

AN EVIDENCE BASED POLICY RECOMMENDATION  
ADDRESSING BODY ART AMONG NURSING PERSONNEL

by

Shawna Drugge Dorwart

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Sandra W. Kuntz PhD, PHCNS-BC

Approved for the Department of Nursing

Elizabeth Nichols, DNS, RN, FAAN

Approved for the Division of Graduate Education

Dr. Carl A. Fox

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Shawna Drugge Dorwart

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## ABSTRACT

Body art in the form of tattoos and piercings is becoming more prevalent as a form of self-expression. Body art is found among members of all socio-economic groups and across a variety of professions. With this increased prevalence many organizations are developing policies to address body art among employees. The intent of this project is to look specifically at policy development in regard to body art among nursing personnel. A thorough review of literature was carried out, exploring body art from multiple perspectives. In addition to examining body art, careful consideration was made for the aspects of nursing potentially impacted by body art. Beyond the review of literature this investigation was expanded to include communication with an expert in body art research. Contact was also made with organizations of varying sizes to establish what policy statements currently exist regarding body art among nursing personnel. During these contacts rationale and references serving as a basis for these policies were also investigated. The desired outcome of the analysis was to identify evidence to support a body art policy among nursing personnel that provided for the well-being and safety of the patients while allowing the nursing staff as much personal freedom as possible. The results of the investigation revealed a lack of evidence identifying the prevalence of body art among nurses, or the impact of body art among nursing personnel on patient outcomes.

## CHAPTER 1

## INTRODUCTION

With time and generational changes new cultures evolve and develop; nursing as a profession is not immune to these cultural shifts. A continually increasing desire for body art in the form of tattoos and piercings has motivated healthcare organizations to consider including visible tattoos and body piercings in the dress code policies for nursing personnel working in their organizations. These policy statements which address body art can easily be based on opinion and bias. As leading expert in body art research, M. L. Armstrong (personal communication, March 18, 2009) aptly phrased it, “Policies on body art tend to be less restrictive when there is a shortage of nurses and nursing staff is badly needed.” The challenge in development of these policies is to identify evidence-based rationale to support the policy statements regarding tattoos and piercings; rather than allowing them to be driven by circumstance or author preference.

The basis for the development of an evidence-based policy takes into account the nursing care attributes intricately linked to patient outcomes which could potentially be impacted by nursing personnel with body art. In nursing we continually strive to positively impact patient outcomes. Therefore, it is important to determine what factors impact patient outcomes; then, we as a profession can take steps to minimize factors that may have a negative impact, support actions that have a positive impact, and accept practices that do not have an impact.



DiCenso, Guyatt, and Ciliska (2005) define evidence-based practice as integrating current best evidence, clinical expertise, patient preference, and available resources into the decisions concerning patient care. In developing a policy addressing body art among nurses, factoring in the components of evidence-based practice includes: best evidence from the literature addressing the impact of body art among nurses on the nurse—patient relationship; patient’s reactions to nurses with body art observed in the clinical setting; patients expressed preferences concerning nurses with body art; and the prevalence of body art among the available nursing personnel.

### Purpose

The purpose of this project is to develop an evidence-based policy recommendation regarding body art among nursing personnel for a rural Critical Access Hospital. The purpose of this project is addressed through the following objectives:

1. Review literature to explore body art.
2. Explore current policy trends surrounding nursing personnel with body art.
3. Identify variations in policy addressing nursing personnel with body art among healthcare facilities of varying size.
4. Explore the rationale surrounding the development of policies addressing nursing personnel with body art.
5. Explore the impact of a policy addressing body art among nursing personnel on patient outcomes and the nurses providing patient care.

### Definitions

The body art addressed in this project will include tattoos and body piercings. The definition of tattooing used in this project was based on work by Millner and Eichold (2001) "...the injection of pigment particles underneath the epidermis that remains in the dermis to create a decorative design" (p. 426). The definition of body piercing adopted for this project was also defined by these authors as "...a piercing of any part of the body, with the exclusion of single ear piercing" (p. 426). In addition to these definitions the body art addressed in this project is that which is visible, not covered by apparel. Policies of interest are limited to those specific to nursing personnel. The term "nursing personnel" includes licensed and certified nursing staff involved in direct patient care.

The hospital targeted for implementation of the evidence-based recommendations regarding body art among nursing personnel is a critical access hospital (CAH). According to the Centers for Medicare and Medicaid Services (2009), a CAH is a hospital located more than a 35-mile drive from any other hospital; is located in a rural area; maintains no more than 25 inpatient beds; maintains an annual average length of stay of 96 hours; and makes available 24-hour emergency care services seven days per week. The CAH that is the focus of this project is located in rural eastern Montana.

### Assumptions and Limitations

The scope of this project does not include recommendations in regard to whether or not to obtain a tattoo or piercing. The recommendations made in this project do not

guide individuals in procedures to safely obtain body art. The goal of this project is to create an evidence-based policy recommendation addressing body art among nursing personnel. The intent of this recommendation is to provide for the well-being of the patients while allowing the nurses as much personal freedom as possible. The development of this recommendation is carried out with respect for both the patients cared for and the nursing personnel providing the care. The exploration of current policies addressing body art among nursing personnel is limited to organizations in the same region as the CAH which is the focus of this project.

