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Finding common threads: How patients, physicians and nurses perceive the patient gown

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Abstract

Evidence-based care is standard practice in medicine, but the patient gown has fallen outside the scope of scholarly research. The current gown renders a patient vulnerable, diminishing patients' sense of identity, agency, and dignity with its one-size-fits-none design. The impact on providers is similarly neglected. Our objective was to explore how patients and providers derive meaning from patient gowns. A convenience sample at an academic medical center was interviewed utilizing a standardized framework developed by a medical student and two PhD-prepared researchers with experience in qualitative methods. The study was inductive in nature, seeking to understand perceptions of the patient gown through thematic analysis of transcripts within and across interviews. Participants were ten patients (5 women, 5 men; mean (SD) age = 56.4 (19.1)) years, ten nurses (9 women, 1 man; mean (SD) age = 36.5 (13.4)) years, and ten physicians (6 women, 4 men; mean (SD) age = 48.6 (14.4)) years. Themes within patients' interviews suggest gowns are provider-driven, the design is problematic, gowns reduce self-esteem, and color options would be empowering. Themes within providers' interviews addressed gowns theoretically vs. practically, attire biases, and distress from seeing patients in gowns. Common themes among groups included: negative first impressions of gowns, ideas for improvement, and barriers to change. This is the first study to ascertain how patients and providers perceive patient gowns and offer the opportunity to describe and sketch an "ideal" alternative. The current gown satisfies neither patients nor providers, and flaws must be addressed to improve patient and provider experiences.

Keywords

Patient experience, patient-centered care, patient engagement, patient satisfaction, qualitative methods, medical humanities, nurse-patient relationship, doctor-patient relationship, healthcare, patient gown, hospital gown

Introduction

The patient gown has persisted for centuries without significant improvement, a stark contrast to the patient-centered and evidence-based focus of modern medicine.¹⁻⁴ Use of the gown has fallen outside the scope of evidence-based research, its design reminiscent of fourteenth century hospital-provided nightshirts.³⁻⁵ Patient gowns are also an accepted part of medical care and culture nationally, leading many to overlook the design's impact on patients and providers. In fact, a common joke among providers, regarding the derriere-exposing nature of the patient gown, is that "See-more Hiney" invented patient gowns.

Patients are vulnerable to a loss of dignity during a hospitalization; wearing the patient gown may contribute to this since it is dehumanizing and discouraging.⁶⁻¹⁰ The hospital has been described as a funnel that strips patients of their identity and agency, forcing them into conformity with a one-size-fits-all gown.^{5,6,8,10,11} Previous observational studies suggest that improved inpatient attire can improve patient care.^{5,12,13} Several institutions have attempted

change, including Hackensack University Medical Center partnering with Cynthia Rowley and Nicole Miller (1999), Cleveland Clinic partnering with Diane von Furstenberg (2010), and Henry Ford Health System of Detroit creating the "Model G" gown (2016).^{9,14-16} The improved gowns were created with modesty and dignity in mind, outfitted with bolder, softer fabrics, and led to greater patient-reported comfort and increased patient satisfaction.^{9,14-16} However, budget constraints prevent more hospitals from introducing and sustaining improved patient gowns, which come, or are perceived to come, with increased cost.⁹

Experts emphasize that focused redesign efforts are vital to the improvement of the widely-used patient gown, and the adoption of a new gown requires investigation into the influence of the gowns on the patient experience.^{4,12} The purpose of this study was to explore how patients and providers perceive the need for and impact of wearing patient gowns, focusing on psychosocial and humanistic implications.

Methods

Thirty participants were purposively selected from patients and providers at an academic medical center and interviewed from December 2017 to March 2018 utilizing a framework developed by a female second-year medical student and two female PhD-prepared qualitative researchers with expertise in medical humanities (Table 1).

The medical student was trained and supervised on interviewing until agreement was reached on preparedness.

The interviewer had no prior relationships with participants prior to study commencement, and for consistency, the medical student completed all thirty interviews.

The Institutional Review Board deemed the study exempt. Participants were at least 18 years-old and fluent English-speakers recruited in person from the hematology-oncology unit if deemed medically stable. Eligible providers with at least one year of experience in their respective role were recruited in person and via email. Participants were provided a summary of the research

Table 1. Interview framework for study participants

Participant Group	Interview Questions
Patients	<ol style="list-style-type: none"> 1) When I say “patient gown,” what is the first thought or word that comes to mind? 2) What went through your head when you were handed a patient gown? 3) How did you react to first seeing yourself in the patient gown? 4) What do you believe to be the purpose of the patient gown? 5) How do you feel wearing the patient gown? <ol style="list-style-type: none"> a. How does this compare to how you felt when you were admitted to the hospital in your own clothes? 6) What would you choose to wear during your hospitalization, if you had the choice? 7) If you could change the patient gown or create an ideal patient gown, what would it look like? (fabric, openings, colors, length, separates, different gowns for different groups?)
Nurses	<ol style="list-style-type: none"> 1) When I say “patient gown,” what is the first thought or word that comes to mind? 2) What goes through your head when you first present a patient with a gown and must take away their clothing? 3) How do you present the gown to the patient (i.e., do you follow a script to give patients instructions)? 4) Can you describe how patients react when you take away their clothing? <ol style="list-style-type: none"> a. Is there a patient experience involving a gown that stands out? 5) What do you believe to be the purpose of the patient gown? <ol style="list-style-type: none"> a. What is your reaction to seeing your patient in his/her gown for the first time? b. How do you perceive patients in hospital gowns versus patients who are wearing clothing when providing care? 6) What would you choose to wear during your hospitalization, if you had the choice? 7) What are patient care barriers that may be affecting patient attire in the hospital? <ol style="list-style-type: none"> a. Do you foresee opportunities for patients to wear their own attire? b. Do you foresee opportunities when patients cannot wear their own attire? 8) If you could change the patient gown or create an ideal patient gown, what would it look like? (fabric, openings, colors, length, separates, different gowns for different groups?)
Physicians	<ol style="list-style-type: none"> 1) When I say “patient gown,” what is the first thought or word that comes to mind? 2) What do you believe to be the purpose of the patient gown? <ol style="list-style-type: none"> a. What is your reaction to seeing your patient in his/her gown for the first time? b. How do you perceive patients in hospital gowns versus patients who are wearing clothing when providing care? 3) How is your perception of a patient, whom you have seen in the outpatient setting in street clothes, affected by seeing him/her in a patient gown as an inpatient? 4) Have you ever had to wear a hospital gown, and if so, can you describe the experience? 5) What would you choose to wear during your hospitalization, if you had the choice? 6) What do you think the patient feels or experiences when trading his/her street clothes for a hospital gown? <ol style="list-style-type: none"> a. Are there any stories or comments that stick out? 7) What are patient care barriers that may be affecting patient attire in the hospital? <ol style="list-style-type: none"> a. Do you foresee opportunities for patients to wear their own attire? b. Do you foresee opportunities when patients cannot wear their own attire? 8) If you could change the patient gown or create an ideal patient gown, what would it look like? (fabric, openings, colors, length, separates, different gowns for different groups?)

