



[原著]

# Evaluating the Hairstyle of Female Nurses by Healthcare Providers and Clerical Staffs in Hospitals

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## Abstract

In most occupations, paying attention to one's appearance as a member of a given organization is essential. In the case of nurses, managing the appearance is hygienically critical. However, research indicating the variables that influence the evaluation of a nurse's hairstyle is rare. Therefore, this case study explores dimensions that relate to the evaluation of female nurses' hairstyles, working in hospitals in Japan. Staff working in hospitals were recruited for a paper-based survey on how they evaluated a nurse's hairstyle, degree of commitment to the same, and self-management of their hairstyles. Correlation among variables suggested that the positive evaluation of a targeted style negatively correlated with the commitment to a nurse's hairstyle and self-management. The result indicated that the interactions among traits of evaluators and the targeted hairstyle as stimuli created the impressions and affected the evaluation of a nurse's hairstyle and not exclusively the appropriateness of the hair itself, as suggested by a prior study.

**Keywords:** female nurse's hairstyle, Japanese hospital, evaluation of appearance of nurse

## Introduction

A hairstyle is one of the most critical factors for creating an impression within a social context. For some people, our hairstyle, that is, color, length, shape, health, and thickness matters, while for others, it does not. However, we often form impressions and deduce information about others, partly based on their hairstyle. For example, a messy

hairstyle is often considered to be indicative of a person's busyness or disorganized lifestyle or exhaustion. In Japanese nursing schools, teachers check students' hairstyles before the practice at hospitals (Nonaka and Kanoh, 2011). There are several kinds of literature on this topic in Japan. Anecdotal evidence suggests that the appropriateness of a nurse's hairstyle

depends on gender, culture, and changing trends over time. However, the literature on this topic is either directly or indirectly based on studies involving the research question, “what is the appropriate hairstyle for nurses in Japanese hospitals?” A study on constructing a checklist of the appropriateness of nursing students’ hairstyle indicated items, such as “hair should be neatly tied up” “the elastic band should be black,” “hair color should not be too light” to be significant (Sanmi, Saneto, and Yoshida, 2012). Nurses’ appearance, including hairstyles, should be appropriately managed to provide patients and other relevant people a sense of ease and security. This, in turn, contributes towards building desirable relationships with others in the hospital (Sanmi, Saneto, and Yoshida, 2012). However, what kind of hairstyle is considered “appropriate” is still ambiguous. It depends on the generation, society, culture, organization, gender, region, and so on. As for Japan, a research suggested that brown-colored hair created a negative impression on the elderly in a public hospital (Yamada, Yonetani, Kubo, Aoki, Satou, and Tahisa, 2008a; Yamada, Miyamoto, and Kirino, 2001). Another research targeted hospital staff and hospital users and set 10 hair samples on mannequins as stimuli (Yamada, Yonetani, Kubo, Aoki, Satou, and Tahisa, 2008b), asking them to evaluate the “favorability” and “cleanliness.” Generally, there was a considerable discrepancy in the evaluation of hair samples between staff and visitors. According to the authors, nurses should not hide faces and ears with their hair, the hair should not reach the shoulder, and long hair should be upped together as normative rules. Based on these rules, nurses are required

to “consider and manage” the appropriate hairstyles.

Prior studies indicated the evaluation of various hairstyles and colors per se but did not analyze relevant aspects associated with it, hampering further research on the topic. Prior research shed light on the appropriateness, norm, and impressions but missed the relationship between these aspects with other aspects, such as the evaluator’s degree of attitude or commitment to such evaluation. To address this, the purpose of this study is to explore other relevant aspects: the positive impression of a female nurse’s hairstyle, the commitment to the evaluation of another’s hairstyle, the self-management of one’s hairstyle.

### **Material**

Hairstyles as stimuli were created by referring to the ten hairstyles of the mannequin model by Yamada et al. (2008b). We used newly developed photos using a female model as stimuli (photos) because involving a mannequin seemed unnatural. Of the ten hairstyles, the evaluation of style #2 (see the appendix) was the most polarized in Yamada et al. (2008b). In other words, #2 was supposed to elicit various impressions as a stimulus for participants. Therefore, we used it as a stimulus for the semantic differential method. Note that the style numbers (#1-10) corresponded to the numbers used by Yamada et al. (2008b). The eye of the model was hidden with a black line for protecting the model’s privacy. The consent to use these pictures for our study was taken from the model before and after the photoshoot. In this study, we used ten samples of hairstyles, as shown by Yamada et al. (2008b). The difference between prior studies and the current one is that unlike

the previous studies, we did not intend to decide which hair was the most appropriate in Japanese hospitals, but identified the correlations among relevant aspects and the evaluation. Specifically, we focused on the process of evaluation rather than the results. The stimuli included ten photographs of a 20-year-old female model as a nurse working in a hospital in Japan. The primary variable was the positive evaluation of the hairstyle of a female nurse (abbreviated as “Evaluation”; see appendix). We set the degree of commitment to the other’s hairstyle (“Commitment”) and the degree of self-management of his/her hairstyle (“Management”) as relevant variables. These two variables were hypothesized to be correlated with the evaluation of others’ hairstyles.

