*Original Research*

# Athletic Trainers' Beliefs Regarding Professionalism

**Jamie L. Mansell, PhD, LAT, ATC\*; Dani M. Moffit, PhD, LAT, ATC†;**
**Sydnee Miller, MS, LAT, ATC‡; Scott Burns, PT, DPT, PhD‡;**
**Elizabeth R. Neil, PhD, LAT, ATC‡**

\*College of Public Health and ‡Department of Health and Rehabilitation Sciences, Temple University, Philadelphia, PA; †Department of Physical Therapy and Athletic Training, Idaho State University, Pocatello

**Context:** Limited research exists regarding athletic trainers' (ATs') perceptions of professionalism.

**Objective:** To explore the lived experiences of ATs and their perceptions of professionalism.

**Design:** Qualitative study.

**Setting:** Participants were ATs who completed a semistructured interview protocol via audio-only recording conferencing.

**Patients or Other Participants:** Seventeen participants (age = 33 ± 8 years; range = 25–56 years) who were certified ATs with an average of 10 years of experience (SD = ±8; range = 1–33 years) were interviewed.

**Data Collection and Analysis:** Individuals self-identified their interest in participating in a follow-up interview recruitment located within a survey. Interviews occurred until saturation was met and included a variety of participants. Demographic information was gathered from the survey for each person. All transcripts were audio recorded, transcribed verbatim, and coded using a 3-person coding team following the consensual qualitative research protocol. Member checking, auditing, and triangulation established trustworthiness and credibility in the data-analysis process.

**Results:** A total of 4 domains with supporting categories were identified. Athletic trainers spoke of the *employee environment* that affected perceptions of what was determined to be professional, specifically in various settings or situations. They shared their personal *determination of outward appearance and expression* when differentiating what was deemed professional, including references to cleanliness, judgment of self-expression, and implicit bias. Whether intentional or unintentional, participants made comments that demonstrated a bias toward sex or race and ethnicity when determining outward appearance appropriateness. They noted various *cultural awareness* situations, including progression of perceptions over time, external pressure, and internal dialog. Respondents shared discourse regarding an internal struggle of what was right and wrong in their responses. They discussed professionalism based on the *provider's conduct*, mainly in terms of communication and patient care. Participants shared that communication occurring through both verbal and nonverbal means is vital to the perceptions of professionalism for ATs.

**Conclusions:** Current views of professionalism in athletic training were shaped by various lived experiences. With the movement toward athletic training becoming more diverse, equitable, and inclusive, antiquated professionalism ideals need to shift to provide a better work environment for all.

**Key Words:** diversity, inclusion, workplace culture

---

**Key Points**

- Athletic trainers' definitions of professionalism were rooted in various lived experiences.
- The definition of professionalism may change over time, as athletic trainers are exposed to diverse groups, settings, and workplaces.
- A concerted effort to shift the definition of professionalism and allow for different gender, cultural, racial, ethnic, and age perspectives is warranted to enhance inclusivity in the workplace.

---

*P*rofessionalism can be defined as "the conduct or qualities that characterize a professional person, or a profession."[1] Because this definition encompasses behaviors and characteristics relating to professionalism, such as autonomy, altruism, collegiality, integrity, morality, responsibility, and the pursuit of excellence, agreeing upon 1 consistent definition is difficult. Furthermore, conceptualizing professionalism can be personal and may not include all these characteristics. For health care providers, professionalism should be based on the quality of services or treatments delivered; however, other stakeholders may base their opinions on physical attributes or first impressions.

For example, when asked what professional dress is for an athletic trainer (AT), "khakis and a polo" could be the most popular answer because that has long been the expected professional dress for an AT. Historically, athletic training was a male-dominated profession, with clinicians most closely associated with coaches.[2] Although the origin of khakis as the choice of AT dress is perhaps an unwritten rule, the style of pants is understood by many. In 2013, athletic directors reported ATs in khakis to be more skilled, approachable, educated, competent, and experienced than those in professional dress or workout attire.[3]

In addition to clothing, tattoos, hair, and jewelry also play a role in physical first impressions.[4] Some limitations (eg, length of fingernails, hair kept out of the face) are in place to satisfy Occupational Safety and Health Administration regulations[5] and maintain employee safety, yet

**Table 1. Interview Protocol[a]**

1. Tell me how you felt after completing the survey portion of the study.
2. Please provide your personal definition of professionalism.
   a. If they do not identify work attire, follow up as a question.
3. In the survey, you identified (FILL IN THEIR ANSWER) as being unprofessional. Why do you believe that this is unprofessional? Please describe.
4. In the survey, you identified all of the photos as being professional. What influenced your decision? Please describe.
   a. If they do not mention things like clothing, tattoos, piercings, etc, ask follow up.
5. What do you believe shaped your beliefs and definition of professionalism? Please explain.
6. In your opinion, what attributes or characteristics do you automatically perceive as unprofessional?
   a. If the participant does not have an idea how to respond, say, "For example, purple scrubs are unprofessional."
7. Please tell me about your current work (or school if student) dress code policy.
8. Please identify key factors for you that determine what is appropriate for athletic trainers in regard to attire, hair styles, piercing, and skin art.
   a. Are there other things we have not talked about yet that you would take into consideration when thinking about determining athletic training professionalism?
9. Has your opinion of professionalism changed over time? If so, please describe.
   a. In your opinion, what do you believe is the reason for your change in opinion?
10. Is there anything else that you would like to add to this interview?

[a] Reproduced in its original format.

certain limitations may have roots in the institutional or professional culture[6] or expectations of others.[7] For instance, in medicine, authors have described appropriate dress for health care providers in a hospital setting, often in clothing that separates 1 profession from another, which also separates clinicians from patients.[7]

It has been suggested that many of these professional norms are rooted in White, Western, male culture.[8] Something as simple as the temperature in an office that is identifies as business professional is governed by a model of appropriate temperature for men of a specific size and age wearing a suit.[9] Workplace hair biases exist for Black women that may lead to negative outcomes, including emotional conflicts and attrition of employees who feel pressure to conform.[10] The Creating a Respectful and Open World for Natural Hair (CROWN) Act was drafted to help create environments free of race-based hair discrimination for natural hair styles.[11] Patients often have expectations of what their provider should look like, including negative opinions of nontraditional piercings in physicians[12] and visible tattoos in dental hygiene students.[13] In short, defined dress codes and interpretations of professional dress often fail to account for individuals' ability to express themselves or their culture and may negatively affect people in minoritized groups, including racial and ethnic minorities, women, and the lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and others community.[14]

Research on patients' expected professional dress norms for physicians, nurses, and dental professionals exists, but the interpretation of professionalism among colleagues has not been well described. Additionally, among rehabilitative professionals (ie, ATs, physical therapists), no form of professional dress is universally accepted. Though dress is often considered when people are asked about professionalism, other components can be examined. Therefore, the purpose of our study was to explore the lived experiences of ATs and their perceptions of professionalism.

