# Rehabilitative Health Care Professionals' Perceptions of Appearance-Based Professionalism

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**Context:** Professionalism has been discussed and defined in a variety of ways, including attire and other forms of self-expression.

**Objectives:** To determine athletic trainer (AT), physical therapist (PT), and athletic training or PT students' perceptions of appearance-based professionalism in the workplace and, secondly, to ascertain how perceptions differed across professions.

Design: Cross-sectional study.

Setting: Web-based survey.

**Patients or Other Participants:** Athletic trainers, PTs, and athletic training and PT students who were predominantly White, non-Hispanic, female, aged  $30 \pm 9$  years, and recruited via listservs and social media.

**Data Collection and Analysis:** The independent variables were participant demographics. The dependent variables were self-reported perceptions of professionalism for each photo. The survey consisted of 3 sections: demographics, 8 photos of ATs or PTs with depictions of patient-provider interactions, and open-ended responses. For each photo, participants selected *yes, no,* or *unsure* regarding the photo. An open-ended response was prompted with a *no* or *unsure* selection. The participant further described the reason for that choice.

**Results:** Most participants determined the health care provider depicted in 7 photos appeared professional. Only 1 photo was deemed unprofessional by the professional majority. Significant differences existed between students and professionals for 5 photos. The proportion of participants who reported the photos were unprofessional differed among professions for 2 photos. From our qualitative analysis, we found 6 domains: (1) *unprofessional attire and hair*, (2) *situation-dependent attire*, (3) *role confusion and health care employer or employee identification*, (4) *nonappearance related*, (5) *tattoo-related bias*, and (6) *rethinking after question is displayed*.

**Conclusion:** What is considered appropriate and professional is not concrete. Differing concepts of professionalism generated biased judgments and criticisms.

*Clinical Relevance:* Our findings should lead providers to reexamine the definition of *professionalism*. The past should not dictate the future, and today's social mores can help shape the definition as it should be considered in today's settings.

*Key Words:* bias, attire, athletic trainers, physical therapists, organizational well-being

### **Key Points**

- Professionalism was often defined by athletic trainers, physical therapists, and their respective students in terms of both physical attributes and nonappearance-related characteristics.
- When defining professionalism regarding physical attributes, athletic trainers and physical therapists frequently discussed concepts related to attire and the need for clothing that allows clinician movement while highlighting their roles as health care providers.
- When looking at photos, athletic trainers and physical therapists also addressed aspects of patient and clinician positioning with respect to professionalism. Clinicians should be aware of outsider perspectives when providing sideline care.

he concept of professionalism is commonly considered in 2 main perspectives, either as a set of attributes or as a philosophical approach to work.<sup>1</sup> Perceptions on professionalism differ among individuals and among professions. For example, professional attire for traditionally white-collar jobs is likely different than what is expected of a manual laborer due to the requirements of the job.<sup>2</sup> Appearance is an aspect of nonverbal exchanges and can be very powerful.<sup>3</sup> First impressions can be daunting and are created when one initially interacts with another person based on several factors, including physical impressions.<sup>4</sup> Previous researchers have identified that a person can be perceived as less knowledgeable and less skilled if only appearance is considered.<sup>3</sup> Based on the first impression, a person's appearance may influence preconceived notions about that individual.<sup>3,5</sup>

From a health care standpoint, the physical appearance of clinicians affected patient perceptions and sometimes

patient satisfaction.<sup>6</sup> To distinguish various health care providers, standards of professional dress were created. Deviations from how providers are expected to dress, based on those professional norms, have negatively influenced patients' perceptions.<sup>7–9</sup> In the hospital setting, many staff and patients preferred physicians to wear a white coat and nurses to wear solid-colored scrubs, favoring white or navy.<sup>3,10</sup> In dentistry, formal attire was highly preferred.<sup>11</sup> In other health care professions, such as athletic training and physical therapy, no consensus exists regarding the expected dress code, and different settings or work environments may dictate what employees, students, or both can or cannot wear. Gender norms preserve the power dynamic by favoring masculine over feminine presentation and inadvertently lessening the opportunity for gender minorities' authentic self-expression.<sup>12</sup> Professional program requirements continue to be heavily divided by gender (eg, women's shorts longer than the fingertips, men cannot wear cargo shorts), which creates poor socialization for young professionals to learn about what is expected of them.<sup>13</sup> The existence of gendered dress and the association of specific dress items with a specific gender give way to multiple stereotypes and exclusion of nonbinary individuals. Additionally, the intersectionality that may exist among minorities can muddy the water with expectations for self-expression.

