asked to select the doctor they most preferred, the children most preferred the female wearing a lab coat, followed by the male wearing a lab coat (34).

It is important for patients to know the position of the person from whom they are receiving care. Since many healthcare professionals wear scrubs and/or lab coats, the Cleveland Clinic has developed a color-coded dress code where staff of differing departments wear different colors and the varying levels of physicians have differing colors and style of lettering on their lab coats (35). Although patients appear to prefer doctors to wear a lab coat, in 2007 England’s Department of Health banned doctors from wearing lab coats or long sleeves (which may harbor bacteria) and instead required them to wear plastic aprons. They believe the change in attire will emphasize doctors’ priority for patient safety (36), changing the message doctors send through their work attire.

**Nurses**

In recent years nurses have become more varied in their dress. They wear many styles of solid colored and printed surgical scrubs. When shown pictures of nurses in different attire, patients rated nurses in all-white uniforms higher in professional traits than those in other garb. Contrary to Malloy (9), Mangum, et al (37) found that a lab coat on a nurse communicates a less professional image than a traditional all-white skirt or pant uniform.

Some nurse dress items that repeatedly receive negative responses from patients are very casual items (blue jeans, boots, or scrub suits) or feminine items (ruffles).
Patient opinions seldom varied by income, gender, or education, but increased age was a predictor of preferring more traditional attire (37, 38).

**Registered Dietitians**

When Spillman (10) surveyed 183 registered dietitians in the Midwest to examine the attitudes of dietitians towards dress codes. She found that registered dietitians have an overall negative attitude toward formal attire at work. Those aged 30-39 years and those in practice 11-20 years were the most negative toward formal attire at work. Those who were less than 30-years-old or over 40-years-old tended to be more positive towards formal attire at work. The author posited that registered dietitians over 40-years-old came into the workforce when more formal attire was expected and younger registered dietitians are insecure in their position and look towards formal attire as an identification symbol at work. Positive feeling towards formal dress varied by the area of employment. Registered dietitians working in industry were more likely to disagree with the use of formal attire in the workplace and more likely to be supportive of casual-dress workdays. Those in higher education tended to be more positive in terms of dress code policies in health care than those who worked in health care agencies, consulting, industry, and those unemployed.
METHODS AND PROCEDURES

The steps to carry out this research included developing the survey instruments, selecting and contacting sites, obtaining Institutional Review Board approval, performing a pilot study, distributing the surveys to respondents, collecting the surveys from respondents, and analyzing the data.

Approval

The project was approved by the Brigham Young University Institutional Review Board (Appendix A) and the Institutional Review Board boards of the participating hospitals in Chicago, Illinois; Richmond, Virginia; and Salt Lake City, Utah (Appendix A). Permission to conduct the study in the WIC clinics was granted by the WIC clinic or local agency directors, as appropriate, in Chicago, Illinois; Richmond, Virginia; and Orem, Utah.

Phase I: Current Trends in Dietitian Dress Codes

Instrumentation

The surveys (Appendix B) consisted of a two-page questionnaire with ten questions in two forms; one form for hospitals and one form for the USDA Special Supplemental Nutrition Program for Women, Infants, and Children Clinic Office (WIC Clinic) (Appendix B). The surveys were identical except for terminology related
specifically to hospitals and WIC clinics; for example, “number of beds served” or “number of participants served.” The questions asked about facility size (both number served and number of dietitians employed), the location of the facility (urban, suburb, rural), the presence of established written dress codes, items prohibited by the written dress code, the requirement of lab coats, the description of how dietitians typically dress for work, and the importance of registered dietitian dress to the facility and to the manager completing the survey. An open comment section was included for participant use.

**Maintenance of Confidentiality**

The completed surveys did not include any identifying information, only a survey number for follow-up and analysis purposes. After the research was completed, the surveys were destroyed.

**Pilot Study**

The hospital survey was completed and evaluated by a Director of Food and Nutrition Services and a Clinical Nutrition Manager at a local hospital. The WIC survey was completed and evaluated by a local County WIC Director. After completing the survey, pilot participants completed a pilot survey (Appendix C) which asked about length of time for completion, clarity of wording, and ability to find appropriate choices. The feedback from the pilot study brought a few minor wording changes in the surveys.
Description of Participants

Participants in Phase I were Directors of Food and Nutrition Services in hospitals across the United States, and directors of WIC clinics across the United States. These participants were selected at random from mailing lists obtained through the American Hospital Association and the National Association of WIC directors.

Survey Distribution and Collection

The surveys (Appendix B) were mailed to 999 hospital directors of food and nutrition services and 1000 WIC clinic and local agency directors. Surveys were accompanied by a letter of transmittal (Appendix D), serving as the consent form, and a postage-paid reply envelope. If the survey was not returned in 8 weeks, a second envelope containing another copy of the survey, a postage-paid envelope, and an updated letter of transmittal (Appendix D) was sent. Consent to participate was given by returning the completed survey form.

Phase II: Patient/Client Perception of Dietitian Dress

Instrumentation

The survey booklet (Appendix E) consisted of three sections: demographic information, the rating of photographs of a “dietitian,” and the overall preference of dietitian dress. The demographic information gathered included age group, gender, ethnic group, education level, state (or country) of origin, income level, and prior exposure to dietitians. The second section included nine photographs of a woman dressed in varying formality levels and an anchored Likert scale of eight characteristics
of dietitian professionalism. Participants were asked to rate the dietitian as if they were meeting with her for nutrition counseling. The model was a Caucasian woman in her 30s, had dark hair, and was a size 10, to try to represent an average woman and typical dietitian. The anchored Likert scale format was derived from similar studies looking at perceived characteristics from nurses’ and doctors’ dress (31, 33, 37). The characteristics were modified to fit the responsibilities and goals of dietitians. The last section of the survey booklet asked respondents to identify the dietitian with whom they would most and least prefer to meet for nutrition counseling. An open comment section was included for participant use. The survey was compiled into a booklet for ease of administration. The survey booklet was translated into Spanish by a translation service to include Spanish-speaking patients/clients. Hispanics and Latinos comprise 28.2% of the population in Chicago, IL, 22% in Salt Lake City, UT, and 4.3% of Richmond, VA (39).

The survey booklet was printed on 8 ½ x 11” paper in landscape orientation then saddle stapled to produce an 8 ½ x 5 ½” booklet. The survey booklet was also printed at twice the normal size to include patients/clients who have difficulty reading small type. To prevent placement bias, three versions of the survey booklet were created with the photographs in random order and the characteristics in random order. The booklet versions (A, B, and C) were identified with the letter on the back of the booklet.

The clothes worn by the “dietitian” in the survey booklet represented the various levels of formality in Rasband’s (12) Style Scale. Pants were selected for each picture because they are widely worn by women in hospitals and WIC clinics and skirts would add another dimension of formality and, therefore, an additional variable. The clothing was purchased at department stores and mail-order catalogs such as JCPenney, Mervyn’s,
Macy’s, Appleseed’s, and Dillard’s; except for the lab coat which was purchased at a uniform supply store. The purchase of the clothing, excluding shoes, totaled approximately $600.00. The clothing is described in Figure 3.

**Maintenance of Confidentiality**

The only identifying information collected was the respondents’ names on the consent forms (Appendix F). The survey booklet did not contain any identifying information or any identifier that could link the survey booklet to the consent form. Only those directly involved with the research had access to the data, including booklet surveys. After the research was completed, the survey booklets were destroyed.

**Pilot Study**

Approximately 20 survey booklets, both English and Spanish versions, were completed by various university faculty members, students, and acquaintances of students. After completing the survey, pilot participants completed a pilot survey (Appendix G) which asked about length of time for completion, clarity of wording, accuracy of translation (for bilingual participants), and ability to find appropriate choices for demographic information. The pilot study brought the addition of two occupation categories and a change in the Spanish translation of one of the characteristics.
Figure 3. Attire used in Phase II booklet

Professional
matched suit

Business Casual with Lab Coat
slacks, collared shirt, lab coat

Semi-Casual with Lab Coat
khaki pants, knit collared top, lab coat

Business Professional
unmatched suit

Business Casual I
slacks, collared dress shirt

Semi-Casual
khaki pants, knit collared top

Business
slacks and unstructured jacket

Business Casual II
slacks, knit top

Casual
jeans and knit top
Selecting and Contacting Sites

**Hospitals.** The purposive sample of managers of hospital food and nutrition services departments were selected to participate by geography and facility size.

Managers were emailed a research abstract of Phase II, a draft of the project’s Brigham Young University Institutional Review Board application, and a request for a letter of intent to participate. Managers faxed a letter of intent to participate which was submitted to the Brigham Young University Institutional Review Board with the application. The letters of intent included the following statements:

That:

- they were supportive of the research,
- they were willing to pursue Institutional Review Board approval from their facility following Brigham Young University Institutional Review Board approval,
- their facility was willing to participate in Phase II of the research project,
- they would help identify a local WIC clinic for participation (hospitals outside of Utah), and
- they were willing to identify potential participants, both out-patients and low acuity in-patients, and assist in approaching/recruiting the potential participants.

**WIC Clinics.** After Institutional Review Board approval was obtained by Brigham Young University and the hospital Institutional Review Board process was in process, a WIC clinic director in the area of the hospital was contacted and asked to participate. In Chicago and Richmond the hospital contact facilitated contact with a WIC clinic in close proximity to the hospital. In Utah the county WIC Director was approached directly by the researchers. The WIC clinics were emailed or faxed a
description of the research goals, the proposed research procedures, a sample of the survey booklet, and a copy of the Brigham Young University Institutional Review Board approval.

Description of Participants

Participants in Phase II were low-acuity patients and out-patient clients in selected hospitals and clients at selected WIC clinics. All respondents were at least 18 years of age. Recruiting criteria varied depending on individual facility protocols. Consent was obtained via consent forms signed before the survey booklet was given to the respondents.

Survey Distribution and Collection

The researcher, accompanied by a Spanish-speaking research assistant, traveled to Salt Lake City, Utah; Chicago, Illinois; and Richmond, Virginia to collect data at a hospital and a WIC clinic in each city. Approximately two days were spent at each hospital and three to three and a half days at each WIC clinic, with the goal of collecting 100 surveys at each site. Researchers sought respondents in a setting where they might encounter a dietitian; this was to allow respondents to rate the attire in context as if they were going to meet with the dietitian for nutrition counseling. Potential respondents were approached in English unless information was provided that the participant preferred to communicate in Spanish; if a participant responded that they didn’t speak English, the research assistant would switch to speaking Spanish. The specific data collection
procedures varied by location. Researchers accommodated each facility’s protocol for how respondents were approached.

**Hospital In-patients and Family**

In general, hospitalized patients who were under 18, sedated, confused, an infection risk, or did not speak English or Spanish were not approached for participation in the study. Present family members of patients were also included in the study. In each facility, researchers were given a list of room and/or bed numbers with patients whom they could discuss research participation. At the hospital in Salt Lake City, researchers were accompanied by a dietary technician who was familiar with patients and hospital protocol. At the other two hospitals researchers were given temporary ID badges, instructed in hospital protocol, directed to specific areas of the hospital, and directed to check-in with the charge nurse at each area before visiting patients. Prior to entering patients’ rooms researchers knocked on the door, asked for permission to enter, and then introduced themselves as students of Brigham Young University. The potential respondents were introduced to the purpose of the study by researchers and asked to participate. Willing respondents were asked to read and sign an English or Spanish consent form, as appropriate, then the survey booklet was explained to them and left for them to complete. The researcher or research assistant were available to read to and write for respondents who were illiterate, who had trouble reading small print but could see the pictures, or who had difficulty writing. If a patient, family member, or hospital staff member expressed a desire for researchers to leave a patient room or not disturb a patient, the patient was not approached. Participants were given at least 20 minutes to finish the
survey before attempts were made to collect the survey; if more time was requested, another attempt was made 20-45 minutes later.

**Hospital Out-patients and WIC Participants**

Researchers entered the waiting area of the out-patient clinic and asked those waiting if they were willing to complete a survey. Willing respondents were asked to read and sign an English or Spanish consent form, as appropriate, and then the survey booklet was explained to them and left for them to complete. A researcher and research assistant were available to read to and write for respondents who were illiterate, who had trouble reading small print but could see the pictures, or who had difficulty writing. If needed, the respondents finished the booklet after their appointment. When the participant was finished, the booklet was returned directly to the researchers or placed in a slotted box for that purpose.
DATA ANALYSIS

Data entry was completed by the researcher and research assistant. The statistical analysis was performed by the Center for Collaborative Research and Statistical Consulting at Brigham Young University.

Phase I: Current Trends in Dietitian Dress Codes

The WIC clinic and hospital data were analyzed separately. Although a p-value of 0.05 is typically used to identify statistical significance, $p \leq 0.01$ was used due to the large amount of data manipulation. Analysis concerning the number of written dress code restrictions was performed using Tukey Kramer’s adjusted test at the $p \leq 0.01$ level. Statistics concerning dietitian work attire, dress code priority, and believed importance of dietitian dress were performed using chi-squared analysis at the $p \leq 0.01$ level.

Phase II: Patient/Client Perception of Dietitian Dress

For data analysis purposes, all the surveys collected in the hospital setting (in-patients, out-patients, family) were grouped together as “hospital.” This decision was supported by the general lack of difference in the characteristic ratings of these groups.

Frequency was used to determine which dietitian was *most preferred* and *least preferred* for nutrition counseling. The data were analyzed using repeated measures of analysis of variance (ANOVA) to determine which factors were associated with the ratings of the pictures. The characteristic ratings were examined by individual
characteristics and as a mean score for all characteristics. A lower rating of the characteristics is desirable. When a significant difference was found in the ANOVA analysis, the Tukey Kramer test was used to determine which means were different. The data were reported as means ± standard error, and significance was set at $p \leq 0.05$. 

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RESULTS

Phase I: Current Trends in Dietitian Dress Codes

Demographics of Sample

Of the 1,999 surveys sent, 972 (49%) were returned. Of those returned, 449 (46%) were from hospitals and 523 (54%) were from WIC clinics. Table 1 shows a complete list of respondent demographic characteristics. The WIC clinics surveyed vary in many characteristics from the hospitals. All ADA geographic areas were well represented except WIC clinics in Area 3 which comprised only 6.35% of WIC clinic surveys. Hospitals had more dietitians working under the surveyed manager (4-6 dietitians) than did WIC clinics (1-3 dietitians), with 21% of WIC clinics having no registered dietitian working under the manager. Most of the WIC clinics were in a rural setting while most of the hospitals were in an urban setting. Both the WIC clinics and the hospitals tended to be smaller; most of the WIC clinics served <10,000 clients and most of the hospitals had 101-200 beds. Most of the WIC clinic surveys (73%) were filled out by a manager of a local agency. In about 46% of the hospitals, the dietitians’ dress code was written by the hospital management or the food and nutrition services department.

Hospital dress codes had more restrictions listed in their written dress codes (11-15 items) than did WIC clinic dress codes (1-5 items). The registered dietitians in WIC clinics tended to dress in khakis and a knit top but registered dietitians in hospitals tended to dress more formally in dress pants and a knit top. Dietitians in 42% of the hospitals were required to wear lab coats but in only 3.9% of the WIC clinics (Table 2).
Table 1. Demographic characteristics of respondents

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>WIC</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Number of respondents</td>
<td>520</td>
<td></td>
</tr>
<tr>
<td>Geographic Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area 1</td>
<td>87</td>
<td>16.73</td>
</tr>
<tr>
<td>Area 2</td>
<td>113</td>
<td>21.73</td>
</tr>
<tr>
<td>Area 3</td>
<td>33</td>
<td>6.35</td>
</tr>
<tr>
<td>Area 4</td>
<td>64</td>
<td>12.31</td>
</tr>
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<td>105</td>
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<td>Area 7</td>
<td>58</td>
<td>11.15</td>
</tr>
<tr>
<td>Number of WIC participants served</td>
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<td></td>
</tr>
<tr>
<td>&lt;10,000</td>
<td>402</td>
<td>79.76</td>
</tr>
<tr>
<td>10,000-24,999</td>
<td>62</td>
<td>12.30</td>
</tr>
<tr>
<td>25,000-49,999</td>
<td>18</td>
<td>3.57</td>
</tr>
<tr>
<td>50,000-100,000</td>
<td>13</td>
<td>2.58</td>
</tr>
<tr>
<td>&gt;100,000</td>
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</tr>
<tr>
<td>&lt;100</td>
<td>26</td>
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</tr>
<tr>
<td>101-200</td>
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<td>15.73</td>
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<td>8.99</td>
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<td>Multi-hospital system</td>
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</tr>
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<td>No</td>
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</tr>
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<td>247</td>
<td>55.51</td>
</tr>
<tr>
<td>Number of RDs working under manager</td>
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</tr>
<tr>
<td>0</td>
<td>110</td>
<td>21.61</td>
</tr>
<tr>
<td>1-3</td>
<td>291</td>
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<td>21</td>
<td>4.13</td>
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<td>16-20</td>
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<tr>
<td>21-25</td>
<td>3</td>
<td>0.60</td>
</tr>
<tr>
<td>&gt;25</td>
<td>1</td>
<td>0.20</td>
</tr>
<tr>
<td>Location of Facility</td>
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<td></td>
</tr>
<tr>
<td>Urban</td>
<td>155</td>
<td>30.82</td>
</tr>
<tr>
<td>Rural</td>
<td>293</td>
<td>58.25</td>
</tr>
<tr>
<td>Suburb</td>
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<td>14.51</td>
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<tr>
<td>Level of WIC manager completing the survey</td>
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<td></td>
</tr>
<tr>
<td>State</td>
<td>6</td>
<td>1.22</td>
</tr>
<tr>
<td>Local Agency</td>
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<td>72.91</td>
</tr>
<tr>
<td>Clinic</td>
<td>127</td>
<td>25.87</td>
</tr>
<tr>
<td>Characteristic</td>
<td>WIC</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-----</td>
<td>--------</td>
</tr>
<tr>
<td>State: WIC management where RD dress code determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Agency: WIC management where RD dress code determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic: WIC management where RD dress code determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate: hospital management where RD dress code determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital: hospital management where RD dress code determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Staff: hospital management where RD dress code determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and Nutrition Services: hospital management where RD dress code determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of facilities whose written dress code prohibited:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short or revealing clothing</td>
<td>306</td>
<td>75.00</td>
</tr>
<tr>
<td>Shorts</td>
<td>292</td>
<td>71.57</td>
</tr>
<tr>
<td>Flip-flops</td>
<td>252</td>
<td>61.92</td>
</tr>
<tr>
<td>Blue jeans</td>
<td>211</td>
<td>51.72</td>
</tr>
<tr>
<td>Shirts with logos or slogans</td>
<td>180</td>
<td>44.12</td>
</tr>
<tr>
<td>T-shirts</td>
<td>135</td>
<td>33.09</td>
</tr>
<tr>
<td>Facial piercings</td>
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<td>30.88</td>
</tr>
<tr>
<td>Open toed shoes</td>
<td>94</td>
<td>23.04</td>
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<tr>
<td>Tattoos</td>
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<td>20.34</td>
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<tr>
<td>Tennis shoes</td>
<td>70</td>
<td>17.16</td>
</tr>
<tr>
<td>Scrubs</td>
<td>60</td>
<td>14.71</td>
</tr>
<tr>
<td>Bare legs</td>
<td>55</td>
<td>13.48</td>
</tr>
<tr>
<td>Large, dangling earrings</td>
<td>53</td>
<td>12.99</td>
</tr>
<tr>
<td>Capri pants</td>
<td>51</td>
<td>12.50</td>
</tr>
<tr>
<td>Denim tops</td>
<td>45</td>
<td>11.03</td>
</tr>
<tr>
<td>Baggy clothes</td>
<td>45</td>
<td>11.03</td>
</tr>
<tr>
<td>Denim skirts</td>
<td>44</td>
<td>10.78</td>
</tr>
<tr>
<td>Platform shoes</td>
<td>25</td>
<td>6.13</td>
</tr>
<tr>
<td>Unrestrained long hair</td>
<td>22</td>
<td>5.39</td>
</tr>
<tr>
<td>Open healed shoes</td>
<td>19</td>
<td>4.66</td>
</tr>
<tr>
<td>Beards</td>
<td>18</td>
<td>4.41</td>
</tr>
<tr>
<td>Untucked blouse/shirts</td>
<td>18</td>
<td>4.41</td>
</tr>
<tr>
<td>Polo shirts</td>
<td>16</td>
<td>3.92</td>
</tr>
<tr>
<td>High heeled shoes</td>
<td>15</td>
<td>3.68</td>
</tr>
<tr>
<td>Khaki pants</td>
<td>9</td>
<td>2.21</td>
</tr>
<tr>
<td>Boots</td>
<td>7</td>
<td>1.72</td>
</tr>
<tr>
<td>Jeans acceptable on Fridays or Holidays (from comments)</td>
<td>41</td>
<td>7.88</td>
</tr>
</tbody>
</table>
Table 2. Dress code characteristics continued

