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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

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BRIGHAM YOUNG UNIVERSITY

GRADUATE COMMITTEE APPROVAL

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ABSTRACT

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

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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.

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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.

Figure 1. ADA Geographic Areas

Area 1	AK CA HI ID	MT OR WA WY
Area 2	IA MI MN MO	ND NE SD WI
Area 3	AL AR FL GA	LA MS PR SC
Area 4	AZ CO KS NM	NV OK TX UT
Area 5	IL IN KY	OH TN WV
Area 6	DC DE MD	NC PA VA
Area 7	CT MA ME NH	NJ NY RI VT

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

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Social Weakness	Cheap materials, ill-fitting clothes, second-hand clothes, out-of-date clothing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

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 than fronted than it is to find the person was of lower status or skill than 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 with 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 \pm standard error, and significance was set at $p \leq 0.05$.

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

Characteristic	WIC		Hospital	
	n	%	n	%
Number of respondents	520		447	
Geographic Area				
Area 1	87	16.73	59	13.23
Area 2	113	21.73	63	14.13
Area 3	33	6.35	73	16.37
Area 4	64	12.31	49	10.99
Area 5	105	20.19	79	17.71
Area 6	60	11.54	62	13.90
Area 7	58	11.15	61	13.68
Number of WIC participants served				
<10,000	402	79.76		
10,000-24,999	62	12.30		
25,000-49,999	18	3.57		
50,000-100,000	13	2.58		
>100,000	9	1.79		
Number of hospital beds				
<100			26	5.84
101-200			154	34.61
201-300			108	24.27
301-400			70	15.73
401-500			40	8.99
>500			47	10.56
Multi-hospital system				
No			198	44.49
Yes			247	55.51
Number of RDs working under manager				
0	110	21.61	2	0.46
1-3	291	57.18	122	27.98
4-6	60	11.79	153	35.09
7-9	21	4.13	62	14.22
10-12	14	2.75	44	10.09
13-15	3	0.59	22	5.05
16-20	6	1.18	18	4.13
21-25	3	0.60	4	0.92
>25	1	0.20	7	2.07
Location of Facility				
Urban	155	30.82	174	39.91
Rural	293	58.25	134	30.73
Suburb	73	14.51	130	29.82
Level of WIC manager completing the survey				
State	6	1.22		
Local Agency	358	72.91		
Clinic	127	25.87		

Table 2. Dress code characteristics

Characteristic	WIC		Hospital	
	n	%	n	%
Level of WIC management where RD dress code determined				
State	33	8.05		
Local Agency	277	67.56		
Clinic	109	26.65		
Level of hospital management where RD dress code determined				
Corporate			55	12.53
Hospital			205	46.70
Professional Staff			129	29.38
Food and Nutrition Services			222	50.57
Number of facilities whose written dress code prohibited:				
Short or revealing clothing	306	75.00	374	84.23
Shorts	292	71.57	396	89.19
Flip-flops	252	61.92	389	87.61
Blue jeans	211	51.72	381	85.81
Shirts with logos or slogans	180	44.12	256	57.66
T-shirts	135	33.09	271	61.04
Facial piercings	126	30.88	308	69.37
Open toed shoes	94	23.04	304	68.47
Tattoos	83	20.34	202	45.50
Tennis shoes	70	17.16	156	35.14
Scrubs	60	14.71	212	47.75
Bare legs	55	13.48	223	50.23
Large, dangling earrings	53	12.99	252	56.76
Capri pants	51	12.50	216	48.65
Denim tops	45	11.03	204	45.95
Baggy clothes	45	11.03	105	23.65
Denim skirts	44	10.78	215	48.42
Platform shoes	25	6.13	55	12.39
Unrestrained long hair	22	5.39	98	22.07
Open healed shoes	19	4.66	105	23.65
Beards	18	4.41	72	16.22
Untucked blouse/shirts	18	4.41	52	11.71
Polo shirts	16	3.92	37	8.33
High heeled shoes	15	3.68	42	9.46
Khaki pants	9	2.21	36	8.11
Boots	7	1.72	24	5.41
Jeans acceptable on Fridays or Holidays (from comments)	41	7.88	4	0.89

Table 2. Dress code characteristics continued

Characteristic	WIC		Hospital	
	n	%	n	%
Number of restrictions in written dress code				
No Written Dress Code	61	14.99	16	3.58
1-5	159	39.07	31	6.94
6-10	142	34.89	144	32.21
11-15	35	8.60	170	38.04
16-20	10	2.46	66	14.76
>20			13	3.12
RDs typically dress for work				
Professional <i>matched suit</i>	17	4.19	13	2.96
Business Professional <i>unmatched suit</i>	26	6.40	23	5.24
Business <i>slacks and unstructured jacket</i>	40	9.85	66	15.03
Business Casual I <i>slacks, collared shirt</i>	64	15.76	95	21.64
Business Casual II <i>slacks, knit top</i>	142	34.98	185	42.14
Semi-Casual <i>khaki pants, knit collared top</i>	163	40.15	76	17.31
Casual <i>jeans and knit top</i>	16	3.94	1	0.23
Scrubs	26	6.40	29	6.61
RDs required to wear lab coat				
Yes	16	3.89	186	42.18
No, but encouraged to	31	7.54	124	28.12
No	364	88.56	131	29.71
Dress code is a priority in my facility				
Strongly Agree	49	10.10	86	19.50
Agree	197	40.62	213	48.30
Neither agree nor disagree	132	27.22	69	15.65
Disagree	67	13.81	39	8.84
Strongly Disagree	40	8.25	34	7.71
Managers believe RD dress is important to doing job				
Strongly Agree	34	8.23	100	22.73
Agree	210	50.85	229	52.05
Neither agree nor disagree	103	24.94	64	14.55
Disagree	49	11.86	26	5.91
Strongly Disagree	17	4.12	21	4.77