## METHODS

### Study Design

This project was part of a larger study in which participants were shown pictures of a rehabilitative health care professional and asked whether the person appeared professional. If they responded *unsure* or *no*, they were prompted to write an open-ended response describing why they chose that answer. In the survey, participants could opt in for the interviews that were conducted for this analysis. The consensual qualitative research (CQR) approach was used in the current project to identify domains and categories in the participant responses. We followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist to ensure that this qualitative research demonstrated rigor and provided high-quality results.[15] Before data collection, this study was approved by the Temple University Institutional Review Board.

### Interview Protocol

The concept of having individuals define professionalism in the rehabilitative sciences by photo determination is novel. Two researchers (E.R.N., J.L.M.) created the semistructured interview protocol based on the research question and previous information regarding how professionalism was determined. The interview protocol went through 2 rounds of review by 3 external reviewers to validate the instrument. We conducted an initial interview to determine if the interview protocol met the needs of the research team. Changes were made only to the order of questions. This interview was not included in the final analysis process to ensure consistency in the protocol. The final interview protocol can be seen in Table 1.

### Procedures

Interviews were conducted in November and December 2022. We used multiple recruitment efforts, including the National Athletic Trainers' Association survey distribution service, listservs to athletic training program administrators, and posting on various social media platforms. Participants were able to click on the link for an online survey (Qualtrics) that brought them to a written informed consent outlining the research project. In the survey, respondents shared demographic information (10 questions).

If a participant opted in to the interview, a member of the research team (E.R.N.) sent the individual a link to sign up for an interview. The interviewer was a female certified and licensed AT. At the time of the interview, the participant was

asked for permission to record the interview and to provide oral consent for the study on an audio-only, online platform (Zoom Video Communications). Respondents were then asked 10 semistructured interview questions with follow-up questions about professionalism terminology, expectations, and beliefs for rehabilitative health care professions. After the interview, the audio files and transcripts were downloaded and saved to the team member's secured cloud storage system. The transcript was then deidentified and cleaned to match the audio file. The final transcript was sent to each AT to ensure that the description of his or her lived experiences of professionalism was accurate. At that time, the individual could send back any additions or corrections to the transcript; however, no participants made changes.

During the data-collection process, the interviewer maintained a list of the respondent demographics to ensure diversity of age, race, and ethnicity. After 12 interviews were completed, which is in the range described by Hill et al for best practice in CQR,[16–18] the interviewer determined that, although saturation had been met, the sample was not diverse enough to ensure that the results could represent the largest number of people, and more interviews needed to be conducted. Six participants who had signed up for interviews were cancelled due to their demographics aligning with those of most of the individuals who had already completed the interview. An additional 5 ATs were included, as they represented different genders, ages, and ethnicities. After these interviews, the interviewer concluded that saturation had been met and included a variety of participants. A total of 17 interviews were conducted and analyzed.

### Data Analysis

A 3-member team plus an additional auditor completed the coding for this project using the CQR design, and the CQR method was followed for the analysis.[19] In the first round of analysis, the coding team (E.R.N., J.L.M., D.M.M.) reviewed 4 transcripts to identify common themes. A preliminary codebook was then created. Phase 2 consisted of the coding team reviewing 2 transcripts from phase 1 and 3 new transcripts to evaluate if the initial codebook could be applied to the full range of participants. At that time, the team determined that aspects of the participants' data were not well represented in the initial codebook. A second codebook was created to better reflect the information in the transcripts. To check if this codebook better reflected the results, the coding team used the updated codebook on 2 additional transcripts. This codebook more accurately reflected the information in the transcripts. In phase 3A, the transcripts were divided among the 3 members of the coding team, and the new codebook was applied. In phase 3B, the transcripts were divided among the other 2 members of the coding team for consensus. Any disagreements or changes were brought to a group meeting at which a two-thirds vote had to be secured to verify the coding. The codebook and coding process were verified by an auditor (S.B.) for the final step in the CQR process.

At that point, all codes in the transcripts were separated by domains and categories into an Excel worksheet (version 16.83; Microsoft Corp) for the research team to review. Classification of the frequency counts was based on the Hill et al CQR principles.[19] For this study, *general* was defined as appearing in 16 or 17 transcripts, *typical* as 9 to 15 transcripts, *variant* as 3 to 8 transcripts, and *rare* as 0 to

**Table 2.** Consensual Qualitative Research Frequency Counts

| Domain and Category | Frequency Count | Consensual Qualitative Research Terminology[a] |
|---|---|---|
| Employment environment | | |
|   Setting | 14/17 | Typical |
|   Situational | 17/17 | General |
| Determination of outward appearance expression | | |
|   Implicit bias | 14/17 | Typical |
|     Sex | | |
|     Race or ethnicity | | |
|   Cleanliness | 10/17 | Typical |
|   Judgment of self-expression | 17/17 | General |
| Cultural awareness | | |
|   Internal dialog | 17/17 | General |
|   External pressure | 17/17 | General |
|   Progression of perceptions over time | 15/17 | Typical |
| Provider's conduct | | |
|   Communication | 17/17 | General |
|   Patient care | 17/17 | General |

[a] For this study, *general* was defined as appearing in 16–17 transcripts, *typical* as 9–15 transcripts, *variant* as 3–8 transcripts, and *rare* as 0–2 transcripts.

2 transcripts. Frequency counts and CQR terminology from the codebook are shown in Table 2.

### Participants

A total of 17 respondents (age = 33 ± 8 years; range = 25–56 years) with an average of 10 years of experience (SD = ±8; range = 1–33 years) participated in the interview for the qualitative portion of this study (average = 24 ± 7 minutes; range = 16–42 minutes). The demographics of the interviewees are provided in Table 3.

### RESULTS

Four domains emerged from the analysis of ATs' perceptions of professionalism (Figure).

### Employment Environment

In this domain, ATs discussed various components of their employment that had a direct effect on what they deemed professional. Two constructs that frequently emerged were the specific *setting* in which they were working and various *situational* details. See Table 4 for more quotes in addition to those that follow.

**Setting.** Participants *typically* (frequency count 14/17) spoke to the differences in the various athletic training settings as part of their employment environment. Differences were perceived in what was deemed professional when practicing in a clinic versus the collegiate setting. Ray, who currently works in the secondary school setting, shared:

> If you're patient facing, there are different expectations of, yes, you need to wear the company logo. We're less strict on if your pants must be black or khaki, as long as you work with your definition of professional.