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>WIC</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of restrictions in written dress code</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Written Dress Code</td>
<td>61  14.99</td>
<td>16  3.58</td>
</tr>
<tr>
<td>1-5</td>
<td>159 39.07</td>
<td>31  6.94</td>
</tr>
<tr>
<td>6-10</td>
<td>142 34.89</td>
<td>144 32.21</td>
</tr>
<tr>
<td>11-15</td>
<td>35  8.60</td>
<td>170 38.04</td>
</tr>
<tr>
<td>16-20</td>
<td>10  2.46</td>
<td>66  14.76</td>
</tr>
<tr>
<td>&gt;20</td>
<td>29  5.32</td>
<td>29  6.61</td>
</tr>
<tr>
<td><strong>RDS typically dress for work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional <em>matched suit</em></td>
<td>17  4.19</td>
<td>13  2.96</td>
</tr>
<tr>
<td>Business Professional <em>unmatched suit</em></td>
<td>26  6.40</td>
<td>23  5.24</td>
</tr>
<tr>
<td>Business <em>slacks and unstructured jacket</em></td>
<td>40  9.85</td>
<td>66  15.03</td>
</tr>
<tr>
<td>Business Casual I <em>slacks, collared shirt</em></td>
<td>64 15.76</td>
<td>95 21.64</td>
</tr>
<tr>
<td>Business Casual II <em>slacks, knit top</em></td>
<td>142 34.98</td>
<td>185 42.14</td>
</tr>
<tr>
<td>Semi-Casual <em>khaki pants, knit collared top</em></td>
<td>163 40.15</td>
<td>76 17.31</td>
</tr>
<tr>
<td>Casual <em>jeans and knit top</em></td>
<td>16  3.94</td>
<td>1 0.23</td>
</tr>
<tr>
<td>Scrubs</td>
<td>26  6.40</td>
<td>29  6.61</td>
</tr>
<tr>
<td><strong>RDS required to wear lab coat</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>16  3.89</td>
<td>186 42.18</td>
</tr>
<tr>
<td>No, but encouraged to</td>
<td>31  7.54</td>
<td>124 28.12</td>
</tr>
<tr>
<td>No</td>
<td>364 88.56</td>
<td>131 29.71</td>
</tr>
<tr>
<td><strong>Dress code is a priority in my facility</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>49 10.10</td>
<td>86 19.50</td>
</tr>
<tr>
<td>Agree</td>
<td>197 40.62</td>
<td>213 48.30</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>132 27.22</td>
<td>69 15.65</td>
</tr>
<tr>
<td>Disagree</td>
<td>67 13.81</td>
<td>39  8.84</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>40  8.25</td>
<td>34  7.71</td>
</tr>
<tr>
<td><strong>Managers believe RD dress is important to doing job</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>34  8.23</td>
<td>100 22.73</td>
</tr>
<tr>
<td>Agree</td>
<td>210 50.85</td>
<td>229 52.05</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>103 24.94</td>
<td>64 14.55</td>
</tr>
<tr>
<td>Disagree</td>
<td>49 11.86</td>
<td>26  5.91</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>17  4.12</td>
<td>21  4.77</td>
</tr>
</tbody>
</table>
**Dress Code Characteristics**

The two types of sites had the same four most-commonly restricted dress code items: flip-flops, shorts, blue jeans, and short or revealing clothing. The majority of managers in the WIC and hospital setting agreed with the statements “Dress code is a priority and enforced in my facility” (51% and 67% of managers, respectively) and “I believe a Registered Dietitians dress is important to doing his/her job effectively” (59% and 75%, respectively) (Table 2).

**Number of Dress Code Restrictions**

The number of written dress code restrictions did not correlate with facility size or whether the facility is in an urban, suburban, or rural area (Table 3); also the dietitians did not dress differently in rural areas (Table 4). Managers agreeing with the statement “Dress code is a priority and enforced in my facility,” was associated with more dress code restrictions (Table 3).

**Employee Dress**

Formality of dress did not significantly vary among urban, suburban, or rural settings (Table 4), but there were some differences based on ADA geographic area (Table 5). Of the few facilities whose dietitians wore scrubs, most were in Area 3. Of those who
Table 3. Number of restrictions by size and location

<table>
<thead>
<tr>
<th>WIC Participants</th>
<th>WIC Mean Number of Restrictions</th>
<th>Hospital Mean Number of Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10,000</td>
<td>5.21 ± 0.25</td>
<td></td>
</tr>
<tr>
<td>10,000-49,999</td>
<td>5.7 ± 0.52</td>
<td></td>
</tr>
<tr>
<td>&gt;50,000</td>
<td>6.2 ± 1.04</td>
<td></td>
</tr>
<tr>
<td>Hospital Beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;200</td>
<td></td>
<td>10.6 ± 0.39</td>
</tr>
<tr>
<td>201-400</td>
<td></td>
<td>11.4 ± 0.40</td>
</tr>
<tr>
<td>&gt;401</td>
<td></td>
<td>11.4 ± 0.58</td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>6.25 ± 0.37</td>
<td>11.1 ± 0.40</td>
</tr>
<tr>
<td>Rural</td>
<td>4.87 ± 0.30</td>
<td>11.2 ± 0.45</td>
</tr>
<tr>
<td>Suburban</td>
<td>5.33 ± 0.57</td>
<td>10.8 ± 0.46</td>
</tr>
<tr>
<td>Dress code is a priority and enforced in my facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>7.16 ± 0.27&lt;sup&gt;a&lt;/sup&gt;</td>
<td>12.1 ± 0.29&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>4.04 ± 0.37&lt;sup&gt;b&lt;/sup&gt;</td>
<td>7.98 ± 0.61&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Disagree</td>
<td>3.06 ± 0.44&lt;sup&gt;b&lt;/sup&gt;</td>
<td>9.7 ± 0.60&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Differing superscripts indicate significantly different (p<0.05) means in column.

Table 4. Formality of dress by facility location

<table>
<thead>
<tr>
<th></th>
<th>WIC</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical Dress</td>
<td>Urban</td>
<td>Suburb</td>
</tr>
<tr>
<td>Professional</td>
<td>2  1.8</td>
<td>1  2.1</td>
</tr>
<tr>
<td>Business Professional</td>
<td>5  4.5</td>
<td>2  4.2</td>
</tr>
<tr>
<td>Business</td>
<td>6  5.4</td>
<td>6  13</td>
</tr>
<tr>
<td>Business Casual I</td>
<td>11  9.8</td>
<td>7  15</td>
</tr>
<tr>
<td>Business Casual II</td>
<td>40  36</td>
<td>14 29</td>
</tr>
<tr>
<td>Semi-Casual</td>
<td>44  39</td>
<td>17 35</td>
</tr>
<tr>
<td>Casual</td>
<td>2  1.8</td>
<td>0  0</td>
</tr>
<tr>
<td>Scrubs</td>
<td>4  3.6</td>
<td>2  4.2</td>
</tr>
</tbody>
</table>

Chi-squared analaysis indicates no significant differences.
Table 5. Formality of employee dress in hospitals and WIC clinics by ADA geographic area

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Area 1</td>
<td>0</td>
<td>0.0</td>
<td>4</td>
<td>5.7</td>
<td>6</td>
<td>8.6</td>
<td>5</td>
</tr>
<tr>
<td>Area 2</td>
<td>2</td>
<td>2.7</td>
<td>3</td>
<td>4.1</td>
<td>8</td>
<td>10.8</td>
<td>7</td>
</tr>
<tr>
<td>Area 3</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>4.3</td>
<td>4</td>
<td>17.4</td>
<td>0</td>
</tr>
<tr>
<td>Area 4</td>
<td>1</td>
<td>2.0</td>
<td>3</td>
<td>6.0</td>
<td>4</td>
<td>8.0</td>
<td>7</td>
</tr>
<tr>
<td>Area 5</td>
<td>1</td>
<td>1.4</td>
<td>0</td>
<td>0.0</td>
<td>3</td>
<td>15.5</td>
<td>26</td>
</tr>
<tr>
<td>Area 7</td>
<td>2</td>
<td>5.6</td>
<td>5</td>
<td>13.9</td>
<td>1</td>
<td>2.8</td>
<td>3</td>
</tr>
<tr>
<td>Chi-sq p-value</td>
<td>0.573</td>
<td>0.038</td>
<td>0.386</td>
<td>0.154</td>
<td>0.355</td>
<td>0.999</td>
<td>0.710</td>
</tr>
</tbody>
</table>

Chi-sq analysis by column

Percentages calculated by row
reported Professional or Business Professional attire worn by dietitians, most were in Area 7.

**Dietitian Dress and Effectiveness**

Again, most managers (67%) agreed or strongly agreed with the statement “I believe a registered dietitian’s dress is important to doing his/her job effectively” (Table 2). The WIC dietitians in Casual attire were most often working in a WIC clinic where the manager disagreed with that statement (Table 6). Managers at WIC clinics who agreed with the statement were more likely to have dietitian employees who dressed in Business Casual II attire, while those who disagreed with the statement were more likely to have dietitians dressed in Semi-Casual attire (Table 7).

**Setting Dietitian Dress as a Priority**

Managers in a WIC clinic or a hospital who agreed with the statement “I believe a Registered Dietitians dress is important to doing his/her job effectively” were also more likely (76.4% and 84.1%, respectively) to agree with the statement “Dress code is a priority and enforced in my facility” (Table 8).

Few dietitians wore scrubs, but those who did were more likely to work in facilities where managers agreed that “employee dress is a priority and therefore enforced” than in facilities where managers disagreed or were neutral (Table 9). The WIC managers who agreed with the statement “Dress code is a priority and enforced in my facility,” were more likely to have dietitian employees who dressed in Business
Table 6. Degree of manager's agreement with "I believe a registered dietitian's dress is important to doing his/her job effectively" by dietitian dress.

<table>
<thead>
<tr>
<th>Typical Dress</th>
<th>WIC Clinic&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Hospital&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree (n %)</td>
<td>Neither (n %)</td>
</tr>
<tr>
<td>Professional</td>
<td>6 (85.7 %)</td>
<td>1 (14.3 %)</td>
</tr>
<tr>
<td>Business Professional</td>
<td>11 (68.8 %)</td>
<td>2 (12.5 %)</td>
</tr>
<tr>
<td>Business</td>
<td>22 (75.9 %)</td>
<td>7 (16.7 %)</td>
</tr>
<tr>
<td>Business Casual I</td>
<td>29 (69.0 %)</td>
<td>7 (16.7 %)</td>
</tr>
<tr>
<td>Business Casual II</td>
<td>77 (66.4 %)</td>
<td>30 (25.9 %)</td>
</tr>
<tr>
<td>Semi-Casual</td>
<td>66 (50.0 %)</td>
<td>44 (33.3 %)</td>
</tr>
<tr>
<td>Casual</td>
<td>1 (16.7 %)</td>
<td>1 (16.7 %)</td>
</tr>
<tr>
<td>Scrubs</td>
<td>10 (62.5 %)</td>
<td>4 (25.0 %)</td>
</tr>
</tbody>
</table>

<sup>a</sup>chi-sq p = 0.0029  
<sup>b</sup>chi-sq p = 0.2346

Table 7. Typical dietitian dress by degree of manager's agreement with "I believe a registered dietitian's dress is important to doing his/her job effectively".

<table>
<thead>
<tr>
<th>WIC&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Business Professional</th>
<th>Business Casual I</th>
<th>Business Semi-Casual</th>
<th>Business Casual</th>
<th>Business Scrubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>6 (2.7 %)</td>
<td>29 (13.1 %)</td>
<td>77 (34.7 %)</td>
<td>66 (29.7 %)</td>
<td>1 (0.5 %)</td>
</tr>
<tr>
<td>Neither</td>
<td>1 (1.1 %)</td>
<td>7 (7.5 %)</td>
<td>30 (32.3 %)</td>
<td>44 (47.3 %)</td>
<td>1 (1.1 %)</td>
</tr>
<tr>
<td>Disagree</td>
<td>0 (0.0 %)</td>
<td>6 (12.2 %)</td>
<td>9 (18.4 %)</td>
<td>22 (44.9 %)</td>
<td>4 (8.2 %)</td>
</tr>
</tbody>
</table>

<sup>a</sup>chi-sq p = 0.0029

<table>
<thead>
<tr>
<th>Hospital&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Business Professional</th>
<th>Business Casual I</th>
<th>Business Semi-Casual</th>
<th>Business Casual</th>
<th>Business Scrubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>7 (2.3 %)</td>
<td>64 (20.6 %)</td>
<td>125 (40.3 %)</td>
<td>39 (12.6 %)</td>
<td>0 (0.0 %)</td>
</tr>
<tr>
<td>Neither</td>
<td>1 (1.8 %)</td>
<td>9 (15.8 %)</td>
<td>24 (42.1 %)</td>
<td>12 (21.1 %)</td>
<td>1 (1.8 %)</td>
</tr>
<tr>
<td>Disagree</td>
<td>1 (2.6 %)</td>
<td>4 (10.3 %)</td>
<td>16 (41.0 %)</td>
<td>9 (23.1 %)</td>
<td>0 (0.0 %)</td>
</tr>
</tbody>
</table>

<sup>b</sup>chi-sq p = 0.2346
### Table 8. Degree of agreement with "I believe a registered dietitian's dress is important to doing his/her job effectively" by manager's perception of dress code priority.

<table>
<thead>
<tr>
<th>&quot;Dress code is a priority and enforced in my facility.&quot;</th>
<th>WIC Clinic</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed</td>
<td>Neither</td>
<td>Disagreed</td>
</tr>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Agree</td>
<td>149</td>
<td>76.4</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>40</td>
<td>41.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>30</td>
<td>44.8</td>
</tr>
</tbody>
</table>

\(^{a}\text{chi-sq } p < 0.0001\)  
\(^{b}\text{chi-sq } p = 0.007\)

### Table 9. Degree of agreement with "Employee dress is a priority and therefore the dress code is enforced in my facility" by dietitian dress.

<table>
<thead>
<tr>
<th>Typical Dress</th>
<th>WIC Clinic</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed</td>
<td>Neither</td>
<td>Disagreed</td>
</tr>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Professional</td>
<td>5</td>
<td>71.4</td>
</tr>
<tr>
<td>Business Professional</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Business</td>
<td>19</td>
<td>67.9</td>
</tr>
<tr>
<td>Business Casual I</td>
<td>23</td>
<td>54.8</td>
</tr>
<tr>
<td>Business Casual II</td>
<td>73</td>
<td>63.5</td>
</tr>
<tr>
<td>Semi-Casual</td>
<td>55</td>
<td>42.3</td>
</tr>
<tr>
<td>Casual</td>
<td>2</td>
<td>33.3</td>
</tr>
<tr>
<td>Scrubs</td>
<td>12</td>
<td>75.0</td>
</tr>
</tbody>
</table>

\(^{a}\text{chi-sq } p = 0.0103\)  
\(^{b}\text{chi-sq } p = 0.0070\)
Table 10. Typical dietitian dress by degree of manager’s agreement with "Employee dress is a priority and therefore the dress code is enforced in my facility".

