

## Managing Impressions of the Brand Called “You”

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Most patients lack the academic training and clinical practice to evaluate the “clinical quality” of an urgent care encounter. So, instead they rely on what they can see—scrutinizing facilities, processes, and even people for some indication of the quality of care they are receiving. For urgent care providers, this means patients *do* “judge a book by its cover”—and the appearance of providers and staff not only sets the stage for the doctor-patient relationship, but when appearance is considered along with personal demeanor and communication style—it often determines whether a patient returns to the center and tells others to do likewise.

Consider the two airlines depicted in Table 1—which in-cabin crew would you believe had better training, trust to exercise better judgment in an emergency, and predict to offer an overall pleasant in-flight experience? Most likely you would favor the formal appearance of the international crew. That’s because—despite a trend towards more casual attire in the workplace—there’s still a conservatism in the United States that favors formal or semi-formal attire for persons in positions of authority. So although the “idealist” may say “appearances shouldn’t matter,” if an urgent care provider does not convey a “professional” appearance, odds are high patients will question his authority, second-guess his medical opinion, and undermine his reputation. Ultimately, how well a provider manages the “brand called you” could determine the success or failure of an urgent care venture.

**Table 1: Based solely on employee appearance, which airline would you predict offers a higher quality experience?**

	
<p>In the movie <i>View from the Top</i>, fictional Sierra Airways flies “gamblers and drunks” from Laughlin to Fresno. The First Officer has “had a few near misses and a couple of minor crashes, but chalks it off to experience and is feeling better about things.”</p>	<p>Service on Dubai-based Emirates has been ranked consistently high among the world’s leading airlines. Emirates operates one of the newest, most sophisticated fleets of any international airline and has a stellar safety record.</p>

One urgent care center located in a college town had a fairly loose dress code for providers—the only requirement was that they wear a white lab coat. Underneath that coat, some wore scrubs while others wore “business casual” attire of slacks and a golf shirt. An interesting observation involved patient attitudes towards one of the center’s part-time doctors—whose “day job” was on the clinical family practice faculty of the medical school. Often this physician would show up at the urgent care after rounds, still wearing a starched dress shirt, tie, and white lab coat with the university’s insignia embroidered on the pocket. He also bore the various picture IDs of the medical school. Although “out of uniform” for the urgent care—the educated and “up-market” patients of this center (many with a strong affinity towards the university) seemed to gravitate towards this provider. Granted, he also had great “bedside manner” and strong clinical outcomes—but it was the strong first impression of his “brand” that conveyed authority and experience that resonated well with patients.

**Table 2: Providers at the Mayo Clinic in Rochester, Minnesota wear business attire.**



*At the Mayo Clinic, patients don't encounter doctors in casual attire or white coats. Instead, the more than 2,800 staff physicians wear business attire, unless they are in surgical scrubs, to convey professionalism and expertise.*

*It's a dress code that some outside Mayo have called "pretentious," yet we'd argue that it's no more pretentious than, say, the dress code for airline pilots. Airline passengers don't want to see their pilot in a polo shirt, and patients feel the same way about doctors. In effect, Mayo Clinic doctors—just like service workers in many other industries—work in a uniform; it's a visible clue that communicates respect to patients and their families.*

**Excerpt from *Management Lessons from Mayo Clinic: Inside One of the World's Most Admired Service Organizations* (2008) by Leonard Berry and Kent Seltman.**

One way to support providers and staff in managing their personal “brands” is to implement a dress code that includes a uniform policy. Most urgent care centers already have some type of dress code, which typically requires scrubs for front and back office staff and white lab coats for providers. Scrubs are often preferred by center staff because they are associated with working in a clinical environment, they are relatively inexpensive, and they are easily maintained. Although some urgent care centers opt for khaki pants and a polo shirt for the front office, the frequency of cross-training between front- and back-office staff (i.e. a registration specialist who also works as a medical assistant) typically leads centers to put all non-providers in scrubs. Regardless, objectively evaluating the appearance of your center’s employees in light of your current dress code may reveal one of the following:

- Does the staff’s appearance portray the professional image you desire for your center?
- Do providers and staff look like they’re part of one cohesive team?
- Are there common branding elements—such as color, style, or accessories—that are consistent in everyone’s appearance?
- Would someone recognize someone as an employee of the center—off premises—by their appearance?

Your uniform policy may require “scrubs” but if you do not specify a specific brand, style and color—your staff may get “creative.” Consider in Table 3 whether an employee’s choice of scrubs is consistent with how you want to brand your center.

**Table 3: Results of a Google-search for “Ugly Scrubs”**



An urgent care operator can achieve greater consistency in the appearance of providers and staff by drafting and communicating a dress code that balances business needs (including the center’s brand), job function, and legal requirements. The law actually gives employers wide discretion in what they can require employees wear to work. Although employees may claim aspects of any dress code they disagree with “violates their rights,” generally a well-drafted dress code that is consistently applied will not violate discrimination laws. To get employee “buy in,” explain the reasons for adopting a dress code and engage employees in uniform selection, allowing them to test the products of various vendors or selecting a vendor whose products are already popular among the staff.