#### Organization of the Remainder of the Project

In the next chapter, the current literature that defines and investigates the topic will be reviewed. The description of the search process and source selection will be included. Chapter 3 will depict the process utilized to identify and distinguish the policy statements regarding body art in organizations of varying sizes in the Northwest region of the United States. Chapter 4 will summarize the data acquired through the process described in the previous chapter and provide the conclusions of the project.

## CHAPTER 2

### REVIEW OF LITERATURE

Key words used to examine the literature included: nursing professionalism, patient satisfaction, nurse—patient relationship, body art, tattoos, and piercings. The first data base accessed was the Cochrane Library. Using the selected key words the only titles obtained were in reference to acupuncture and Chinese herbs. Medline and CINAHL were then accessed. By varying the combination of key words and limiting the search to the discipline of nursing, references for this project were obtained. From the sources obtained in the search, further sources were accessed by reviewing the reference lists of these articles. At that point the list of titles was reduced by eliminating all editorials, testimonials, and question and answer features. Next the list was further reduced by removing titles that were highly specific or unrelated to the purpose of this project.

The final selection of sources was carried out by evaluating the sources based on the following criteria. The studies were reviewed for design appropriateness, sampling, data collection, data analysis, results, limitations, validity, relevance, and application. The literature reviews were evaluated on search, analysis, relevance, and application. All literature reviews and selected study articles included were published and peer reviewed. In addition to studies and literature reviews, the Montana State Legislative Website was accessed to review state regulation and licensing of body art. The Centers for Disease Control and Prevention, the Food and Drug Administration, and the National

Environmental Health Association involvement in body art standards and regulations was also reviewed. Sources specifically addressing practice recommendations for nurses with body art were not available. Interestingly articles addressing nurses' perceptions and care provision of clients with body art were more available.

In the following sections, body art is explored from multiple perspectives. The prevalence of body art; the motivations for obtaining body art; the perception of individuals with body art; the risks related to body art; and the regulation and safety of body art are investigated in this all-inclusive review. This comprehensive review also includes exploration of nursing professionalism, patient satisfaction, and the nurse—patient relationship. The impact of the image of the nurse and nursing on patient outcomes was also examined for completeness.

### Prevalence

Tattoos and piercings are found in a variety of age groups, ethnic groups, socio-economic groups, and professions (Millner & Eichold, 2001). In 2001, Gardyn reported the results of a nationally representative online poll conducted for American Demographics by the Internet research firm Harris Interactive. This survey polled 1,009 adults online and revealed almost one in six adults have or have had a tattoo or body piercing. Body piercings other than an earring were found in 2%, while 10% reported having or having had a tattoo. Of all surveyed adults 4% had both a tattoo and a piercing. Both tattoos and piercings were reported in 16% of the 18- to 24-year-olds; while 15% of the 25- to 29-year-olds had both. None of the 65 and older respondents had both a tattoo

and piercing, and only 5% of this group had a tattoo. In the 40- to 64-year-old age group, 9% had a tattoo. Of women surveyed 18% had a tattoo or body piercing, while 13% of men had some form of body art. In regard to ethnic groups, body art was present in 18% of whites, 16% of blacks, and 14% of Hispanics.

In 2004 the Public Opinion Laboratory at Northern Illinois University administered a telephone survey to 500 respondents aged 18 to 50 years (Laumann & Derick, 2006). Random digit dialing technology was used to obtain a national probability sample of 253 women and 247 men. Respondents were equally distributed throughout the age range and were representative of the nation in relation to race, marital status, household size, median household income, educational status, and religious affiliation. Data was analyzed separately for tattoos and body piercings.

Laumann and Derick (2006) reported of those surveyed 24 percent had tattoos; and of those tattooed half had multiple tattoos. Younger respondents were more likely to have multiple tattoos than the older group surveyed. The researchers found 21% of the nontattooed respondents had considered obtaining a tattoo, and 17% with tattoos had considered having them removed. In relation to education the survey revealed tattoos were found in: 42% of respondents who had not finished high school; 33% of those who had completed high school; 29% who had some college; 23% of those with bachelor's degrees; and 18% of those who had attended graduate school. Being treated differently at work or in social settings was unusual among tattooed respondents. Overall the study revealed the percentage of respondents with tattoos or considering a tattoo increased as the year of their birth increased. Approximately 25% of respondents born in 1953 to

1956 had a tattoo or considered a tattoo, while approximately 65% of those born in 1981 to 1986 had or considered a tattoo.