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>2.6</td>
<td>6</td>
<td>3.1</td>
<td>19</td>
<td>9.7</td>
</tr>
<tr>
<td>Neither</td>
<td>2</td>
<td>2.1</td>
<td>8</td>
<td>8.3</td>
<td>4</td>
<td>4.2</td>
</tr>
<tr>
<td>Disagree</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>1.5</td>
<td>5</td>
<td>7.4</td>
</tr>
</tbody>
</table>

*a chi-sq p = 0.0029

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Agree</td>
<td>5</td>
<td>1.8</td>
<td>16</td>
<td>5.8</td>
<td>43</td>
<td>15.5</td>
</tr>
<tr>
<td>Neither</td>
<td>3</td>
<td>4.8</td>
<td>2</td>
<td>3.2</td>
<td>7</td>
<td>11.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>1</td>
<td>1.6</td>
<td>2</td>
<td>1.6</td>
<td>6</td>
<td>9.4</td>
</tr>
</tbody>
</table>

*b chi-sq p = 0.2346
Casual II attire, while those who disagreed with the statement were more likely to have dietitians dressed in Semi-Casual attire (Table 10).

**Manager Comments on Dietitian**

Comments from the Phase I WIC surveys had some common themes; these are categorized in Figure 4. Even though many WIC clinics did not have written dress codes, several revealed unwritten dress codes by which their employees were expected to abide. Many managers expressed concern that if staff dressed too formally the clients may distance themselves and not open up to dietetic staff members. One reason given for not wearing lab coats was the concern that children are frightened by lab coats, another reason given was that lab coats would make the clinic seem too medical rather than having a social services focus. Some managers were frustrated with their staff were dressing too casually while some expressed no occurrences of inappropriate employee dress. Some managers stated they did not have the authority to write a dress code and were frustrated with their employees’ dress; not only was formality a concern, but so were fit and styles worn by younger dietitians. Several managers stated that they were currently working on writing dress code policies.

Comments from the hospital surveys also had some common themes. Some managers felt their dietitians dressed appropriately for their jobs while others felt their dietitians, particularly younger dietitians, dressed too casually. The trend of dressing more casually was attributed to current styles, the influence of doctors’ dress, and the organizational culture becoming more casual. Some managers expressed disapproval of the current dress code policy but lacked the authority to change the policy. There were
both concerns of wanting to look like other hospital staff members or the “medical team” and concerns of differentiating the dietitian from doctors, nurses, and other kitchen staff. Some of the dress codes recently revised or currently under revision are becoming more casual to please employees, some are changing to allow dietitians to wear scrubs as other hospital staff members do, and some are becoming more restrictive to preserve the organizational image (Figure 4).

**Figure 4. Categorized Substantive Manager Comments**

<table>
<thead>
<tr>
<th>Category</th>
<th>WIC</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t want to distance clients</td>
<td>31</td>
<td>1</td>
</tr>
<tr>
<td>State dress needs to be appropriate to job/setting</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>RDs dress appropriately</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>RD dress is a problem</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Have a vague/verbal dress code</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Dress code recently changed/under review</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Dress code too casual</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Manager lacks authority over dress code</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Dress for safety/ergonomics</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Uniforms in force/being considered</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Concerned with impression of peers</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Dressing like co-workers</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Dressing to differentiate position or department</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>RD dress not important</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Rural dress more casually</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Don’t want to scare children</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Dress for comfort</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Special setting circumstances</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>Want to wear scrubs</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>112</td>
<td>92</td>
</tr>
</tbody>
</table>
Phase II: Patient/Client Perception of Dietitian Dress

Demographics and Sample

A total of 340 survey booklets were completed from the hospital setting; 124 in Chicago, Illinois; 103 in Richmond, Virginia; and 113 in Salt Lake City, Utah. A total of 242 survey booklets were completed by WIC participants; 97 in Orem, Utah, 58 in Chicago, Illinois, and 87 in Richmond, Virginia.

Table 11 shows respondent demographic characteristics. Most of the respondents were English speaking (86.08%) and female (74.54%). As would be expected, WIC clinic respondents tended be younger (94% were 18-40 years) less educated (50% High School diploma or less), and lower income (95% less than $40,000 per year) than the hospital respondents.

Some differences were seen in the demographic characteristics by city. Respondents in Salt Lake City/Orem, UT were generally Caucasian and Hispanic while respondents in Chicago, IL and Richmond, VA were primarily Caucasian and African American. In the WIC clinic respondents in Orem, UT, 50% of the respondents were of Hispanic origin, most of those (46% of all respondents) requested a survey written in Spanish. In each city, most respondents stated they had grown up in the area surrounding that city. Salt Lake City is in Area 4 of the ADA geographic areas, Chicago is in Area 5, and Richmond is in Area 6.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>WIC Clinic</th>
<th>WIC Total</th>
<th>Hospital Clinic</th>
<th>Hospital Total</th>
<th>Composite Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chicago</td>
<td>Richmond</td>
<td>Salt Lake</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Number of Participants</td>
<td>58 23.97</td>
<td>87 35.95</td>
<td>97 40.08</td>
<td>242 100</td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td>54 93.10</td>
<td>72 82.76</td>
<td>52 53.61</td>
<td>178 73.55</td>
<td></td>
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<tr>
<td>English</td>
<td>4 6.90</td>
<td>15 17.24</td>
<td>45 46.39</td>
<td>64 26.45</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>4 7.02</td>
<td>3 3.57</td>
<td>7 8.14</td>
<td>14 6.17</td>
<td></td>
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<tr>
<td>Gender</td>
<td>53 92.98</td>
<td>81 96.43</td>
<td>79 91.86</td>
<td>213 93.83</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>4 7.02</td>
<td>3 3.57</td>
<td>7 8.14</td>
<td>14 6.17</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>53 92.98</td>
<td>81 96.43</td>
<td>79 91.86</td>
<td>213 93.83</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>18-25</td>
<td>27 47.37</td>
<td>40 47.62</td>
<td>42 46.66</td>
<td></td>
</tr>
<tr>
<td></td>
<td>26-40</td>
<td>25 43.86</td>
<td>39 46.43</td>
<td>44 48.89</td>
<td></td>
</tr>
<tr>
<td></td>
<td>41-60</td>
<td>4 7.01</td>
<td>5 5.95</td>
<td>3 3.33</td>
<td>12 5.19</td>
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<tr>
<td></td>
<td>61-80</td>
<td>1 1.75</td>
<td>0 0.00</td>
<td>1 1.11</td>
<td>2 0.87</td>
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<tr>
<td>Ethnicity</td>
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<td>39 67.24</td>
<td>64 76.19</td>
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<td>104 45.22</td>
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<td></td>
<td>Asian and Pacific Islander</td>
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<td>4 1.74</td>
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<tr>
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<td>Caucasian</td>
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<tr>
<td></td>
<td>Hispanic</td>
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<td>44 50.00</td>
<td>74 32.17</td>
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<td>Native American</td>
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<td>0 0.00</td>
<td>0 0.00</td>
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<tr>
<td></td>
<td>Other</td>
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<td>1 1.19</td>
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<td>19 21.59</td>
<td>58 25.33</td>
</tr>
<tr>
<td></td>
<td>Some College</td>
<td>20 34.48</td>
<td>41 49.40</td>
<td>33 37.50</td>
<td>94 41.05</td>
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<td>College Degree</td>
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<td>20 8.73</td>
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<td>Salary</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>&lt;20,000</td>
<td>39 73.58</td>
<td>42 56.76</td>
<td>41 52.56</td>
<td>122 59.51</td>
<td></td>
</tr>
<tr>
<td>21,000-40,000</td>
<td>12 22.64</td>
<td>26 35.14</td>
<td>34 43.59</td>
<td>72 35.12</td>
<td></td>
</tr>
<tr>
<td>41,000-60,000</td>
<td>2 3.77</td>
<td>5 6.76</td>
<td>3 3.85</td>
<td>10 4.88</td>
<td></td>
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<td>61,000-80,000</td>
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<td>0 0.00</td>
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<td></td>
</tr>
<tr>
<td>&gt;81,000</td>
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Table 11 Demographic characteristics of respondents continued

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<thead>
<tr>
<th>Characteristic</th>
<th>WIC Clinic</th>
<th>WIC Total</th>
<th>Hospital Clinic</th>
<th>Hospital Total</th>
<th>Composite Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chicago</td>
<td>Richmond</td>
<td>Salt Lake</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
</tr>
<tr>
<td></td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
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<td>Booklet</td>
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<td>32 32.99</td>
<td>82 33.88</td>
<td>40 32.36</td>
</tr>
<tr>
<td>A</td>
<td>20 34.48</td>
<td>29 33.33</td>
<td>33 34.02</td>
<td>82 33.88</td>
<td>44 35.48</td>
</tr>
<tr>
<td>C</td>
<td>19 32.76</td>
<td>27 31.03</td>
<td>32 32.99</td>
<td>78 32.23</td>
<td>40 32.36</td>
</tr>
<tr>
<td>Occupation</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armed Forces</td>
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<td>0 0.00</td>
<td>0 0.00</td>
<td>0 0.00</td>
<td>0 0.00</td>
</tr>
<tr>
<td>Construction, Production, Installation</td>
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<td>6 7.59</td>
<td>6 6.74</td>
<td>15 6.64</td>
<td>9 7.89</td>
</tr>
<tr>
<td>Education</td>
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<td>2 2.53</td>
<td>3 3.37</td>
<td>8 3.54</td>
<td>10 8.77</td>
</tr>
<tr>
<td>Management, Professional, Admin</td>
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<td>6 7.59</td>
<td>3 3.37</td>
<td>13 5.75</td>
<td>37 32.46</td>
</tr>
<tr>
<td>Sales, Service (excluding healthcare)</td>
<td>10 17.24</td>
<td>17 21.52</td>
<td>16 17.98</td>
<td>43 19.03</td>
<td>10 8.77</td>
</tr>
<tr>
<td>Healthcare</td>
<td>3 5.17</td>
<td>14 17.72</td>
<td>7 7.87</td>
<td>24 10.62</td>
<td>15 13.16</td>
</tr>
<tr>
<td>Transportation</td>
<td>4 6.90</td>
<td>0 0.00</td>
<td>0 0.00</td>
<td>4 1.77</td>
<td>6 5.26</td>
</tr>
<tr>
<td>Homemaker</td>
<td>12 20.69</td>
<td>15 18.99</td>
<td>47 52.81</td>
<td>74 32.74</td>
<td>15 13.16</td>
</tr>
<tr>
<td>Student</td>
<td>14 24.14</td>
<td>6 7.59</td>
<td>6 6.74</td>
<td>26 11.50</td>
<td>0 0.00</td>
</tr>
<tr>
<td>Other</td>
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<td>13 16.46</td>
<td>1 1.12</td>
<td>19 8.41</td>
<td>12 10.53</td>
</tr>
<tr>
<td>Area Grew Up</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA Total</td>
<td>45 90.00</td>
<td>61 83.56</td>
<td>47 60.24</td>
<td>153 76.12</td>
<td>104 92.86</td>
</tr>
<tr>
<td>Area 1</td>
<td>1 2.00</td>
<td>2 2.74</td>
<td>10 12.82</td>
<td>13 6.47</td>
<td>1 0.89</td>
</tr>
<tr>
<td>Area 2</td>
<td>1 2.00</td>
<td>0 0.00</td>
<td>2 2.56</td>
<td>3 1.49</td>
<td>3 2.68</td>
</tr>
<tr>
<td>Area 3</td>
<td>0 0.00</td>
<td>5 6.85</td>
<td>1 1.28</td>
<td>6 2.99</td>
<td>4 3.57</td>
</tr>
<tr>
<td>Area 4</td>
<td>0 0.00</td>
<td>1 1.39</td>
<td>26 33.33</td>
<td>27 13.43</td>
<td>3 2.68</td>
</tr>
<tr>
<td>Area 5</td>
<td>38 76.00</td>
<td>0 0.00</td>
<td>1 1.28</td>
<td>39 19.40</td>
<td>77 68.75</td>
</tr>
<tr>
<td>Area 6</td>
<td>1 2.00</td>
<td>39 53.42</td>
<td>2 2.56</td>
<td>42 20.90</td>
<td>0 0.00</td>
</tr>
<tr>
<td>Area 7</td>
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<td>10 13.70</td>
<td>2 2.56</td>
<td>12 5.97</td>
<td>2 1.79</td>
</tr>
<tr>
<td>Mexico</td>
<td>4 8.00</td>
<td>8 10.96</td>
<td>26 33.33</td>
<td>38 18.91</td>
<td>4 3.57</td>
</tr>
<tr>
<td>South America</td>
<td>0 0.00</td>
<td>3 4.11</td>
<td>3 3.85</td>
<td>6 2.99</td>
<td>1 0.89</td>
</tr>
<tr>
<td>Europe</td>
<td>1 2.00</td>
<td>0 0.00</td>
<td>0 0.00</td>
<td>1 0.50</td>
<td>1 0.89</td>
</tr>
<tr>
<td>Asia</td>
<td>0 0.00</td>
<td>0 0.00</td>
<td>2 2.56</td>
<td>2 1.00</td>
<td>2 1.79</td>
</tr>
<tr>
<td>Africa</td>
<td>0 0.00</td>
<td>1 1.37</td>
<td>0 0.00</td>
<td>1 0.50</td>
<td>0 0.00</td>
</tr>
<tr>
<td>Previous RD Experience</td>
<td>N</td>
<td>32 56.14</td>
<td>44 53.01</td>
<td>37 42.05</td>
<td>113 49.56</td>
</tr>
<tr>
<td></td>
<td>25 43.86</td>
<td>39 46.99</td>
<td>51 57.95</td>
<td>115 50.44</td>
<td>57 47.90</td>
</tr>
</tbody>
</table>

47
Most and Least Preferred Attire and Characteristic Scores

Figure 3 shows the pictures used to represent the varying levels of formality. Table 12 shows the *most preferred* and *least preferred* dress selection by facility type and city in descending levels of formality. Table 13 lists the attire most frequently marked as *most preferred* for nutrition counseling was the Business Casual with lab coat (slacks, collared shirt, lab coat). This attire was also rated as significantly more empathetic, competent, credible, organized, and effective than any of the other attire surveyed. The Mean Professional Characteristic Score of this attire was significantly more positive/desirable than the mean score of any of the other attire surveyed (Table 14).

The Casual attire (jeans and knit top) was marked most frequently as *least* preferred for nutrition counseling, followed by the Semi-Casual (khaki pants with knit collared shirt) (Table 13). These *least preferred* outfits were also rated as significantly less empathetic, competent, approachable, credible, organized, effective, professional, and confident of any other attire surveyed. The Mean Professional Characteristic Score of these attire were significantly less desirable than any other attire surveyed, as well (Table 14).

Professional Characteristic Scores

Mean scores for each characteristic, for each picture, were calculated by taking the least squares mean of all ratings of that characteristic for that picture. An overall *Mean Professional Characteristic Score* was calculated for each picture by averaging all the Individual Professional Characteristic Scores for that picture. The Individual Characteristic Scores and the Mean Professional Characteristic Scores are shown in Table
Table 12. Frequency of most preferred and least preferred attire selection by facility type and city

<table>
<thead>
<tr>
<th>Dietitian Most Preferred</th>
<th>WIC Clinic</th>
<th>WIC Total</th>
<th>Hospital Composite Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chicago</td>
<td>Richmond</td>
<td>Salt Lake</td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Professional</td>
<td>3 5.26</td>
<td>11 13.10</td>
<td>17 18.89</td>
</tr>
<tr>
<td>unmatched suit</td>
<td>2 3.51</td>
<td>12 14.29</td>
<td>7 7.78</td>
</tr>
<tr>
<td>Business</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>slacks and unstructured jacket</td>
<td>2 3.51</td>
<td>12 14.29</td>
<td>7 7.78</td>
</tr>
<tr>
<td>Business Casual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with Lab Coat</td>
<td>31 54.39</td>
<td>40 47.62</td>
<td>39 43.33</td>
</tr>
<tr>
<td>slacks, collared shirt</td>
<td>3 5.26</td>
<td>13 15.48</td>
<td>10 11.11</td>
</tr>
<tr>
<td>Business Casual I</td>
<td>1 1.75</td>
<td>6 7.14</td>
<td>13 14.44</td>
</tr>
<tr>
<td>slacks, collared shirt</td>
<td>3 5.26</td>
<td>13 15.48</td>
<td>10 11.11</td>
</tr>
<tr>
<td>Business Casual II</td>
<td>1 1.75</td>
<td>1 1.11</td>
<td>3 3.33</td>
</tr>
<tr>
<td>slacks, knit top</td>
<td>3 2.61</td>
<td>2 2.04</td>
<td>0 0.00</td>
</tr>
<tr>
<td>Semi-Casual with Lab Coat</td>
<td>0 0.00</td>
<td>5 5.95</td>
<td>4 4.44</td>
</tr>
<tr>
<td>slacks, knit collared top</td>
<td>2 5.56</td>
<td>6 7.14</td>
<td>5 5.56</td>
</tr>
<tr>
<td>Semi-Casual</td>
<td>49 85.96</td>
<td>64 76.19</td>
<td>63 70.00</td>
</tr>
<tr>
<td>jeans and knit top</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Percentage columns may exceed 100% due to respondents selecting more than one response.
Table 13. Frequency of *most preferred* and *least preferred* attire selection in descending order