study as part of informed consent, outlining the purpose of the study. Each interview was conducted at participants' choice of location after verbal informed consent was obtained. Interviews were recorded using a secure iPhone application, de-identified, and manually transcribed by a secure online paid-service and verified by the interviewer. Anonymized field notes were kept for later review by the study team. Interviews were conducted until saturation (i.e., repeating themes) occurred. No repeat interviews were conducted.

Participants were also provided with a human-form template and colored pencils to sketch their "ideal" patient gown and encouraged to discuss changes with the interviewer, labeling when necessary. Basic demographic information was collected, including age, gender, and length of stay (LOS) for patients and age, gender, specialty, and years of experience (YOE) for providers. The research team analyzed transcripts individually using an iterative process within and across interviews, then met to reach consensus on themes and conclusions about the study question

Results

Participants

Ten patients (5 women, 5 men), ten nurses (9 women, 1 man), and ten physicians (6 women, 4 men) volunteered. Participant demographics and characteristics are summarized in Table 2.

Three patients, one nurse, and four physicians declined participation. Interviews lasted 24.9 (16.1) minutes on average.)

Patient Themes

Provider-Driven Gowns

Patients believed gowns were for provider convenience. One woman contended, "I have no choice. I have to wear it...It's just easy access" (64yo F, LOS 31). A second patient clarified gowns were "easy access for the doctors and nurses too, for their vital signs, and whatever they need to do" (71yo M, LOS 2). A third patient said the gown "looks funny" with the open back, but he understood that "doctors might want to look at stuff" especially during his lumbar puncture because "it kinda keeps it open so they could sit there and do their work." He questioned, "If you change the design, will it take away from that or how can we incorporate that into new gowns?" (26yo M, LOS 6).

Although patients acknowledged gowns were made for providers, patients did not blame providers for their use, believing nurses and physicians had no alternative. A patient reflected, "It's not that the staff means to disrespect you, it's just that that's what they're required to do" (64yo F, LOS 16).

Emotional Impact of Gowning

Patient gowns were an expectation. When presented with yet another gown, one gentleman thought to himself, "Oh here we go again, here's another one of these things again" but acknowledged, "When you go to the hospital, you're gonna put a gown on" (26yo M, LOS 6). A terminally-ill woman describing the gown as an immodest "nightmare" acknowledged, "At the time you're sick and so you can cope with it, but when you start getting your brains back, you're like, 'Yeah, this is really not fun, but hey. This is what [providers] have to do, so it's what you have to do'" (64yo F, LOS 16). She also contended, "Maybe all administrators and office staff should have to spend one day in a gown... They advertise this, 'We always put the patient first.' Okay, so then I guess you have to put your money where your mouth is."

Two patients viewed gowns therapeutically, i.e. making the illness-treatment process official. One woman remarked, "I don't think I paid any attention to that. I'm here to get better. It didn't bother me... When you're out in the hall and see other patients, they look the same as you do. I really hadn't thought about it. I had enough other things to think about" (73yo F, LOS 18). Still, numerous patients disclosed the negative impact of gowns on their self-esteem, identity, and dignity. A young man found gowns publicly unacceptable, remarking, "I'm pretty sure if I do that in the street, they'd arrest me, and this exposure is very real. It'd be a hefty fine. You know ... God forbid I'm in a hospital gown and I step outside and there's an elementary school. Could you imagine?" (24yo M, LOS 4). Gowning was a marker of illness, stripping away self-identity and dignity when patients had to hand over their clothing:

That's part of the thing that doctors forget. We were actually people, we had lives, we had loves, we had children, we had heartbreak, but they just come in here and see us as the disease, and that's their concentration, but to help that body you need to think about the whole picture, and that includes what they're wearing, you know? So, do they just want to come in here and see us look like this? So, that makes them feel like, 'Well, they really are sick.' Well, yeah, but when you're sick you still need to have a little bit of boost, and color, and an appropriate attire that will, you know. And they'll say, 'Well now, Mister Jones, you have to walk up and down this hall five times.' And so, Mister Jones walking up and down the hall five times trying to hold-on to his pole and hold-on to his string to keep his butt covered (64yo F, LOS 16).

Problematic Patient Gowns

Gowns were problematic for most patients, described as uncomfortable, restricting, and difficult to manage independently (Table 3).

A young mom, who valued independence, noted the gown “choked a lot, up on my neck,” and “it’s hard to [tie] it myself...how the gowns are on the top” (40yo F, LOS 4). Another gentleman was “not quite as comfortable” compared to wearing his own clothes “because I’m used to wearing clothes” (71yo M, LOS 2). A young man echoed this:

I mean, you literally have string and you can wrap that around just about anything and half your body is still hanging out...I just think there could be something more done to make it a little bit better (26yo M, LOS 6).