The Northern Illinois University survey revealed 14% of respondents had a body piercing other than the soft tissue of the earlobe (Laumann & Derick, 2006). An additional 9% of those surveyed had considered getting a body piercing. Of the respondents with body piercings 42% had their first piercing in the hard cartilage of the ear, and 21% of these went on to obtain more piercings. Medical problems related to their piercings were reported by 23% of those with piercings. The researchers found the prevalence of body piercing did not vary by educational status. Being treated differently at work was described by 22% of those with body piercings, while 14% of this group reported being treated differently in social settings. As with tattoos, the percentage of respondents with body piercings or considering body piercings increased as the year of their birth increased. Less than 10% of respondents born in 1953 to 1956 had a body piercing or considered a body piercing, while approximately 50% of those born in 1981 to 1986 had a body piercing or considered a body piercing.

Globally tattooing and body piercing have been practiced for thousands of years. These very old practices have been shown to be on the increase in the United States through national representative surveys. The practice of body art which was once limited to prison populations, motorcycle gangs, or military personnel is now considered a mainstream activity (Laumann & Derick, 2006; Milner & Eichold, 2001).

### Motivation

With the increasing prevalence of body art in the form of tattoos and piercings, the motivation for obtaining this adornment has also changed. What was once a religious, ethnic, or military affiliated practice is now a practice based on personal choice with a variety of motives. A common word found in the description of study results addressing motivation for body art is 'expression'.

In a study involving students in a large southwestern public university the accuracy of traditional stereotypes of persons with body art were investigated (Forbes, 2001). The survey included 323 students and explored motives for obtaining body art, as well as, reasons not to obtain body art. Forbes reported the most common reasons given for acquiring tattoos included: self-expression; liked how it looks; and feeling independent. He described the most often given rationale for obtaining a body piercing included: self-expression; being different; uniqueness; and liked how it looks. The most common reasons for not obtaining body art in the form of a tattoo or piercing revealed in this study included: concern regarding how the modification would appear; desire not to have them in old age; and family disapproval.

Millner and Eichold (2001) reported a descriptive correlational study which investigated motivations for obtaining body art and knowledge of related health risks. Participants were recruited through tattoo and body art parlors in Florida and Louisiana. Employees of these facilities recruited 81 participants aged 19 to 55. The majority of the people in the study were employed, Caucasian, and heterosexual; over half of them were female, single, and college educated. The primary reasons given for body piercing were



individual expression and art. The primary reasons given for obtaining a tattoo were also individual expression and art. A variety of other motivations for obtaining body art given by participants included: celebration; friends have it; symbol of group membership; and symbol of commitment to a romantic relationship. The investigators in this study found evidence that the participants of the study enjoyed their body art and intended to obtain more.

Exploration of the motivations for tattoo removal was carried out by Armstrong, Roberts, Koch, Saunders, Owen, and Anderson (2006). Clients of four clinics providing tattoo removal services were surveyed to obtain the data. Through this descriptive exploratory study the major purposes for obtaining a tattoo were identified as: uniqueness; independence; and made life experiences stand out. The four primary reasons for having a tattoo removed were identified as: just decided to remove it; suffered embarrassment; lowered body image; and new job or career. The contributing factors for these reasons included: got tired of it; just grew up; having to hide the tattoo; and negative comments from “significant other”. The researchers found 66% of the respondents did not intend to get more tattoos, while 34% were interested in obtaining more.

Armstrong, Roberts, Koch, Saunders, and Owen (2007), leaders in body art related research explored the removal of body piercings among students in a large state-supported university in the southwestern area of the United States. The major purpose of body piercing among this population was identified as uniqueness. The reasons given for removing the piercing were “just got tired of it” and “just decided to remove it” (p. 103).

The researchers questioned when the product no longer satisfied the need for uniqueness was the decision to remove it stimulated? Due to the ease of removing a body piercing as compared to a tattoo, was the lack of fulfillment of the need for uniqueness an easy motivator for removal? The researchers recommended further investigation of this relationship. Self-expression takes on many forms; the clothes we wear and how we style our hair are expressions of who we are. Body art has become a form of self-expression of increasing interest with increasing prevalence in the United States.

### Perception

As body art has evolved to a mainstream practice, the perception of it has been slow to change. In his study examining the stereotypes of persons with body art, Forbes (2001) obtained results suggesting people with body art are not dramatically different from other people. In spite of this lack of difference, individuals without body art were found to view those with body art as very different from themselves. The study results indicated body art among college students was believed to indicate risk-taking behavior, greater use of alcohol and marijuana, and less social conformity. Although this group was portrayed negatively; this image of college students with body art was found not to be an accurate description of this population.

Employment of individuals with body piercings was explored by Seiter and Sandry (2003). Using photographs of people with visible piercings respondents were surveyed regarding their perception of pierced individuals. The respondents judged these individuals to have lower trust, character, sociability, and job competence. The people

depicted in the photographs were viewed as having issues related to credibility and hiring appeal.