In addition to clothing, forms of self-expression, including hair styles, piercings, and skin art, have varying levels of governance in the workplace. How various forms of self-expression by health care providers are perceived has received limited attention. Most of the work has been on the perceptions of tattoos<sup>14</sup> and hair styles.<sup>15</sup> Therefore, the primary purpose of our study was to determine the perceptions of appearance-based professionalism within the health care setting of *rehabilitative health care professionals* defined as athletic trainers (ATs), physical therapists (PTs), and their respective students. The secondary aim was to ascertain how perceptions differed across professions.

#### METHODS

#### Design

We used a cross-sectional survey design to explore the perceptions of appearance-based professionalism by ATs, PTs, and their respective students. This study was approved by the Temple University Institutional Review Board.

#### **Participants**

Athletic trainers, PTs, professional-level athletic training students (ATSs), and student physical therapists (SPTs) were included. These professions were selected because both have roles in injury rehabilitation and often perform similar tasks with their patients. No additional exclusionary factors existed. A total of 344 participants consented to the study; 2 participants were removed due to self-reported inaccurate reporting in the open-ended response to the occupation variable (ie, they reported being physical therapy assistants). Of the 295 participants who began the survey, 88.8% (n = 262) completed the survey. Most participants (n = 133, 45.4%) were ATs. Athletic training students (n = 55, 18.8%), SPTs (n = 50, 17.1%), PTs (n = 32, 10.9%), and dual-credentialed providers and students (n = 23, 7.8%) also completed the survey. Participants were an average age of 30  $\pm$  9 years (range = 19–68 years) and were predominantly White (86.8%, n = 236), non-Hispanic (91.2%, n = 248), and female (77.6%, n = 211). The ATs had an average of  $10 \pm 8$  years (range = 0–33 years) of professional experience, whereas PTs averaged  $14 \pm 12$  years (range = 0–40 years). Additional participant demographics can be found in Table 1.

#### Instrumentation

We conducted this survey, which was created by 3 members of the research team (S.M., E.R.N., J.L.M.), using the web-based survey platform Qualtrics. The instrument was validated via an external Delphi panel of 4 experts from various universities: 1 clinician, 3 educators, and professionals in athletic training (n = 3) and physical therapy (n = 1) with various levels of clinical practice, educational practice, and research expertise. The experts were asked if each question was appropriate or if revisions were needed. Two rounds of revisions were conducted until the panel came to complete agreement and consensus about the questions, question delivery, and formatting. Photo participants were volunteers from the primary investigator's institution. Students and faculty were sent a demographic survey and were asked to disclose different types of attire (eg, leggings) and self-expression (eg, visible tattoos) in which they could be photographed. Figures 1 to 8 illustrate the 8 photos used for the survey instrument.

Demographic questions appeared at the beginning of the survey. The second section consisted of 8 randomized mock pictures of rehabilitative health care professionals providing care. After viewing each picture, participants were prompted, "Do you believe this rehabilitative health care professional looks professional?" The answer choices were *yes*, *no*, or *unsure/undecided*. Once the participant made decisions for all pictures in the survey, the pictures selected as *no* or *unsure/undecided* were redisplayed one at a time with a prompt to write a specific explanation regarding their thoughts on why they chose that answer. The survey additionally asked for contact information from participants who wanted to volunteer for the semistructured interview protocol, which was analyzed separately.

#### Procedures

Participants were recruited via listservs created by publicly available data of educational program administrators and through social media. For the listservs, program administration contact information was collected for Commission on Accreditation of Athletic Training Education–accredited athletic training programs and Commission on Accreditation in Physical Therapy Education–accredited physical therapy programs as of September 2022. Social media messages were posted on various platforms for participant recruitment throughout the time in which the survey was available. A secondary push for data collection occurred via email from the National Athletic Trainers' Association Survey distribution list of 1000 ATs and ATSs. The survey opened in November 2022 and closed in April 2023.