Table 2. Summary of participant characteristics

<i>Patients</i>	
Gender	5 women, 5 men
Mean (SD) age	56.4 (19.1) years
<u>Range:</u> 50 years <u>Median:</u> 64 years (Q1 = 45, Q3 = 70)	
Mean length of stay (LOS)†	15.7 days
<u>Range:</u> 51 days <u>Median:</u> 8.5 days (Q1 = 4, Q3 = 23)	
Number of patients wearing gown only	5
Number of patients wearing own clothing	3
Number of patients wearing gown and own clothing	2
<i>Nurses</i>	
Gender	9 women, 1 man
Mean (SD) age	36.5 (13.4) years
<u>Range:</u> 31 years <u>Median:</u> 30 years (Q1 = 25, Q3 = 50)	
Mean (SD) years of experience (YOE) as a registered nurse (RN)	14.2 (13.1) years
<u>Range:</u> 30 years <u>Median:</u> 6.5 years (Q1 = 4, Q3 = 28)	
Medical unit worked the longest on	- Hematology/Oncology (9) - Labor and Delivery (1)
<i>Physicians</i>	
Gender	6 women, 4 men
Mean (SD) age	48.6 (14.4) years
<u>Range:</u> 39 years <u>Median:</u> 40.5 years (Q1 = 38, Q3 = 60)	
Mean (SD) years of experience (YOE) as a medical doctor (MD)	22 (14) years
<u>Range:</u> 39 years <u>Median:</u> 15.5 years (Q1 = 12, Q3 = 31)	
Specialty	- Vascular Surgery - Neurology - Infectious Disease - Hematology - Internal Medicine - Palliative Care - General Surgery - Pulmonology/Critical Care - Family Medicine - Radiology

†: Length of stay (LOS) was recorded for the most recent hospitalization, i.e., how long the patient had been in the hospital leading up to the day of the interview.

Table 3. “Patient gown” connotations

Attribute	Connotations		
	Patient Group (N = 10)	Nurse Group (N = 10)	Physician Group (N = 10)
Positive	-cover-up -comfortable (2) -freedom	--	--
Negative	- uncomfortable (2) - <u>exposed</u> -restricted -nightmare -“looks funny” -“a gown that snaps up in the back and it's open in the back and everybody can see your behind” -“bare ass” -drafty	- uncomfortable (3) - <u>exposing</u> (2) - <u>vulnerable</u> -“doll-looking” -“takes away a part of [patients] when you take off their clothes and put the gown on” -ill-fitting - “one size fits all, too small or too big” -“a baggy gown that the patient is wearing” -oversized -dull -drab	- uncomfortable (2) - <u>vulnerable</u> (2) - <u>exposed</u> -naked -unfashionable -confusing -“blue gown that doesn't tie very nicely in the back” -“flapping in the breeze” -threadbare -cumbersome -cold -gray -dowdy -washed-out -faded
Neutral	-okay	- “green or blue or white with a little pleasant pattern”	-“light colored gown with a tie in the back that's open in the back that people wear when they come to the hospital”

The gown also proved difficult and embarrassing when toileting. The young mom described trying to manage both menstruation and chemotherapy-diarrhea:

It was really hard trying to manage the IV lines and the gown over and clean myself... I didn't know if there was a way that you could take the bottom of the gown of how to tie it, so you could wipe yourself because the other thing too I noticed was that one of my ties got into the toilet (40yo F, LOS 4).

Not all patients agreed with the gown being problematic. One patient preferred the oversized gown, adding, “They say when they give ‘em to you it's one-size-fits-none. But it's okay that it's big. It's better that it's big” (73yo F, LOS 18). Another patient preferred the gown for “sanitary reasons,” acknowledging the gown “allows me movement

and comfort, I can just lie here and not think about it. It's like an extraneous skin. So, I know people might hate the gowns, but I don't” (74yo F, LOS 11).

Strategies for Wearing Gowns

Patients were resilient and developed strategies, e.g., bathroom rituals, to minimize discomfort. One woman detailed, “You get up and got to go to the bathroom and somebody comes in and your butt's to the door...I keep my door shut all the time, I open the bathroom door and won't let it open, so they can't see in until I get to the bed...more privacy” (64yo F, LOS 16).

Patients expressed individuality by adding leggings or pajama pants, and for some, wearing their own clothing. A young patient with leukemia preferred to wear his own clothing in the hospital when able and advised other

patients, “Don’t let the gown bring you down” (26yo M, LOS 6). One man attempted to offset the appearance of the gown with heightened attention to his appearance:

The first time I think I was in a patient gown I didn’t have a haircut. So that was important to me. And I was like whoa, not a good look. Right. Then I got the haircut and next time I was in the hospital and I pulled my chain out, I thought I looked fantastic. Like I was like. ‘Alrighty. Handsome.’ ‘Cause the blue glistened properly with the chain and then it had a nice tinge to my skin tone. I looked fantastic. I accidentally accessorized (24yo M, LOS 4).

The most common strategy was “double-gowning,” i.e., having one gown forward and one gown backward:

I have this gown on and I have to tie it around the neck, and then I have this humongous one that’s big enough for a 400-pound person. I have it the other way, because I had company earlier. I have a couple men that come from the church to pray with me, and I want to be appropriate (64yo F, LOS 16).

Double-gowning enabled modesty and helped patients walk confidently because “you [can] hold your head up and actually talk to somebody. Not wait ‘til they pass you by, and they look back, and they see your butt” (64yo F, LOS 16).

The final strategy was acceptance. A patient with a lengthy admission said, “I don’t care. Everybody in this whole wing here, has seen my a— a 100 million times. It doesn’t bother me, but to a new person, it might embarrass them” (67yo M, LOS 53).

Power of Color

Patients consistently affirmed the power of color, which one patient asserted “lightens your life”:

These doctors come in here in all white, but what I see is what they’re wearing under that jacket...Color would definitely have brightened me up if I could have brought my pink pajamas in (64yo F, LOS 16).

The young man who “accidentally accessorized” his gown decried the “dreary colors.” He sought:

Something bright. Something that pops. Something that’s going to capture my attention. Other than the IV. Something that’s going to distract people from that. I think that actually probably helps improve health. People see bright things, bright colors, warm colors, housewarming colors. Those things make people feel better. I think the best way to start by healing yourself is to heal your mind... I think bright colors like that help with positive thoughts (24yo M, LOS 4).