## Methods

### *Participants*

Clerical and clinical staff working in four hospitals of central Japan were recruited after securing the permission of the hospitals’ director and director of the nurse. One was a polyclinic hospital with 23 diagnostic and treatment departments equipped with 144 beds. The other large hospital comprised of 4 diagnostic and treatment departments equipped with 240 beds. The other two were clinics. One for internal disease and one for ear, nose, and throat.

### *Procedure*

Data were collected from June to July 2019 by paper-based questionnaire by mail. All participants were provided with written explanations detailing how survey participation was voluntary and that they could quit any time they wanted. Those who did not agree to participate in the survey after being

given the questionnaire were asked to send back blank questionnaires by mail.

### Positive Impressions of a Female Nurse’s Hairstyle

Positive impressions of hairstyle #2 were evaluated on a 5-point-Likert scale ranging from “strongly agree” to “strongly disagree” in terms of “clean,” “upbeat,” “reliable,” “earnest,” “active,” “appropriate as nursing.” As we could not find an impression-related word list, the words were selected via discussions by the authors on impressions about nurses’ hairstyles.

### Degree of Commitment to Others’ Hairstyles

How the degree to which one pays attention or evaluates another’s hairstyle varies from person to person. The degree of commitment to evaluation of another’s hairstyle is the index of this degree. This variable was assessed using the sum score of evaluations for nine hairstyles (from #1, and #3 to #10). Nine styles were evaluated using a 5-point Likert scale ranging from 1 (“not appropriate at all”) to 5 (“very appropriate”). The sum of these represented the commitment to another’s hairstyle because those who did not commit to the evaluation of others’ hairstyles lacked any positive or negative impression of them. Therefore, raw scores of 1, 2, 3, 4, and 5 were converted to 3, 2, 1, 2, and 3, respectively.

### Degree of Self-management of One’s Hairstyle

The word “management” is ambiguous. It depends on gender, culture, occupational context, and individuals. We therefore enquired by referring to the so-called trans-theoretical model (Prochaska and

Table 1. Evaluations of #2 using the 5-point Likert scale

	clean	Up-beat	reliable	earnest	active	appropriate as nursing
Mean	2.21	2.90	2.54	2.33	3.03	2.13
SD	0.85	0.88	0.78	0.80	0.91	0.86

Note: 5-point scale: 5=very, 1=not at all.

Table 2. Appropriateness of 9 nurses' hairstyles

Style	#1	#3	#4	#5	#6	#7	#8	#9	#10
Mean	4.07	2.56	2.78	2.59	2.04	2.15	2.22	3.02	4.32
SD	0.79	1.00	0.99	0.86	0.85	0.94	0.90	0.95	2.11

Note: 5-point Likert scale; 5=very appropriate; 1=not appropriate at all.

DiClemente, 1983):

(1)I do not have any interest in whether my hairstyle is appropriate in my workplace.

(2)I start thinking about what hairstyle is appropriate for me in my workplace.

(3)I am in the preparation stage to manage my hairstyle suitable for my workplace.

(4)I have been managing my hairstyle suitable for my workplace for less than two months.

(5)I have been managing my hairstyle suitable for my workplace for more than two months.

(6)not applicable (please specify the reason: )

(1) to (5) were converted into points from 1 to 5, respectively.

### Statistical Analysis

We calculated descriptive statistics values, i.e., means, standard deviations, Pearson's correlation coefficients with the test of non-correlation coefficients. T-test was used to test the difference between male's and female's means of commitment to the evaluation of the others' hairstyles.

### Results

In sum, 344 questionnaires were returned by nurses, doctors, clinical laboratory technologists, physical therapists, pharmacists, clerical staff, and assistant nurses. The return rate was 87.0%. The mean age was 40.34 years (SD=13.95; male=50, female = 282, and sex unknown = 12).

Impression of others' hairstyles  
Mean scores and standard deviations of 6 impression-related words concerning a female nurse's hairstyle (#2) are shown in table 1. The appropriateness of the nurse's hairstyle is shown in table 2. Style #10 was the highest, followed by #1, and the lowest was #6, followed by #7. These nine scores were summed to represent a commitment to the evaluation of the others' hairstyles. The mean scores were 15.47 (SD=3.42) for males and 18.01 (SD=3.63) for females. The mean score of females was significantly higher than that of males ( $p<.001$ ). Data indicated that style #2 was generally evaluated negatively. Table 3 shows the correlations between Commitment/Management and impressions.