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

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

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

Table 4. Formality of dress by facility location

	WIC						Hospital					
	Urban		Suburb		Rural		Urban		Suburb		Rural	
Typical Dress	n	%	n	%	n	%	n	%	n	%	n	%
Professional	2	1.8	1	2.1	4	2.3	5	3.2	1	0.9	3	2.5
Business Professional	5	4.5	2	4.2	8	4.6	6	3.9	6	5.2	7	5.8
Business	6	5.4	6	13	13	7.5	20	13	20	17	16	13
Business Casual I	11	9.8	7	15	23	13	30	19	21	18	23	19
Business Casual II	40	36	14	29	53	30	67	44	48	41	47	39
Semi-Casual	44	39	17	35	63	36	21	14	17	15	22	18
Casual	2	1.8	0	0	4	2.3	1	0.6	0	0	0	0
Scrubs	4	3.6	2	4.2	10	5.7	9	5.8	4	3.4	6	5

Chi-squared analysis indicates no significant differences.

Table 5. Formality of employee dress in hospitals and WIC clinics by ADA geographic area

WIC																
ADA Geographic Area ^a	Business Professional		Business Professional		Business Business		Business Casual I		Business Casual II		Semi-Casual		Casual		Scrubs	
	n	% ^b	n	% ^b	n	% ^b	n	% ^b	n	% ^b	n	% ^b	n	% ^b	n	% ^b
Area 1	0	0.0	4	5.7	6	8.6	5	7.1	26	37.1	27	38.6	1	1.4	1	1.4
Area 2	2	2.7	3	4.1	8	10.8	7	9.5	24	32.4	26	35.1	2	2.7	2	2.7
Area 3	0	0.0	1	4.3	4	17.4	0	0.0	5	21.7	8	34.8	0	0.0	5	21.7
Area 4	1	2.0	3	6.0	4	8.0	7	14.0	10	20.0	19	38.0	2	4.0	4	8.0
Area 5	1	1.4	0	0.0	3	4.2	11	15.5	26	36.6	26	36.6	1	1.4	3	4.2
Area 6	1	2.6	0	0.0	3	7.7	7	17.9	13	33.3	15	38.5	0	0.0	0	0.0
Area 7	2	5.6	5	13.9	1	2.8	3	8.3	12	33.3	12	33.3	0	0.0	1	2.8
Chi-sq p-value	0.573		0.038		0.386		0.154		0.355		0.999		0.710		0.001	
Hospital																
ADA Geographic Area ^a	Business Professional		Business Professional		Business Business		Business Casual I		Business Casual II		Semi-Casual		Casual		Scrubs	
	n	% ^b	n	% ^b	n	% ^b	n	% ^b	n	% ^b	n	% ^b	n	% ^b	n	% ^b
Area 1	1	1.9	4	7.4	9	16.7	14	25.9	15	27.8	11	20.4	0	0.0	0	0.0
Area 2	1	1.6	2	3.2	16	25.8	11	17.7	21	33.9	11	17.7	0	0.0	0	0.0
Area 3	1	1.5	3	4.5	10	15.2	12	18.2	22	33.3	7	10.6	0	0.0	11	16.7
Area 4	1	2.2	3	6.7	4	8.9	7	15.6	18	40.0	8	17.8	0	0.0	4	8.9
Area 5	0	0.0	1	1.4	5	6.8	17	23.3	35	47.9	12	16.4	1	1.4	2	2.7
Area 6	0	0.0	1	1.9	6	11.5	5	9.6	31	59.6	7	13.5	0	0.0	2	3.8
Area 7	5	9.1	5	9.1	6	10.9	12	21.8	22	40.0	5	9.1	0	0.0	0	0.0
Chi-sq p-value	0.019		0.035		0.052		0.401		0.015		0.598		0.598		<0.0001	

^aChi-sq analysis by column

^bpercentages 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.

	WIC Clinic ^a						Hospital ^b					
	Agree		Neither		Disagree		Agree		Neither		Disagree	
Typical Dress	n	%	n	%	n	%	n	%	n	%	n	%
Professional	6	85.7	1	14.3	0	0.0	7	77.8	1	11.1	1	11.1
Business Professional	11	68.8	2	12.5	3	18.8	18	94.7	1	5.3	0	0.0
Business	22	75.9	4	13.8	3	10.3	42	75.0	7	12.5	7	12.5
Business Casual I	29	69.0	7	16.7	6	14.3	64	20.7	9	11.7	4	5.2
Business Casual II	77	66.4	30	25.9	9	7.8	125	75.8	24	14.6	16	9.7
Semi-Casual	66	50.0	44	33.3	22	16.7	39	65.0	12	20.0	9	15.0
Casual	1	16.7	1	16.7	4	66.7	0	0.0	1	100.0	0	0.0
Scrubs	10	62.5	4	25.0	2	12.5	15	79.0	2	10.5	2	10.5

^achi-sq p = 0.0029

^bchi-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".

WIC ^a	Business Professional		Business Professional		Business Business		Business Casual I		Business Casual II		Semi-Casual		Casual		Scrubs	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Agree	6	2.7	11	5.0	22	9.9	29	13.1	77	34.7	66	29.7	1	0.5	10	4.5
Neither	1	1.1	2	2.2	4	4.3	7	7.5	30	32.3	44	47.3	1	1.1	4	4.3
Disagree	0	0.0	3	6.1	3	6.1	6	12.2	9	18.4	22	44.9	4	8.2	2	4.1

^achi-sq p = 0.0029

Hospital ^b	Business Professional		Business Professional		Business Business		Business Casual I		Business Casual II		Semi-Casual		Casual		Scrubs	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Agree	7	2.3	18	5.8	42	13.5	64	20.6	125	40.3	39	12.6	0	0.0	15	4.8
Neither	1	1.8	1	1.8	7	12.3	9	15.8	24	42.1	12	21.1	1	1.8	2	3.5
Disagree	1	2.6	0	0.0	7	17.9	4	10.3	16	41.0	9	23.1	0	0.0	2	5.1

^bchi-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.