He also saw colorful gowns as “an interesting talking point”:

As a doctor you come in and there’s a lot of things complain about saying doctors are cold, right? So, you come in, it’s like a ten minutes stay, you ask me what’s wrong with me and you leave. A little simple question like, ‘Oh why did you choose that color?’ You might get somebody that’s going to say, ‘Oh I don’t know, it’s the first thing I thought of.’ But maybe somebody be like, ‘Red’s like my favorite color because,’ and give you like a little bit of backstory into that person’s life...We can all use little tidbits and things to maybe get knowledge about other people (24yo M, LOS 4).

Provider Themes

Gowns in Theory vs. Gowns in Practice

Nurses’ first impressions of gowns focused on the visual appearance, described as “drab,” “one-size-fits-none,” “doll-like,” etc. Physicians had similar impressions of the gown. Providers also described gowns as exposing, uncomfortable, and inducing vulnerability (Table 3). In spite of these negative perceptions, providers found utility in gowns, which ensured access and safety (e.g., easily identifying patients in emergencies):

I think the purpose [of the gown] was to be able to allow us to examine our patients where we’re not under any clothes...It’s supposed to ideally be more easily manipulated to kind of help us with our exam. So, you have the snaps and you have the straps, and you can lift up here, and things like that (35yo F, YOEMD 10).

Providers often contradicted these perceptions as interviews progressed, citing inconveniences and needing extra time:

Sometimes [patients] may not put it on correctly. That then makes them even more embarrassed or you, even as a provider, embarrassed because you come in and everything is popping out or showing out and you’re like, ‘No, no. We’re going to tie it this way and close it back that way.’ It kind of adds to the uncomfortable part about it... If you’re trying to do the abdominal exam and you’re rolling, rolling, rolling, rolling this long gown all the way to get there, that can seem kind of cumbersome as well too (35yo F, YOEMD 10).

Another physician remarked, “I can’t tell you the number of times I’m like, wait, how do I, which snap goes with what? And it just ... snaps are confusing” (42yo M, YOEMD 18). Nurses agreed snaps and ties, meant for quick access, made their job more difficult. One nurse commented, “I can do all [my care] in and around a normal t-shirt, hospital or no hospital gown” (29yo F, YOERN 7). Two nurses even noted that the characteristically oversized gowns are a fall-risk. A nurse described witnessing patients with continuous infusions who got MRIs having to drag an extra gown attached to their IV pole until the infusion was complete:

The MRI gowns don’t have snaps on them, so if their line is fed up through it, and for some reason, say they’re getting chemo and you can’t disconnect their line, then they’re kinda stuck with this random

gown that they pull until the chemo stops, and they have another gown on themselves (24yo F, YOERN 2).

One physician dismissed the idea of “access,” claiming that most nurses and doctors auscultate through the thin fabric of the gown, noting, “We’re supposed to listen under the gown, but in practice, no one ever does” (38yo F, YOEMD 12).

“You are what you wear”

Inpatient attire provoked biases and even judgmental comments from nurses and physicians. A patient in a hospital gown was “sicker,” dependent, and resigned into the role of a patient by both groups of providers. Nurses also viewed patients in gowns as lacking social support and motivation. Alternatively, a patient in his/her own attire was “healthier,” motivated to do well, independent, and “getting back to normal”:

When I see a patient wearing a gown, I think that they’re sicker and that they need my help more. Sometimes I think there’s an element of laziness, or sometimes I worry for their social situation. Sometimes patients that have a large social network that are really active in their care, they have drawers, and drawers, and drawers full of fresh clothes for them to take, and someone’s taking their laundry home and then bringing it back. If someone is left with the clothes they came in with and the hospital gown, that’s maybe a sign that they don’t really have a lot of people that they can rely on to help care for them once they leave the hospital. It’s something else I worry about. It’s like a tip to me that I need to think about continuing of care, like the trajectory, longitudinal care plan, that type of thing. Sometimes I wonder are these patients lazy. Is this just easier for them? How bought into this are they? Are they in denial? Do they just think that this isn’t a diagnosis they need to take seriously? It does conjure up a lot of ... It’s so non-verbal, but it makes me really think more deeply about what they choose to wear, what it represents (29yo F, YOERN 7).

Physicians viewed patients in their own attire as not “really need[ing] to be in the hospital,” “on their way out the door,” and possibly pain-medication seeking. One physician admitted seeing patients wearing their own attire could cloud thinking:

I think my bias when I walk in the room and I see somebody wearing clothes and especially if some people bring their own bedding and pillows and their own decorations for the room...is you don’t need to be here and you should be home and why are you still here? Sometimes there’s an important reason why they’re still there, they’re waiting for radiation or something. But my bias when that happens is you don’t need to be here... I think my bias is from probably experiences with just a few patients who I thought were, they were in the hospital because they wanted pain medicine. So, I think now I have that bias about anybody I walk in the room and see wearing clothes because of my early experiences with a few people (38yo F, YOEMD 13).

Providers’ Distressed Reactions to Patients in Gowns

Providers were acutely aware of the vulnerability patient gowns induced and how the perceived need for access trumped patient-preference. Nurses expressed guilt for giving patients an unattractive garment, saying it felt like taking a piece of a patient’s identity away. A nurse described being “very sensitive to taking their identity away...giving them just a blank piece of paper, where they are people of multiple levels, and I just feel like we kind of strip that away when we give them these gowns” (54yo F, YOERN 26). Nurses developed strategies to cope, including apologizing, presenting the gown, and talking people through the process. One nurse would joke with patients, “Oh, I went to school for four years to learn how to button these gowns the right way” (29yo F, YOERN 7).

Physicians agreed gowns were a threat to identity and caused loss of autonomy:

Being admitted to a hospital, in a lot of ways, is like being admitted to prison. Your freedom is more or less taken away from you. Hopefully, you’ll be treated well and you’ll get treatment that will help you feel better and that kind of thing. Basically, your identity is taken away and you’re issued a number. I think the gown, not necessarily intentionally, but functionally is a way of saying that, ‘While you’re here, you’re totally dependent upon everybody else.’ You really have no autonomy...Your autonomy is pretty much taken away from you when you’re in the hospital. To some extent, it’s necessary. Particularly if you’re critically ill but for elective surgery and more elective admission it’s just a way of saying, ‘We’ve got you in our clutches. You will obey’ (65yo M, YOEMD 40).