<table>
<thead>
<tr>
<th>Dietitian Most Preferred</th>
<th>Total</th>
<th>WIC</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Casual with Lab Coat</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>slacks, collared shirt, lab coat</td>
<td>300 40.00</td>
<td>110 31.98</td>
<td>190 46.80</td>
</tr>
<tr>
<td>Semi-Casual with Lab Coat</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>khaki pants, knit collared top, lab coat</td>
<td>103 13.73</td>
<td>55 15.99</td>
<td>48 11.82</td>
</tr>
<tr>
<td>Professional</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>matched suit</td>
<td>86 11.47</td>
<td>47 13.66</td>
<td>39 9.61</td>
</tr>
<tr>
<td>Business Professional</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>unmatched suit</td>
<td>65 8.67</td>
<td>31 9.01</td>
<td>34 8.37</td>
</tr>
<tr>
<td>Business Casual I</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>slacks, collared shirt</td>
<td>48 6.40</td>
<td>25 7.27</td>
<td>23 5.67</td>
</tr>
<tr>
<td>Business Casual II</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>slacks, knit top</td>
<td>48 6.40</td>
<td>26 7.56</td>
<td>22 5.42</td>
</tr>
<tr>
<td>Business</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>slacks and unstructured jacket</td>
<td>46 6.13</td>
<td>21 6.10</td>
<td>25 6.16</td>
</tr>
<tr>
<td>Semi-Casual</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>khaki pants, knit collared top</td>
<td>35 4.67</td>
<td>20 5.81</td>
<td>15 3.69</td>
</tr>
<tr>
<td>Casual</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>jeans and knit top</td>
<td>19 2.53</td>
<td>9 2.62</td>
<td>10 2.46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dietitian Least Preferred</th>
<th>Total</th>
<th>WIC</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casual</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>jeans and knit top</td>
<td>422 76.17</td>
<td>176 76.19</td>
<td>246 76.16</td>
</tr>
<tr>
<td>Semi-Casual</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>khaki pants, knit collared top</td>
<td>47 8.48</td>
<td>14 6.06</td>
<td>33 10.22</td>
</tr>
<tr>
<td>Professional</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>matched suit</td>
<td>26 4.69</td>
<td>15 6.49</td>
<td>11 3.41</td>
</tr>
<tr>
<td>Semi-Casual with Lab Coat</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>khaki pants, knit collared top, lab coat</td>
<td>12 2.17</td>
<td>4 1.73</td>
<td>8 2.48</td>
</tr>
<tr>
<td>Business Casual II</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>slacks, knit top</td>
<td>11 1.99</td>
<td>4 1.73</td>
<td>7 2.17</td>
</tr>
<tr>
<td>Business Casual with Lab Coat</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>slacks, collared shirt, lab coat</td>
<td>10 1.81</td>
<td>5 2.16</td>
<td>5 1.55</td>
</tr>
<tr>
<td>Business</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>slacks and unstructured jacket</td>
<td>9 1.62</td>
<td>4 1.73</td>
<td>5 1.55</td>
</tr>
<tr>
<td>Business Casual I</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>slacks, collared shirt</td>
<td>9 1.62</td>
<td>5 2.16</td>
<td>4 1.24</td>
</tr>
<tr>
<td>Business Professional</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>unmatched suit</td>
<td>8 1.44</td>
<td>4 1.73</td>
<td>4 1.24</td>
</tr>
</tbody>
</table>

*Percentage columns may exceed 100% due to respondents selecting more than one response.*
Table 14. Least squares mean for Individual Characteristics* and Mean Professional Characteristic Score* by attire

<table>
<thead>
<tr>
<th>Attire</th>
<th>Empathetic</th>
<th>Competent</th>
<th>Approachable</th>
<th>Credible</th>
<th>Organized</th>
<th>Effective</th>
<th>Professional</th>
<th>Confident</th>
<th>Total Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional matched suit</td>
<td>2.00 ± 0.068  a</td>
<td>1.88 ± 0.089  a</td>
<td>2.18 ± 0.200  a</td>
<td>1.82 ± 0.088  a</td>
<td>1.99 ± 0.091  a</td>
<td>1.80 ± 0.099  a</td>
<td>1.83 ± 0.089  a</td>
<td>1.98 ± 0.102  a</td>
<td>1.81 ± 0.083  a</td>
</tr>
<tr>
<td>Business Professional unmatched suit</td>
<td>1.99 ± 0.068  a</td>
<td>1.85 ± 0.089  a</td>
<td>2.13 ± 0.200  a</td>
<td>1.82 ± 0.088  a</td>
<td>1.96 ± 0.090  a</td>
<td>1.76 ± 0.099  a</td>
<td>1.79 ± 0.089  a</td>
<td>1.82 ± 0.102  a</td>
<td>1.79 ± 0.083  a</td>
</tr>
<tr>
<td>Business slacks and unstructured jacket</td>
<td>1.99 ± 0.068  a</td>
<td>1.85 ± 0.089  a</td>
<td>2.06 ± 0.197  a</td>
<td>1.88 ± 0.088  a</td>
<td>1.90 ± 0.089  a</td>
<td>1.87 ± 0.090  a</td>
<td>1.89 ± 0.089  a</td>
<td>1.90 ± 0.102  a</td>
<td>1.86 ± 0.083  a</td>
</tr>
<tr>
<td>Business Casual with Lab Coat</td>
<td>1.75 ± 0.068  b</td>
<td>1.58 ± 0.089  a</td>
<td>1.61 ± 0.200  a</td>
<td>1.56 ± 0.088  b</td>
<td>1.61 ± 0.089  c</td>
<td>1.72 ± 0.090  d</td>
<td>1.55 ± 0.099  b</td>
<td>1.61 ± 0.089  b</td>
<td>1.57 ± 0.083  d</td>
</tr>
<tr>
<td>Business Casual I slacks, collared shirt</td>
<td>1.70 ± 0.068  a</td>
<td>1.46 ± 0.089  b</td>
<td>1.91 ± 0.200  b</td>
<td>1.66 ± 0.088  a</td>
<td>1.92 ± 0.090  b</td>
<td>2.21 ± 0.090  b</td>
<td>2.22 ± 0.099  c</td>
<td>2.09 ± 0.089  a</td>
<td>2.00 ± 0.083  b</td>
</tr>
<tr>
<td>Business Casual II slacks, knit top</td>
<td>1.61 ± 0.068  c</td>
<td>1.84 ± 0.089  a</td>
<td>2.07 ± 0.200  a</td>
<td>1.56 ± 0.088  c</td>
<td>2.19 ± 0.090  c</td>
<td>2.32 ± 0.090  c</td>
<td>2.39 ± 0.099  c</td>
<td>2.14 ± 0.089  d</td>
<td>2.07 ± 0.083  c</td>
</tr>
<tr>
<td>Semi-Casual with Lab Coat</td>
<td>1.75 ± 0.068  a</td>
<td>1.58 ± 0.089  a</td>
<td>1.61 ± 0.200  a</td>
<td>1.56 ± 0.088  b</td>
<td>1.61 ± 0.089  c</td>
<td>1.72 ± 0.090  d</td>
<td>1.55 ± 0.099  b</td>
<td>1.61 ± 0.089  b</td>
<td>1.57 ± 0.083  d</td>
</tr>
<tr>
<td>Semi-Casual khaki pants, knit collared top</td>
<td>2.00 ± 0.068  b</td>
<td>1.64 ± 0.089  a</td>
<td>2.07 ± 0.200  a</td>
<td>1.56 ± 0.088  c</td>
<td>2.19 ± 0.090  c</td>
<td>2.32 ± 0.090  c</td>
<td>2.39 ± 0.099  c</td>
<td>2.14 ± 0.089  d</td>
<td>2.07 ± 0.083  c</td>
</tr>
<tr>
<td>Casual jeans and knit top</td>
<td>2.99 ± 0.068  d</td>
<td>3.20 ± 0.089  f</td>
<td>3.07 ± 0.200  c</td>
<td>3.38 ± 0.088  e</td>
<td>3.35 ± 0.089  f</td>
<td>4.12 ± 0.099  e</td>
<td>3.12 ± 0.089  f</td>
<td>3.01 ± 0.083  f</td>
<td></td>
</tr>
</tbody>
</table>

Different superscripts a-f indicate significantly different mean in columns based on picture.

*Lower score represents more positive/desirable rating.
14. A low score is more positive/desirable as it represents the dietitian in the picture being perceived as very empathetic, competent, approachable, credible, organized, effective, professional and confident. Table 14 shows the following:

- There was no significant difference in the ratings of Business Casual II (knit top with slacks) and Business Casual I (collared dress shirt with slacks) on any of the characteristics or mean scores.
- When a lab coat was added to the collared shirt, it was perceived as more competent, organized, effective, confident, and professional, but not any less approachable or empathetic than it was without a lab coat.
- When a lab coat was added to the khaki pants with knit collared shirt, it was seen as more empathetic, competent, organized, effective, confident, and professional, but not any less approachable than it was without a lab coat.
- The presence of any second layer, whether a lab coat or other jacket, was rated as more competent, organized, effective, confident, and professional, but not any less approachable or empathetic than any of the attire not including a jacket or lab coat.

**Mean Professional Characteristic Score**

The Business Casual with lab coat attire had the lowest (most desirable) Mean Professional Characteristic Score (1.6), and the Casual attire had the highest (least desirable) Mean Professional Characteristic Score (3.12) followed by the Semi-Casual attire (2.61). The Mean Professional Characteristic Scores were not significantly influenced by city (Table 15) but were, in some cases, by setting (Table 16). The WIC
Table 15. Mean Professional Characteristic Score† by city and site.

<table>
<thead>
<tr>
<th></th>
<th>Hospital</th>
<th>WIC Clinic</th>
<th>WIC Clinic</th>
<th>WIC Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chicago</td>
<td>Richmond</td>
<td>Salt Lake</td>
<td>Chicago</td>
</tr>
<tr>
<td>Dietitian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>matched suit</td>
<td>2.05 ± 0.099&lt;sup&gt;ad&lt;/sup&gt;</td>
<td>2.02 ± 0.106&lt;sup&gt;ad&lt;/sup&gt;</td>
<td>2.11 ± 0.100&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.53 ± 0.137&lt;sup&gt;bc&lt;/sup&gt;</td>
</tr>
<tr>
<td>Business</td>
<td>1.93 ± 0.094&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>1.79 ± 0.099&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>1.95 ± 0.092&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>1.93 ± 0.125&lt;sup&gt;ab&lt;/sup&gt;</td>
</tr>
<tr>
<td>Business</td>
<td>2.15 ± 0.092&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.79 ± 0.100&lt;sup&gt;abc&lt;/sup&gt;</td>
<td>2.04 ± 0.092&lt;sup&gt;ac&lt;/sup&gt;</td>
<td>1.89 ± 0.128&lt;sup&gt;abc&lt;/sup&gt;</td>
</tr>
<tr>
<td>Business Casual</td>
<td>1.65 ± 0.091</td>
<td>1.53 ± 0.098</td>
<td>1.77 ± 0.090</td>
<td>1.67 ± 0.126</td>
</tr>
<tr>
<td>Business Casual I</td>
<td>2.24 ± 0.094</td>
<td>1.96 ± 0.101</td>
<td>2.03 ± 0.093</td>
<td>2.07 ± 0.130</td>
</tr>
<tr>
<td>Business Casual II</td>
<td>2.34 ± 0.100&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.07 ± 0.107&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>2.13 ± 0.101&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>2.13 ± 0.137&lt;sup&gt;ab&lt;/sup&gt;</td>
</tr>
<tr>
<td>Semi-Casual with Lab Coat</td>
<td>1.88 ± 0.095</td>
<td>1.83 ± 0.104</td>
<td>2.09 ± 0.096</td>
<td>1.69 ± 0.133</td>
</tr>
<tr>
<td>Semi-Casual</td>
<td>2.62 ± 0.106&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.39 ± 0.114&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>2.51 ± 0.104&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.27 ± 0.145&lt;sup&gt;ab&lt;/sup&gt;</td>
</tr>
<tr>
<td>Casual</td>
<td>3.03 ± 0.126</td>
<td>3.01 ± 0.134</td>
<td>2.81 ± 0.125</td>
<td>3.07 ± 0.171</td>
</tr>
</tbody>
</table>

Different superscripts a-c indicate significantly different means in rows.

†Lower score represents more postive/desirable rating.
Table 16. Mean Professional Characteristic Score\(^1\) by attire

<table>
<thead>
<tr>
<th>Dietitian</th>
<th>Hospital LS Mean ± SE</th>
<th>WIC Clinic LS Mean ± SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional matched suit</td>
<td>2.06 ± 0.059 (^a)</td>
<td>1.65 ± 0.070 (^b)</td>
</tr>
<tr>
<td>Business Professional unmatched suit</td>
<td>1.89 ± 0.055</td>
<td>1.84 ± 0.065</td>
</tr>
<tr>
<td>Business slacks and unstructured jacket</td>
<td>1.99 ± 0.055 (^a)</td>
<td>1.76 ± 0.066 (^b)</td>
</tr>
<tr>
<td>Business Casual with Lab Coat slacks, collared shirt, lab coat</td>
<td>1.65 ± 0.054</td>
<td>1.62 ± 0.064</td>
</tr>
<tr>
<td>Business Casual I slacks, collared shirt</td>
<td>2.08 ± 0.055</td>
<td>1.97 ± 0.067</td>
</tr>
<tr>
<td>Business Casual II slacks, knit top</td>
<td>2.18 ± 0.059 (^a)</td>
<td>1.99 ± 0.070 (^b)</td>
</tr>
<tr>
<td>Semi-Casual with Lab Coat khaki pants, knit collared top</td>
<td>1.93 ± 0.057 (^a)</td>
<td>1.75 ± 0.068 (^b)</td>
</tr>
<tr>
<td>Semi-Casual khaki pants, knit collared top</td>
<td>2.50 ± 0.063 (^a)</td>
<td>2.18 ± 0.074 (^b)</td>
</tr>
<tr>
<td>Casual jeans and knit top</td>
<td>2.95 ± 0.074</td>
<td>2.77 ± 0.089</td>
</tr>
</tbody>
</table>

Superscripts \(a-b\) indicate significantly different mean in rows based on picture.

\(^1\)Lower score represents more positive/desirable rating.
respondents gave slightly lower (more desirable) ratings than did the hospital respondents for each attire surveyed, but not all were significantly different (Table 16).

**Characteristics of the Most and Least Preferred Attire**

Table 17 shows the significant differences among the Individual Characteristic Scores for each attire. While the Individual Characteristic Scores of the more formal attire (Professional to Business Casual II) were not significantly different, one characteristic stood out in the *least preferred* attire. “Professional” was the only characteristic that was set apart from the other characteristics. Both the Semi-Casual (3.07) and Casual (4.12) attire had significantly higher (less desirable) scores for professionalism than for any other characteristic (Table 17).
### Table 17. Least squares mean for Individual Characteristics by attire

<table>
<thead>
<tr>
<th>Attire</th>
<th>Empathetic</th>
<th>Competent</th>
<th>Approachable</th>
<th>Credible</th>
<th>Organized</th>
<th>Effective</th>
<th>Professional</th>
<th>Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>matched suit</td>
<td>2.00 ± 0.068</td>
<td>1.88 ± 0.089</td>
<td>2.18 ± 0.200</td>
<td>1.82 ± 0.088</td>
<td>1.85 ± 0.089</td>
<td>1.99 ± 0.091</td>
<td>1.80 ± 0.099</td>
<td>1.83 ± 0.089</td>
</tr>
<tr>
<td>Business Professional</td>
<td>1.99 ± 0.068</td>
<td>1.85 ± 0.089</td>
<td>2.13 ± 0.200</td>
<td>1.82 ± 0.088</td>
<td>1.86 ± 0.089</td>
<td>1.96 ± 0.090</td>
<td>1.76 ± 0.099</td>
<td>1.79 ± 0.089</td>
</tr>
<tr>
<td>unmatched suit</td>
<td>2.01 ± 0.068</td>
<td>1.95 ± 0.089</td>
<td>2.06 ± 0.197</td>
<td>1.88 ± 0.088</td>
<td>1.90 ± 0.089</td>
<td>2.02 ± 0.090</td>
<td>1.89 ± 0.099</td>
<td>1.89 ± 0.089</td>
</tr>
<tr>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>slacks and unstructured jacket</td>
<td>1.75 ± 0.068</td>
<td>1.58 ± 0.089</td>
<td>1.61 ± 0.200</td>
<td>1.56 ± 0.088</td>
<td>1.61 ± 0.089</td>
<td>1.72 ± 0.090</td>
<td>1.55 ± 0.099</td>
<td>1.61 ± 0.089</td>
</tr>
<tr>
<td>Business Casual with Lab Coat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>slacks, collared shirt, lab coat</td>
<td>2.11 ± 0.068</td>
<td>2.14 ± 0.089</td>
<td>1.96 ± 0.200</td>
<td>2.12 ± 0.088</td>
<td>2.06 ± 0.089</td>
<td>2.21 ± 0.090</td>
<td>2.22 ± 0.099</td>
<td>2.09 ± 0.089</td>
</tr>
<tr>
<td>Business Casual I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>slacks, collared shirt</td>
<td>2.19 ± 0.068</td>
<td>2.19 ± 0.089</td>
<td>2.07 ± 0.200</td>
<td>2.20 ± 0.088</td>
<td>2.19 ± 0.089</td>
<td>2.32 ± 0.090</td>
<td>2.35 ± 0.099</td>
<td>2.14 ± 0.089</td>
</tr>
<tr>
<td>Business Casual II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>slacks, knit top</td>
<td>1.97 ± 0.068</td>
<td>1.84 ± 0.089</td>
<td>1.96 ± 0.205</td>
<td>1.79 ± 0.088</td>
<td>1.87 ± 0.089</td>
<td>1.98 ± 0.090</td>
<td>1.88 ± 0.099</td>
<td>1.88 ± 0.089</td>
</tr>
<tr>
<td>Semi-Casual with Lab Coat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>khaki pants, knit collared top, lab coat</td>
<td>2.50 ± 0.068 b</td>
<td>2.62 ± 0.089 b</td>
<td>2.45 ± 0.197 b</td>
<td>2.63 ± 0.088 b</td>
<td>2.67 ± 0.089 b</td>
<td>2.73 ± 0.090 ab</td>
<td>3.07 ± 0.099 a</td>
<td>2.61 ± 0.089 b</td>
</tr>
<tr>
<td>Semi-Casual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>khaki pants, knit collared top</td>
<td>2.99 ± 0.068 b</td>
<td>3.20 ± 0.089 b</td>
<td>3.07 ± 0.200 bc</td>
<td>3.38 ± 0.088 bc</td>
<td>3.35 ± 0.089 bc</td>
<td>3.35 ± 0.090 c</td>
<td>4.12 ± 0.099 a</td>
<td>3.12 ± 0.089 bc</td>
</tr>
<tr>
<td>Casual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>jeans and knit top</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Different superscripts a-b indicate significantly different mean in rows based on picture.