"Dress code is a priority and enforced in my facility."	WIC Clinic ^a						Hospital ^b					
	Agree		Neither		Disagree		Agree		Neither		Disagree	
	n	%	n	%	n	%	n	%	n	%	n	%
Agree	149	76.4	28	14.4	18	9.2	232	84.1	27	9.8	17	6.2
Neither agree nor disagree	40	41.7	44	45.8	12	12.5	42	66.7	16	25.4	5	7.9
Disagree	30	44.8	19	28.4	18	26.9	35	54.7	12	18.8	17	26.6

^achi-sq p <0.0001

^bchi-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.

Typical Dress	WIC Clinic ^a						Hospital ^b					
	Agree		Neither		Disagree		Agree		Neither		Disagree	
	n	%	n	%	n	%	n	%	n	%	n	%
Professional	5	71.4	2	28.6	0	0.0	5	55.6	3	33.3	1	11.1
Business Professional	6	40.0	8	53.3	1	6.7	16	84.2	2	10.5	1	5.3
Business	19	67.9	4	14.3	5	17.9	43	76.8	7	12.5	6	10.7
Business Casual I	23	54.8	12	28.6	7	16.7	61	78.2	9	11.5	8	10.3
Business Casual II	73	63.5	28	24.3	14	12.2	110	67.5	25	15.3	28	17.2
Semi-Casual	55	42.3	38	29.2	37	28.5	28	46.7	16	26.7	16	26.7
Casual	2	33.3	2	33.3	2	33.3	0	0.0	0	0.0	1	100.0
Scrubs	12	75.0	2	12.5	2	12.5	15	79.0	1	5.3	3	15.8

^achi-sq p = 0.0103

^bchi-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".

	Business Professional				Business Business		Business Casual I		Business Casual II		Semi-Casual		Casual		Scrubs	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
WIC^a																
Agree	5	2.6	6	3.1	19	9.7	23	11.8	73	37.4	55	28.2	2	1.0	12	6.2
Neither	2	2.1	8	8.3	4	4.2	12	12.5	28	29.2	38	39.6	2	2.1	2	2.1
Disagree	0	0.0	1	1.5	5	7.4	7	10.3	14	20.6	37	54.4	2	2.9	2	2.9

^achi-sq p = 0.0029

	Professional		Professional		Business		Casual I		Casual II		Semi-Casual		Casual		Scrubs	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Hospital^b																
Agree	5	1.8	16	5.8	43	15.5	61	21.9	110	39.6	28	10.1	0	0.0	15	5.4
Neither	3	4.8	2	3.2	7	11.1	9	14.3	25	39.7	16	25.4	0	0.0	1	1.6
Disagree	1	1.6	1	1.6	6	9.4	8	12.5	28	43.8	16	25.0	1	1.6	3	4.7

^bchi-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

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

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 to 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 11. Demographic characteristics of respondents in Phase II

Characteristic	WIC Clinic						WIC Total	Hospital						Composite Total				
	Chicago		Richmond		Salt Lake			Chicago		Richmond		Salt Lake			Hospital Total			
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
Number of Participants	58	23.97	87	35.95	97	40.08	242	100	124	36.47	103	30.29	113	33.24	340	100.00	582	100
Language																		
English	54	93.10	72	82.76	52	53.61	178	73.55	118	95.16	96	93.20	109	96.46	323	95.00	501	86.08
Spanish	4	6.90	15	17.24	45	46.39	64	26.45	6	4.84	7	6.80	4	3.54	17	5.00	81	13.92
Gender																		
M	4	7.02	3	3.57	7	8.14	14	6.17	46	40.35	36	37.11	42	40.38	124	39.37	138	25.46
F	53	92.98	81	96.43	79	91.86	213	93.83	68	59.65	61	62.89	62	59.62	191	60.63	404	74.54
Age																		
18-25	27	47.37	40	47.62	42	46.66	109	47.19	3	2.48	13	13.00	10	9.17	26	7.88	135	24.06
26-40	25	43.86	39	46.43	44	48.89	108	46.75	18	14.87	21	21.00	15	13.76	54	16.36	162	28.88
41-60	4	7.01	5	5.95	3	3.33	12	5.19	60	49.59	44	44.00	44	40.37	148	44.85	160	28.52
61-80	1	1.75	0	0.00	1	1.11	2	0.87	36	29.75	21	21.00	33	30.28	90	27.27	92	16.40
Ethnicity																		
African American	39	67.24	64	76.19	1	1.14	104	45.22	51	42.50	46	45.54	1	0.93	98	29.79	202	36.14
Asian and Pacific Islander	0	0.00	0	0.00	4	4.55	4	1.74	1	0.83	0	0.00	3	2.78	4	1.22	8	1.43
Caucasian	5	8.62	2	2.38	39	44.32	46	20.00	53	44.17	39	38.61	95	87.96	187	56.84	233	41.68
Hispanic	13	22.41	17	20.24	44	50.00	74	32.17	14	11.67	9	8.91	6	5.56	29	8.81	103	18.43
Native American	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	3	2.97	3	2.78	6	1.82	6	1.07
Other	1	1.72	1	1.19	0	0.00	2	0.87	1	0.83	4	3.96	0	0.00	5	1.52	7	1.25
Education																		
Less than High School	15	25.86	19	22.89	23	26.14	57	24.89	11	9.32	18	17.82	6	5.56	35	10.70	92	16.55
High School Diploma	19	32.76	20	24.10	19	21.59	58	25.33	27	22.88	35	34.65	27	25.00	89	27.22	147	26.44
Some College	20	34.48	41	49.40	33	37.50	94	41.05	50	42.37	32	31.68	44	40.74	126	38.53	220	39.57
College Degree	4	6.90	3	3.61	13	14.77	20	8.73	30	25.42	16	15.84	31	28.70	77	23.55	97	17.45
Salary	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<20,000	39	73.58	42	56.76	41	52.56	122	59.51	27	25.47	39	45.88	16	16.84	82	28.67	204	41.55
21,000-40,000	12	22.64	26	35.14	34	43.59	72	35.12	20	18.87	17	20.00	29	30.53	66	23.08	138	28.11
41,000-60,000	2	3.77	5	6.76	3	3.85	10	4.88	24	22.64	11	12.94	17	17.89	52	18.18	62	12.63
61,000-80,000	0	0.00	1	1.35	0	0.00	1	0.49	13	12.26	8	9.41	10	10.53	31	10.84	32	6.52
>81,000	0	0.00	0	0.00	0	0.00	0	0.00	22	20.75	10	11.76	23	24.21	55	19.23	55	11.20