Another physician believed the gown prevented seeing “patients from an individual point of view as much”:

They turn more into just a body than a person... ‘Take all your clothes off and put this on.’ Right then and there you’ve become the patient and not just the patient, but you’ve lost that control. Without a doubt (58yo F, YOEMD 21).

In addition, physicians (but not nurses) described a lack of pride, even embarrassment, when recycled and over-worn gowns appeared on their patients:

[Gowns] certainly need quality control. Meaning, if they’re getting thin, ditch them because it’s not fair to the patient... [Patients are] coming here because of the name, because of the reputation, for research and high-level care (42yo M, YOEMD 18).

Although patients admittedly created strategies to minimize the shortcomings of the oft threadbare gown, one physician described, “Even if you put one on the front and one on the back so that everything is covered up, in an instant everyone else can see that you’re the patient and that you are there in a dependent condition and situation” (65yo M, YOEMD 40).

Like the nurses, physicians also developed ways to cope with the negative emotions associated with seeing and caring for patients in gowns. One strategized, “I very much try to not look at anything below their face...My goal in some ways, even if they’re in a gown, is to sort of block it out of my sight so that I can look at them as a human being, their face” (42yo M, YOEMD 18). Many physicians were delighted to see patients in home-attire, even seeing attire as an opportunity to build rapport. One said, “Looking at someone in their own chosen clothes...it just gives that person some identity and something even to talk about...You need something to break through to your patients sometimes and that could be as simple as [clothes]” (58yo F, YOEMD 21). Another physician concurred:

I see a lot of [chronically ill] patients who do wear their own clothes, and as a provider, I appreciate it because I get to know their personality a little bit by seeing what their clothes are like...I often make a comment for rapport building on personal items in a patient’s room. So, like if someone is wearing slippers, even if they’re horrid slippers, I might say, ‘Oh I love your slippers!’ (38yo F, YOEMD 12)

Physicians were also focused on enhancing patient autonomy, acknowledging patients feel a loss of control in hospital, which could be remedied by offering choices:

Anytime you give a human being a choice they don’t feel as, intimidated is not the word— right word—but they don’t feel as helpless (42yo M, YOEMD 18).

I think, again, every opportunity you have to give the patient a choice in the hospital. A lot of it, they really don’t have a choice for good reasons. Everything you can do that allows them a choice and allows them more comfort is bound to help their attitude and help them tolerate the whole experience better...I think your average hospital patient in your average hospital would welcome even the choice of, ‘Do you want to wear a gown or do you want to wear scrubs?’ (65yo M, YOEMD 40).

We could have different colors or different patterns of either the long, or the short and that way they’d get laundered, they’re hospital property, but at least the patients have more of a choice in what they look like (58yo F, YOEMD 21).

Converging Themes

First Impressions

Participants agreed gowns were uncomfortable, exposing, vulnerability-inducing, and visually unappealing; 39 of the 46 connotations described were attributed as negative. Patients found gowns uncomfortable physically and psychologically and felt vulnerable from the lack of modesty and privacy. All participant groups felt gowns precipitated a loss of dignity, identity, and self-esteem:

You do start to feel, even as a caregiver, that it is another hospital bed and maybe not a separate procedure as a person. You start to think, as you get your assignments, ‘Oh, you’re in 309A or 309B.’ You don’t really sometimes think of them as a total person (54yo F, YOERN 26).

I think the hospital gown depersonalizes everybody (36yo F, YOEMD 11).

It’s kind of a blow to [patients’] self-esteem a lot of times... They’re throwing-up a lot, or incontinent, and they’re already deflated, and then you have to put this hospital gown on them (27yo F, YOERN 6).

I was just a kid, but I had basically nothing on. I just had this thing that didn’t cover you up. It seemed to enable everybody else to do whatever they wanted to you. Not that I’m saying that I felt molested or that people were taking advantage of me. It is just that it put me in a totally dependent situation (65yo M, YOEMD 40).

You go to the hospital, you lose all dignity (64yo F, LOS 16).

You get used to it...When you’ve been here as much as I have, you don’t have any self-esteem... It makes it simpler for doctors to get at your body. It really isn’t bad for us if you don’t go walking the hall a lot (67yo M, LOS 53).

Providers’ first impressions of gowns also focused on the negative visual appearance and confirmed patients’ distress. A physician reflected, “It’s not much better than wrapping a sheet. It’s not as good as wrapping a sheet around you. It’s meant for everyone else’s convenience but really it does not take the interests of the patients into consideration” (65yo M, YOEMD 40).

Suggested Improvements

Nine physicians and nine nurses expressed a preference for wearing clothing in the hospital, specifically separates with layering. The only physician opting for a gown, sought one of “those Nicole Miller gowns” (61yo F, YOEMD 34). The only nurse preferring the gown cited hygiene, feeling a fresh gown daily motivated patients to care for themselves (31yo M, YOERN 5).

Participants agreed inpatient attire should be “patient-specific, patient-dependent” (39yo M, YOEMD 12) with the opportunity to wear one’s clothing when able. A patient asserted, “You don’t have to be dying to do comfort measures...Let [patients] have a pair of pajamas” (64yo F, LOS 16). Participants acknowledged this was not always possible, with one nurse calling gowns a “necessary evil” for intensive care units (ICUs), peri-care for incontinence, surgery, and acute illness (e.g., hemorrhage, viral gastroenteritis) (29yo F, YOERN 7).

Through interviews and sketching, participants reached consensus. The “ideal” hospital attire would be separates

with choice of color/pattern, fabric and size (Figure 1). Zippers and Velcro were proposed as alternative closures.

