Uniforms in dementia care: A barrier or a necessity?

Gary Mitchell
Four Seasons Health Care, UK

Abstract
This is a case study of an ethical dilemma concerning the appropriateness of encouraging care-staff, working within a dementia care home, to either wear a clinical uniform or not to wear a clinical uniform in practice. It is proposed that people living with dementia may sustain higher levels of wellbeing if care-staff wear clothes that are more akin to their care home environment, for example, wearing similar clothes to the residents or even wearing pyjamas and nightwear during a night shift. The counter argument is that the practice may lead to greater levels of distress due to disorientation, increased potential for infection and inability to identify nurses when needed.

Keywords
Alzheimer’s disease, care homes, dementia, person-centred care, staff uniforms

Case presentation
This case represents an area of contention between two groups of care-staff who work within a 30-bedded dementia care home within Northern Ireland. The care home provides specialist dementia care across two 15-bedded units, and all residents are living with moderate to advanced dementia. Following transmission of a television programme called ‘Dementiaville’, in the United Kingdom, a group of care-staff (comprising nurses and care assistants) asked their care home manager whether they should consider trialling not wearing uniforms in their dementia care unit. The theory behind this, as asserted by David Sheard in the ‘Dementiaville’ programme, is that uniforms can create a barrier between the care-staff and the residents who live with dementia. It was proposed that instead of wearing clinical uniforms (i.e. blue tunics for nurses and green tunics for care assistants) that staff should dress in either their own clothes like their residents or in attire that is from another era, so as to facilitate reminiscence.

Following an initial staff meeting, it was apparent that the absence of staff uniforms was divisive among staff. One group of care-staff felt that they should wear attire that is less clinical so as to break down potential barriers and so enhance the lives of people living with dementia at the care home. The other group of care-staff felt that adopting a different uniform policy has the potential to be more disruptive to the care that is afforded in the care home.

Corresponding author: Gary Mitchell, Dementia Services, Four Seasons Health Care, Irish Regional Office, 1st Floor, Galway House, Yorkgate Business Park, York Street, Belfast BT15 1AL, UK.
Email: gary.mitchell@fshc.co.uk
Background

While the concept of person-centred care in dementia has been established for some time, there is still a plethora of diverse ways in which person-centred care is operationalised in clinical practice. Succinctly, person-centred care is an approach that puts the person living with dementia at the centre of their own care. In other words, that person is supported to contribute to their life and care through shared decision-making, equality of communication and mutual respect. These aspects are of course morally and ethically right and serve to enhance the dignity afforded to people living with dementia.2–4

While there are many ways of delivering person-centred care, one which has been explored in recent years pertains to the attire of care-staff in dementia care settings.5–7

Case analysis

For a non-uniform policy

Two schools of thought are presented by the care-staff at this clinical setting. On one hand, a group of care-staff advocate that people living with dementia enjoy greater levels of wellbeing, coupled with less episodes of distress, when they are engaged in meaningful activity or engaged in their environment. This group of care-staff also feels that night care-staff might also wear their pyjamas or nightwear during a night shift so as to aid reality orientation, which is to provide a visual indication to residents living with dementia that it is night-time.8 During the day shift, care-staff would like to wear traditional clothing from the 50 s and 60 s to aid reminiscence, which is to provide a stimuli for communication about a person’s past memories because these often remain intact as dementia usually affects short-term memories. Both of these suggestions are supportive of a person-centred culture, which is putting the person at the heart of their care.

Against a non-uniform policy

The second group of care-staff believes that not wearing a uniform or indeed wearing nightwear or garments from the 50 s and 60 s will have a detrimental effect to residents living with dementia in the care home. Their rationale is the change may cause residents to become confused and distressed as these practices will be new and unfamiliar. In addition, they feel that the change may also enhance stigma associated with dementia as it may be perceived, from agency care-staff and visitors to the unit, that people living with dementia should only live in a fantasy or fictional world. In addition, some care-staff felt that wearing nightwear might provoke inappropriate sexual responses from some residents, thereby enhancing the potential of physical harm to care staff. The group of staff against adopting a non-uniform policy also felt there were issues around infection control and how residents would identify care-staff on the unit if they were not wearing uniforms.

Discussion

The enhancement of person-centred practice is one that should always be encouraged in dementia care. Enhancing the care of residents who live with dementia in a care home often requires innovation and positive-risk-taking as highlighted in bodies of work on person-centred care in dementia.4 The present debate is one which is difficult to resolve because, on one hand, there has been some positive empirical findings that support the first group of care-staff, but, on the other, it is probable that such a change may lead to a greater level of disorientation and stigma being generated, especially if all team members are not invested in the change. Given the paucity of guidance, there is also potential of maleficence, that is doing actual harm, particularly around the case of care-staff wearing nightwear. While the team acknowledge that
people living with dementia should never be stigmatised, there is clinical evidence to suggest that some people living with dementia can see a change in their levels of inhibitions or their sexual behaviour which may put care-staff at risk. With consideration to these possible limitations, which would ultimately serve to undermine the person-centred care-staff afford, it was felt by senior management that wearing clinical uniforms was probably more likely beneficial to residents living with dementia on the unit at this time.

All care-staff agreed that the people living with dementia should remain at the centre of discussions. In short, both groups want to enhance the quality of care and experience of life that people living with dementia in the care home receive.

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