Table 11 Demographic characteristics of respondents continued

Characteristic	WIC Clinic						WIC Total	Hospital						Hospital Total	Composite Total			
	Chicago		Richmond		Salt Lake			Chicago		Richmond		Salt Lake						
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%		
Booklet																		
A	19	32.76	31	35.63	32	32.99	82	33.88	40	32.26	33	32.04	38	33.63	111	32.65	193	33.16
B	20	34.48	29	33.33	33	34.02	82	33.88	44	35.48	36	34.95	37	32.74	117	34.41	199	34.19
C	19	32.76	27	31.03	32	32.99	78	32.23	40	32.26	34	33.01	38	33.63	112	32.94	190	32.65
Occupation																		
Armed Forces	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	2	2.06	1	0.93	3	0.94	3	0.55
Construction, Production, Installation	3	5.17	6	7.59	6	6.74	15	6.64	9	7.89	14	14.43	11	10.19	34	10.66	49	8.99
Education	3	5.17	2	2.53	3	3.37	8	3.54	10	8.77	4	4.12	7	6.48	21	6.58	29	5.32
Management, Professional, Admin	4	6.90	6	7.59	3	3.37	13	5.75	37	32.46	19	19.59	34	31.48	90	28.21	103	18.90
Sales, Service (excluding healthcare)	10	17.24	17	21.52	16	17.98	43	19.03	10	8.77	18	18.56	20	18.52	48	15.05	91	16.70
Healthcare	3	5.17	14	17.72	7	7.87	24	10.62	15	13.16	11	11.34	9	8.33	35	10.97	59	10.83
Transportation	4	6.90	0	0.00	0	0.00	4	1.77	6	5.26	3	3.09	0	0.00	9	2.82	13	2.39
Homemaker	12	20.69	15	18.99	47	52.81	74	32.74	15	13.16	13	13.40	17	15.74	45	14.11	119	21.83
Student	14	24.14	6	7.59	6	6.74	26	11.50	0	0.00	3	3.09	2	1.85	5	1.57	31	5.69
Other	5	8.62	13	16.46	1	1.12	19	8.41	12	10.53	10	10.31	7	6.48	29	9.09	48	8.81
Area Grew Up																		
USA Total	45	90.00	61	83.56	47	60.24	153	76.12	104	92.86	81	88.05	100	95.23	285	92.23	438	85.88
Area 1	1	2.00	2	2.74	10	12.82	13	6.47	1	0.89	1	1.09	20	19.05	22	7.12	35	6.86
Area 2	1	2.00	0	0.00	2	2.56	3	1.49	3	2.68	2	2.17	6	5.71	11	3.56	14	2.75
Area 3	0	0.00	5	6.85	1	1.28	6	2.99	4	3.57	4	4.35	0	0.00	8	2.59	14	2.75
Area 4	0	0.00	1	1.37	26	33.33	27	13.43	3	2.68	1	1.09	62	59.05	66	21.36	93	18.24
Area 5	38	76.00	0	0.00	1	1.28	39	19.40	77	68.75	2	2.17	2	1.90	81	26.21	120	23.53
Area 6	1	2.00	39	53.42	2	2.56	42	20.90	0	0.00	54	58.70	3	2.86	57	18.45	99	19.41
Area 7	0	0.00	10	13.70	2	2.56	12	5.97	2	1.79	9	9.78	2	1.90	13	4.21	25	4.90
Mexico	4	8.00	8	10.96	26	33.33	38	18.91	4	3.57	4	4.35	4	3.81	12	3.88	50	9.80
South America	0	0.00	3	4.11	3	3.85	6	2.99	1	0.89	1	1.09	0	0.00	2	0.65	8	1.57
Europe	1	2.00	0	0.00	0	0.00	1	0.50	1	0.89	6	6.52	1	0.95	8	2.59	9	1.76
Asia	0	0.00	0	0.00	2	2.56	2	1.00	2	1.79	0	0.00	0	0.00	2	0.65	4	0.78
Africa	0	0.00	1	1.37	0	0.00	1	0.50	0	0.00	0	0.00	0	0.00	0	0.00	1	0.20
Previous RD Experience																		
N	32	56.14	44	53.01	37	42.05	113	49.56	62	52.10	62	61.39	71	65.14	195	59.27	308	55.30
Y	25	43.86	39	46.99	51	57.95	115	50.44	57	47.90	39	38.61	38	34.86	134	40.73	249	44.70