Practical Barriers

Participants cited cost as the major barrier preventing meaningful change in inpatient attire. One physician found the persistence of the current gown to be “sadly,

economically motivated” (65yo M, YOEMD 40). A second predicted improvements would “add expense...that's an issue within the health care system in general” (42yo M, YOEMD 18). Both of these physicians articulated the current gowns were flawed and patients deserved better in spite of economic implications.

Figure 1. Sample participant sketches of “ideal” hospital attire

Patients

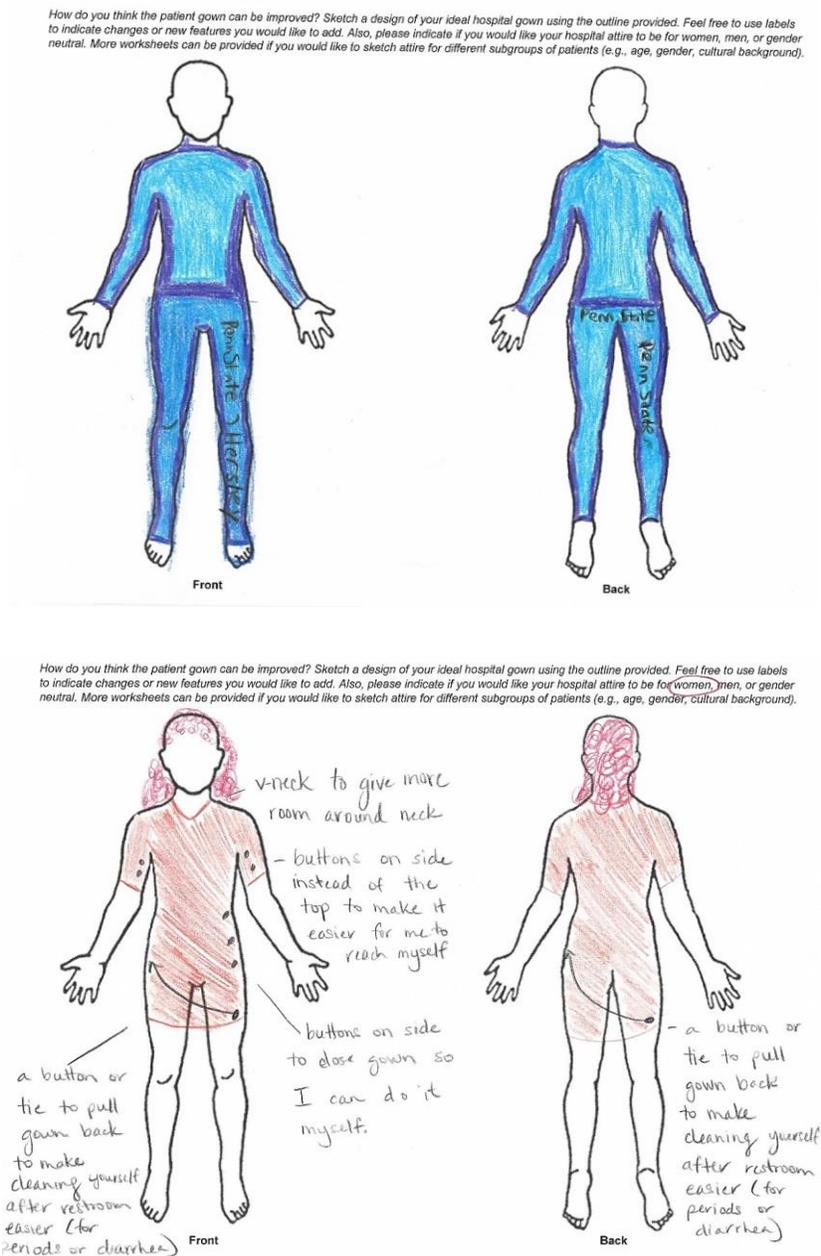
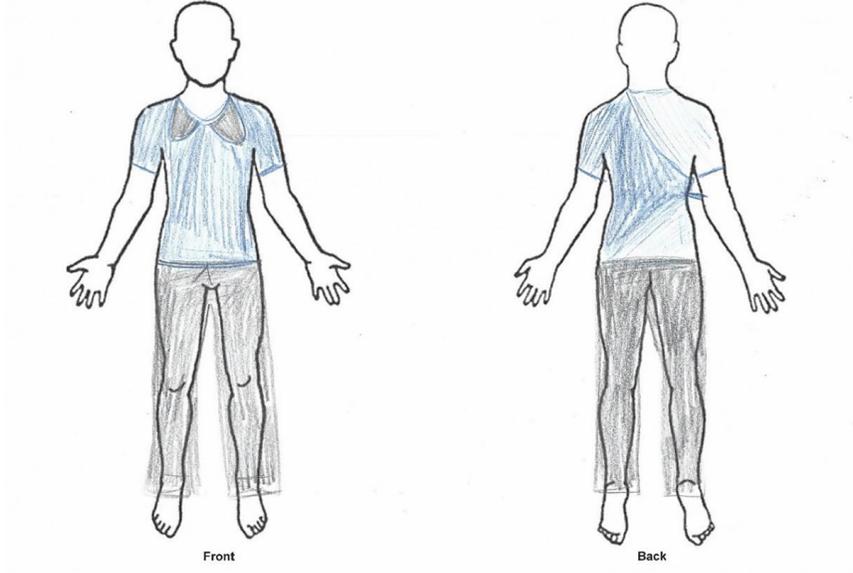


Figure 1. Sample participant sketches of “ideal” hospital attire (continued)

Nurses

How do you think the patient gown can be improved? Sketch a design of your ideal hospital gown using the outline provided. Feel free to use labels to indicate changes or new features you would like to add. Also, please indicate if you would like your hospital attire to be for women, men, or gender neutral. More worksheets can be provided if you would like to sketch attire for different subgroups of patients (e.g., age, gender, cultural background).