**Table 3.  Participant Demographics[a]**

| Name | Interview Time, min | Primary Profession | Highest Degree Earned | Experience as an AT, y | Current Setting | Current NATA District | Hiring Role | Gender | Race | Age, y |
|---|---|---|---|---|---|---|---|---|---|---|
| Adrian | 27 | AT | Postprofessional athletic training master's | 8 | Club and intramural sports at a university | 4 | No | Man | White | 30 |
| Amy | 35 | AT | Clinical doctorate | 8 | Secondary school | 1 | No | Woman | White | 30 |
| Charles | 20 | AT | Postprofessional athletic training master's | 11 | Physician practice | 4 | Yes | Man | White | 34 |
| Doug | 20 | AT | Postprofessional athletic training master's | 15 | College or university | 11 | Yes | Man | White | 40 |
| Gina | 22 | AT | Postprofessional athletic training master's | 10 | Secondary school | 4 | No | Woman | White | 33 |
| Jake | 19 | AT | Professional athletic training master's | 1 | Secondary school | 9 | No | Man | White | 25 |
| Karen | 29 | AT | Dual master's | 21 | Secondary school | 6 | No | Woman | White | 43 |
| Kevin | 19 | AT | Clinical doctorate | 6 | Higher education, research, or both | 2 | No | Man | White | 28 |
| Kyra | 17 | AT and student physical therapist | Professional athletic training master's | 1 | Per diem | 2 | No | Woman | White | 25 |
| Marissa | 42 | AT | Postprofessional athletic training master's | 13 | Higher education, research, or both | 11 | Yes | Woman | White | 35 |
| Michael | 24 | AT | Clinical doctorate | 33 | Clinic | 2 | No | Man | White | 56 |
| Ray | 26 | AT | Clinical doctorate | 4 | Secondary school | 2 | Yes | Man | Black or African American | 28 |
| Rosa | 22 | AT | Doctorate | 5 | College or university | 8 | Yes | Woman | White | 27 |
| Sharon | 16 | AT | Clinical doctorate | 20 | Higher education, research, or both | 2 | No | Woman | White | 43 |
| Sophia | 31 | AT | Doctorate | 12 | Higher education, research, or both | 1 | No | Woman | White | 33 |
| Terry | 19 | AT | Professional athletic training master's | 2 | Secondary school | 5 | No | Man | White | 26 |
| Trudy | 19 | AT | Professional athletic training master's | 3 | Professional sports | 10 | No | Woman | White | 26 |

Abbreviations: AT, athletic trainer; NATA, National Athletic Trainers' Association.
[a] All participants identified as non-Hispanic except for Rosa, who identified as Hispanic or Latinx.
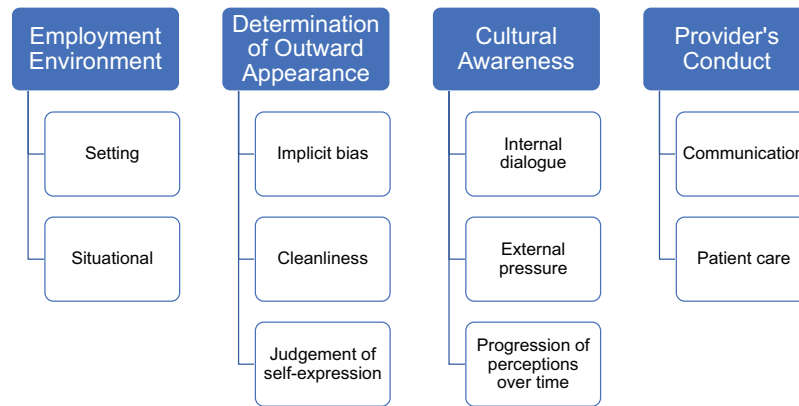
**Figure.** Consensus codebook with domains and categories.

Doug commented that the language used in the environment affected professionalism:

> Working in an outpatient orthopaedic clinic, your kind of rapport and language may be different than utilized in a baseball clubhouse. I don't think that one is more or less appropriate than the other. I think that being adaptable to your environment, so like I said, really getting that patient buy-in can be really, really important.

**Situational.** What was determined as professional by all individuals was often *generally* characterized by specific situational components at work for the day (frequency count 17/17). Respondents spoke to appropriate attire based on game days versus practice days or in-clinic treatments. Gina offered her thoughts on determining which situations made certain clothing appropriate:

> I would say, just making sure, depending on what your event is, so [if] it's practice and we don't have any events, I'm a little more comfortable wearing joggers and a T-shirt especially, but if it's a game day, I always look to make sure that I am in nice pants and a polo or a nice top.

Participants also described attire variations being allowed for indoor or outdoor patient care as well as for weather-related differences. Charles added:

> When I was working either in a high school or collegiate setting, basically, you're dressed for the weather because, obviously, you know weather. It's not a factor inside of a building... As a former traditional athletic trainer, you dress for the weather.

Charles focused on his attire being comfortable for the weather and functional. Doug's view was that specific items should be considered for various events the AT may be working:

> If someone is wearing very scantily clad, or if someone who's working at a football practice on a sideline and is not wearing a shirt, I'll probably find that unprofessional. If we're covering a ski event outside and they're not wearing a coat to try to appear tough, I might consider that not really the best way.

## Determination of Outward Appearance and Expression

The domain of determination of outward appearance and expression examined the effect of first impressions. Participants often noted perceptions of cleanliness of both practitioners and their space. In their responses, they were often *judgmental about the self-expression* of others and expressed *implicit biases*.

**Cleanliness.** The ATs noted various components of hygiene, overall cleanliness of the athletic training facility, and specific national regulations, including from the Occupational Safety and Health Administration, in their responses to determining professionalism as an AT. A total of 11 (frequency count 11/17) ATs *typically* spoke to the importance of cleanliness. Hygiene was important for practitioners in their outward appearance. Sophia shared:

> And rather when it comes to hair, tattoos, and piercings, I think, in general, if you're presenting yourself well bathed, you take care of yourself, I think that is more important than to cover up a tattoo or piercing.

Just as Sophia focused on general hygiene components, other participants focused in-depth on the habits of ATs. Terry addressed the concept of maintaining clean hair hygiene:

> I would say that, I mean, just as long as it looks somewhat clean, not necessarily ratty and all tangled up and looking like you just rolled out of bed, is probably a good start, but other than that, I don't know [if] that particularly matters. Whether you have a buzz cut or you have dreadlocks or whatever it may be, I don't know, as long as it's a clean look. It doesn't matter what the exact hair style is.

Others noted how important a clean medical facility was in expounding upon their perceptions of professionalism. Regarding the athletic training facility, Marissa said:

> I think the physical space that you work in really can communicate the standard that you have for yourself, that you have for your field, your profession. So your athletic training facility or clinic or the health care office that you work in or whatever it is, I think that your organization, your cleanliness, your resources, the people that are in

**Table 4. Additional Supporting Quotes From the Participants** Continued on Next page

**Employment Environment: Setting**

| | |
|---|---|
| Sharon | ". . . sociocultural and environmental cues. Just making sure that you appear to be part of whatever the culture is set up for the workplace." |
| Karen | "Since I kind of fall under athletics, athletics gets lenient because coaches can wear athletic attire. Coaches aren't expected. . .if you're a [physical education] coach, you're not expected to wear slacks and a button up or a dress shirt because you're going to be coaching and doing activities and stuff like that. So since I fall under athletics, there is kind of more relaxed dress code." |
| Jake | "Especially if working with certain populations in high schools. You probably shouldn't be wearing alcohol [logo] or paraphernalia attire, or even in the college setting, probably not wearing the same, and definitely not in the clinic." |
| Charles | ". . . augment off of our governing hospital systems protocols and policies. . ." |
| Amy | "Using language like cursing in the secondary school athletic training room. For example: dropping 'f bombs' or something like that, having conversations about inappropriate topics given whatever setting they're in. So again, I'm in the secondary [school] setting, so that's my domain for my examples. Having conversations about sex or drugs or things that are clearly inappropriate for minors, all those things would be immediate red flags to me if I were to hear someone, even if they were joking around with their kids. If I heard them swearing a lot or talking about things that were way out there, that would really bother me." |