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

	WIC Clinic						WIC Total		Hospital						Composite Total			
	Chicago		Richmond		Salt Lake		n	% ^a	Chicago		Richmond		Salt Lake		n	% ^a	n	% ^a
Dietitian Most Preferred	n	% ^a	n	% ^a	n	% ^a	n	% ^a	n	% ^a	n	% ^a	n	% ^a	n	% ^a	n	% ^a
Professional matched suit	11	19.30	19	22.62	17	18.89	47	13.66	12	10.08	14	14.00	13	12.38	39	9.61	86	11.47
Business Professional unmatched suit	3	5.26	11	13.10	17	18.89	31	9.01	10	8.40	11	11.00	13	12.38	34	8.37	65	8.67
Business slacks and unstructured jacket	2	3.51	12	14.29	7	7.78	21	6.10	7	5.88	8	8.00	10	9.52	25	6.16	46	6.13
Business Casual with Lab Coat slacks, collared shirt, lab coat	31	54.39	40	47.62	39	43.33	110	31.98	78	65.55	59	59.00	53	50.48	190	46.80	300	40.00
Business Casual I slacks, collared shirt	3	5.26	8	9.52	14	15.56	25	7.27	11	9.24	7	7.00	5	4.76	23	5.67	48	6.40
Business Casual II slacks, knit top	3	5.26	13	15.48	10	11.11	26	7.56	6	5.04	7	7.00	9	8.57	22	5.42	48	6.40
Semi-Casual with Lab Coat khaki pants, knit collared top, lab coat	15	26.32	20	23.81	20	22.22	55	15.99	16	13.45	18	18.00	14	13.33	48	11.82	103	13.73
Semi-Casual khaki pants, knit collared top	1	1.75	6	7.14	13	14.44	20	5.81	6	5.04	4	4.00	5	4.76	15	3.69	35	4.67
Casual jeans and knit top	0	0.00	5	5.95	4	4.44	9	2.62	4	3.36	4	4.00	2	1.90	10	2.46	19	2.53
Dietitian Least Preferred																		
Professional matched suit	2	3.51	5	5.95	8	8.89	15	6.49	4	3.48	5	5.10	2	1.90	11	3.41	26	4.69
Business Professional unmatched suit	0	0.00	1	1.19	3	3.33	4	1.73	2	1.74	0	0.00	2	1.90	4	1.24	8	1.44
Business slacks and unstructured jacket	3	5.26	0	0.00	1	1.11	4	1.73	3	2.61	0	0.00	2	1.90	5	1.55	9	1.62
Business Casual with Lab Coat slacks, collared shirt, lab coat	1	1.75	1	1.19	3	3.33	5	2.16	1	0.87	1	1.02	3	2.86	5	1.55	10	1.81
Business Casual I slacks, collared shirt	3	2.61	2	2.04	0	0.00	5	2.16	1	1.75	2	2.38	1	1.11	4	1.24	9	1.62
Business Casual II slacks, knit top	0	0.00	3	3.57	1	1.11	4	1.73	0	0.00	4	4.08	3	2.86	7	2.17	11	1.99
Semi-Casual with Lab Coat khaki pants, knit collared top, lab coat	0	0.00	2	2.38	2	2.22	4	1.73	3	2.61	2	2.04	3	2.86	8	2.48	12	2.17
Semi-Casual khaki pants, knit collared top	3	5.26	6	7.14	5	5.56	14	6.06	11	9.57	15	15.31	7	6.67	33	10.22	47	8.48
Casual jeans and knit top	49	85.96	64	76.19	63	70.00	176	76.19	88	77.19	70	71.43	88	83.81	246	76.16	422	76.17

^aPercentage 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

	Total		WIC		Hospital	
	n	% ^a	n	% ^a	n	% ^a
Dietitian Most Preferred						
Business Casual with Lab Coat slacks, collared shirt, lab coat	300	40.00	110	31.98	190	46.80
Semi-Casual with Lab Coat khaki pants, knit collared top, lab coat	103	13.73	55	15.99	48	11.82
Professional matched suit	86	11.47	47	13.66	39	9.61
Business Professional unmatched suit	65	8.67	31	9.01	34	8.37
Business Casual I slacks, collared shirt	48	6.40	25	7.27	23	5.67
Business Casual II slacks, knit top	48	6.40	26	7.56	22	5.42
Business slacks and unstructured jacket	46	6.13	21	6.10	25	6.16
Semi-Casual khaki pants, knit collared top	35	4.67	20	5.81	15	3.69
Casual jeans and knit top	19	2.53	9	2.62	10	2.46
Dietitian Least Preferred						
Casual jeans and knit top	422	76.17	176	76.19	246	76.16
Semi-Casual khaki pants, knit collared top	47	8.48	14	6.06	33	10.22
Professional matched suit	26	4.69	15	6.49	11	3.41
Semi-Casual with Lab Coat khaki pants, knit collared top, lab coat	12	2.17	4	1.73	8	2.48
Business Casual II slacks, knit top	11	1.99	4	1.73	7	2.17
Business Casual with Lab Coat slacks, collared shirt, lab coat	10	1.81	5	2.16	5	1.55
Business slacks and unstructured jacket	9	1.62	4	1.73	5	1.55
Business Casual I slacks, collared shirt	9	1.62	5	2.16	4	1.24
Business Professional unmatched suit	8	1.44	4	1.73	4	1.24

^aPercentage columns may exceed 100% due to respondents selecting more than one response.

Table 14. Least squares mean for Individual Characteristics^a and Mean Professional Characteristic Score^a by attire