An experimental methodology was used to examine the perception of tattooed individuals by Resenhoeft, Villa, and Wiseman (2008). The researchers carried out two separate experiments. The first experiment surveyed 85 students of a New Jersey community college, 32% of who reported having tattoos themselves. The participants compared photographs of a woman without a tattoo and the same woman with a tattoo of a black dragon on her upper arm. In both photos the woman was posed and dressed the same. The data analysis revealed the participants' perceptions of the model with a tattoo were more negative in regard to physical appearance and personality traits than those of the model without a tattoo. In the second experiment the investigators surveyed 73 students from the same college, 25% of who reported having tattoos themselves. In this portion of the study the participants compared photographs of a woman without a tattoo and the same woman with a blue and black tattoo of a pair of dolphins on the back of her shoulder. Again the woman was posed and dressed the same. In this experiment the smaller tattoo with less visibility and of a nonthreatening subject matter had a smaller impact, but still supported the indication a tattoo can impair perceptions of that person. The model without a tattoo was rated as more honest and religious than the model with the tattoo. This study supported the observation that interpersonal perceptions are hindered by tattoos.

Gardyn (2001) reported in the internet survey carried out for American Demographics the greatest percentage of all adults surveyed associated the terms

rebellious and experimental with body art. More than half of the 18- to 29-year-olds saw body art as alternative and artistic. Greater than half of the 50- to 64-year-olds saw body art as immature, while more than half of the 65 and older group saw it as freakish. There was agreement among 85% of the respondents that people with visible body art should realize it is likely to create career and personal obstacles. The employer's right to impose body-art-limiting dress codes on employees was supported by 75% of the respondents.

Even though the available literature does not support the negative stereotype of individuals who choose to have body art, the perception of these individuals remains less than positive. Older adults view body art less positively, and on a continuum, the point of view becomes more positive the younger the adult. Armstrong, Roberts, Koch, Saunders, and Owen (2007) in applying to nursing the results of their study which investigated the removal of body piercings, concluded, "Although our society often looks up to leaders who 'think outside the box', for uniqueness, distinctiveness, and creativity, health care often pushes for conformity, compliance, and consistency" (p. 117).

### Risk

Body art is not without risk and complication. Armstrong and Kelly (2001) include allergic reaction; hepatitis B and C; infection; and damage to blood vessels, nerves, or lymph ducts as physical risks of body art in the form of tattoos and piercings. An example of tattoo-related complications was reported by the Centers for Disease Control and Prevention (CDC) in the description of the investigations and actions taken in six clusters of skin and soft tissue infections caused by community-associated

methicillin-resistant *Staphylococcus aureus* (CA-MRSA) among 44 recipients of tattoos. These outbreaks occurred in six separate communities, in three different states, and were done by 13 unlicensed tattooists (CDC, 2006). An example of piercing-related complications was described by Armstrong, Deboer, and Cetta (2008) in their review of published cases of infective endocarditis (IE). From 1991 to 2007, 22 cases of IE were reported that were associated with piercings. In this review twelve cases were identified as female, nine of these individuals had congenital heart disease, and one patient died. One of the more specific risks with potential complications is found in oral piercings. In addition to the risks described above, Navarro (2008) describes oral piercings to include risks of chipped or fractured teeth, damage to gums, and periodontitis.

### Regulation and Safety

Even with body art increasing as a form of self-expression, the regulation across the United States remains limited and inconsistent. The regulations that exist provide a framework for addressing this growing industry, but enforcement of these regulations does not automatically follow. Enforcement depends on human, time, and financial resources, as well as the commitment to making the body art industry safe. In order to close a body art studio repeated complaints, violations, and inspections with careful documentation are required. These efforts take a long time to be completed; therefore it may be an extended period of time before the doors of the business are closed (Armstrong & Kelly, 2001). Armstrong (2005) in her article highlighting the historical and current regulation of body art reports except in a few states, there are still not specific

curriculum, training, or mandatory continuing-education requirements for the artists performing these invasive procedures. Armstrong goes on to explain anyone with \$300 can purchase a kit from a trade journal, complete with the equipment and procedural videos to get started, and become an artist.

With the increase in body art and the lack of regulation, safety has become a major concern. To address these safety concerns the National Environmental Health Association (NEHA) formed a 21-member expert committee. This committee developed the Body Art Model Code. The Model Code is designed to serve as a professional advisory document for health officials who wish to regulate the body art industry in their jurisdiction (Armstrong & Fell, 2000). The Body Art Model Code facilitates the enactment of comprehensive, reasonable, enforceable, public health-oriented body art regulations.

There is no specific curriculum for artists who perform tattooing or piercing. There are a number of voluntary associations which focus on safety and education. These associations include: Alliance of Professional Tattooists; American Body Art Association; Association of Professional Piercers, and Society of Cosmetic Professionals. Unfortunately, these associations do not represent the majority of artists in the nation (Armstrong & Kelly, 2001).

The regulation for obtaining a license for tattooing or body piercing in the State of Montana lies with the Department of Public Health and Human Services as described in Montana Code Annotated (MCA) 50-48-201, Administrative Rules Montana (ARM)

37.112.1. The only exception to this in Montana is Yellowstone County. Yellowstone County has a licensing program, in lieu of the State's program. The regulations focus primarily on sterile technique, sterile processing, and control of the setting in which the procedure is carried out. The Montana Senate passed a bill during the 2005 legislative session requiring licensing of such operations (Montana Department of Public Health and Human Services, 2008).