**Employment Environment: Situational**

| | |
|---|---|
| Marissa | "And so, when we think about like athletic training versus like personal trainers, and maybe where some of the leggings are, where conversations come into play, it makes sense in a personal training setting that that is something that would be appropriate, and you can say the same thing for athletic training. We're demonstrating exercises. . ." |
| Amy | "I mean, I think it's hard. I really think it depends in general. I think, if someone can look at you and recognize you as your role, then you're doing enough, and if that means that, you know, you've made enough of an impact at your school where you can show up on a Saturday practice day in leggings and a hoodie, then fine. I mean, I'm certainly guilty of that because, you know, my job requires me to. I need to be comfortable, you know, so my clothing choices are very comfortable, and I kind of lean more towards the leisure type rather than I will never go back to khakis and a polo, unless I'm in a situation where I feel calls for it, and my general rule of thumb is, if I look in the mirror and I have the slightest bit of a second guess about whether or not I should be wearing it to work, I change into something that I know is more appropriate." |

**Determination of Outward Appearance and Expression: Cleanliness**

| | |
|---|---|
| Kevin | "I think there's a level of professionalism there that could be concerning as well, even if they're providing electrical stimulation. Could they potentially create an arc response with wearing a necklace and got caught, or if they were changing the battery in the water? There's certain safety levels. I think that should be further defined that says, hey, this is a level of protecting yourself." |

**Determination of Outward Appearance and Expression: Judgment of Self-Expression**

| | |
|---|---|
| Ray | "I don't really care if someone's wearing shorts or pants, but I kind of fall back to some of our norms. If you are wearing shorts, are they a decent length, and that your entire leg is not hanging out, or anything like that? So I kind of use those for myself and my team members." |
| Jake | "Factors that should probably be included with attire is making sure that the method doesn't have any foul language or any branding endorsements for anything illegal." |
| Adrian | ". . . and then tattoos, you know, smaller, like I'm towards tattoos because I don't have any, and if they have a little tattoo, that is like mostly concealed. I don't really have an issue with it. It's if you have big tattoos that aren't really protected or covered, that's probably where I draw the line. So maybe I'm a little bit of a stickler in that aspect." |

**Determination of Outward Appearance and Expression: Implicit Bias**

| | |
|---|---|
| Karen | ". . . but in trying to grow as a person, grow the professional understanding that some, especially the facial tattoos or some hand tattoos, actually have a cultural meaning or cultural relevance. I have definitely changed my mind on that, especially some of the Indigenous, the Maori cultures, that the facial tattoos have a cultural tribal significance to those individuals." |
| Marissa | "I do worry particularly again for females, and again, I hate it. I hate that it's rooted in these things, but you know, potentially men too, I guess potential exposure. It's not anything that we want someone to have to worry about while they're providing care. I've seen instances where someone is wearing a shirt, and they have to squat down to evaluate someone, and there's a camera on us on national [television]. So do I think that it's right? No, but you know, I think, if we think about some of the functionality of what it is that we wear, we can potentially minimize, you know, those types of instances." |

**Cultural Awareness: Progression of Perceptions Over Time**

| | |
|---|---|
| Sharon | "I mean, I've been certified over 20 years, and so my first definition of professionalism was khakis and a polo. I will be completely transparent. I don't own khakis anymore because I didn't like the cliché and the stereotypes that went along with it." |
| Kyra | "I think, when it comes to other areas, professionals and tattoos, body and general piercings, hair color, that has also kind of shifted. More people have tattoos, or people have piercings that are not just on their ears or multiple piercings on their ears. It just kind of has shifted in terms of norms, where you can't really find a lot of people who don't have that. Not that you should be, but I think that it's just kind of a shifting world, and it's become more of an acceptable norm, which is, in my opinion, for the better, and I hope that it continues to kind of shift like that." |

**Cultural Awareness: External Pressure**

| | |
|---|---|
| Marissa | "You know, that's taking a huge detour with the pandemic and thinking, even like in the business world, but you know, people have decided it's now appropriate even in higher education. It's a wide range of people who are wearing suits and ties and business professionals with people wearing sweatshirt as long as someone be[ing] able to do their job." |

**Table 4. Continued From Previous Page**

| | |
|---|---|
| Sharon | "COVID, good and bad of it, has even more, I guess, loosely affected things like professionalism and dress codes. You look at some of the Division I basketball teams, and most of the coaches are dressing down now instead of they used to be like 3-piece suits and heels and dresses. So I think sports medicine professionals might follow suit, no pun intended there." |
| Michael | "I would probably dress in a different manner if I knew that there were people in the stands or it was being televised or whatever to—you know, so that others wouldn't have any preconceived notions of my abilities." |
| Doug | "I grew up going to Catholic school from kindergarten through—all the way through high school. We had relatively straight dress codes that we had to adhere to. They were just part of the known thing we were getting into all throughout high school and college. I was fortunate enough to work at a major theme park in [redacted], which had very strict appearance standards that now have been extremely relaxed to include facial hair for men, multicolored hair for women and men, I believe, more piercing, and things like that." |

**Cultural Awareness: Internal Dialog**

| | |
|---|---|
| Sophia | "Me personally, I think a lot about what I'm wearing. I love clothes! That's, you know, beside the point, but I think a lot about how I look and how I'm presenting myself visually to my colleagues, to my students, and to my patients. So I always want to look clean and put together, and I honestly think that goes a long way. So if I'm looking at someone and they're really disheveled, they don't look like they've showered in a long time, like a few days, I'm like, I don't know if I trust this person." |
| Rosa | "So as I've tried to educate myself and understand that some criteria of professionalism is rooted and biased, it's opened my eyes and [changed] my definition, which is why it was so hard for me to answer, in the first place, of what professionalism is because it's not fair for me to push my own definition of professionalism on others." |
| Amy | "I don't really have anything hairstyle wise that would stand out to me as really unprofessional, but the exception of looking like you rolled out of bed and didn't brush your hair, that's really where I think hats are acceptable, such as beanies could be acceptable, and anyone who really [has] hair dye maybe could be considered something at least a topic of contention, but again, I personally wouldn't show up with that on my hair, but that's just because I'm not that type of person, and I wouldn't judge anyone who did." |