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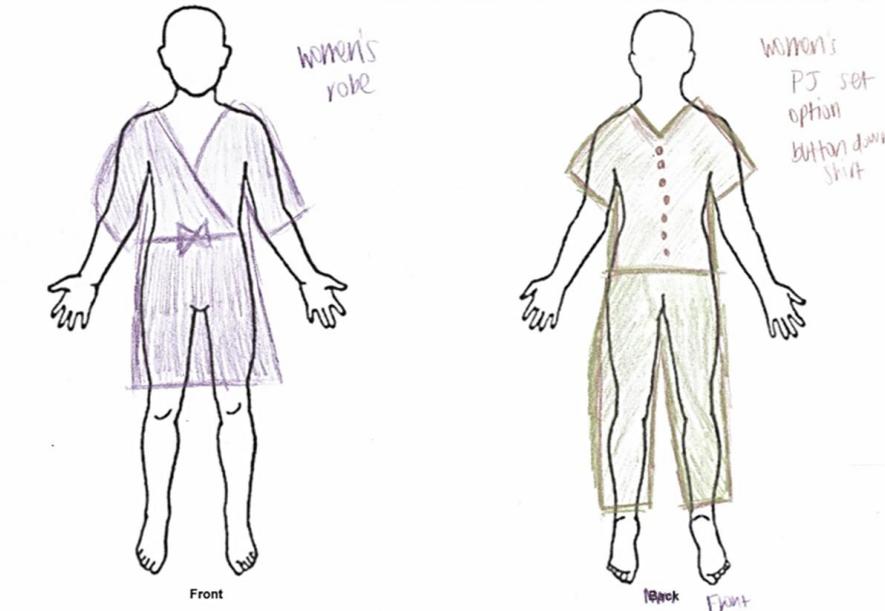
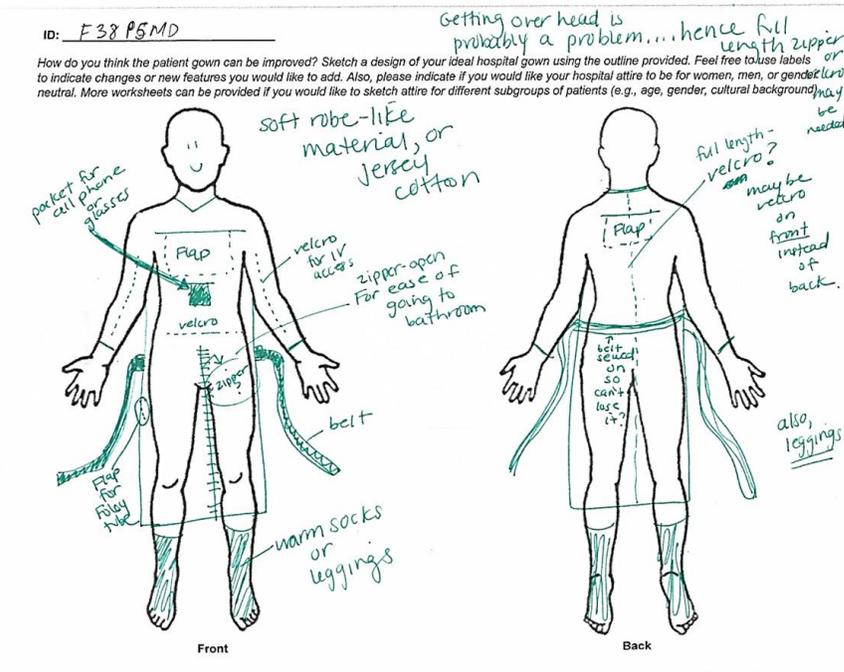
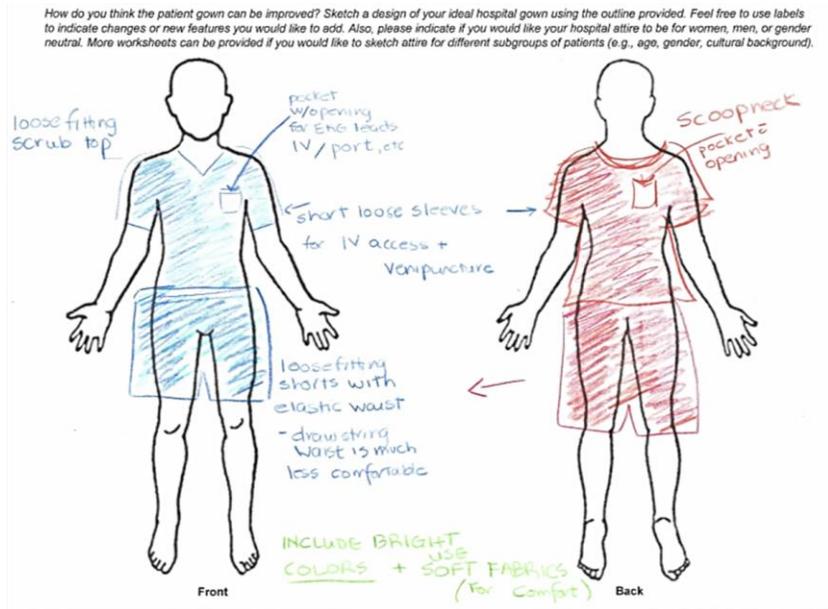


Figure 1. Sample participant sketches of “ideal” hospital attire (continued)

Physicians



A nurse believed improved attire would reduce funds “for other areas in the hospital that are a bit more important” (31yo M, YOERN 5). Another nurse who “hated” hospital gowns cited finances as a major barrier and argued changes to inpatient attire would need to consider “what fits most because we can't have too many choices unless you really wanna spend money on it” (50yo F, YOERN 32).

Patients recognized “spiffier” attire was “probably not in the budget” (64yo F, LOS 16). One patient questioned, “When you come to the hospital everything just costs no matter what you do, so I mean, if they could spend a little bit more money on a gown, would it really matter?” (26yo M, LOS 6).

The greatest barrier to changing patient attire appeared to be the myth that patient gowns were required in hospitals. Both groups of providers believed infection control was a main reason for the use of patient gowns, although a physician with expertise in infectious disease refuted this:

The most important thing that has been shown, study after study, is hand washing. If you just would wash your freaking hands (61yo F, YOEMD 34).