†Lower score represents more positive/desirable rating.
Other Influencing Factors on Mean Professional Characteristic Scores

Many factors had no significant influence on the Mean Professional Characteristic Scores of the attire: previous experience with a dietitian, occupation, ethnicity, and language spoken. The following are observations made concerning the Mean Professional Characteristic Scores of individual attire with Tukey-Kramer p≤0.05:

**Figure 5. Other influencing factors on Mean Professional Characteristic Scores**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Attire</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>Business Casual with lab coat</td>
<td>Those earning &gt;$81,000 rated the attire less positive/desirable than did those earning &lt;$61,000.</td>
</tr>
<tr>
<td></td>
<td>Business Professional Business Casual with lab coat</td>
<td>Males rated the attire less positive/desirable than did females.</td>
</tr>
<tr>
<td></td>
<td>Business Casual I Semi-Casual with lab coat</td>
<td>Those with college degree rated the attire more positive/desirable than did those with only a high school degree.</td>
</tr>
<tr>
<td>Business Professional Business Casual with lab coat</td>
<td>Those in Area 7 rated the attire less positive/desirable than Area 6 and Mexico.</td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td>Business Casual with lab coat</td>
<td>Those aged 41-50 years rated the attire less positive/desirable than did those aged 26-30 years.</td>
</tr>
<tr>
<td>Casual</td>
<td></td>
<td>Those with only a high school education rated the attire less positive/desirable than those with some college education.</td>
</tr>
</tbody>
</table>

While statistically significant, the practical significance of these findings is not apparent.
DISCUSSION AND CONCLUSIONS

Addressing the Hypotheses

Phase I

I. *Dress codes will vary depending on setting, location, and size of facility.*

The number of dress code restrictions varied by setting and location, but not by size of the facility. Hospital dress codes had more restrictions than did WIC clinic dress codes. The number of dress code restrictions was not correlated with facility size or whether the facility was in an urban, suburban, or rural setting. It is also noteworthy that hospital dietitians tended to dress more formally (slacks and collared or knit top) than did WIC dietitians (khaki pants and collared knit top). Also, facilities where the dress code was enforced had more restrictions in their dress codes.

II. *Dress codes are not strictly enforced in facilities.*

The data do not support this hypothesis. In the hospitals and WIC clinics surveyed, at least half of the managers agreed or strongly agreed with the statement, “Dress code is a priority and enforced in my facility.”

Even though approximately 15% of WIC clinics and 3.6% of hospitals do not have dress codes at all, most facilities have dress codes and consider them important enough to enforce.
III. Managers will agree that dress is important for a dietitian to be successful in his/her job.

The data support this hypothesis. In the WIC clinics and hospitals surveyed, at least half (59% and 78%, respectively) of the managers agreed or strongly agreed with the statement, “I believe a Registered Dietitian’s dress is important to doing his/her job effectively.” Although this is more than half, it is far from unanimous.

Most of the managers who agreed with this statement were in facilities where the “dress code is a priority and enforced.” The dietitian dress code was written at the local agency level in 67.6% of surveyed WIC clinics and at the clinic level in 26.7% of surveyed WIC clinics. The WIC manager who completed the survey was in the local agency management 72.9% of the time and the clinic management 25.9% of the time, therefore, in some of these facilities the surveyed manager may have been the one person responsible for dress code enforcement or possibly even the person who wrote the dress code. This may also be true in the hospital where 50.6% of the dietitian dress codes were written by the Food and Nutrition Services Department.

Phase II

IV. Participants will most prefer dietitians dressed in the middle of the formality scale and least prefer those on either extreme.

The data support this hypothesis. As shown by the Mean Professional Characteristic Scores and frequency scores for least preferred attire, patients/clients least preferred the Casual attire (jeans with knit top), with the Semi-Casual attire (khaki pants and collared knit top) a distant second. These two ensembles were the most casual ones
presented and the frequency at which they were selected as *least preferred* was remarkably higher than the other ensembles. This attire also received the poorest Individual Characteristic Scores.

The *most preferred* attire also received most positive/desirable Individual Characteristic ratings. Therefore, the Business Casual with lab coat attire (lab coat with the slacks and collared shirt) portrays the most acceptable, positive image and is the image patients/clients want to see for the dietitian. The Semi-Casual with lab coat (lab coat with the khaki pants and collared knit top) attire was a distant second in frequency of selection as *most preferred* and Mean Professional Characteristic Score. Patients/clients preferred to see dietitians in lab coats.

Behind the *most preferred* attire, Business Casual with lab coat (a type of unstructured/unfitted jacket), the rest of the options with jackets (slacks with various non-lab jackets and khaki pants with lab coat) fell in the middle of the extremes in characteristic scoring. The attire with any jacket received more positive Individual Characteristic Scores than did the attire without a jacket. When looking at the frequency of selection of *most/least preferred*, the professional attire (matched suit) was both third *most preferred* and third *least preferred*. It seems that non-medical jackets send a positive message to patients/clients as evidenced by significantly higher Individual Characteristic Scores, but patient/client preference for them on dietitians is not as great as for the lab coat.

Patients/clients preferred the dietitian to wear some sort of jacket, especially a lab coat; these ensembles were rated more positively, most often selected as *most preferred*, and least often selected as *least preferred*. Patients/clients noticed what was worn under
the lab coats as evidenced by the higher Individual Characteristic Scores and greatest selection frequency of the slacks with the lab coat as most preferred. These conclusions apply to both hospital and WIC settings.

V. Participants’ preferences will vary depending on age, education, income, where grew up, and occupation.

The data do not support this hypothesis. With few exceptions, the Mean Professional Characteristic Score of the attire was not affected by where patients/clients grew up, their age, education, income, or occupation. Patients in the hospitals and clients in the WIC clinics had similar preferences; perhaps the greatest effect on patients’/clients’ expectation of dress in these settings is the expectation of meeting with someone who is, and looks like, a healthcare professional.

Phase II compared to Phase I

VI. Participants’ most preferred dietitian in each setting will be higher than managers’ description of dietitians’ work attire.

The WIC and hospital data both support this hypothesis. Semi-Casual dress (khaki pants with collared knit top) described the dress of dietitians at approximately 40% of surveyed WIC clinics. Many of the comments from WIC managers stated the dietitians did not dress more formally for fear of distancing themselves from the clients. These data suggest WIC clients would prefer WIC dietitians to dress more formally and to wear a lab coat. Table 18 shows that only 8.1% of surveyed hospitals and 1.1% of WIC clinics have dietitians who wear the Business Casual I dress and are required to a lab coat, which fits the description of the surveyed attire most preferred by
patients/clients. It is important to note that this data is based on clients’ conscientious responses to a photograph, not their un-aware reactions to a person. Nevertheless, it appears when a person in a WIC clinic or hospital is receiving nutrition counseling, they expect that they will be receiving it from a person who looks like a typical healthcare professional in a lab coat.

Table 18. Business Casual I attire by lab coat requirement

<table>
<thead>
<tr>
<th></th>
<th>WIC</th>
<th></th>
<th>Hospital</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Required</td>
<td>4</td>
<td>1.1</td>
<td>33</td>
<td>8.1</td>
<td>37</td>
<td>4.8</td>
</tr>
<tr>
<td>Not required but encouraged</td>
<td>2</td>
<td>0.5</td>
<td>24</td>
<td>5.9</td>
<td>26</td>
<td>3.4</td>
</tr>
<tr>
<td>Not required</td>
<td>36</td>
<td>9.9</td>
<td>21</td>
<td>5.2</td>
<td>57</td>
<td>7.4</td>
</tr>
</tbody>
</table>

*a There were 365 WIC, 407 Hospital, and 772 total surveys

Other Conclusions

Characteristics Associated with Most/least Preferred Dietitian Dress

By looking at the individual characteristic ratings for the two least preferred ensembles, it appears that the characteristic that was most detrimental to the acceptance of the more casual appearance was professionalism. This characteristic received a significantly less positive/desirable rating than any of the other individual characteristics for the Casual attire (jeans and knit top) and the Semi-Casual attire (collared knit top with khaki pants without a lab coat). Although the most positive characteristic for the jeans and knit top was empathetic, the empathetic rating was lower for this attire than for any other attire surveyed.
While the appearance of Business Casual with a lab coat (slacks with collared shirt and lab coat) was most preferred and received the best Individual Characteristic ratings, the next highest ratings were given to the appearance of any coat layer, whether it was a lab coat with khakis, unmatched jacket, or suit jacket. When the dietitian wore a jacket of any kind she was seen as more empathic, competent, credible, organized, effective, professional, and confident than in the attire without a jacket.

**Manager Comments on Dietitian Dress**

Although many WIC managers expressed concern that dressing too formally or wearing a lab coat would distance clients, these data show that WIC respondents prefer the dietitians to wear lab coats and slacks. This study did not evaluate the reaction of the clients to an actual person in the attire, but the clients did express a preference for the dietitians in lab coats.

Hospital managers commented that they thought dietitians should dress in a manner similar to other healthcare team members or that dietitians should differentiate themselves from some healthcare team members with dress. These data suggest that hospital patients prefer dietitians to wear a lab coat. The lab coat has become a symbol of healthcare and hospital patients appear to consider the dietitian as part of the healthcare team.

Managers in both settings were concerned that younger dietitians dressed more casually for work because it is the current style. These data suggest that younger patients/clients did not prefer the dietitian to dress any differently than did older patients/clients.
**Cost and Comfort**

It is important to differentiate between formality and price of clothing. Although the clothing used in this study varied in formality, none were specialty items or of extraordinary materials. The attire *most preferred* by patients/clients cost less than $60 for the shirt and slacks; the lab coat another $36. The concern in distancing low-income clients was not supported by our investigation of level of formality, but perhaps elaborate or overtly expensive items would have this effect.

While performing a service for a patient/client, it is important to make the patient/client feel as comfortable as possible. When applied to dress, this means the dietitian may feel less *comfortable* in more formal attire but realize that in doing so he/she is providing a better service to the patient/client. The way the dietitian dresses is, in fact, part of the service provided.

**Future Research**

One area for further research could include other people with whom dietitians interact. This could include fellow dietitians, other healthcare professionals, co-workers, and managers. Since this study found that dietitian dress influences the characteristics patients/clients assume the dietitian processes, people in a different relationship to the dietitian also likely make assumptions from dietitians’ dress, though they may be different assumptions.

Another area for future research could be the setting. This study was performed only in hospitals and WIC clinics. Although this study found that patients/clients in WIC clinics and hospitals had similar preferences in dietitian dress, patients/clients in
other areas of dietetics practice may expect the dietitian they encounter to dress differently.

The differences in the influence of unified dress (or uniforms), elements of unified dress (such as a lab coat) and self-selected dress could be researched. In this study the lab coat, a common uniform article of clothing in the healthcare industry, was preferred by patients/clients; other items worn as uniforms may also portray professional characteristics.

The influences of dietitian dress could be examined further to reveal patients’/clients’ actions towards dietitians in different attire. Such a study could look at patient/client demeanor, perception of the success of the nutrition instruction, expressed intent to make dietary changes, or dietary changes made after visiting with the dietitian dressed in different attire.
REFERENCES

1. Anderson B. Khakis are under attack! Wearables Bus. 2004;8:42.


35. Treffinger S. Cleveland Clinic has dress code all sewn up and color-coded. Metro. April 27, 2005; Medicine & Science: B2.


Appendix A: Institutional Review Board Approval

- Brigham Young University
- Salt Lake City, Utah Hospital
- Richmond, Virginia Hospital
- Chicago, Illinois Hospital
September 12, 2006

Connie L. Packer  
c/o Nora Nyland  
S219 ESC  
Campus Mail

Dear Connie,

Thank you for your recent correspondence concerning your protocol entitled "The Effect of Dieticians' Dress on Perceived Professionalism and Effectiveness." The proposal has been assigned the following number: E06-0227. The research appears to pose minimal risk to human subjects and meets the Federal guidelines.

You are approved to begin your research. The IRB Committee will need to review and approve the completed book with pictures before it is administered. This approval is good until September 11, 2007 (a year from the date it was approved). A few months before this date we will send out a continuing review form. There will only be two reminders. Please fill this form out in a timely manner to ensure that there is not a lapse in your approval.

Enclosed is a date stamped consent form. No other consent form should be used.

Please notify Nancy Davis, (801) 422-2970, A-285 ASB, of any changes made in the instruments, consent form, or research process before instigating the alterations, so that we can approve them before the change is implemented.

If you have any questions, please let us know. We wish you well with your research!

Sincerely,

Dr. Renee L. Beckstrand, Chair /  
Nancy A. Davis, CIM, Administrator /  
Institutional Review Board for Human Subjects /  
RLB/eff

Enclosure
April 11, 2007

Patricia Scott, M.S.
LDS Hospital Clinical Dietetics
8th Avenue & C Street
Salt Lake City UT 84143

RE: Our Study # 1001820    At: Intermountain Healthcare UCR

Dear Ms. Scott

Your request for EXPEDITED REVIEW for the research project entitled: The Effect of Dietitians' Dress on Perceived Professionalism and Effectiveness has been reviewed by a member of the IHC Urban Central Region Institutional Review Board and approval has been given for the following:

     Protocol

    Consent Document Version Dated April 6, 2007

    Other: Survey Booklet

The IHC Urban Central Region IRB has jurisdiction over the Hospitals and Surgical Centers within the Region (Alta View, Cottonwood, LDS and The Orthopedic Specialty Hospitals), Affiliated Clinics, InstaCares and Practitioners.

If you have any questions regarding this decision, please contact Elaine or Wendy in the IRB Office at (801) 408-6780 or (801) 408-6781.

Internal #: New Application
Expiration Date: 3/25/2008
On Agenda For: Expedited Review

Sincerely,

Anthony G. Musci, M.D., Interim Chair
Intermountain Healthcare Urban Central Region
Institutional Review Board
May 1, 2007

Patricia Scott, M.S.
LDS Hospital Clinical Dietetics
8th Avenue & C Street
Salt Lake City, Utah 84143

Dear Ms. Scott:

Our Study # 1001820
The procedural change request for your research project entitled: The Effect of Dietitians' Dress on Perceived Professionalism and Effectiveness has been reviewed by the Chair of the Intermountain Healthcare Urban Central Region Institutional Review Board and approval has been granted for the following:

XX Procedural Change(s) Dated May 1, 2007
(As listed on the application)

Protocol Dated

XX Consent Form Spanish Version Dated April 6, 2007

XX Other: Survey Booklet Spanish Version

Internal #: 4323
Expiration Date: 3/25/2008
On Agenda For: Expedited Review
Reason 1: Procedure Reason 2: Receipt of Contingent Items
Description: Expedited Date-5/1/2007; Pre-Meeting Action-Approved
Condition 1: Receipt of Contingent Items

Sincerely,

Anthony G. Musci, M.D., Interim Chair
Intermountain Healthcare Urban Central Region
Institutional Review Board
DATE: March 14, 2007

TO: L. Clare Costello, Med
Food and Nutrition Services
Box 980294

FROM: Ann Nichols-Casebolt, PhD
Chairperson, VCU IRB Panel B
Box 980568

RE: VCU IRB #: HM10788
Title: The effect of dietitians' dress on perceived professionalism and effectiveness

On March 13, 2007, the following research study was approved by expedited review according to 45 CFR 46.110 Category 7. This approval reflects the revisions received in the Office of Research Subjects Protection on March 12 and 13, 2007. This approval includes the following items reviewed by this Panel:

RESEARCH APPLICATION/PROPOSAL: NONE

PROTOCOL: The effect of dietitians' dress on perceived professionalism and effectiveness, received 03/12/07
- Survey Booklet, received 02/06/07

CONSENT/ASSENT:
- Research Subject Information and Consent Form, Version 3/13/07, 2 pages

ADDITIONAL DOCUMENTS: NONE

This approval expires on February 29, 2008. Federal Regulations/VCU Policy and Procedures require continuing review prior to continuation of approval past that date. Continuing Review report forms will be mailed to you prior to the scheduled review.

The Primary Reviewer assigned to your research study is Emily Rossiter. If you have any questions, please contact Ms. Rossiter at rti@infonline.net or 740-9376; or you may contact Dana Andrews, IRB Coordinator, VCU Office of Research Subjects Protection, at damdrews@vcu.edu or 828-3992.

Attachment – Conditions of Approval
Notification of Exemption from IRB Review

To: Mary Gregoire
ORAI#: 06122861
Project Title: The effect of dietitians’ dress on perceived professionalism and effectiveness
Date Exemption Granted: Release Date: 1/18/07
Institutional Federal Wide Assurance Number: 00000482

Dear Ms. Gregoire,

Based upon a review of the regulations found at 45 CFR 46.101b (2), this letter is your notification that your project is exempt from Institutional Review Board review. This exemption was granted for the following reasons, if you change your protocol in anyway, these issues must be re-reviewed:

"Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation."

The Rush HIPAA Privacy Coordinator has also reviewed this application and finds that since the study does not utilize "protected health information" according to HIPAA regulations, your project is also exempt from any HIPAA requirements.

Thank you for your submission. Good luck with your project.

Sincerely,

[Signature]
Director, Human Subjects Protections
Research & Clinical Trials Administration Office

Date: 1/18/07
Appendix B: Phase I Survey

- Phase I Surveys
  - Hospital Survey
  - WIC Clinic Survey
**Dietitian Dress Code Policies**

1. How many beds does your facility have?
   - □ ≤ 100
   - □ 101-200
   - □ 201-300
   - □ 301-400
   - □ 401-500
   - □ > 500

1.b. Is your hospital part of a multi-hospital system?
   - □ Yes
   - □ No

2. Number of registered dietitians employed under your direct or indirect supervision; count part-time and full-time and count yourself, if an RD: ________.