**Provider's Conduct: Communication**

| | |
|---|---|
| Gina | "I think the tone in which people can talk can—the tone in which you speak to people, the tone which you say things to people, you can say the exact same sentence, but if you have the wrong tone, it can come off very unprofessional." |
| Karen | "I guess code of conduct, code of ethics, which kind of falls under professionalism and developing, making sure to maintain those professional boundaries, relationships with students and parents as far as like communication, not giving out personal information, personal contact information, maintaining through the district channels [of communication] as far as emails or apps, that kind of stuff." |
| Rosa | "I think, unprofessional in my book is going to be…I really try to judge professionalism more based on mannerisms and language as opposed to the outward appearances. Like I've had instances with other health care providers or even people that we've been interviewing in the department, and they are using expletives when speaking to patients. You can tell that they're just very nonchalant and very relaxed with their language." |
| Kyra | "What other things do I take into consideration besides what we talked about like clothing, hair, piercing skin? Heart or ability to communicate effectively, that speaks volumes to professionalism, just communication within, like being able to be approachable but also being able to speak at a level which is understood between patients and providers. I think that that whole communication bubble is extremely important for professionalism. I think how you conduct yourself has a lot to do with like attire and how you kind of present, more so how you kind of conduct yourself to the people you're treating and other health care professionals." |

**Provider's Conduct: Patient Care**

| | |
|---|---|
| Marissa | "I think relationships that are established with both patients and in the populations that we serve… We want our patients to know that we do care about them but that there are professional boundaries and what it means to be a health care provider and what it means to serve your patients. What else I think, professionalism also falls into the commitment of, like, quality improvement and continuous improvement of you as the provider to benefit your patient population when somebody interacts with the PT [physical therapist] or at your own PT or PA [physician assistant]. Whoever they [are] should understand what the professional values and the professional standards are because of emulating them, and I don't think it necessarily relates to how someone is best, but it can have, you know, an influence if that's the way that that patient wants to receive that." |
| Trudy | "Honestly, I don't know that I have any that are just always automatically unprofessional. I guess I take that back. Inappropriate behavior, so like sexual behavior between clinician and patient—automatically, I perceive that as unprofessional, and then because I hold this rule in my athletic training facility that all of my patients need to be clothed when they're in my facility, I also feel that clinicians should be clothed in the facility. So that is—I guess those are the 2 that I would consider unprofessional." |

your facility can potentially give a negative message really easily without someone, you know, really understanding. I'm a big stickler for facility maintenance, stability, and cleanliness.

**Judgment of Self-Expression.** Every participant (frequency count 17/17) *generally* provided opinions on what was considered acceptable regarding outward appearance.

For the context of this study, we defined *judgment of self-expression* as creating parameters for why certain things were deemed permissible in some contexts but not in others. Personal judgments regarding beliefs and perceptions of professionalism were seen in various responses. One such judgment targeted what types and where on the body tattoos and piercings were acceptable versus unacceptable.

Michael conveyed his thoughts on tattoos:

You know, people have tattoos on their face or their knuckles or things like that. Unfortunately, it's going to be interpreted poorly by the average person, unless they happen to be a tattoo aficionado themselves. You know, we live in a society where people judge you by your looks, like it or not.

Charles also shared his personal perspective on appearance-based professionalism:

If it's okay to have blue hair in the clinic or bright green hair, bright pink hair, going on to the piercings, as long as the piercing appear[s] to be in, I wouldn't say normal positions because normal may be different to other people. Typically, your piercing on the face should only be in the ears, and anywhere else should be covered up during a professional setting. What about skin art and tattoos? Typically, in an office-type setting, you may have most of those covered, but when wearing either shorts or more short-sleeved shirts in a traditional [setting], you want to make sure that there's no offensive, vulgar language or images on those and make sure that they don't take away from the care that you're going to be providing your athletes. I do have a visible tattoo when I'm wearing shorts, and obviously, some of my former patients and athletes saw that when I was in that traditional setting.

How ATs conduct themselves was also discussed as a personal judgment on performance. Marissa noted:

I'm not going to judge someone based off of their clothing, but I guess it is judgmental. How this is right? This is a judgment. It doesn't bother me if someone's sitting on the golf cart, but if someone's sitting on the golf cart with their legs up, and they're scrolling through their phone or whatever it is, that's something that personally bothers me because anyone can see that and take whatever opinion it is that they want.

**Implicit Bias.** Whether intentional or unintentional, participants made comments that demonstrated a bias toward various sexes or races and ethnicities when determining outward appearance appropriateness. A total of 14 (frequency count 14/17) respondents *typically* displayed implicit biases in their responses. In many cases, these centered on sex or race and ethnicity.

Adrian observed:

And I know, right now, our profession is going through some very tough times, and I feel we should find ways to make it better for everybody more or less, even the playing field, because, you know, especially women I feel like are very judged based on what they wear all the time, and I don't want that to be the norm, and I want to find ways to make that better for them. It's not fair to them at all.

Ray focused his response on professionalism through a diversity, equity, and inclusion (DEI) lens:

Looking into the DEI, diversity, equity, and inclusion principles and how you implement those in the workplace and in your communications, one of the things that really stuck out to me was initially "professionalism" was used to kind of gatekeep others from less privileged backgrounds from entering the higher level.

Gina spoke to a belief about appropriateness in terms of what was covered by her clothing:

The 3 B's was appropriate. That's a them thing, you know. Your butt, your boobs, and your back are covered, I think, was so [ingrained] when I would go shopping for clothes. I would always make sure that like I would, you know, do crazy movements in the dressing room to make sure that, you know, none of it's going to show.

Sharon spoke to her personal experiences of sexism as a woman in athletic training and what she believed the root of the problem was:

I think the reason [was] my views have evolved. I think the definition of professionalism is rooted in sexism and racism and ageism and ableism, so many of the -isms, right? . . . I think I've had experiences of, I think, sexism throughout my career, and it was really—why did it have to be the way it was? Women in a couple of my settings were supposed to be present but not really seen or heard. That went along with the way you just—how you interacted with people. So there are 2 very, very different standards.

## Cultural Awareness

Participants noted that it was difficult to define culture and how their personal perceptions evolved from their childhood, religion, community, and professional education. Some individuals demonstrated a *progression over time* of what was characterized as professional. Others reflected on how *external pressures* shaped their beliefs, which often resulted in an *internal dialog*. In this internal dialog, the respondents would describe their thinking, which caused some to change their minds as they were talking.

**Progression of Perceptions Over Time.** Even though many participants noted shifts in their personal beliefs regarding the determination of professionalism, some shared how their stance had not changed. A total of 15 (frequency count 15/17) ATs *typically* alluded to their progressions of perceptions of professionalism throughout the years. Some commented that their definition of professionalism was shaped in their professional athletic training program. Over time, participants such as Kevin attributed changing views on professionalism to increasing DEI efforts and awareness:

But as I've grown and learned a little bit more of access to certain things, maybe somebody doesn't have access to afford the khakis and the polo, so they need to wear what they have, and I think it's allowed me to become a little bit more humanized into what that translate[s] to be able to provide health care, being able to be who you are individually, and not allowing what an external standard has defined as professionalism.