#### **Statistical Analysis**

We analyzed the data using SPSS (version 28; IBM Corp). The  $\alpha$  level was set to P < .05, and the data were analyzed using descriptive and inferential statistics. We performed  $\chi^2$  and Fisher exact tests to identify any

#### Table 1. Gender, Race, and Ethnicity Demographics of Participants

			Profession, No. (%)		
Variable	Athletic Trainer $(n = 130)$	Athletic Training Student $(n = 54)$	Physical Therapist $(n = 29)$	Student Physical Therapist (n = 50)	Dual Credentialed $(n = 9)$
Gender					
Agender	1 (0.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Man	31 (23.8)	10 (18.0)	6 (20.7)	8 (16.0)	2 (22.2)
Nonbinary or gender nonconforming	0 (0.0)	2 (3.7)	0 (0.0)	0 (0.0)	0 (0.0)
Woman	97 (74.6)	42 (77.7)	23 (79.3)	42 (84.0)	7 (77.8)
Prefer to not answer	1 (0.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Race					
Asian	0 (0.0)	1 (1.9)	2 (6.9)	2 (4.0)	0 (0.0)
Black or African American	7 (5.4)	2 (3.7)	1 (3.4)	2 (4.0)	0 (0.0)
Native American or indigenous	3 (2.3)	2 (3.7)	1 (3.4)	0 (0.0)	0 (0.0)
Pacific Islander	0 (0.0)	1 (1.9)	0 (0.0)	0 (0.0)	0 (0.0)
White	113 (8.7)	44 (81.5)	24 (82.8)	46 (92.0)	9 (100.0)
Two or more races	4 (3.1)	4 (7.4)	1 (3.4	0 (0.0)	0 (0.0)
Prefer to not answer	1 (0.7)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Prefer to self-describe	2 (1.5)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Ethnicity					
Hispanic	9 (6.9%)	4 (7.4)	0 (0.0)	4 (8.0)	0 (0.0)
Non-Hispanic	118 (90.1)	50 (92.6)	27 (93.1	44 (88.0)	9 (100)
Prefer to not answer	3 (2.3)	0 (0.0)	2 (6.9)	2 (4.0)	0 (0.0)

differences in responses of the perceptions of professionalism in the photos and various demographic information. Descriptive statistics were means, frequencies, and SDs calculated to examine differences in perceptions among groups.

The short-answer responses were downloaded and sorted by photo. For the analysis, we followed the consensual qualitative research-modified (CQR-M) approach, which has been used in previous athletic training-based research.<sup>16,17</sup> This method, which was adapted from the original CQR method first described by Hill et al, allowed the review of a large sample with brief responses.<sup>16</sup> For new phenomena and unexpected ideas, CQR-M has been described as useful; therefore, we chose this method to ensure that controversial responses and ones that might not align with the team's personal views were checked.<sup>16</sup> By calling on 3 reviewers and an auditor, this process allowed for interrater agreement, which decreased the expectations, biases, and disagreements in the coding. Although auditing is not a required component of CQR-M, we decided to complete this optional step to ensure quality of coding and eliminate any possible biases from the coding team.

#### Trustworthiness

Trustworthiness was established through (1) multianalyst triangulation, (2) an auditor, and (3) reflexivity checks. For the first phase in the coding process, 3 researchers (S.M., E.R.N., J.L.M.) reviewed 50 open-ended responses. These responses spanned the 8 photos, with a minimum of 5 responses or 10% of the initial recruitment responses. From this initial phase, a code book was created with 6 domains. The 3-person coding team (S.M., E.R.N., J.L.M.) coded the 50 responses individually and then met for discussion. Codes were verified by a two-thirds vote from the team. For the second phase, 1 researcher (S.M.) coded all the responses, and the other members (E.R.N., J.L.M.) verified the coding. Any discrepancies were brought to a group decision with a two-thirds vote being needed to verify the

coding. An auditor (D.M.M.) was given the instrument, code book, and coded responses and reviewed the codes for consistency and accuracy. The auditor determined that no changes needed to occur. After the second round of recruitment, the same process was followed in phase 2. This process also created dependability in the research. Using CQR–M, we were additionally able to perform reflexivity checks to examine our personal beliefs and influences to make sure they did not affect the coding.