Table. 3 Correlation between commitment/management, and impression

	Commitment	<i>P</i> -value	Management	<i>P</i> -value
Clean	-.229**	< .001	-.164**	.004
Upbeat	-.200**	< .001	-.053	.352
Reliable	-.305**	< .001	-.118*	.038
Earnest	-.276**	< .001	-.133*	.019
Active	-.183**	< .001	-.023	.688
Appropriate as nursing	-.306**	< .001	-.173**	.002

### Discussion

This study explored the relationships between commitment to others' hairstyles, the degree of self-management of one's own hairstyle, and impressions of a female nurse's hairstyle. Correlation coefficients between commitment and six impressions were all negative and suggested small relationships between them. The fact that commitment did not have strong relationships with the impression of #2 hairstyle might reflect the ambiguity of the hairstyle as stimuli, as the prior study indicated (Yamada, Yonetani, Kubo, Aoki, Satou, and Tahisa, 2008b). Management of one's hairstyle was slightly related to "clean," "reliable," "earnest," and "appropriate as nursing." Additionally, female participants tended to provide negative evaluations for #2.

These results indicated that the staff's evaluation of the female nurse's hairstyle is partly influenced by the commitment and by self-management, as well as the evaluator's gender being female. As commitment is thought of as evaluations without socially expressing to others in a given social environment, our results suggest that these commitments prompt the creation of various impressions of a specific hairstyles (i.e., #2), especially in a

negative way.

Contrary to prior studies where only the appropriateness of various hairstyles was explored, this study focused on the aspects concerning the evaluation of the nurse's hairstyle. It also updated the stimulus, which can be used for further research. It is unclear whether these aspects tend to correlate negatively with styles other than hairstyle #2. Further study is needed to explore the relations among commitment, management, and other hairstyles.

A study on impression formation of others suggested that when the stimulus person is a female, the most dominant cue used on evaluation was the voice (Hirokane and Yoshida, 1984). It is highly probable that the hairstyle is evaluated with other stimuli such as her voice and manner, which are more dominant than hairstyle or hair color. If it was the case, the change of stimuli for other hairstyles would be a minor issue. However, the results of the current research indicated the interactions among traits of evaluators and the evaluations for the targeted hairstyle. In this sense, the hairstyle's appropriateness is not an exclusive cue for the impression of the nurse's hairstyle, as suggested by a prior study.

### Limitation

This study focused only on the hairstyle of young females. Broadening the scope of the study to include a male model with various hairstyles is needed in future research. Besides, the number of male participants were smaller than female. The imbalance of participants deteriorates our conclusion. Although the purpose was to explore various aspects, such as the commitment towards evaluating others' hair and degree of self-management of one's hairstyle, and the evaluation of a nurse's hairstyle, other factors other than these aspects should also be explored. The priority of a female model over the mannequin model was not identified in this study. Further, it dealt with only the hairstyle of nurses in Japan and lacked a global context.

### Declarations

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### *Ethics Approval and Consent to Participate*

The research was approved by the research ethics committee of Nagoya University of Commerce and Business (approval number 2004). Written informed consent was obtained from all participants on the top page of the questionnaire.

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## 病院で働く女性看護師の髪型の評価：印象評価に対する他者の髪型への潜在的コミットメントの影響

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### 要旨

どのような職場においても、職員が身だしなみを「整える」ことは当該組織メンバーとして必要とされているであろう。看護師の場合、身だしなみは衛生的な観点からも重要であるが、例えば、看護師の髪型を他者が評価する場合、どのような変数が関与しているのかについてはほとんど研究がなされていない。そこで本研究では、日本の病院で働く女性看護師の髪型に対してどのように評価するか、また、評価者が他者の髪型評価に対してどの程度の評価コミットメントをしているのか、評価者自身の髪型の管理段階等を含む質問紙調査を病院のスタッフを対象に実施した。結果、評価対象となった髪型についての評価は、他者の髪型評価に対する潜在的なコミットメントの高さおよび自己の髪型の管理段階と負の相関を示した。女性看護師の髪型への印象評価は、その髪型の規範的な相応しさ・適切さのみならず、評価者自身のコミットメントの程度や自己管理といった他の側面との相互作用によってなされている可能性が示唆された。

キーワード: 女性看護師の髪型, 日本の病院, 看護師の身だしなみ評価

Appendix



#1



#2



#3



#4



#5



#6



#7



#8



#9



#10