Similarly, Amy acknowledged changes in the profession regarding what was considered right and wrong:

I believe, to be a beneficial change in the people who are serving in this profession, I feel like there's a pretty big difference between some of the older athletic trainers who have this mindset of, "Well, this is the way things have always been done. This is what you have to wear. This is what you have to do," and then you've got this generation of people who are kind of coming up and being like, "I'm going to make my own rules of what professionalism is, and you know how I'm supposed to look and how I'm supposed to act, and kind of like screw your old thinking," and I love that, and I feel like I'm in that age gap of there's things that I agree with athletic trainers who have come before me, and there's things that I agree with the people who are coming after me. It's a very fascinating spot to be in because I'm learning from both sides. I definitely think there's good opportunity here for this next generation of athletic trainers to pave their own way and decide what this profession gets to be. I can say with almost absolute certainty that there is not going to be an emphasis on khakis and polos anymore, and I love that.

**External Pressure.** All participants (frequency count 17/17) *generally* shared how they felt societal external pressures to present themselves in a specific way, whether that be with attire, methods of self-expression, or their everyday conduct and mannerisms. Charles explained how a potential employer managed tattoos for its employees:

It's not just an image from something from my college years, so I never deemed it to be unprofessional, but I also did have 1 job interview probably about 8 or 10 years ago where they asked me if I did have any visible tattoos. They actually told [me] in the interview that, if I was going to wear shorts, that tattoo on my lower ankle would need to be covered with socks.

Jake offered a different perspective on how external pressures shaped his views of professionalism:

I think that, as the world diversifies, and diversity, inclusion, and equality are taking a forefront, especially in health care roles, I think we're going to see more loosening of the reins with professional appearance and with dress codes and things like that because there are so many great ways to show personality and character through skin art and some great piercings.

**Internal Dialog.** For this study, we defined *internal dialog* as participants having a discourse with themselves about what was right and wrong in their responses. Often this presented as an internal struggle that weighed several factors, including past education, personal beliefs, and trying to be mindful and inclusive of changes in the world, while also consciously or unconsciously recognizing some limitations of knowledge. In these areas, all respondents (frequency count 17/17) *generally* underwent internal dialog during the interviews. Marissa spoke about her perceptions of concerns among ATs:

I think also there's a saying something to the effect of when your house is on fire, don't worry about the drapes, just get out. I think sometimes in athletic training, we can hyperfocus on things when there are much bigger issues, and so if we can put some of our energy into some of our bigger issues that we're currently facing rather than chastising people for what it is that they're wearing or hair color, it may be [a] better one.

When expanding on her responses from reviewing the ATs in the photos from the survey portion of this research, Trudy pointed out the specific outfit an AT was wearing and how that translated to a real-life scenario for her:

The only one [photo from the survey] that gave me any pause for a second was—I think it was a woman or a woman-presenting person wearing like a blouse and spandex shorts. I was like, "That blouse looks too nice to be in athletic training. Like what if it gets ruined?" But ultimately, whatever, if that's what you want to wear, live your best life, and then for the shorts, initially, I was like, "Oh, this looks short," but I that's because I personally wouldn't be comfortable wearing them. It looks like the clinician could do their job well and was performing their duties. So ultimately, that's what made me decide they were all professional.

Adrian noted that there can be more to people than the initial impression their appearance may give:

What I had trouble with is understanding context of like why each person wore what they wore just because I believe something may look or may not look professional. I'll understand what they're going through... So it wasn't as easy as you would have thought it would have been.

## Provider's Conduct

Finally, participants described various aspects of the *provider's conduct*, which was defined as the way providers interacted with patients. The provider's conduct aligned with areas of *communication* with patients and the quality of *care* that was delivered.

**Communication.** All participants (frequency count 17/17) *generally* indicated that communication occurring through both verbal and nonverbal means was vital to perceptions of professionalism for ATs. Terry addressed the importance of the spoken and unspoken word:

I think about going through their body language, just the way that they are able to connect with different patients. You're going to treat people that are on a very wide spectrum, whether that's introverts, extroverts, athletes, nonathletes, and I think that being able to connect appropriately to each of the patients is a big aspect when it comes to professionalism and just being able to stay unbiased.

Ray appreciated the roles of patient education and communication in the overall job of the AT:

I think it just kind of goes back to their communication. I think, if you're a professional, then that means you are engaging with your patients. You are talking with them throughout the session. You're giving them updates. You are communicating with the family as appropriate. If you are not doing that in that interaction, you can look however you want, but that feeds into it as well.

**Patient Care.** Another important component for ATs regarding professionalism was the quality of patient care provided. All participants (frequency count 17/17) *generally* shared their version of how this was part of professionalism. Charles stated:

I would say your professionalism comes down to being empathetic and always understanding that. You know, everything that the patient sees and hears is going to relay back to their perception of the care that they're given... If you are enjoying yourself and you feel that your practitioner is competent and confident, that typically subconsciously does [help to] aid your rehabilitative state. Typically, people do get better outcomes when they perceive that they are getting better care.

When deciding about attire, Karen expressed how she believed that some were more concerned with how other ATs were dressed than their code of conduct and how they conducted themselves as a professional:

I've seen people who have the image of what we could—what society can deem as professional of the button-down shirt, polo shirt, khakis, dress pants, but they're not able to establish that relationship, that trust with their patients, and you have somebody who wears like athletic shorts or leggings and a hoodie, and so they're able to provide exceptional care and build that trust and that relationship with the athlete that they're able to provide care and be a source or resource for those individuals. Professionalism is how you carry yourself and how you act more than the image.

Amy described a holistic view:

So not only are they doing their job well, but how they treat other people that are kind of unaffiliated with their main goal in their job, I think that's really telling as well because it tells me about the person that you are.

## DISCUSSION

Despite every participant in the current study noting that perceptions of professionalism were heavily weighted by external factors, limited research exists on what constitutes appropriate work attire as viewed by peers, patients, or the public. This indicates that some of these external pressures were likely coming from educational, societal, or familial sources and may not be tied specifically to the profession of athletic training. Although work attire has historically been a predominant focus of what is considered professional,[20] our study participants often included other components, such as patient care and communication and their adaptations to the changing workplace environment.

## Employee Environment

Athletic trainers are currently employed in a variety of settings. Specifically in our study, respondents often spoke to the differences among ATs in the secondary school and clinic settings and what constitutes appropriate professional behaviors. Additionally, many variations in attire were noted depending on game versus practice days, inside versus outside events, and weather-related considerations. Many individuals were unsure of specific institutional dress code policies, yet the culture in most settings seemed to align with that of the coaching staff. In certain sports, if the coaches wore business formal clothing, ATs were expected to align even to the detriment of function, although this has been changing.[21]

## Determination of Outward Appearance and Expression

Several categories emerged in the domain of the determination of outward appearance and expression, including cleanliness of the provider and facility, a judgment of the self-expression of others, and implicit biases. Despite cleanliness being required within health care facilities, only 11/17 participants cited its importance. It is imperative that ATs continue to maintain high standards of personal hygiene and facility management to ensure a safe environment for both patients and providers.