Inks and pigments and dyes for coloring the inks, are used to create permanent tattoos. These inks, pigments, and dyes are under the regulation of the Food and Drug Administration (FDA). However, due to other public health priorities and a historical lack of evidence regarding safety concerns, the FDA has not traditionally regulated tattoo inks or the pigments used in them (Food and Drug Administration, 2007).

Leading expert in research surrounding body art, Myrna L. Armstrong, along with her colleagues reported a resurgence of body art in the early 1990s. The body art trend was thought to fade, but continually increasing numbers of individuals choosing body art indicates this trend is not going away anytime soon. A search of the popular and scientific literature related to body art determined (a) body art is becoming more prevalent; (b) motivation for body art includes self-expression and uniqueness; (c) perception of body art is predominately negative; (d) stereotype of individuals with body art is often inaccurate; (e) body art is not without risk; and (f) regulation is inconsistent as well as inadequate.

### Nursing Professionalism

Nursing professionalism plays an important role in patient outcomes by impacting the patient's perception of the nurse's competency, and affecting the patient's anxiety and comfort levels. Rizk and Bofinger (2008) in their discussion of nursing professionalism described the collective end product of appearance, behavior, and communication as professional image. In a qualitative research project addressing nursing attire as an indicator of professionalism, Lehna et al. (1999) established the connection between the perception of competency/professionalism and attire. Brosky, Keefer, Hodges, Pesun, and Cook (2003) surveyed dental patient's perceptions of professionalism in dentistry and found appearance affected the anxiety and comfort levels of patients. The factors contributing to the professional image of the nurse warrant consideration. An image can be negative or positive based on the patient's perception of the nurse providing care.

### Patient Satisfaction

Nursing plays a primary role in the level of patient satisfaction with healthcare. Al-Mailan (2005) explored the effect of nursing care on overall patient satisfaction. The researchers concluded that nursing care had a greater influence on patient satisfaction with healthcare services than the care of other providers and directly impacted overall satisfaction with hospital care. Skorupski and Rea (2006) suggested nursing care plays an important role in patient satisfaction and in the patient's intent to return for future care needs. In light of the vital role nursing plays in patient satisfaction and choice regarding



healthcare, issues such as policies addressing nursing personnel with body art deserve thorough examination and consideration.

### Nurse—Patient Relationship

Nursing professionalism is a broad term woven into many discussions within healthcare. One such discussion is that of the development of the nurse—patient relationship. Skorupski and Rea (2006) stratified a convenience sample by age and examined patient perceptions of nursing attire and professionalism. In laying the theoretical framework for their study, they established the importance of the uniform as a component of nonverbal communication and its role in creating a healthy, positive, nurse—patient relationship. The authors also reported that patients form their first and often lasting impression within 12 seconds of a first encounter. Rizk and Bofinger (2008) discovered that the first impression a nurse makes matters when developing a trusting relationship with a patient and physical appearance affects the patient's confidence in the healthcare provider. Through the years much debate has occurred surrounding what nurses wear. As nursing attire evolved from the white dress and cap to the colorful scrubs of today, the change did not occur without much discussion and criticism. Kaser, Bugle, and Jackson (2009) describe the nurse's uniform as a form of nonverbal communication expressing the wearer's identity, authority, status, and occupation. As cultures continue to grow and change there is a new topic of debate surrounding the nursing professional, the debate regarding visible body art. Can a nurse's body art enhance or diminish the successful development of the nurse—patient relationship?

Summary

The prevalence of body art in American culture is increasing. The predominant motivation for obtaining body art is self-expression. Albeit body art is increasing as a form of self-expression, perceptions of body art are slow to change. The perception of individuals with body art is evolving very slowly towards the acceptance and the positive end of the spectrum. Body art is not without risk and the inconsistent, inadequate regulation of body art leaves safety compromised.

Through examination of nursing professionalism, patient satisfaction, and the nurse—patient relationship evidence was found to confirm that the image of the nurse has an impact on patient outcomes. No evidence was found regarding the effect of body art among nurses on patient outcomes. In addition the prevalence of body art among nurses is unknown. Author of numerous published peer-reviewed articles on body art, M. L. Armstrong (personal communication, March 18, 2009), succinctly summarizes the discussion of body art, “Younger adults like and support body art, older adults see it as deviant behavior; either way it's not going away.” In regard to body art among nurses she states, “Even without numbers on how many nurses have body art, you just have to look around to see it exists.”

## CHAPTER 3

## INVESTIGATION OF CURRENT POLICY

Organization Selection

The policy recommendation proposed in this project targets a rural eastern Montana CAH. A review of existing policies in organizations this CAH has relationships with, was carried out. The intent of this review was to explore the policy trends that exist related to body art in this region of the United States and to establish data for comparison. This eastern Montana rural CAH refers patients to larger hospitals within Montana and outside of Montana. Due to project time constraints the decision was made to review the policies of: five Montana CAHs; five larger hospitals within Montana; and five larger hospitals outside Montana.