One nurse even noted personnel frequently wear their own non-sterile attire to work in the hospital. Patient and providers also cited tradition and the status quo for the persistence of the largely unchanged patient gown in hospital:

You just figure that's the rules and you just need to abide by them as much as you possibly can. You just know that you see this is what everyone else has to do, and so you're not the special patient, so you don't ask [to wear your clothes]...It's the doctors' and nurses' gown, not the patient's gown. Not this one (64yo F, LOS 16).

It's like scrubs in nursing. You're wearing scrubs, you're a nurse. Then you put real clothes on and people are like, they don't even recognize you. [A gown] gives that, oh, you're a patient. It's almost like your identity. It's expected that nurses and doctors wear scrubs and patients wear gowns. No one really questions it (24yo F, YOERN 1).

A lot of that is the picture that the media, and that we see in movies, TV's, that's the picture of our patient, and so, most of us have grown up associating that gown with being a patient. So when you are a patient you expect to wear that and you can't imagine wearing anything else. That's their uniform. But it's when you think about it, and most of the people who have worn it will probably say it's a demeaning uniform compared to everybody else's. Yeah, it may be functional to somebody, but there are other functional pieces of clothing that could be given to patients (42yo M, YOEMD 18).

When asked why he believed the patient gown continued to persist without change, a physician with almost 50 years of experience said,

I think apathy. I don't think that most of the people in the hospital, most of the health care providers in the hospital even perceive this as being an issue... It's just so routine. It's become so ingrained in the way we provide care that I don't think many doctors see that as being a big issue... I think [healthcare professionals] see their goal as getting the patient well or better. And they see the issues of gowns as being pretty low on the list of things that they need to do. I think there's a movement for, in terms of patient satisfaction and to improve the environment of the hospital and the clinics and so forth. And I think if it entered that realm and patients were to complain, I mean enough of them, or there was some sort of a movement, I think then hospital administration, doctors would listen (74yo M, YOEMD 49).

Discussion

It is well-reported in the literature that patients often lose dignity in hospitals, and the traditional patient gown is often a provoking factor.^{5-8,10,11,13} Gowning physically turns a person into “the patient,” denigrating identity and agency and forcing patients into sameness with a one-size-fits-all gown.^{5-7,10,11}

In this study, patient-participants described how the dreary, exposing gown negatively impacted their self-esteem, identity, and motivation. The demoralizing effect of the patient gown on providers was surprising. Providers acknowledged and expressed frustration about their roles, both passive and active, in initiating the dehumanizing funnel of the hospital with the transformative act of gowning. Nurses apologized for the gown and physicians expressed guilt for making patients wear them.

Patients and providers in this study have described numerous opportunities for inpatient attire improvement to help bring identity, personality, and humanity back into healing to truly provide patient-centered and evidence-based care. One way would be to encourage patients to wear their own clothes in the hospital whenever possible, in a “patient-specific, patient-dependent” manner, to quote one internist. Also, providers and patients expressed preference for separates in their “ideal” hospital attire and purchasing efforts can be made to accommodate this preference. Participants’ ideal inpatient attire was separates for modesty and added warmth with color options. Choices, through color, fabric, or design, could re-build autonomy and be vital to a patient’s overall physical and emotional health. Participants acknowledged patient gowns are a “necessary evil” because there will always be instances in which patients cannot safely wear their own attire or separates, with providers citing the ICU as prime evidence. Still, providers felt improvements, which would boost both patient and provider morale, were long-overdue.

Notably, there were prominent disconnects between patients’ and providers’ perceptions. Patients described

gowns as undisputed “normal procedure” and an expectation upon admission. Providers also felt “policy” prohibited personal attire, but in fact, there was no institutional mandate for patient gowns. Patients, unaware of the stereotype they embodied when accepting the gown, were resigned to wearing it and most felt they had no choice. Providers suggested that by wearing the gown, some patients were sicker, dependent, “playing into their illness,” and not invested in recovery. Providers not only agreed that if they were a patient, they would prefer to wear their own attire in the hospital, which may be why they viewed patients in clothing as healthier and more motivated. Patients interviewed wanted to wear their own attire in the hospital, but believed they were “not allowed” to do so.

Limitations to this study include the inherent bias in a qualitative study and lack of generalizability. No validated instruments existed at the time of the study, but the interview questions were carefully crafted in a neutral manner. More importantly, utilizing a qualitative paradigm enabled a rich participation by participants and yielded greater insight into the true impact of patient gowns.

Conclusion

The necessity of the patient gown is a medical myth that persists through tradition. Although there was an impressive degree of agreement about the gown, some disturbing provider attitudes exist in how patients and providers derive meaning from inpatient attire, possibly a result of the lack of research and conversation surrounding this key aspect of medical care and culture. Patients, nurses, and physicians consistently believed the gown persisted because no one, including hospital administrators, “has ever accounted for what the patient [in the gown] feels like.” This study is the first to ask for the perspectives of patients, physicians, and nurses and offer the opportunity to sketch alternatives to the traditional gown, and further studies are needed to add to the literature about patient gowns and work towards an evidence-based patient gown. Implementation of the suggested modifications and evaluation of outcomes is an important next step.

It is time to challenge the status quo of the centuries’ old open-backed patient gown in this modern healthcare environment dedicated to preserving patient autonomy, focusing medical care around a patient’s unique needs, and developing care plans rooted in objective evidence. Current inpatient attire offers a tremendous opportunity for improvement in the healthcare system; even the smallest of changes, like the addition of brighter colors or offering a scrub-pant bottom, could bring hope to patients resigned to their “uniform” by showing the hospital listened and cared.

Changes to attire could also serve to humanize and dignify patients in the eyes of providers, distressed from offering threadbare, cold, drab, naked gowns they abhor to those seeking care. The authors urge healthcare providers and professionals to meditate on the anecdotes and quotations uncovered in this qualitative study and consider the impact of patient gowns on the humanity of both patients and providers, perhaps even asking one’s own patients or co-workers, “How do you feel about the patient gown?”. It is time to bolster humanity in healing, one gown at a time, one patient at a time.

Ethical Approval

This study, STUDY00007968, obtained ethics approval from the Pennsylvania State University’s Institutional Review Board (IRB). Participants gave informed consent before taking part in this study

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