Attire	Empathetic	Competent	Approachable	Credible	Organized	Effective	Professional	Confident	Total Mean Score
	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE
Professional matched suit	2.00 ± 0.068 ^a	1.88 ± 0.089 ^a	2.18 ± 0.200 ^{ab}	1.82 ± 0.088 ^a	1.85 ± 0.089 ^a	1.99 ± 0.091 ^a	1.80 ± 0.099 ^a	1.83 ± 0.089 ^a	1.81 ± 0.083 ^a
Business Professional unmatched suit	1.99 ± 0.068 ^a	1.85 ± 0.089 ^a	2.13 ± 0.200 ^{ab}	1.82 ± 0.088 ^a	1.86 ± 0.089 ^{ab}	1.96 ± 0.090 ^a	1.76 ± 0.099 ^{ab}	1.79 ± 0.089 ^{ab}	1.79 ± 0.083 ^a
Business slacks and unstructured jacket	2.01 ± 0.068 ^a	1.95 ± 0.089 ^{ab}	2.06 ± 0.197 ^{ab}	1.88 ± 0.088 ^a	1.90 ± 0.089 ^{ab}	2.02 ± 0.090 ^{ab}	1.89 ± 0.099 ^a	1.89 ± 0.089 ^{ac}	1.86 ± 0.083 ^{ab}
Business Casual with Lab Coat slacks, collared shirt, lab coat	1.75 ± 0.068 ^b	1.58 ± 0.089 ^d	1.61 ± 0.200 ^a	1.56 ± 0.088 ^b	1.61 ± 0.089 ^c	1.72 ± 0.090 ^d	1.55 ± 0.099 ^b	1.61 ± 0.089 ^b	1.57 ± 0.083 ^d
Business Casual I slacks, collared shirt	2.11 ± 0.068 ^a	2.14 ± 0.089 ^{bc}	1.96 ± 0.200 ^{ab}	2.12 ± 0.088 ^c	2.06 ± 0.089 ^{bc}	2.21 ± 0.090 ^{bc}	2.22 ± 0.099 ^c	2.09 ± 0.089 ^{cd}	2.00 ± 0.083 ^{bc}
Business Casual II slacks, knit top	2.19 ± 0.068 ^a	2.19 ± 0.089 ^c	2.07 ± 0.200 ^{ab}	2.20 ± 0.088 ^c	2.19 ± 0.089 ^d	2.32 ± 0.090 ^c	2.35 ± 0.099 ^c	2.14 ± 0.089 ^d	2.07 ± 0.083 ^c
Semi-Casual with Lab Coat khaki pants, knit collared top, lab coat	1.97 ± 0.068 ^a	1.84 ± 0.089 ^a	1.96 ± 0.205 ^{ab}	1.79 ± 0.088 ^a	1.87 ± 0.089 ^{ab}	1.98 ± 0.090 ^a	1.88 ± 0.099 ^a	1.88 ± 0.089 ^a	1.78 ± 0.083 ^a
Semi-Casual khaki pants, knit collared top	2.50 ± 0.068 ^c	2.62 ± 0.089 ^e	2.45 ± 0.197 ^{bc}	2.63 ± 0.088 ^d	2.67 ± 0.089 ^e	2.73 ± 0.090 ^e	3.07 ± 0.099 ^d	2.61 ± 0.089 ^e	2.46 ± 0.083 ^e
Casual jeans and knit top	2.99 ± 0.068 ^d	3.20 ± 0.089 ^f	3.07 ± 0.200 ^c	3.38 ± 0.088 ^c	3.35 ± 0.089 ^f	3.35 ± 0.090 ^f	4.12 ± 0.099 ^c	3.12 ± 0.089 ^f	3.01 ± 0.083 ^f

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

^aLower 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.

	Hospital			WIC Clinic		
	Chicago	Richmond	Salt Lake	Chicago	Richmond	Salt Lake
Dietitian	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE	LS Mean ± SE
Professional matched suit	2.05 ± 0.099 ^{ad}	2.02 ± 0.106 ^{ad}	2.11 ± 0.100 ^a	1.53 ± 0.137 ^{bc}	1.42 ± 0.115 ^{bc}	1.99 ± 0.112 ^{ab}
Business Professional unmatched suit	1.93 ± 0.094 ^{ab}	1.79 ± 0.099 ^{ab}	1.95 ± 0.092 ^{ab}	1.93 ± 0.125 ^{ab}	1.57 ± 0.108 ^a	2.01 ± 0.105 ^b
Business slacks and unstructured jacket	2.15 ± 0.092 ^a	1.79 ± 0.100 ^{abc}	2.04 ± 0.092 ^{ac}	1.89 ± 0.128 ^{abc}	1.54 ± 0.107 ^{bc}	1.86 ± 0.103 ^{ab}
Business Casual with Lab Coat slacks, collared shirt, lab coat	1.65 ± 0.091	1.53 ± 0.098	1.77 ± 0.090	1.67 ± 0.126	1.49 ± 0.105	1.69 ± 0.102
Business Casual I slacks, collared shirt	2.24 ± 0.094	1.96 ± 0.101	2.03 ± 0.093	2.07 ± 0.130	1.95 ± 0.109	1.90 ± 0.107
Business Casual II slacks, knit top	2.34 ± 0.100 ^a	2.07 ± 0.107 ^{ab}	2.13 ± 0.101 ^{ab}	2.13 ± 0.137 ^{ab}	1.90 ± 0.115 ^b	1.95 ± 0.111 ^{ab}
Semi-Casual with Lab Coat khaki pants, knit collared top,	1.88 ± 0.095	1.83 ± 0.104	2.09 ± 0.096	1.69 ± 0.133	1.73 ± 0.110	1.84 ± 0.109
Semi-Casual khaki pants, knit collared top	2.62 ± 0.106 ^a	2.39 ± 0.114 ^{ab}	2.51 ± 0.104 ^a	2.27 ± 0.145 ^{ab}	2.21 ± 0.121 ^{ab}	2.06 ± 0.119 ^b
Casual jeans and knit top	3.03 ± 0.126	3.01 ± 0.134	2.81 ± 0.125	3.07 ± 0.171	2.71 ± 0.146	2.52 ± 0.142

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

[†]Lower score represents more positive/desirable rating.

Table 16. Mean Professional Characteristic Score[†] by attire

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

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

[†]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[†]

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

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 $p \leq 0.05$:

Figure 5. Other influencing factors on Mean Professional Characteristic Scores

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

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^a

	WIC		Hospital		Total	
	n	%	n	%	n	%
Required	4	1.1	33	8.1	37	4.8
Not required but encouraged	2	0.5	24	5.9	26	3.4
Not required	36	9.9	21	5.2	57	7.4

^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.