3. Which of the following best describes the location of your facility?
   - □ urban
   - □ rural
   - □ suburban

4. Are there written dress codes at these levels?
   - □ A. Corporate
     - □ yes
     - □ no
     - □ N/A
   - □ B. Hospital
     - □ yes
     - □ no
   - □ C. Professional/Administrative Staff
     - □ yes
     - □ no
   - □ D. Food/Nutrition Department
     - □ yes
     - □ no

5. Of the levels in question 4, which determines registered dietitians’ dress code?
(Please check all that apply)
   - □ A. Corporate
   - □ B. Hospital
   - □ C. Professional/Administrative Staff
   - □ D. Food/Nutrition Department
   - □ E. Other: ____________

6. Registered dietitians are prohibited from wearing which of the following by your written dress code(s)?
   - □ open toe shoes
   - □ open heeled shoes
   - □ flip-flops
   - □ tennis shoes
   - □ high heeled shoes
   - □ platform shoes
   - □ boots
   - □ khaki pants
   - □ shorts
   - □ capri pants
   - □ blue jeans
   - □ denim skirts
   - □ denim tops
   - □ shirts with logos or slogans
   - □ untucked blouse/shirts
   - □ t-shirts
   - □ polo shirts
   - □ scrubs
   - □ baggy clothes
   - □ short or revealing clothing
   - □ bare legs
   - □ large, dangling earrings
   - □ facial piercings
   - □ tattoos
   - □ beards
   - □ unrestrained long hair
   - □ other: ____________

**Turn Page to Complete Survey →**
7. Which of the following best describes how your registered dietitians typically dress for work? (Please check only one)
   - Professional – matched skirt or pant suit
   - Business professional – slacks or skirt and a suit jacket or blazer
   - Business – unmatched, unstructured jacket or cardigan with slacks or skirt
   - Business casual I – dress pants or skirt and collared shirt/blouse, no jacket or cardigan
   - Business casual II – dress pants or skirt and a light pullover sweater or knit top
   - Semi-casual – khaki pants or casual skirt and casual top
   - Casual – jeans and t-shirt
   - Scrubs

8. Are the registered dietitians in your facility required to wear a lab coat?
   - Yes
   - No, but encouraged to
   - No

9. Employee dress is a priority and therefore the dress code is enforced in my facility.
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

10. I believe a registered dietitian’s dress is important to doing his/her job effectively.
    - Strongly disagree
    - Disagree
    - Neither agree nor disagree
    - Agree
    - Strongly agree

Comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Thank you!!

Nora Nyland, PhD, RD, CD
(801) 422-6676
dietitiandress@byu.edu

Connie Packer, RD, CD
DIETITIAN DRESS CODE POLICIES

1. How many participants does your region/local agency serve?
   - □ ≤ 10,000
   - □ 10,000 – 24,999
   - □ 25,000 – 49,999
   - □ 50,000 – 100,000
   - □ > 100,000

2. Number of registered dietitians employed under your direct or indirect supervision; count both part- and full-time and count yourself, if an RD: ________.
   If none, please answer questions 1-4 and 9 then return survey.

3. Which of the following best describes the location of your facility?
   - □ urban
   - □ rural
   - □ suburban

4. Are there written dress codes at these levels? At which level are you a manager?
   - A. State □ yes □ no □ State
   - B. Regional/Local Agency □ yes □ no □ Regional/Local Agency
   - C. Clinic □ yes □ no □ Clinic

5. Of the levels in question 4, which determines registered dietitians’ dress code?
   (Please check all that apply)
   - □ A. State
   - □ B. Regional/Local Agency
   - □ C. Clinic
   - □ D. Other: ______________________

6. Registered dietitians are prohibited from wearing which of the following by your written dress code(s)?
   - □ open toed shoes □ capri pants □ baggy clothes
   - □ open heeled shoes □ blue jeans □ short or revealing clothing
   - □ flip-flops □ denim skirts □ bare legs
   - □ tennis shoes □ denim tops □ large, dangling earrings
   - □ high heeled shoes □ shirts with logos or slogans □ facial piercings
   - □ platform shoes □ untucked blouse/shirts □ tattoos
   - □ boots □ t-shirts □ beards
   - □ khaki pants □ polo shirts □ unrestrained long hair
   - □ shorts □ scrubs □ other ____________________________

TURN PAGE TO COMPLETE SURVEY ➔
7. Which of the following best describes how your registered dietitians typically dress for work? (Please check only one)
   - professional – matched skirt or pant suit
   - business professional – slacks or skirt and a suit jacket or blazer
   - business – unmatched, unstructured jacket or cardigan with slacks or skirt
   - business casual I – dress pants or skirt and collared shirt/blouse, no jacket or cardigan
   - business casual II – dress pants or skirt and a light pullover sweater or knit top
   - semi-casual – khaki pants or casual skirt and casual top
   - casual – jeans and t-shirt
   - scrubs

8. Are the registered dietitians in your facility required to wear a lab coat?
   - Yes
   - No, but encouraged to
   - No

9. Employee dress is a priority and therefore the dress code is enforced in my facility.
   - Strongly disagree
   - Disagree
   - Neither agree nor disagree
   - Agree
   - Strongly agree

10. I believe a registered dietitian’s dress is important to doing his/her job effectively.
    - Strongly disagree
    - Disagree
    - Neither agree nor disagree
    - Agree
    - Strongly agree

Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you!!

Nora Nyland, PhD, RD, CD
(801) 422-6676
dietitiandress@byu.edu

Connie Packer, RD, CD
Appendix C: Phase I Pilot Survey Evaluation Form
PILOT QUESTIONNAIRE

Please answer the following questions concerning the survey you just completed:

Answer the following questions about the survey cover letter:
1. Was it clear? □ Yes □ No
   Comments ____________________________________________

2. Was it concise? □ Yes □ No
   Comments ____________________________________________

3. Was it easily understood? □ Yes □ No
   Comments ____________________________________________

4. Did you have any questions after reading the survey cover letter? □ Yes □ No
   Comments ____________________________________________

Answer the following questions about the survey:
5. Is the wording of any question confusing? □ Yes □ No
   Comments ____________________________________________

6. Is the survey itself readable? □ Yes □ No
   Comments ____________________________________________

7. Are there any terminology or wording changes you suggest? □ Yes □ No
   Comments ____________________________________________

8. Is the flow of questions logical? □ Yes □ No
   Comments ____________________________________________

9. Are there any additional questions or issues that you feel should be addressed in the survey? □ Yes □ No
   Comments ____________________________________________

10. Approximately how long did it take for you to complete the survey? ____________________

Please give any other suggestions or comments: __________________________________________

THANK YOU FOR TAKING THE TIME TO GIVE US THIS VALUABLE FEEDBACK!!
Appendix D: Phase I Letter of Transmittal

- Hospital Letter of Transmittal
- WIC Clinic Letter of Transmittal
- Hospital Follow-up Letter of Transmittal
- WIC Clinic Follow-up Letter of Transmittal
DIETITIAN DRESS CODE POLICIES AND DRESS PRACTICES

October 2006

Dear Director/Manager,

It has been reported that about 50% of U.S. companies have written dress code policies for their employees. During the 1990s there was a prominent relaxation in dress codes across the nation which brought some confusion about appropriate and permitted work attire. Dress code trends of dietitians have not been reported. We are investigating current written dress code policies of dietitian positions, the current dress practices of dietitians, and the emphasis organizations and managers place on dietitian dress.

This study has been approved by the Institutional Review Board (IRB) at Brigham Young University. If you have questions about your rights as a participant, you may call Dr. Renee Beckstrand, IRB Chair, at (801)422-3873. There are no known direct risks or benefits to participants who complete the survey. However, it is hoped that through your participation researchers will learn more about the guidelines set forth in dietitian dress codes, and the emphasis placed on dietitian dress. The return of this survey indicates your consent to participate in the research. The code number on the survey is for the use in data analysis. All information provided will remain confidential and will be reported only as group data; no individual information will be revealed. Only those directly involved with the research will have access to the data, including surveys. After the research is completed, the surveys will be destroyed.

Included is a short, ten question survey concerning your facility’s dress code policy. The survey should take about 10 minutes to complete. Your participation in this research study is voluntary; however, in order to obtain data representative of Directors of Food and Nutrition Services and/or Clinical Nutrition Managers, we need your participation. The results of this study may reveal current dress code policies of dietitian positions and the emphasis organizations and managers place on dietitian dress. Would you or your Clinical Nutrition Manager please complete this questionnaire and return it in the business reply envelope within the next three weeks.

We appreciate your assistance!

Sincerely,

Connie Lynn Packer RD, CD
Graduate Student

Nora Nyland, PhD, RD, CD

DEPARTMENT OF NUTRITION, DIETETICS, AND FOOD SCIENCE
BRIGHAM YOUNG UNIVERSITY • S221 EYRING SCIENCE CENTER • PROVO, UTAH 84602-4602
(801) 422-3912 / FAX (801) 422-0258 • DIETITIANDRESS@BYU.EDU
DIETITIAN DRESS CODE POLICIES AND DRESS PRACTICES

October 2006

Dear Director/Manager,

It has been reported that about 50% of U.S. companies have written dress code policies for their employees. During the 1990s there was a prominent relaxation in dress codes across the nation which brought some confusion about appropriate and permitted work attire. Dress code trends of dietitians have not been reported. We are investigating current written dress code policies of dietitian positions, the current dress practices of dietitians, and the emphasis organizations and managers place on dietitian dress.

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DEPARTMENT OF NUTRITION, DIETETICS, AND FOOD SCIENCE
BRIGHAM YOUNG UNIVERSITY • 8221 EYRING SCIENCE CENTER • PROVO, UTAH 84602-4602
(801) 422-3012 / FAX (801) 422-0258 • DIETITIAN@BYU.EDU
Dietitian Dress Code Policies and Dress Practices

February 2007

Dear Director/Manager,

In November we contacted you about completing a short survey concerning dietitian dress codes. We are excited about the good response rate we have received thus far. However, to obtain data representative of Directors of Food and Nutrition Services and/or Clinical Nutrition Managers, we need your participation. If you have already sent us a completed survey and we crossed in the mail, we extend our thanks.

If you have not yet completed and returned the survey, we again request your participation and have enclosed an additional copy of the survey. Please take about ten minutes to complete and return the survey in the enclosed postage-paid envelope as soon as possible.

We are investigating current written dress code policies of dietitian positions, the current dress practices of dietitians, and the emphasis organizations and managers place on dietitian dress. It is hoped that through your participation researchers will learn more about the guidelines set forth in dietitian dress codes, and the emphasis placed on dietitian dress.

The return of this survey indicates your consent to participate in the research. If you have further questions regarding this study, please feel free to contact us through email at dietitiandress@byu.edu or by phone at 801-422-6676.

We appreciate your assistance, and look forward to your response!

With best regards,

Connie Lynn Packer, RD, CD
Graduate Student

Nora Nyland, PhD, RD, CD

Department of Nutrition, Dietetics, and Food Science
Brigham Young University • S221 Eyring Science Center • Provo, Utah 84602-4602
(801) 422-3912 / FAX (801) 422-0258 • dietitiandress@byu.edu
DIETITIAN DRESS CODE POLICIES AND DRESS PRACTICES

February 2007

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Appendix E: Phase II Survey Booklet

- English Booklet (full booklet)
- Spanish Booklet (condensed booklet)
Dear Participant,

Thank you for being willing to participate in this survey. You are contributing valuable information for the dietitian community. You were asked to participate in this study because you are currently in a setting where you may interact with dietitians.

A dietitian is a healthcare professional with training in nutrition. Dietitians educate people on the influence diet has on their health and help people improve their diets to enhance their health.

In this survey you will first be asked to provide some general information about your previous visits with a dietitian and your age, occupation, etc. Then you will look at photographs of a woman representing a dietitian dressed in nine different outfits. View the photograph as if you were a client or patient intending to meet with the dietitian for nutrition counseling: then rate the “dietitian” you see on the following eight qualities:

Empathetic – sensitive to the feelings, thoughts, and experience of others
Competent – able, capable, qualified, experienced, skilled
Approachable – friendly, agreeable, sociable, open-minded
Credible – reliable, trustworthy, sincere
Organized – prepared, efficient, structured
Effective – productive, useful, valuable, contributing
Professional – expert, polished, practiced, sharp
Confident – secure, self-assured, optimistic

At the end of the survey you will be asked to select the dietitian you would most prefer to work with and the dietitian you would least prefer to work with.

When you are finished with the survey, please return it to the person who gave you the survey.

Thank you for your assistance!

With Best Regards,

Connie Lynn Packer, RD, CD
Nora Nyland, PhD, RD, CD
Graduate Student
Information about you.

Check ✓ the box of the appropriate answer.

1. Age:
   - 18-25
   - 26-30
   - 31-40
   - 51-60
   - 71-80
   - ≥ 81

2. Gender:
   - Female
   - Male

3. Ethnic group:
   - African American
   - Asian and Pacific Islander
   - Caucasian
   - Hispanic
   - Native American
   - Other (specify) ____________

4. State (or country) in which you grew up: ____________

5. Highest level of education:
   - Elementary/Middle School
   - Some High School
   - High School Diploma
   - Technical Certification
   - Associate Degree
   - Bachelor’s Degree
   - Master’s Degree
   - Doctoral Degree

6. Occupation:
   - Administrative
   - Armed Forces
   - Construction
   - Farming
   - Healthcare
   - Homemaker
   - Installation
   - Management
   - Production
   - Professional
   - Sales
   - Service (except healthcare)
   - Transportation
   - Other ____________

7. Your household pay/salary:
   - <10,000/year
   - 10-20,000/year
   - 21-30,000/year
   - 31-40,000/year
   - 41-50,000/year
   - 51-60,000/year
   - 61-70,000/year
   - 71-80,000/year
   - 81-90,000/year
   - >90,000/year

8. Have you ever received nutrition counseling from a registered dietitian?
   - Yes
   - No

9. If yes, when was the last time you had nutrition counseling from a registered dietitian?
   - In the last week
   - In the last month
   - In the last year
   - In the last 5 years
   - In the last 10 years
   - More than 10 years ago

10. Do you receive nutrition counseling from a registered dietitian on a regular basis?
    - Yes
    - No
View the photograph as if you were a client or patient intending to meet with the dietitian for nutrition counseling, then rate the dietitian you see on the following eight qualities by circling your response on each scale from 1 to 5.

1. Empathetic 1 2 3 4 5 Insensitive
2. Competent 1 2 3 4 5 Incompetent
3. Approachable 1 2 3 4 5 Unapproachable
4. Credible 1 2 3 4 5 Not credible
5. Organized 1 2 3 4 5 Unorganized
6. Effective 1 2 3 4 5 Ineffective
7. Professional 1 2 3 4 5 Unprofessional
8. Confident 1 2 3 4 5 Unconfident
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</table>

Dietitian 9
Check ✓ the box of the appropriate answer.

1. Which dietitian would you *most* prefer for nutrition counseling?
   - 1  2  3  4  5  6  7  8  9

2. Which dietitian would you *least* prefer for nutrition counseling?
   - 1  2  3  4  5  6  7  8  9

3. Comments:

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
Estudio sobre la Vestimenta del Dietista

Folleto de Encuesta

Departamento de Nutrición, Dietética y Ciencia Alimenticia
Brigham Young University • S-221 ESC • Provo, Utah 84602
(801) 422-3912 • Dietitian@byu.edu
Estimado/a participante:

Gracias por su disposición para participar en esta encuesta. Usted está aportando información valiosa para la comunidad de dietistas. Se le ha pedido participar en este estudio porque usted se encuentra en un entorno en donde podría interactuar con un dietista.

Un dietista es un profesional de la salud con entrenamiento en nutrición. Los dietistas enseñan acerca de la influencia que tiene la dieta en su salud y ayudan a la gente a mejorar sus dietas para mejorar su salud.

En esta investigación primero se le pedirá que provea alguna información general acerca de sus visitas anteriores con un dietista y otra información general como su edad, ocupación, etc. Luego se le pedirá mirar fotografías de una mujer que representa a un dietista con nueve vestimentas diferentes. Observe cada fotografía haciendo de cuenta que usted es un cliente o paciente que desea reunirse con un dietista para recibir consejo nutricional. Luego evalúe a cada “dietista” que aparece a continuación, con cualquiera de las siguientes cualidades:

- Empática - sensible a los sentimientos, pensamientos y experiencias de otros
- Competente – capaz, capacitada, experimentada, hábil
- Accesible – amigable, agradable, sociable, mente abierta
- Creíble - fidedigna, de confianza, sincera
- Organizada – preparada, eficiente, estructurada
- Efectiva – productiva, útil, valiosa, contribuyente
- Profesional – experta, pulida, experta, exacta
- Confiada – segura, segura de sí misma, optimista

Al final de esta encuesta se le pedirá que escoja al dietista con el que más preferiría ser atendido/a y el dietista con el que menos preferiría ser atendido/a.

Cuando haya terminado con la encuesta, por favor devuélvalo a la persona quien se lo entregó.

¡Gracias por su ayuda!

Saludos Cordiales,

Connie Lynn Packer, RD, CD
Nora Nyland, PhD, RD, CD
Estudiante Graduado
Información acerca de usted.

Marque √ la casilla con la respuesta apropiada.

1. Edad:
   □ 18-25   □ 31-40   □ 51-60   □ 71-80
   □ 26-30   □ 41-50   □ 61-70   □ ≥ 81

2. Sexo:
   □ Femenino    □ Masculino

3. Grupo étnico:
   □ Afro Americano
   □ Asiático o Isleño del Pacífico
   □ Caucásico
   □ Hispano
   □ Nativo Americano
   □ Otro (especifique) ________________

4. Estado (o país) en donde creció: ________________

5. Nivel más alto de educación:
   □ Escuela primaria/ Escuela intermedia
   □ Algo de Secundaria
   □ Bachillerato
   □ Certificación Técnica
   □ Asociado
   □ Licenciado
   □ Master
   □ Doctorado

6. Ocupación:
   □ Administrativa        □ Gerencia
   □ Fuerzas Armadas       □ Producción
   □ Construcción          □ Profesional
   □ Agricultura           □ Ventas
   □ Salud                 □ Servicios (excepto salud)
   □ Ama de Casa           □ Transportación
   □ Instalaciones         □ Otro ________________

7. Ingresos familiares /salario:
   □ <10,000/año
   □ 10-20,000/año
   □ 21-30,000/año
   □ 31-40,000/año
   □ 41-50,000/año
   □ 51-60,000/año
   □ 61-70,000/año
   □ 71-80,000/año
   □ 81-90,000/año
   □ ≥90,000/año

8. ¿Alguna vez ha recibido consejos nutricionales de un dietista certificado?
   □ si
   □ no

9. Si su respuesta fue afirmativa, ¿Cuándo fue la última vez que usted tuvo consejo nutricional de un dietista certificado?
   □ En la semana pasada
   □ En el mes pasado
   □ En el año pasado
   □ En los últimos 5 años
   □ En los últimos 10 años
   □ Más de 10 años atrás

10. ¿Recibe usted consejo nutricional de un dietista certificado con regularidad?
    □ si
    □ no
Observe cada fotografía haciendo de cuenta que usted es un cliente o paciente que desea reunirse con un dietista para recibir consejo nutricional. Luego evalúe a cada dietista que aparece a continuación, con cualquiera de las siguientes ocho cualidades (marcando) su respuesta en cada escala del 1 al 5:

1. Empática 1 2 3 4 5 Insensible
2. Competente 1 2 3 4 5 Incompetente
3. Accesible 1 2 3 4 5 Inaccesible
4. Creíble 1 2 3 4 5 No creíble
5. Organizada 1 2 3 4 5 Desorganizada
6. Eficaz 1 2 3 4 5 Ineficaz
7. Profesional 1 2 3 4 5 Poco profesional
8. Segura 1 2 3 4 5 Insegura
Marque ✓ la casilla con la respuesta apropiada.