Data Collection Process

All hospitals were initially contacted through the human resources departments. After four unsuccessful attempts to make contact through human resources, subsequent attempts were made through the nursing education departments. If the facility did not have a nursing education department contact was attempted through the Director of Nursing. After four unsuccessful attempts were made to make contact through the human resources departments, four attempts were made to contact the nursing education department or the Director of Nursing. If contact still was unsuccessful, an alternate

organization was contacted. Under these circumstances the alternate organization fit the same criteria as the original organization.

Each contact was initiated by introduction of the caller, identification of the university, and the caller's affiliation with Montana State University. Next, the organization representative was informed of the purpose of the project, and assured that no organizations would be identified by name. The inquiry questions used were the same for all contacts. The following inquiry questions were used. Does your dress code policy or any policy in your organization address body art among nursing personnel? If answered "yes" the organization representative was asked to describe the policy statements that address body art? The follow up and final question was: What rationale or recommendations were used in developing the policy?

Each organization representative contacted was allowed to determine the method used to communicate the requested information. The information was obtained through verbal communication, e-mail communication, or directly from a forwarded policy. If the organization representative requested the questions be e-mailed to allow the representative to obtain approval to release information, the questions were sent by e-mail. In the event an organization was not willing to share information regarding policies addressing body art at the initial contact, no further attempt was made to obtain information from that organization.

Compilation of Data

Information from these contacts was compiled into tables; each table representing one of three groups. The first group was CAHs in Montana similar in size and services to the CAH in eastern Montana which is the focus of this project. The second group was made up of five hospitals this CAH refers patients to within Montana. The third group was made up of five hospital this CAH refers patients to outside Montana. Because two hospitals from the third group were not willing to share policy information, attempts were made to contact two alternate organizations. Of these two which met the same criteria as the other hospitals in the third group, only one was successfully contacted. Comparisons were made within each group and among the three groups in order to determine what policy statements exist; if they are consistent or varied; and if they are based on references or rationale.

## CHAPTER 4

## PROJECT OUTCOMES

Policy Review Results

All five critical access hospitals addressed some aspect of body art among nursing personnel. Tattoo policy statements ranged from not addressing tattoos at all; to a very detailed description of limitations based on tattoo size, appearance, and thoughts provoked by the tattoo; to no visible tattoos while at work, with disciplinary action attached if tattoos are exposed. Body piercing policy statements ranged from not addressing piercings at all to allowing ear piercings only to allowing a small stud nose piercing in addition to earrings. None of the policy statements in this group had rationale or references as the basis for the policy.

All five Montana referral centers addressed some aspect of body art among nursing personnel. Tattoo policy statements ranged from not addressing tattoos at all to open-ended statements referencing terms such as “good taste, offensive, and inappropriate.” All five organizations in this group had policy statements addressing body piercings. The policy statements ranged from not allowing facial piercings, defined as eyebrow, lip, nose, and tongue; to allowing ear piercings only; to allowing a small stud nose piercing in addition to earrings. None of the policy statements in this group had rationale or references as the basis for the policy.

Three of the five referral centers outside Montana provided specific information regarding their policy statements addressing body art among nursing personnel. Tattoo policy statements included: tattoos must be covered while at work; strongly discouraging tattoos; requiring offensive tattoos, defined as obscene or promoting drugs or alcohol, be covered, with reference to termination in cases where tattoos cannot be covered. All three of the centers providing information had policy statements addressing body piercings. The policy statements comprised piercings must be kept to a minimum; ear piercings allowed and the use of place holders in other piercings; and requiring removal, covering, or use of place holders in visible piercings other than ears. The use of place holders described by two of the organizations' policy statements included descriptions of flesh colored or clear items placed in visible piercings while at work. Two of the referral centers outside Montana were not willing to share policy information regarding body art. Attempts were made to contact alternate organizations which met the same criteria. One alternate was unreachable after eight attempts. The other alternate reported being in the process of drafting a new policy which would require body art to be covered or removed while at work, but did not have detailed policy statements to share at the time of contact. None of the policy statements shared by this group had rationale or references as the basis for the policy.

In comparing the policy statements addressing body art among the three groups of organizations variations from vague to specific policy statements existed in all three groups. Tattoos were not addressed in two organizations' policy statements; one from the CAH group and one from the referral centers within Montana group. All policy

statements shared by organizations in the referral centers outside Montana group addressed tattoos. Piercings were addressed by all organizations contacted, except one CAH. No consistency in body art policy statements was found within the groups or among the groups. The lack of rationale or references was consistent across all groups.

In contacting organizations to obtain data, the investigator accepted each organization representative's choice of method to communicate information. Six of the organization representatives contacted offered to forward a copy of their dress code policy to the investigator; seven representatives chose to verbally communicate policy content to the investigator; two representatives informed the investigator their organizations do not give out policy information; and one representative reported the organization was in the process of drafting a new policy and had only a general statement to share. One organization representative expressed a desire for evidence to provide basis for body art policy development, and requested a copy of the completed project.