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Appendix A: Institutional Review Board Approval

- **Brigham Young University**
- **Salt Lake City, Utah Hospital**
- **Richmond, Virginia Hospital**
- **Chicago, Illinois Hospital**

INSTITUTIONAL REVIEW BOARD FOR
HUMAN SUBJECTS



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. Renea L. Beckstrand, Chair /
Nancy A. Davis, CIM, Administrator
Institutional Review Board for Human Subjects
RLB/cfc

Enclosure

BRIGHAM YOUNG UNIVERSITY · A-285 ASB · PROVO, UTAH 84602

(801) 422-3841 / FAX: (801) 422-0620



**Intermountain
Healthcare
Office of Research**

8th Avenue and C Street
Salt Lake City, UT 84143
801.408.1991
800.321.2107
801.408.6783 Fax
officeofresearch@intermountainmail.org

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
IRB ACTION: Approved – Expedited Review 3/26/2007

Sincerely,

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



**Intermountain
Healthcare
Office of Research**

8th Avenue and C Street
Salt Lake City, UT 84143
801.408.1991
800.321.2107
801.408.6783 Fax
officeofresearch@intermountainmail.org

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:

- Procedural Change(s) Dated **May 1, 2007**
(As listed on the application)
- Protocol Dated
- Consent Form Spanish Version Dated **April 6, 2007**
- 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
IRB ACTION: Approved – 5/1/2007
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 *ANC*
Chairperson, VCU IRB Panel B
Box 980568

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

Office of Research
Office of Research Subjects Protection

BioTech Research Park
800 East Leigh Street, Suite 114
P.O. Box 980568
Richmond, Virginia 23298-0568

804 828-0868
Fax: 804 827-1448
TDD: 1-800-828-1120

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 eri@infionline.net or 740-9376; or you may contact Dana Andrews, IRB Coordinator, VCU Office of Research Subjects Protection, at dmandrews@vcu.edu or 828-3992.

Attachment – Conditions of Approval

RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER

1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS 60612-3833

RUSH UNIVERSITY



Institutional Review Board #1
FWA # 00000530
Allen Korenblit, M.D., CIP, Chairman

Institutional Review Board#2
FWA # 00000531
Howard Kravitz, D.O., MPH, Chairman

Phone: (312) 942-5498
Fax: (312)942-2874

Notification of Exemption from IRB Review

To: Mary Gregoire
ORA#: 06122801
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,

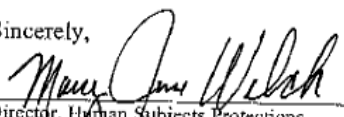
Based upon a review of the regulations found at 45 CFR 46. 101b (2), this letter is your notification that your project is exempt from Institutional Review Board review. This exemption was granted for the following reasons, if you change your protocol in anyway, these issues must be re-reviewed:

"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,



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- 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 | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> N/A |
| B. Hospital | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| C. Professional/Administrative Staff | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| D. Food/Nutrition Department | <input type="checkbox"/> yes | <input type="checkbox"/> 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)*?
- | | | |
|--|---|--|
| <input type="checkbox"/> open toed shoes | <input type="checkbox"/> capri pants | <input type="checkbox"/> baggy clothes |
| <input type="checkbox"/> open heeled shoes | <input type="checkbox"/> blue jeans | <input type="checkbox"/> short or revealing clothing |
| <input type="checkbox"/> flip-flops | <input type="checkbox"/> denim skirts | <input type="checkbox"/> bare legs |
| <input type="checkbox"/> tennis shoes | <input type="checkbox"/> denim tops | <input type="checkbox"/> large, dangling earrings |
| <input type="checkbox"/> high heeled shoes | <input type="checkbox"/> shirts with logos or slogans | <input type="checkbox"/> facial piercings |
| <input type="checkbox"/> platform shoes | <input type="checkbox"/> untucked blouse/shirts | <input type="checkbox"/> tattoos |
| <input type="checkbox"/> boots | <input type="checkbox"/> t-shirts | <input type="checkbox"/> beards |
| <input type="checkbox"/> khaki pants | <input type="checkbox"/> polo shirts | <input type="checkbox"/> unrestrained long hair |
| <input type="checkbox"/> shorts | <input type="checkbox"/> scrubs | <input type="checkbox"/> 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

CONNIE PACKER, RD, CD
dietitiandress@byu.edu

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	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> State
B. Regional/Local Agency	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Regional/Local Agency
C. Clinic	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> 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)*?

<input type="checkbox"/> open toed shoes	<input type="checkbox"/> capri pants	<input type="checkbox"/> baggy clothes
<input type="checkbox"/> open heeled shoes	<input type="checkbox"/> blue jeans	<input type="checkbox"/> short or revealing clothing
<input type="checkbox"/> flip-flops	<input type="checkbox"/> denim skirts	<input type="checkbox"/> bare legs
<input type="checkbox"/> tennis shoes	<input type="checkbox"/> denim tops	<input type="checkbox"/> large, dangling earrings
<input type="checkbox"/> high heeled shoes	<input type="checkbox"/> shirts with logos or slogans	<input type="checkbox"/> facial piercings
<input type="checkbox"/> platform shoes	<input type="checkbox"/> untucked blouse/shirts	<input type="checkbox"/> tattoos
<input type="checkbox"/> boots	<input type="checkbox"/> t-shirts	<input type="checkbox"/> beards
<input type="checkbox"/> khaki pants	<input type="checkbox"/> polo shirts	<input type="checkbox"/> unrestrained long hair
<input type="checkbox"/> shorts	<input type="checkbox"/> scrubs	<input type="checkbox"/> 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

CONNIE PACKER, RD, CD
dietitiandress@byu.edu

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. Renea 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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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 WIC Clinic Directors/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. 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

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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

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

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 WIC Clinic Directors/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

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Appendix E: Phase II Survey Booklet

- **English Booklet (full booklet)**
- **Spanish Booklet (condensed booklet)**

DIETITIAN DRESS STUDY

SURVEY BOOKLET



DEPARTMENT OF NUTRITION, DIETETICS AND FOOD SCIENCE
BRIGHAM YOUNG UNIVERSITY • S-221 ESC • PROVO, UTAH 84602
(801) 422-3912 • DIETITIANDRESS@BYU.EDU

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
Graduate Student

Nora Nyland , PhD, RD, CD

Information about you.