Similar to body art, hair is another tool used to express oneself, and with that expression, the opportunity for biases becomes more evident. Natural hair bias can often lead to concerns about inequality.[22] Although our participants noted inclusion for those with natural hair, researchers have indicated that this is not always the case. The CROWN Act prohibits the rejection of employment and educational opportunities because of hair texture or protective hairstyles as well as discrimination based on natural hair style and texture or hair kept in an uncut or untrimmed state (ie, locs, cornrows, twists, braids, Bantu knots, fades, or Afros).[11] Because federal laws currently only focus on a person's unchangeable characteristics, room for bias toward a Eurocentric definition of professional hairstyles exists. The CROWN Act seeks to have natural hair discrimination classified as racial discrimination rather than appearance bias and is a key component in combating existing implicit and explicit hair biases.[23,24]

Additionally, hair textures, styles, and coverings have been further incorporated into professional appearance standards.[25] In some professions, Black women with natural or curly hairstyles have been perceived as less professional or competent than other Black women who have straight hair or White women with curly or straight hair.[22] Pressures to conform to the Eurocentric norm of smooth and straight hair are heavily exerted on Black women.[10] Natural hair is frequently stigmatized as unprofessional and less beautiful,[10] and the pressure to conform can have negative consequences in the workplace, including employee loss and conflicts.[10]

Often, participants described some external characteristics as being acceptable for others but then discussed how they would never have them (eg, vibrant hair color, visible tattoos). As these comments came across as elitist and as a double standard, we determined that they were a form of judgment of others, whether the participant was intentional or not about the judgment. Many times, these were components of personal self-expression that would not affect patient care, including piercings, tattoos, and hair color.

Several respondents noted that, although they chose to never have a visible tattoo, they believed that it was permissible for others to self-express in that way.

In our study, individuals expressed concerns about the attire of those who appeared to present as women. Several ATs described the appropriate length of shorts and needing to cover specific parts of the female anatomy as required components of professional dress. This belief aligns with other, more dated findings that women were to be held to a stricter standard, with an expectation that women should dress more conservatively.[26] At least 2 participants specifically addressed the 3 B's (ie, belly, bottom, and breast), a misogynistic viewpoint to ensure female modesty.[27]

### Cultural Awareness

For the context of our work, we defined *cultural awareness* as being mindful of the effect of individual culture, including external pressure, one's own cultural influences on their internal dialog, and their growth over time. Throughout the interviews, respondents discussed the pressure they felt from others to dress and act in a specific way. This result was consistent with master's research (2013) in which the author demonstrated that athletic directors believed that, for an AT to be noticed and respected, he or she must wear khakis and a polo.[3] This judgment extended into the belief that ATs dressed in khakis and polos were more skilled, approachable, educated, competent, and experienced than those in formal dress or workout attire.

In other medical professions, the attire clinicians most preferred differed from the perceptions and preferences of most patients.[28,29] For example, although physicians preferred formal attire, patients described trusting physicians wearing formal attire with a white coat.[30] Similarly, most patients believed that the white coat contributed to greater comfort and confidence in their physicians.[26,28,31] Nurses preferred printed scrubs, whereas patients described nurses wearing solid-colored scrubs[30,32] as more caring. In occupations such as dentistry, formal attire was highly preferred by other professionals and contributed to more competence and reliability overall.[33]

Limited research has been conducted on professional dress for ATs. From a review of the literature, it is important to acknowledge the lack of information on what constitutes professional dress for health care providers as a whole. Most studies were published more than 5 years ago and all before the COVID-19 pandemic, which has changed workplace culture and acceptable norms.[34] In our study, participants discussed the change to wearing scrubs while providing patient care after the onset of the pandemic.

Another form of progress we observed was participants being able to self-reflect and identify personal areas of growth. Several ATs discussed how their ideals, which were initially shaped by their personal experiences and academic preparation, have adapted over time. Several reflected on their conscious efforts to be more inclusive, as the workplace and the world have shifted postpandemic[35] and after social justice movements (eg, Black Lives Matter) to focus on DEI. Respondents described shifting societal norms and attaining a better understanding that "some criteria of professionalism [are] rooted in bias." Interestingly, some participants expressed a personal social awakening and yet offered contradictory perceptions of professionalism.

### Provider's Conduct

Throughout the interviews, individuals often voiced the importance of the provider's communication through both verbal and nonverbal cues. Many commented on the importance of the relationships and patient care provided. Participants frequently described the provider's conduct as more significant than the outward appearance. Kyra specifically shared the idea that how ATs presented themselves was more important than how they were dressed or demonstrated self-expression, similar to previous research in which authors showed that physician attributes strengthened relationships more than their attire.[36] When considering social determinants of health, specifically the 2030 focus, ATs should focus on the language and literacy skills of patients, emphasizing the need for quality communication as discussed by our respondents.[37] This is not novel, as communication has been seen as an important aspect of a qualified AT,[38] an AT's empathy toward patients,[39] and the interprofessional health care team.[40]

### CONCLUSIONS

The definition of *professionalism* varies among individuals and is often rooted in first impressions and physical characteristics. We believe that the definition of professional can be fluid. The current antiquated ideas for professionalism are based on White, Western, male norms and are harmful for people in minoritized groups. The profession of athletic training cannot truly move toward DEI unless a reframing of professionalism is instituted. We recommend quality patient care and interactions as driving forces behind a revised definition of professionalism.

### REFERENCES

1. Craig DI. Learning professionalism in athletic training education. *Athl Train Educ J.* 2006;1(1):8–11. doi:10.4085/1947-380X-1.1.8
2. Vargas M, Johnston Green A. Challenges that women in athletic training face in NCAA athletics. *Int J Exerc Sci.* 2022;2(14):132. https://digitalcommons.wku.edu/cgi/viewcontent.cgi?article=5234&context=ijesab
3. Cunningham RN. *High School Athletic Directors Perceptions of Athletic Trainer's Professional Knowledge and Competence Based on Attire* [thesis]. California Polytechnic State University; 2013. doi:10.15368/theses.2013.98
4. Hester N, Hehman E. Dress is a fundamental component of person perception. *Pers Soc Psychol Rev.* 2023;27(4):414–433. doi:10.1177/10888683231157961
5. OSHA fact sheet: personal protective equipment. Occupational Safety and Health Administration. Published April 2006. Accessed May 1, 2023. https://www.osha.gov/sites/default/files/publications/ppe-factsheet.pdf
6. Shinn A, Swigart A, Gritters A, Schmailzl M. Dress codes in the workplace: effects on organizational culture. Central College. Accessed May 1, 2023. https://central.edu/writing-anthology/2019/06/04/dress-codes-in-the-workplace-effects-on-organizational-culture/
7. Petrilli CM, Saint S, Jennings JJ, et al. Understanding patient preference for physician attire: a cross-sectional observational study of 10 academic medical centres in the USA. *BMJ Open.* 2018;8(5):e021239. doi:10.1136/bmjopen-2017-021239
8. Grey A. The bias of "professionalism" standards. Stanford Social Innovation Review. Published June 4, 2019. Accessed May 1, 2023. https://ssir.org/articles/entry/the_bias_of_professionalism_standards
9. Chilly at work? A decades old formula may be to blame. The New York Times. Published August 4, 2015. Accessed May 1, 2023.

https://www.nytimes.com/2015/08/04/science/chilly-at-work-a-decades-old-formula-may-be-to-blame.html

10. Dawson GA, Karl KA, Peluchette JV. Hair matters: toward understanding natural black hair bias in the workplace. *J Leadersh Organ Stud*. 2019;26(3):389–401. doi:10.1177/1548051819848998

11. Creating a respectful and open world for natural hair. Creating a Respectful and Open World for Natural Hair Coalition. Accessed May 1, 2023. https://www.thecrownact.com/about

12. Newman AW, Wright SW, Wrenn KD, Bernard A. Should physicians have facial piercings? *J Gen Intern Med*. 2005;20(3):213–218. doi:10.1111/j.1525-1497.2005.40172.x

13. Search KR, Tolle SL, McCombs GB, Arndt A. A study of visible tattoos in entry-level dental hygiene education programs. *J Dent Hyg*. 2018;92(1):6–15.