1. ¿Cuál dietista certificada preferirías más para tu atención?
   ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ 6  ○ 7  ○ 8  ○ 9

2. ¿Cuál dietista certificada preferirías menos para tu atención?
   ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ 6  ○ 7  ○ 8  ○ 9

3. Comentarios:
   
   ____________________________________________
   ____________________________________________
   ____________________________________________
   

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Appendix F: Phase II Consent Form

- WIC Clinic Consent Form
  - English Form
  - Spanish Form

- Hospital Consent Form
  - Salt Lake City, Utah
    - English Form
    - Spanish Form
  - Richmond, Virginia
    - English Form
    - Spanish Form
  - Chicago, Illinois
    - English Form
    - Spanish Form
CONSENT TO BE A RESEARCH PARTICIPANT

Introduction
This research study is being conducted by Connie Packer and Dr. Nora Nyland at Brigham Young University to determine how dietitian dress affects client/patient perception of dietitian characteristics. You were selected to participate because you are currently a WIC participant.

Procedures
You will be asked to complete a survey booklet. The survey consists of 84 questions and will take approximately 10 minutes. Questions will include demographic information including income, occupation, and previous experiences with dietitians; rating pictures on characteristics of professionalism; and selecting the dietitians you would most and least prefer to work with based on the pictures.

Risks/Discomforts
No identifiable risks are associated with participation in this study.

Benefits
There are no direct benefits to subjects. However, it is hoped that through your participation researchers will learn more about how managers can structure dress codes to make clients most comfortable.

Confidentiality
All information provided will remain confidential and will be reported only as group data; no individual information will be revealed. Researcher will not have immediate access to the data because the survey will be placed in a slotted box by the participant. Only those directly involved with the research will have access to the data, including survey booklets. After the research is completed, the survey booklets will be destroyed.

Compensation
Participants will receive no compensation.

Participation
Participation in this research study is voluntary. You have the right to withdraw at anytime or refuse to participate entirely without jeopardy to your WIC participant status.

Questions about the Research
If you have questions regarding this study, you may contact Connie Packer at cfp3@email.byu.edu or Dr. Nora Nyland at (801)422-6676, nora Nyland@byu.edu.

Questions about your Rights as Research Participants
If you have questions you do not feel comfortable asking the researcher, you may contact Dr. Renee Beckstrand, IRB Chair, (801)422-3873, renea_reckstrand@byu.edu.

I have read, understood, and received a copy of the above consent and desire of my own free will to participate in this study.

Signature: ____________________________ Date: __________
CONSENTIMIENTO PARA SER UN PARTICIPANTE DE INVESTIGACIÓN

Introducción
Este estudio investigativo está siendo dirigido por Connie Packer y Dr. Nora Nyland de la Universidad de Brigham Young para determinar cómo el atuendo de los dietistas afecta la percepción de sus características. Usted ha sido seleccionado para participar porque actualmente usted es un cliente del WIC.

Procedimiento
Se le pedirá completar una folleto de encuesta. La encuesta consiste de 84 preguntas y tomará aproximadamente 10 minutos. Las preguntas incluirán información demográfica incluyendo ingreso, ocupación, y experiencias pasadas con dietistas; clasificando fotografías sobre características de profesionalismo; y seleccionando los dietistas con los que usted más y menos preferiría trabajar basándose en las fotografías.

Riesgos/Incomodidades
No riesgo alguno identificado está asociado con participar en este estudio.

Beneficios
No hay beneficios directos para los participantes. De todas maneras, se espera que a través de su participación los investigadores aprendan más acerca de cómo los gerentes/administradores pueden estructurar reglamentos de vestimenta y hacer que los clientes se sientan más cómodos.

Confidencialidad
Toda la información proporcionada permanecerá confidencial y será reportada solo como datos de grupo. Ninguna información individual será revelada. Los investigadores no tendrán acceso inmediato a los datos porque las encuestas serán puestas en una caja con ranura para los participantes. Solo aquellos directamente relacionados con la investigación tendrán acceso a los datos. Incluyendo el folleto de encuestas. Después de que esta investigación haya terminado, el folleto de encuestas será destruido.

Compensación
Los participantes no recibirán ninguna compensación.

Participación
La participación en este estudio investigativo es voluntaria. Usted tiene derecho de retractarse en cualquier momento o rehusarse a participar totalmente sin poner en riesgo su tratamiento en el WIC.

Preguntas acerca de la Investigación
Si usted tiene preguntas con respecto a este estudio, puede contactarse con Connie Packer clf33@email.byu.edu o Dr. Nora Nyland al (801)422-6676, noraNyland@byu.edu.

Preguntas acerca de sus Derechos como Participantes de Investigación
Si usted tiene preguntas con las cuales no se siente cómodo preguntando al investigador, usted puede ponerse en contacto con Dr. Renea Beckstrand, IRB Chair, (801)422-3873, renea_beckstrand@byu.edu.

He leído, entendido, y recibido una copia del consentimiento anteriormente citado y deseo de mi propia voluntad participar en este estudio.

Firma: ___________________________ Fecha: ______________
CONSENT and AUTHORIZATION DOCUMENT
INTERMOUNTAIN INSTITUTIONAL REVIEW BOARD

TITLE: DIETITIAN DRESS STUDY

PRINCIPAL INVESTIGATOR: Patricia Scott, MBA, RD, CD (801)408-1730

CO-INVESTIGATOR(S): Nora Nyland, PhD, RD, CD (801)422-6676
Connie Packer, RD, CD (949)355-5896

SPONSOR: This study is sponsored by the Brigham Young University Professional Development Research Fund.

LOCATION: LDS Hospital

BACKGROUND:
This survey is part of a study addressing dietitian dress being conducted by Dr. Nora Nyland and Connie Packer at Brigham Young University and Patricia Scott at LDS Hospital. Members of the healthcare team dress differently depending on the role they fill and the nature of their work. People may draw conclusions about others based on the physical appearance of the new person. This research is being performed to determine how dietitian dress affects client/patient perception of dietitian characteristics. You are being invited to take part in this research study because you are receiving medical care at LDS Hospital, which is a setting where you could interact with a registered dietitian.

Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully; ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you volunteer to take part in this research study.

STUDY PROCEDURE:
You will be asked to complete a survey booklet. The survey consists of 84 questions and will take approximately 10 minutes. The first questions will about your age, gender, ethnic group, education, income, occupation, and previous experiences with dietitians. Then you will look at nine pictures and rate each picture on characteristics of professionalism. Finally you will select the dietitians you would most and least prefer to work with based on the pictures.

RISKS:
No identifiable risks are associated with participation in this study.

BENEFITS:
There are no direct medical benefits to you from your taking part in this study. However, it is hoped that through your participation researchers will learn more about how managers can structure dietitian dress codes to make clients most comfortable.

ALTERNATIVE PROCEDURES:
If you do not wish to be in this study, you may choose to not participate.

PERSON TO CONTACT:
If you have questions regarding this study, you may contact the research investigators: Connie Packer, RD, CD at clf33@email.byu.edu, Nora Nyland, PhD, RD, CD at (801)422-6676, nora_nyland@byu.edu, or Patricia Scott, MBA, RD, CD at (801)408-1730.

INSTITUTIONAL REVIEW BOARD:
If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the investigator, please contact the Intermountain Office of Research at 1-800-321-2107.

Patient Initials: ____________________
Form Revised 4/6/2007

INTERMOUNTAIN HEALTH CARE
URBAN CENTRAL REGION
IRB
MAR 26 2007 MAR 25 2008
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VOLUNTARY PARTICIPATION:
It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect the relationship you have with the investigator or staff nor standard of care you receive.

RIGHT OF INVESTIGATOR TO WITHDRAW:
You may withdraw from the study at any time without penalty. Patricia Scott, MBA, RD, CD or the sponsor can withdraw you without your approval. The sponsor of the study may end the study early.

NUMBER OF SUBJECTS:
This is a multi-site study. We expect that 300-600 people from 3 hospital sites will participate in this study.

CONFIDENTIALITY/ AUTHORIZATION FOR USE OF YOUR PROTECTED HEALTH INFORMATION:
Intermountain Healthcare has a commitment to protect your confidentiality. Federal regulations require that you understand how your protected health information (PHI) is used for this study. The researchers will not ask you for any personal health history or treatment information. Your name and signature on this consent form will not be linked to your survey booklet. This is the information we will use:
• Your name
We may share your information with the Brigham Young University researchers conducting this study, but you will not be identified by name or any other information that would directly identify you, unless required by law. All information provided will remain confidential and will be reported only as group data; no individual information will be revealed. Researchers will not have immediate access to the data because the survey will be placed in a locked box by the participant. Only those directly involved with the research will have access to the data, including survey booklets. After the research is completed, the survey booklets will be destroyed.

Others who will have access to your protected health information for this research project include Intermountain’s Institutional Review Board (the committee that oversees research studying people) and authorized members of the Intermountain workforce who need the information to perform their duties (for example: provide treatment, to ensure integrity of the research, and for accounting or billing matters), the Food and Drug Administration, and others as required by law.

• This authorization lasts until this study is finished.
• For more information about my rights to my protected health information, to revoke this authorization, and how Intermountain uses my health information, I may ask to see or obtain a copy of the Intermountain Notice of Privacy Practices.
• I hereby acknowledge that I have received or been offered a copy of Intermountain’s Notice of Privacy Practices.

CONSENT:
I confirm that I have read and understand this consent and authorization document and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. I will be given a signed copy of the consent and authorization form to keep.

I agree to participate in this research study and authorize you to use and disclose health information about me for this study as you have explained in this document.

Participant’s Name (Print) ___________________________ Participant’s Signature ___________________________ Date __________

Name of Person Obtaining Authorization and Consent ___________________________

Signature of Person Obtaining Authorization and Consent ___________________________ Date __________

Patient Initials ___________________________ Form Revised 4/6/2007

INTERMOUNTAIN HEALTH CARE
URBAN CENTRAL REGION
IRB

MAR 26 2007 MAR 25 2008
APPROVED EXPIRATION DATE
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Page 2 of 2

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DOCUMENTO DE CONSENTIMENTO Y AUTORIZACIÓN JUNTA DE REVISIÓN INSTITUCIONAL DE INTERMOUNTAIN

TÍTULO: ESTUDIO SOBRE LA VESTIMENTA DEL DIETISTA

INVESTIGADOR PRINCIPAL: Patricia Scott, MBA, RD, CD (801)408-1730

CO-INVESTIGADORES: Nora Nyland, PhD, RD, CD (801)422-6676
                   Connie Packer, RD, CD (949)355-5896

PATROCINADOR: Este estudio es patrocinado por el Fondo de Investigación para el Desarrollo Profesional de Brigham Young University.

LUGAR: Hospital LDS

ANTecedentes Históricos:
Esta encuesta hace parte de un estudio sobre la vestimenta del dietista, llevado a cabo por la Dra. Nora Nyland y Connie Packer en Brigham Young University y por Patricia Scott en el Hospital LDS. Los miembros del equipo de cuidado de la salud tienen diferentes trabajos dependiendo del rol que cumplen y la naturaleza de su trabajo. Las personas pueden sacar conclusiones sobre otros individuos basándose en la apariencia física de la persona que se hacen. Esta investigación está llevándose a cabo con el fin de determinar la forma en la que la vestimenta del dietista afecta la percepción del cliente/paciente sobre las características del dietista.

Lo estamos invitando a participar en este estudio de investigación debido a que usted está recibiendo atención médica en el Hospital LDS, el cual es un entorno donde podría interactuar con un dietista registrado.

Antes de tomar una decisión, es importante que comprenda los motivos por los cuales esta encuesta está siendo realizada y lo que implicará. Tómese unos minutos para leer cuidadosamente la siguiente información, realice todas las preguntas necesarias en el caso que algún concepto no sea claro o si desea tener mayor información. Tómese su tiempo para decidir si desea o no formar parte de modo voluntario en este estudio de investigación.

PROCEDIMIENTO DEL ESTUDIO:
Se le solicitará que complete un cuadernillo de encuesta. La encuesta consiste en 84 preguntas y le tomará aproximadamente 10 minutos de su tiempo. Las primeras preguntas están relacionadas a su edad, sexo, grupo étnico, educación, ingresos, ocupación y su experiencia previa con dietistas. Luego tendré que mirar nueve fotografías y calificar cada una de ellas por características de profesionalismo. Para concluir, usted seleccionará los dietistas con los que más y con los que menos le gustaría trabajar, basándose en las fotografías.

RIESGOS:
No hay riesgos identificables asociados con la participación en este estudio.

BENEFICIOS:
No hay beneficios médicos directos para usted derivados de su participación en este estudio. Sin embargo, se espera que gracias a su participación, los investigadores aprendan más sobre la forma en la cual los gerentes pueden estructurar los códigos de vestimenta para los dietistas con el fin de lograr que los clientes se sientan mucho más a gusto.

PROCEDIMIENTOS ALTERNATIVOS:
Si usted no desea formar parte de este estudio, puede elegir no participar.

CONTACTOS:
Si tiene preguntas sobre este estudio, puede contactarse con los investigadores: Connie Packer, RD, CD en clp3@byu.edu, Nora Nyland, PhD, RD, CD al (801)422-6676 o en nora_nyland@byu.edu, o Patricia Scott, MBA, RD, CD al (801)408-1730.

JUNTA DE REVISIÓN INSTITUCIONAL:
En el caso que tenga preguntas sobre sus derechos como participante en una investigación, o si surgen problemas que considere que no puede hablar con el Investigador, contáctese con la Oficina de Investigación de Intermountain al 1-800-321-2107.

Iniciales del paciente: ____________________________

Formulario Revisado 4/6/2007

INTERMOUNTAIN HEALTH CARE
URBAN CENTRAL REGION
IRB

A1Y 01 2007 MAR 25 2008

APPROVED EXPIRATION DATE

Página 1 de 2
PARTICIPACIÓN VOLUNTARIA:
Depende exclusivamente de usted si decide participar o no del proyecto. En caso afirmativo, se le solicitará que firme un formulario de consentimiento. Si decide participar, todavía es libre de abandonar el proyecto en cualquier momento, sin justificación alguna. Esto no afectará la relación que tenga con el investigador o personal ni con la calidad del servicio que recibe en el centro médico.

DERECHO DEL INVESTIGADOR A RETIRARSE:
Usted puede retirarse del estudio en cualquier instancia sin penalidad alguna. Asimismo, Patricia Scott, MBA, RD, CD o el patrocinador pueden separarlo del proyecto sin su aprobación. El patrocinador puede concluir el estudio en forma anticipada.

NÚMERO DE PARTICIPANTES:
Este es un estudio que se realiza en varios lugares. Se espera que 300 a 600 personas de 3 hospitales formen parte de este estudio.

CONFIDENCIALIDAD / AUTORIZACIÓN PARA EL USO DE SU INFORMACIÓN DE SALUD PROTEGIDA:
Intermountain Healthcare tiene el compromiso de proteger la confidencialidad de su información médica. Las normas federales exigen que usted comprenda la forma en la cual su información de salud protegida (PHI) es utilizada en este estudio. Los investigadores no le solicitarán sus antecedentes médicos personales o información sobre tratamientos. Su nombre y firma en este formulario de consentimiento no estarán relacionados de ninguna forma con su cuadernillo de encuesta. Esta es la información que utilizaremos:
- Su nombre
Podremos compartir su información con los investigadores de Brigham Young University que llevan adelante este estudio, pero usted no será identificado por su nombre ni mediante otra información que lo pueda identificar directamente, a menos que la legislación vigente así lo disponga. Toda la información proporcionada será tratada de forma confidencial y solo será información de datos grupales, no se revelará información individual. Los investigadores no tendrán acceso inmediato a la información porque la encuesta será depositada por el participante en una urna. Sólo aquellas personas involucradas en la forma directa con la investigación tendrán acceso a la información, incluyendo los cuadernillos de encuesta. Una vez concluida la investigación, los cuadernillos de encuesta serán destruidos.

Otras personas que tendrán acceso a su información de salud protegida en virtud de este proyecto de investigación incluyen a la Junta de Revisión Institucional de Iternountain (la comisión que supervisa las investigaciones donde se estudia a las personas) y los miembros autorizados del equipo de trabajo de Iternountain que necesitan la información para hacer su trabajo (por ejemplo para proporcionar tratamiento, asegurar la integridad de la investigación o por asuntos contables o de facturación), la Administración de Drogas y Alimentos (FDA) y otros según lo disponga la legislación vigente.
- Esta autorización es válida hasta que este estudio concluya.
- Para más información sobre mis derechos sobre mi información de salud protegida, cómo revoco esta autorización y cómo Iternountain utiliza mi información de salud, puedo solicitar ver u obtener una copia de la Notificación de Prácticas Privadas de Iternountain.
- Por el presente reconozco que he recibido o se me ha ofrecido una copia de la Notificación de Prácticas Privadas de Iternountain.

CONSENTIMIENTO:
Confirmo que he leído y comprendido este documento de consentimiento y autorización y que he tenido la oportunidad de realizar todas las preguntas pertinentes. Entiendo que mi participación es voluntaria y que tengo la libertad de retirarme en cualquier momento, con o sin razón, sin que esto afecte en forma negativa mis derechos legales o la calidad del servicio médico que se me proporciona. Se me hará entrega de una copia firmada del formulario de consentimiento y autorización para que la conserve.