Check ✓ the box of the appropriate answer.

1. Age:
 - 18-25
 - 26-30
 - 31-40
 - 41-50
 - 51-60
 - 61-70
 - 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

Dietitian 1



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 |

Dietitian 2



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 |

Dietitian 3



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 |

Dietitian 4



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 |

Dietitian 5



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 |

Dietitian 6



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 |

Dietitian 7



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 |

Dietitian 8



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 |

Dietitian 9



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 |



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:

DO NOT WRITE IN THIS AREA
Administrative use only

City: _____

Site: _____

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 • DIETITIANDRESS@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 una 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
Estudiante Graduado

Nora Nyland, PhD, RD, CD

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
 - Fuerzas Armadas
 - Construcción
 - Agricultura
 - Salud
 - Ama de Casa
 - Instalaciones
 - Gerencia
 - Producción
 - Profesional
 - Ventas
 - Servicios (excepto salud)
 - Transportación
 - 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 consejero nutricional de un dietista certificado con regularidad?
 - si
 - no

Dietista 1



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. ¿Cual dietista certificada preferiría más para su atención?

- 1 2 3 4 5 6 7 8 9

2. ¿Cual dietista certificada preferiría menos para su atención?

- 1 2 3 4 5 6 7 8 9

3. Comentarios:

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 clf33@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. Renea Beckstrand, IRB Chair, (801)422-3873, renea_beckstrand@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: _____

Introducción

Este estudio investigativo esta siendo dirigido por Connie Packer y Dr. Nora Nyland de la Universidad de Brigham Young para determinar como 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 tomara 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 esta 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 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, 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.

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 be 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.

INTERMOUNTAIN HEALTH CARE URBAN CENTRAL REGION IRB	
MAR 26 2007	MAR 25 2008
APPROVED	EXPIRATION DATE
(This space intentionally left blank, do not remove)	

Patient Initials _____
Form Revised 4/6/2007

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 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.

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, how 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
(This space intentionally left blank, do not remove)	



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 visten diferentes atuendos 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 acaban de conocer. Esta investigación está llevándose a cabo con el fin de determinar la forma en 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 en 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 sus experiencias previas con dietistas. Luego tendrá 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 cf33@email.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 considera que no puede hablar con el Investigador, contáctese con la Oficina de Investigación de Intermountain al 1-800-321-2107.

INTERMOUNTAIN HEALTH CARE URBAN CENTRAL REGION IRB	
MAY 01 2007	MAR 25 2008
(Este espacio fue dejado en blanco en forma intencional, no se debe quitar)	APPROVED EXPIRATION DATE

Iniciales del paciente _____
Formulario Revisado 4/6/2007

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 en forma confidencial y solo será informada como 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 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 Intermountain (la comisión que supervisa las investigaciones donde se estudia a las personas) y los miembros autorizados del equipo de trabajo de Intermountain 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 revocar esta autorización y cómo Intermountain utiliza mi información de salud, puedo solicitar ver u obtener una copia de la Notificación de Prácticas Privadas de Intermountain.
- Por el presente reconozco que he recibido o se me ha ofrecido una copia de la Notificación de Prácticas Privadas de Intermountain.

CONSENTIMIENTO:

Confirmando 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 mi persona que figura en este estudio, tal como se me ha explicado en este documento.

Nombre del Participante
(letra de imprenta)

Firma del Participante

Fecha

Nombre de la Persona que Obtiene la Autorización y el Consentimiento

Firma de la Persona que Obtiene la Autorización y el Consentimiento

Fecha

INTERMOUNTAIN HEALTH CARE URBAN CENTRAL REGION IRB	
MAY 01 2007	MAR 25 2008
(Este espacio fue dejado en blanco en forma intencional, no se debe quitar)	

Iniciales del paciente
Formulario Revisado 4/6/2007



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.

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

Participant name printed	Participant signature	Date
--------------------------	-----------------------	------

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

Investigator Signature (if different from above)	Date
--	------

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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 ha 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 ha pasar.

Se le pedirá que llene un folleto de encuesta. La encuesta consiste de 84 preguntas y tomara aproximadamente 10 minutos. Las preguntas incluirán información demográfica incluyendo ingresos, ocupación, y previas experiencias con dietistas; Evaluara 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 utilizara 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 envueltos 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.

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page 1 of 2

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 medico.

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 ccostell@mcvh-vcu.edu.

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

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

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 numero si no puede contactase 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.

Nombre del Participante	Firma del Participante	Fecha
Persona llevando a cabo el Consentimiento Informativo (Letra imprenta) Discusión/ Testigo	Firma de la Persona llevando a cabo el Consentimiento Informativo	Fecha
Firma del Investigador (si es diferente de arriba)	Fecha	

3/13/07

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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.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. Renea Beckstrand, IRB Chair, (801)422-3873, renea_beckstrand@byu.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 INVESTIGACION

Introducción

Este estudio investigativo esta siendo dirigido por Connie Packer y Dr. Nora Nyland de la Universidad de Brigham Young para determinar como 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 tomara 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 esta 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 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!!

CUESTIONARIO PILOTO DEL FOLLETO DE ENCUESTA

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? Si No
Comentarios _____

2. ¿Fue concisa? Si No
Comentarios _____

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

Responda las siguientes preguntas acerca de las *preguntas de la encuesta*:

4. ¿Es la redacción de alguna pregunta confusa? Si No
Comentarios _____

5. ¿Es la encuesta en si misma legible? Si No
Comentarios _____

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

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

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

9. ¿Es lógica la fluidez de las preguntas? Si No
Comentarios _____

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

11. ¿Aproximadamente cuanto tiempo le tomo completar la encuesta? _____

Por favor, proporcione alguna otra sugerencia o comentario:

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