14. Glauser W. Does medical professionalism have a dark side? *CMAJ*. 2020;192(48):E1646–E1647. doi:10.1503/cmaj.1095907

15. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–357. doi:10.1093/intqhc/mzm042

16. Hill CE. Consensual qualitative research (CQR): methods for conducting psychotherapy research. In: Gelo OCG, Pritz A, Rieken B, eds. *Psychotherapy Research: Foundations, Process, and Outcome*. Springer-Verlag Publishing/Springer Nature; 2015:485–499. doi:10.1007/978-3-7091-1382-0_23

17. Hill CE, Thompson BJ, Williams EN. A guide to conducting consensual qualitative research. *Counsel Psychol*. 1997;25(4):517–572. doi:10.1177/0011000097254001

18. Spangler PT, Liu J, Hill CE. Consensual qualitative research for simple qualitative data: an introduction to CQR-M. In: Hill CE, ed. *Consensual Qualitative Research: A Practical Resource for Investigating Social Science Phenomena*. American Psychological Association; 2012:269–283.

19. Hill CE, Knox S, Thompson BJ, Williams EN, Hess SA, Ladany N. Consensual qualitative research: an update. *J Counsel Psychol*. 2005;52(2):196–205. doi:10.1037/0022-0167.52.2.196

20. Guinn A, Anitsal MM, Anitsal I. Professionalism and business attire: the impact of generational preferences, cultural trends, and workplace expectations. *Global Journal of Management and Marketing*. 2022;6(2):1–29. Accessed May 1, 2023. https://www.igbr.org/wp-content/Journals/2022/GJMM_Vol_6_No_2_2022.pdf#page=7

21. Bishop G. Where have the suits on college basketball's sidelines gone? Sports Illustrated. Published April 7, 2021. Accessed June 1, 2023. https://www.si.com/college/2021/04/07/ncaa-basketball-coaches-suits-jay-wright

22. Koval CZ, Rosette AS. The natural hair bias in job recruitment. *Soc Psychol Pers Sci*. 2020;12(5):741–750. doi:10.1177/1948550620937937

23. Natural hair discrimination. Legal Defense Fund. Accessed May 1, 2023. https://www.naacpldf.org/natural-hair-discrimination/

24. Trusty J, Ward DA, Good-Perry Ward M, He M. Hair bias in the workplace: a critical human resource development perspective. *Adv Dev Hum Resour*. 2023;25(1):5–26. doi:10.1177/15234223221135557

25. Rosario N, Wollen J. Professional tress code: I look like a pharmacist. *J Am Pharm Assoc*. 2022;62(2):424–426. doi:10.1016/j.japh.2021.11.033

26. Rehman SU, Nietert PJ, Cope DW, Kilpatrick AO. What to wear today? Effect of doctor's attire on the trust and confidence of patients. *Am J Med*. 2005;118(11):1279–1286. doi:10.1016/j.amjmed.2005.04.026

27. Burton LJ, Borland J, Mazerolle SM. They cannot seem to get past the gender issue: experiences of young female athletic trainers in NCAA Division I intercollegiate athletics. *Sport Manag Rev*. 2012;15(3):304–317. doi:10.1016/j.smr.2012.01.001

28. Tiang KW, Razack AHA, Ng KL. The 'auxiliary' white coat effect in hospitals: perceptions of patients and doctors. *Singapore Med J*. 2017;58(10):574–575. doi:10.11622/smedj.2017023

29. Bearman G, Bryant K, Leekha S, et al. Healthcare personnel attire in non-operating-room settings. *Infect Control Hosp Epidemiol*. 2014;35(2):107–121. doi:10.1086/675066

30. Thomas CM, Ehret A, Ellis B, Colon-Shoop S, Linton J, Metz S. Perception of nurse caring, skills, and knowledge based on appearance. *J Nurs Adm*. 2010;40(11):489–497. doi:10.1097/NNA.0b013e3181f88b48

31. Zollinger M, Houchens N, Chopra V, et al. Understanding patient preference for physician attire in ambulatory clinics: a cross-sectional observational study. *BMJ Open*. 2019;9(5):e026009. doi:10.1136/bmjopen-2018-026009

32. Kaser M, Bugle LW, Jackson E. Dress code debate. *Nurs Manag*. 2009;40(1):33–38. doi:10.1097/01.NUMA.0000343981.00635.d7

33. Furnham A, Chan PS, Wilson E. What to wear? The influence of attire on the perceived professionalism of dentists and lawyers. *J Appl Soc Psychol*. 2013;43(9):1838–1850. doi:10.1111/jasp.12136

34. Smith A. Dress codes evolve following pandemic. Society for Human Resource Management. Published September 21, 2022. Accessed May 1, 2023. https://www.shrm.org/topics-tools/employment-law-compliance/dress-codes-evolve-following-pandemic

35. Ellingrud K, Ellsworth D, Madner S, Musallam R, Sandhu I, Yee L. Diversity, equity and inclusion lighthouses 2023. Published January 13, 2023. Accessed May 1, 2023. https://www.mckinsey.com/featured-insights/diversity-and-inclusion/diversity-equity-and-inclusion-lighthouses-2023

36. Bianchi MT. Desiderata or dogma: what the evidence reveals about physician attire. *J Gen Intern Med*. 2008;23(5):641–643. doi:10.1007/s11606-008-0546-8

37. Social determinants of health. Healthy People 2030, Office of Disease Prevention and Health Promotion, Department of Health and Human Services. Accessed May 1, 2023. https://health.gov/healthypeople/priority-areas/social-determinants-health

38. Raab S, Wolfe BD, Gould TE, Piland SG. Characterizations of a quality certified athletic trainer. *J Athl Train*. 2011;46(6):672–679. doi:10.4085/1062-6050-46.6.672

39. David S, Larson M. Athletes' perception of athletic trainer empathy: how important is it? *J Sport Rehabil*. 2018;27(1):8–15. doi:10.1123/jsr.2016-0085

40. Breitbach AP, Richardson R. Interprofessional education and practice in athletic training. *Athl Train Educ J*. 2015;10(2):170–182. doi:10.4085/1002170

*Address correspondence to Jamie L. Mansell, PhD, LAT, ATC, College of Public Health, Temple University, 1801 N Broad Street, Philadelphia, PA 19122. Address email to jmansell@temple.edu.*