Estoy de acuerdo en participar en este estudio de investigación y los autorizo a utilizar y divulgar la información de salud sobre mí persona que figura en este estudio, tal como se me ha explicado en este documento.

<table>
<thead>
<tr>
<th>Nombre del Participante (letra de imprenta)</th>
<th>Firma del Participante</th>
<th>Fecha</th>
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</table>

Nombre de la Persona que Obtiene la Autorización y el Consentimiento

Firma de la Persona que Obtiene la Autorización y el Consentimiento

Fecha

Iniciales del paciente

Formulario Revisado 4/8/2007

113
RESEARCH SUBJECT INFORMATION AND CONSENT FORM

TITLE: Dietitian Dress Study

VCU IRB NO.: HM10788

SPONSOR: Brigham Young University Professional Development Research Fund

This consent form may contain words that you do not understand. Please ask the study staff to explain any words that you do not clearly understand. You may take home an unsigned copy of this consent form to think about or discuss with family or friends before making your decision.

PURPOSE OF THE STUDY
This purpose of this study is to determine how dietitian dress affects client/patient perception of dietitian characteristics. You were selected to participate because you are currently a hospital patient.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT
If you decide to be in this research study, you will be asked to sign this consent form after you have had all your questions answered and understand what will happen.

You will be asked to complete a survey booklet. The survey consists of 84 questions and will take approximately 10 minutes. Questions will include demographic information including income, occupation, and previous experiences with dietitians; rating pictures on characteristics of professionalism; and selecting the dietitians you would most and least prefer to work with based on the pictures. Your survey booklet will be collected in a slotted box later today.

RISKS AND DISCOMFORTS
No identifiable risks are associated with participation in this study.

BENEFITS TO YOU AND OTHERS
There are no direct benefits to subjects. However, it is hoped that through your participation researchers will learn more about how managers can structure dress codes to make clients most comfortable.

COSTS
There are no costs for participating in this study other than the time you will spend filling out the survey booklet.

ALTERNATIVES
The alternative is to not participate in the study.

CONFIDENTIALITY
Potentially identifiable information about you will only consist of your name on the consent form, which cannot be connected with the survey you complete. Data is being collected only for research purposes. Researchers will not have immediate access to the data because the survey will be placed in a slotted box by you. All research materials will be kept in a locked, limited-access room. Only those directly involved with the research will have access to the data, including survey booklets. After the research is completed, the survey booklets will be shredded.

We will not tell anyone the answers you give us; however, information from the study and the consent form signed by you may be looked at or copied for research or legal purposes by Virginia Commonwealth University.

3/13/07
What we find from this study may be presented at meetings or published in papers, but your name will not ever be used in these presentations or papers. All information provided will remain confidential and will be reported only as group data; no individual information will be revealed.

VOLUNTARY PARTICIPATION AND WITHDRAWAL
You do not have to participate in this study. If you choose to participate, you may stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study. Choosing not to participate in this study will not affect your medical treatment.

Your participation in this study may be stopped at any time by the study staff without your consent. The reasons might include:
• the study staff thinks it necessary for your health or safety;
• you have not followed study instructions;
• the sponsor has stopped the study; or
• administrative reasons require your withdrawal.

QUESTIONS
In the future, you may have questions about your participation in this study. If you have any questions, complaints, or concerns about the research, contact:
L. Clare Costello, MEd, RD of the Food and Nutrition Services Department at (804) 828-0598 or ccostell@mcvh-vcu.edu.

If you have any questions about your rights as a participant in this study, you may contact:

Institutional Review Board
Brigham Young University
Dr. Renea Beckstrand, IRB Chair
Toll-Free Telephone: 1-888-422-8208
Email: renea_beckstrand@byu.edu

Office for Research
Virginia Commonwealth University
800 East Leigh Street, Suite 113
P.O. Box 980568
Richmond, VA 23298
Telephone: 804-827-2157

You may also contact the Office for Research at Virginia Commonwealth University for general questions, concerns or complaints about the research. Please call this number if you cannot reach the research team or wish to talk to someone else. Additional information about participation in research studies can be found at http://www.research.vcu.edu/irb/volunteers.htm.

CONSENT
I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing to participate in this study. I will receive a copy of the consent form once I have agreed to participate.

<table>
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<tr>
<th>Participant name printed</th>
<th>Participant signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Person Conducting Informed Consent (Printed) | Signature of Person Conducting Informed Consent | Date |
Discussion / Witness | | |

Investigator Signature (if different from above) | Date |

3/13/07 | 

page 2 of 2
INFORMACION DEL SUJETO/PACIENTE DE LA INVESTIGACION Y FORMULARIO DE CONSENTIMIENTO

TITULO: ESTUDIO DEL LA VESTIMENTA DEL DIETISTA

VCU IRB NO.: HM10788

PATROCINADOR: Fondo de Investigación del Desarrollo Profesional de la Universidad de Brigham Young. Este formulario de consentimiento puede contener palabras que usted no pueda entender. Por favor pregunte al personal del estudio que le explique cualquier palabra que no entienda claramente. Usted puede llevar a casa una copia sin firmar de este formulario de consentimiento para que lo piense o discuta con la familia o amigos antes de tomar su decisión.

PROPOSITO DEL ESTUDIO
El propósito de este estudio es determinar como la vestimenta del dietista afecta la percepción de las características del dietista. Usted fue seleccionado para participar porque usted es actualmente un paciente en el hospital.

DESCRIPCION DEL ESTUDIO Y SU PARTICIPACION
Si usted decide estar en este estudio investigativo, se le pedirá que firme este formulario de consentimiento después de que todas sus preguntas han sido respondidas y que entienda lo que va a pasar.

Se le pedirá que llene un folleto de encuesta. La encuesta consiste de 84 preguntas y tomará aproximadamente 10 minutos. Las preguntas incluirán información demográfica incluyendo ingresos, ocupación, y previas experiencias con dietistas; Evaluará características de profesionalismo en fotografías; y seleccionará al dietista que a usted mas y menos le gustaría interactuar basado en las fotografías. Su folleto de encuesta será recogido en una caja con una ranura el día de hoy mas tarde.

RIESGOS E INCOMODIDADES
Ningún riesgo identificable esta asociado con participar en este estudio.

BENEFICIOS PARA USTED Y OTROS
No hay beneficios directos para los sujetos/pacientes. De todas maneras, se espera que a través de su participación los investigadores aprendan más acerca de cómo los administradores puedan estructurar códigos de vestimenta para hacer que los clientes se sientan más cómodos.

COSTOS
No hay costos por participar en este estudio, mas que el tiempo que usted utilizará llenando este folleto de encuesta.

ALTERNATIVAS
La alternativa es no participar en este estudio.

CONFIDENCIALIDAD
La información potencialmente identificable de usted solo consistirá de su nombre en el formulario de consentimiento, el cual no puede ser relacionado con la encuesta que usted llene. Los datos están siendo recogidos solo con propósitos de investigación. Los investigadores no tendrán acceso inmediato a los datos porque la encuesta será puesta en la caja con ranura por usted. Todos los materiales de investigación serán mantenidos en una habitación asegurada con acceso limitado. Solo aquellos directamente involucrados con la investigación tendrán acceso a estos datos, incluyendo los folletos de encuesta. Después que la investigación se termine, los folletos de encuesta serán triturados.

No diremos a nadie las respuestas que usted nos dio; sin embargo, la información del estudio y del formulario de consentimiento firmado por usted serán observados o copiados para la investigación o propósitos legales por la Universidad de Virginia Commonwealth.

3/13/07
Lo que encontremos en este estudio puede ser presentado en reuniones o publicado en artículos, pero su nombre no será jamás utilizado en estas presentaciones o artículos. Toda la información proporcionada permanecerá confidencial y será reportada solamente como datos grupales; Ninguna información personal será revelada.

PARTICIPACION VOLUNTARIA Y RETIRO

Usted no tiene que participar en este estudio. Si usted escoge participar, usted puede parar en cualquier momento sin ninguna penalidad. También puede escoger no responder ciertas preguntas que se le pedirá en el estudio. El no participar en este estudio no afectara su tratamiento médico.

Su participación en este estudio puede ser detenida en cualquier momento por el personal del estudio sin su consentimiento. Las razones pueden incluir:
- el personal del estudio piensa que es necesario por su salud o seguridad;
- usted no ha seguido las instrucciones del estudio;
- el patrocinador ha interrumpido el estudio; o
- razones administrativas requieren su retiro.

PREGUNTAS

En el futuro, usted puede tener preguntas acerca de su participación en este estudio. Si usted tiene algunas preguntas, quejas, o inquietudes acerca del estudio, contacte a:
L. Clare Costello, MEd, RD del Departamento de Servicios de la Comida y Nutricionales al (804) 828-0598 o ecostell@mcvh.vcu.edu.

Si tiene algunas preguntas acerca de sus derechos como participante en este estudio, usted puede contactar:

<table>
<thead>
<tr>
<th>Institutional Review Board</th>
<th>Office for Research</th>
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</thead>
<tbody>
<tr>
<td>Brigham Young University</td>
<td>Virginia Commonwealth University</td>
</tr>
<tr>
<td>Dr. Renae Beckstrand, IRB Chair</td>
<td>800 East Leigh Street, Suite 113</td>
</tr>
<tr>
<td>Toll-Free Telephone: 1-888-422-8208</td>
<td>P.O. Box 980568</td>
</tr>
<tr>
<td>Email: <a href="mailto:renae_beckstrand@byu.edu">renae_beckstrand@byu.edu</a></td>
<td>Richmond, VA 23298</td>
</tr>
<tr>
<td></td>
<td>Telephone: 804-827-2157</td>
</tr>
</tbody>
</table>

También puede contactar a la Oficina para la Investigación en la Universidad de Virginia Commonwealth para preguntas generales, inquietudes o quejas acerca del estudio. Por favor, llame a este número si no puede contactarse con el equipo de investigación o desea hablar con alguien mas. Información adicional acerca de la participación en estudios de investigación puede ser encontrada en http://www.research.vcu.edu/irb/volunteers.htm.

CONSENTIMIENTO

He sido dado la oportunidad de leer este formulario de consentimiento. Entiendo la información acerca de este estudio. Las preguntas que yo quería preguntar acerca del estudio han sido respondidas. Mi firma dice que estoy dispuesto a participar en este estudio. Recibiré una copia de este formulario de consentimiento una vez que haya acordado participar.

<table>
<thead>
<tr>
<th>Nombre del Participante</th>
<th>Firma del Participante</th>
<th>Fecha</th>
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</thead>
</table>

Firma del Investigador (si es diferente de arriba)  
Fecha 3/13/07
CONSENT TO BE A RESEARCH PARTICIPANT

Introduction
This research study is being conducted by Connie Packer and Dr. Nora Nyland at Brigham Young University to determine how dietitian dress affects client/patient perception of dietitian characteristics. You were selected to participate because you are currently a hospital patient.

Procedures
You will be asked to complete a survey booklet. The survey consists of 84 questions and will take approximately 10 minutes. Questions will include demographic information including income, occupation, and previous experiences with dietitians; rating pictures on characteristics of professionalism; and selecting the dietitians you would most and least prefer to work with based on the pictures.

Risks/Discomforts
No identifiable risks are associated with participation in this study.

Benefits
There are no direct benefits to subjects. However, it is hoped that through your participation researchers will learn more about how managers can structure dress codes to make clients most comfortable.

Confidentiality
All information provided will remain confidential and will be reported only as group data; no individual information will be revealed. Researcher will not have immediate access to the data because the survey will be placed in a slotted box by the participant. Only those directly involved with the research will have access to the data, including survey booklets. After the research is completed, the survey booklets will be destroyed.

Compensation
Participants will receive no compensation.

Participation
Participation in this research study is voluntary. You have the right to withdraw at anytime or refuse to participate entirely without jeopardy to your hospital treatment.

Questions about the Research
If you have questions regarding this study, you may contact Connie Packer at clf33@email.byed.edu or Dr. Nora Nyland at (801)422-6676, nora_nyland@byed.edu.

Questions about your Rights as Research Participants
If you have questions you do not feel comfortable asking the researcher, you may contact Dr. Renea Beckstrand, IRB Chair, (801)422-3873, renea_beckstrand@byed.edu or Rush Research and Clinical Trials Administration Office (312)942-5498.

I have read, understood, and received a copy of the above consent and desire of my own free will to participate in this study.

Signature: ___________________________ Date: ____________
CONSENTIMIENTO PARA SER UN PARTICIPANTE DE INVESTIGACIÓN

Introducción
Este estudio investigativo está siendo dirigido por Connie Packer y Dr. Nora Nyland de la Universidad de Brigham Young para determinar cómo el atuendo de los dietistas afecta la percepción de sus características. Usted ha sido seleccionado para participar porque actualmente usted es un paciente del hospital.

Procedimiento
Se le pedirá completar una folleto de encuesta. La encuesta consiste de 84 preguntas y tomará aproximadamente 10 minutos. Las preguntas incluirán información demográfica incluyendo ingreso, ocupación, y experiencias pasadas con dietistas; clasificando fotografías sobre características de profesionalismo; y seleccionando los dietistas con los que usted más y menos preferiría trabajar basándose en las fotografías.

Riesgos/Incomodidades
No riesgo alguno identificado está asociado con participar en este estudio.

Beneficios
No hay beneficios directos para los participantes. De todas maneras, se espera que a través de su participación los investigadores aprendan más acerca de como los gerentes/administradores pueden estructurar reglamentos de vestimenta y hacer que los clientes se sientan más cómodos.

Confidencialidad
Toda la información proporcionada permanecerá confidencial y será reportada solo como datos de grupo. Ninguna información individual será revelada. Los investigadores no tendrán acceso inmediato a los datos porque las encuestas serán puestas en una caja con ranura para los participantes. Solo aquellos directamente relacionados con la investigación tendrán acceso a los datos. Incluyendo el folleto de encuestas. Después de que esta investigación haya terminado, el folleto de encuestas será destruido.

Compensación
Los participantes no recibirán ninguna compensación.

Participación
La participación en este estudio investigativo es voluntaria. Usted tiene el derecho de retractarse en cualquier momento o rehusarse a participar totalmente sin poner en riesgo su tratamiento en el hospital.

Preguntas acerca de la Investigación
Si usted tiene preguntas con respecto a este estudio, puede contactarse con Connie Packer clf33@email.byu.edu o Dr. Nora Nyland al (801)422-6676, nora_nyland@byu.edu.

Preguntas acerca de sus Derechos como Participantes de Investigación
Si usted tiene preguntas con las cuales no se siente cómodo preguntando al investigador, usted puede ponerse en contacto con Dr. Renea Beckstrand, IRB Chair, (801)422-3873, renea_beckstrand@byu.edu o Rush Research and Clinical Trials Administration Office (312)942-5498.

He leído, entendido, y recibido una copia del consentimiento anteriormente citado y deseo de mi propia voluntad participar en este estudio.

Firma: ___________________________ Fecha: ______________
Appendix G: Phase II Pilot Evaluation Form

- English Form
- Spanish Form
SURVEY BOOKLET PILOT QUESTIONNAIRE

Please answer the following questions concerning the survey you just completed:

Answer the following questions about the *survey booklet introduction letter*:
1. Was it clear and easily understood?  □ Yes □ No  Comments ____________________________

2. Was it concise?  □ Yes □ No  Comments ____________________________

3. Did you have any questions after reading the survey booklet introduction letter?  □ Yes □ No  Comments ____________________________

Answer the following questions about the *survey questions*:
4. Is the wording of any question confusing?  □ Yes □ No  Comments ____________________________

5. Is the survey itself readable?  □ Yes □ No  Comments ____________________________

6. Could you find the demographic information (ethnicity, occupation, etc.) that applied to you?  □ Yes □ No  Comments ____________________________

7. Was it annoying or confusing when the pictures moved from the left side to the right side?  □ Yes □ No  Comments ____________________________

8. Are there any terminology or wording changes you suggest?  □ Yes □ No  Comments ____________________________

9. Is the flow of questions logical?  □ Yes □ No  Comments ____________________________

10. Are there any additional questions or issues that you feel should be addressed in the survey?  □ Yes □ No  Comments ____________________________

11. Approximately how long did it take you to complete the survey?  ____________________________

Please give any other suggestions or comments: ____________________________

THANK YOU FOR TAKING THE TIME TO GIVE US THIS VALUABLE FEEDBACK!!
Por favor, responda las siguientes preguntas referentes a la encuesta que acabo de completar:

Responda las siguientes preguntas acerca de la **carta de presentación del folleto de encuesta**:
1. ¿Fue clara y fácil de entender?  □ Sí  □ No
   Comentarios

2. ¿Fue concisa?  □ Sí  □ No
   Comentarios

3. ¿Tuvo preguntas después de leer la carta de presentación del folleto de encuesta?  □ Sí  □ No
   Comentarios

Responda las siguientes preguntas acerca de las **preguntas de la encuesta**:
4. ¿La redacción de alguna pregunta confusa?  □ Sí  □ No
   Comentarios

5. ¿La encuesta en sí misma legible?  □ Sí  □ No
   Comentarios

6. ¿Pudo encontrar la información demográfica (etnicidad, ocupación, etc.) que se aplica a usted?  □ Sí  □ No
   Comentarios

7. ¿Fue molesto o confuso cuando las fotografías movían del lado izquierdo al lado derecho?  □ Sí  □ No
   Comentarios

8. ¿Hay algún cambio de terminología o redacción que usted sugeriría?  □ Sí  □ No
   Comentarios

9. ¿La lógica de la fluidez de las preguntas?  □ Sí  □ No
   Comentarios

10. ¿Hay algunas preguntas adicionales o puntos que siente que deberían ser mencionados en la encuesta?  □ Sí  □ No
    Comentarios

11. ¿Aproximadamente cuanto tiempo le tomó completar la encuesta? ________________________

Por favor, proporcione alguna otra sugerencia o comentario:

**GRACIAS POR TOMAR EL TIEMPO PARA DARNOS ESTA VALIOSA INFORMACION!!**