While a low-cost uniform may make a better financial case—if the garments are uncomfortable, poorly constructed, or require frequent replacement—the resulting employee dissatisfaction will negate any cost savings. Rather, when one urgent care center—based on staff feedback—opted for a more expensive line of scrubs, it found employees no longer lamented their loss of “choice” and began to rally around the new uniform policy. So while an urgent care operator may encounter resistance when the idea of a dress code is first suggested, over time employees should start to appreciate knowing exactly what they’ll wear to work. Table 4 provides some points to keep in mind when drafting a dress code.

**Table 4: Considerations for drafting an urgent care center dress code.**

- The dress code should be based on business needs and relevant to each specific job function—the reasons of which should be explained clearly in the dress code.
  - Typical business needs are protecting the organization’s brand or public image, maintaining a productive work environment, or complying with health and safety standards.
  - The dress code should be reviewed to assure compliance with OSHA and other health/safety regulations—for example, closed toe shoes should be required in a clinical setting.
  - The dress code should provide examples of what employees are expected to wear (i.e. blue scrubs, khaki slacks, polo shirt) and what is considered inappropriate for the workplace (i.e. shorts, sandals, tank tops).
- Federal law protects employees from discrimination on the basis of sex, religion, race, disability, military service, and other “protected” status.
  - If a dress code is implemented, it must cover both men and women. It has been found discriminatory, for instance, to require men wear ties to work but to have no dress requirements for women. However, the dress code does not have to apply the same standards to men and women and can be based on “social norms and customs.” For example, men may be required to cut their hair short while women are not.
  - The dress code should provide a pants and skirt option for females. Some sects of Orthodox Judaism, Pentecostalism, and Mormonism prevent or discourage women from wearing pants. By contrast, California law permits employees to dress according to their “gender identity,” which includes cross-dressing, and thus, requires a pants option for women.
  - The dress code should avoid provisions that affect one religious group but are not based on a business need. For example, prohibiting headscarves may be found discriminatory to Muslims where there is no health or safety reason for doing so.
  - The dress code should provide reasonable accommodation to individuals with disabilities when issues arise. For example, a tailored uniform may not fit an individual confined to a wheelchair—how can the uniform be modified to accommodate such an individual?
- Utilizing a reputable uniform vendor will assure that uniforms meet legal requirements, are available in all sizes, and that exceptions can be accommodated. This is important because if a pregnant or obese employee cannot fit into the uniform and the uniform is not a health/safety requirement—the uniform may be found discriminatory.
- While proclaimed “symbols of self-expression,” there is no generally no protection for tattoos, piercings, hair coloring, and other forms of “body art” and an employer can reasonably require they be covered. Likewise, noxious perfume or body odor may be prohibited under the policy. Key is that the policy is enforced equally among all employees.
- The laws of some states—including California—require employers who mandate uniforms to both cover the cost of the uniform as well as any costs in maintaining them in good repair. In this case the uniform belongs to the employer who may charge the employee upon separation if the uniform is not returned. Other states allow employers to charge employees for the cost of the uniform or require the employee to purchase and replace it at their own expense. Contact your State Department of Labor for more information.
- Keep the dress code broad enough to allow for flexibility but specific enough to enforce—for example, language

stating that “no more than three inches between the bottom of a skirt to a person’s knees is acceptable” could lead to awkward situations of a zealous manager feeling compelled to measure the hem. By contrast, prohibiting “mini-skirts”—although subjective—may be more easily enforced.

- Consider how policies not directly related to dress and grooming standards affect patient perceptions. For example, employees smoking outside the center entrance or a nurse who “reeks” of tobacco smoke does not portray “health and wellness”—such has led many health care providers to adopt “smoke free” workplace policies. Similarly, a corporate program focused on combating obesity and promoting healthful habits may lead to a more “fit and trim” workforce.
- The dress code—as with all human resources policies—should be reviewed by competent legal counsel to assure compliance with all federal, state and local regulations and be written in a way that will not be misconstrued by employees as discriminatory.

**Conclusion: Clothes are important but smiles are more important.**

While the fashion industry would have us all believe that “clothing makes the man or woman,” and it’s clear that a unkempt provider with ill-fitting clothes and poor grooming will lack credibility with patients—the provider’s demeanor and communication style still ranks higher than appearance in importance to patients. When patients in New Zealand were shown pictures and asked to choose a provider based on appearance only, the first attribute they considered was a smiling face, followed second by “conservative” grooming and attire. The point is—dour, unhappy employees don’t reflect well on a practice, regardless of how “good” they otherwise look.

So when evaluating the overall patient experience in your center, you’ll want to make sure your employees have a “look” that is consistent with the center’s brand and that of a professional, cohesive team—but just as important, you should make sure your employees embody a culture that values hard work, excellence, ownership and a commitment to provide an excellent patient experience.