The policy review data were compiled into three tables (Tables 1, 2, and 3). Each of the tables represents one of the three groups of organizations contacted by the investigator. Each table contains information focused on policy content regarding tattoos and piercings. The intent of this review was to explore the policy trends that exist related to body art in this region of the United States and to establish data for comparison. Fulfillment of this intent did not require identification of each organization contacted. For this reason and for the fact that assurance was given by the investigator of organization anonymity, each organization is represented by a letter rather than by name in the tables.



Table 1. Policies of Montana Critical Access Hospitals regarding body art.

Organ-ization	Tattoos	Body Piercings	Rationale or References
A	May be visible if discreet/appropriate. Supervisor may request employee cover if resident, patient, or co-worker finds it inappropriate or offensive.	Not addressed.	None.
B	Not addressed.	Earlobes only.	None.
C	Covered while at work; will be sent home for day if come to work with tattoo exposed.	Maximum of two per ear; no other piercings allowed while at work.	None.
D	Visible tattoos should not be excessive or offensive. Tattoo appropriateness is determined by supervisor and administration. An employee may be required to cover tattoos while at work.	Visible body piercing limited to the ears.	None.
E	Tattoos visible on the neck, face, or head are not allowed. Those that are visible while wearing a uniform or work clothing and detract from a professional appearance are prohibited. Those tattoos that detract from appearance or professionalism are: Extremist—a word, sign, or symbol indicating an alliance with extremist organizations; Indecent—to include those that are grossly offensive to modesty, decency, or propriety, shock the moral sense because they are vulgar, filthy, or disgusting, tend to incite lustful thought, or tend reasonably to corrupt or incite libidinous thoughts. Large or excessive tattoos (more than one limb).	Earrings may be worn keeping professional appearance and moderation in mind per departmental policy. One small stud nose piercing is acceptable unless it goes against departmental policy; however, any further face piercings and visible body piercings are not allowed under any circumstances.	None.

Table 2. Policies of Montana referral centers regarding body art.

Organ-ization	Tattoos	Body Piercings	Rationale or References
F	May be visible; must be in good taste and not offensive.	Earrings limited to two per ear. Small stud nose piercing acceptable, “glitter-like in appearance”.	None.
G	Preference is for no visible tattoos; if perceived as offensive or inappropriate may require covering.	Earrings may be worn. One nose stud 1/8” in size acceptable; no other visible piercings allowed.	None.
H	Visible tattoos should be in good taste, i.e., non-offensive to patients and guests. Otherwise, if requested, the tattoos need to be covered during work time.	Facial jewelry, such as eyebrow, nose, lip, or tongue rings/studs are not considered appropriate or professional in the hospital environment. This kind of jewelry is not to be worn during work time.	None.
I	Not addressed.	No visible pierced jewelry other than in the ear is acceptable, with a maximum of two piercings per ear.	None.
J	Inappropriate tattoos must be covered at all times. Supervisors will be responsible to determine the appropriateness of tattoos worn by staff.	No visible pierced jewelry other than in the ear is acceptable.	None.

Table 3. Policies of referral centers outside of Montana regarding body art.

Organ-ization	Tattoos	Body Piercings	Rationale or References
K	Tattoos must be covered while at work.	No pierced jewelry other than ears while at work. May use clear or “flesh-colored” place holders in visible piercings while at work.	None.
L	No tattoos visible while at work.	Piercings must be kept to a minimum.	None.
M	Not willing to share policies regarding body art.		
N	Tattoos are strongly discouraged. Existing tattoos are to be covered when possible. Offensive tattoos (obscene or promoting drugs or alcohol) must be covered. Any that cannot be covered may be cause for termination.	Small earrings are acceptable. No facial piercing is acceptable. Employees with eyebrow, nose, lip, tongue or other face piercing have three options. They may remove the jewelry, cover it or wear small, flesh colored items. No jewelry may be worn that cause customer relations, safety, communications or infection control issues.	None.
O	Not willing to share policies regarding body art.		
P	In the process of drafting a new policy; new policy will require body art to be covered or removed while at work.		

### Additional Qualitative Data

Throughout the process of developing, researching, and exploring this professional project focusing on body art, unexpected information was gained. Some of the information not requested, but shared by organization representatives contacted included: inconsistent policy enforcement among supervisors and managers causes issues; covering tattoos with gauze pads causes patients more concern in questioning what is under the pad than seeing a tattoo; and body art policy statements were developed by administration. A number of organization representatives expressed frustration with the challenge of determining how to address body art among nurses.

At the investigator's workplace, a rural CAH, individuals aware of the investigator's project openly shared their points of view. The unsolicited information represented diverse perspectives on the topic of body art among nurses, even in a small organization. Attitudes and perceptions were shared by individuals from a variety of age ranges and areas of work. Perspectives on body art shared by health care workers included: acceptance depends on the patient population the nurse works with; tattoos and piercings are unprofessional; the value of the individual's work is more important than appearance, and excluding people with body art could mean missing out on a good employee. More than one nurse shared that they have tattoos but intentionally placed them so they would not be visible while at work. One of these nurses went on to share the point of view that visible tattoos among nurses are offensive; even though this nurse revealed having four tattoos, and the intention to get more. A sales representative visiting this CAH shared with the investigator that having a tattoo or piercing was out of the

question due to the negative impact on potential clients. A leading researcher in body art research shared with the investigator that work is presently being done in the marketing field looking at the impact of body art in this arena. Preliminary findings include both positive and negative impacts in the marketing field. Potential influencing factors include target population and region of the country. The unsolicited qualitative data shared with the investigator during this process indicates this is a timely topic and a topic that is in transition with many different levels of acceptance.

#### Critique of Data Collection Process

To more thoroughly examine the current policy statements regarding body art among nursing personnel a larger number of organizations would need to be contacted. Sending a letter of introduction would have facilitated a more successful contact process. The introduction letter would include: explanation of the project; the investigator's contact information; and notification of upcoming contact via phone. Expanding the questions asked to elicit information related to issues regarding body art among nursing personnel, would have established a broader, more complete data base on this topic.

#### Conclusion

The literature supports an increase in the number of individuals choosing to have body art in the form of tattoos and piercings representing a variety of individuals and many professional groups including nursing. These individuals regarded their body art as an important form of personal expression. Research identified there is no dramatic

difference between individuals with body art and individuals without body art. In spite of this lack of difference the literature revealed that a person's body art can affect the perception others have of that person.

The evidence reviewed in this paper, identifies nursing professionalism; the relationship the nurse and patient develop; the first impression the patient has of the nurse; and how satisfied the patient is with care, as important considerations in healthcare. Perception of competency, patient anxiety levels, and patient comfort levels were found to be linked to professionalism and attire. Patient satisfaction with healthcare and intent to return for future care needs were found to be directly tied to nursing. Physical appearance was found to affect confidence in the healthcare provider. The first and often lasting impression the patient has of the nurse was found to be determined in the first seconds of an encounter, and that impression was identified as influencing the development of a trusting relationship. The pivotal role played by nursing warrants careful consideration of nursing characteristics that influence the nurse's ability to successfully impact patient care. As patient advocates, nurses must consider patient preferences and make adjustments to facilitate positive patient outcomes. Although no studies directly linked negative patient outcomes with care given by nurses with body art, a survey of hospitals in the northwest region of the United States revealed a range of policies; none of which were supported with rationale or reference to specific evidence.

### Recommendations for Future Research

The prevalence of body art among nurses and the impact of their body art on patient outcomes have not been clearly defined through research. The effect of body art among nurses who care for a population with body art culturally embedded in their beliefs regarding self-expression has not been explored. Could body art among nurses serving such a population actually enhance the development of the nurse--patient relationship, and improve patient outcomes? Likewise the impact of body art among nurses serving populations not accustomed to body art has not been defined. Could a nurse's body art prohibit the development of the nurse--patient relationship, and negatively impact patient outcomes? In order to effectively develop a policy addressing body art among nursing personnel in a manner that provides for the well-being of the patients while allowing the nurses as much personal freedom as possible, evidence to support the policy is required. Recommendations for future research include investigation of the prevalence of body art among nurses and the impact of body art among nursing personnel on patient outcomes. Thorough investigation requires study of the possibility of both negative and positive impact, as well as, the possibility of no impact at all, in relation to each population served.

### Policy Recommendation

The voluntary and informal assessment of the registered nursing staff from one department within the rural eastern Montana CAH of interest revealed 50% of these registered nurses had some form of body art. Even with the increased prevalence of body

art and the confirmation of the importance of the patient's perception of the nurse; there is a lack of evidence identifying the impact of body art among nursing personnel on patient outcomes. Due to this lack of evidence creating an evidence-based policy recommendation regarding body art among nursing personnel would require further research.

The survey of hospitals in the northwestern region of the United States brings to light that body art is addressed in policy by multiple institutions. Every facility willing to share policy content had addressed body art in some manner. This finding established the existence of cultural evidence in this region supporting a call for body art policy.

Developing and standardizing a policy regarding nursing personnel with body art to fit all settings would be difficult, and may not be in the best interest of nursing or the patients cared for by nurses. Body art is a form of self-expression important to the individuals who choose to have this adornment. Acceptance of body art is based on the perceptions of the population being served. Factors such as age have been identified as influencing this perception. With the lack of published evidence identifying the impact of body art among nurses on patient outcomes, the burden of determining the impact is left to each organization.

The balance sought by these organizations requires respectful consideration of the patients being cared for and the nursing personnel who value body art as a form of self-expression. The absence of evidence leaves each organization to decide whether or not to implement protective policies just in case there could be a negative impact on patient outcomes related to body art among nursing personnel. As a second alternative each



facility could conceivably establish their own evidence by surveying patients regarding their perceptions of body art among nursing personnel. The evaluation of body art among nursing professionals requires ongoing investigation. As with any issue that is generationally and culturally linked, as time passes and the issue evolves, the perception and impact change.

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