#### RESULTS

Athletic trainers and PTs were primarily employed in the Northeast region (31.6%, n = 50). Athletic training students and SPTs predominantly studied in the South region (33.0%, n = 36; see Table 2 for full results). Athletic trainers mostly worked in the college and university setting (52 [37.7%]), whereas PTs typically worked in outpatient clinics (14 [40.0%]). The full summary by AT job setting is shown in Table 3, with the PT job settings shown in Table 4. The numbers of *yes*, *no*, and *unsure/undecided* responses by profession for the 8 photos are found in Table 5. Photo 7 had the greatest *yes* response rate, with 97.8% (n = 263) of participants perceiving this clinician as looking professional; photo 3 was thought to look the least professional, with only 85 (31.6%) participants choosing *yes*.

We identified significance when comparing students (ATSs, SPTs) and professionals for photo 1 ( $\chi^2_{1239} = 5.359$ , P = .021), photo 3 ( $\chi^2_{1239} = 17.593$ , P = .000), photo 4 ( $\chi^2_{1239} = 6.444$ , P = .011), photo 6 ( $\chi^2_{1239} = 4.826$ , P = .028), and photo 8 ( $\chi^2_{1239} = 4.080$ , P = .043) but not for photo 2 ( $\chi^2_{1239} = 1.017$ , P = .313) and photo 5 ( $\chi^2_{1239} = 0.42$ , P = .838). The proportion of participants who reported that the photos were unprofessional differed among professions for photo 6 ( $\chi^2_{1254} = 11.407$ , P = .001) and photo 8 ( $\chi^2_{1254} = 16.031$ , P = .000) but not for photo 1 ( $\chi^2_{1254} = 1.166$ , P = .280), photo 2 ( $\chi^2_{1254} = 0.244$ , P = .621),



Figure 1. Professionalism Photo 1.



Figure 3. Professionalism Photo 3.

photo 3 ( $\chi^2_{1254} = 2.387$ , P = .122), photo 4 ( $\chi^2_{1254} = 0.983$ , P = .321), photo 5 ( $\chi^2_{1254} = 0.1754$ , P = .185), and photo 7 ( $\chi^2_{1254} = 2.091$ , P = .148). Regarding ethnicity, photo 8 differed among participants ( $\chi^2_{1262} = 4.080$ , P = .043) but not photo 1 ( $\chi^2_{1262} = 0.001$ , P = .980), photo 2 ( $\chi^2_{1262} = 0.606$ , P = .436), photo 3 ( $\chi^2_{1262} = 1.181$ , P = .277), photo 4 ( $\chi^2_{1262} = 0.606$ , P = .436), photo 5 ( $\chi^2_{1262} = 0.059$ , P = .809), photo 6 ( $\chi^2_{1262} = 0.019$ , P = .892), or photo 7 ( $\chi^2_{1262} = 0.399$ , P = .527). The proportion of participants who reported that all of the photos were unprofessional did not differ by gender (photo 1 [ $\chi^2_{1231} = 0.403$ , P = .526]; photo 2 [ $\chi^2_{1231} = 0.281$ , P = .596]; photo 3 [ $\chi^2_{1231} = 2.380$ , P = .123]; photo 4 [ $\chi^2_{1231} = 0.029$ , P = .866]; photo 5 [ $\chi^2_{1231} = 0.002$ , P = .966]; photo 6 [ $\chi^2_{1231} = 0.152$ , P = .696]). The full  $\chi^2$  analyses are presented in Table 6 (photos 1–4) and Table 7 (photos 5–8).

#### **Qualitative Analysis of Open-Ended Questions**

Based on our qualitative analysis of the open-ended responses, we identified 6 domains: (1) *unprofessional attire, hair, or both*; (2) *situation-dependent attire*; (3) *nonappearance related*; (4) *role confusion and health*  care employer or employee identification; (5) tattoorelated bias; and (6) rethinking after question is displayed. Responses that did not address the prompt given were coded as NA and not included in the analysis. A total of 361 open-ended responses for the 8 photos were coded using the CQR-M method for qualitative data analysis. A total of 195 photos had at least 1 response of no or unsure/undecided that allowed for an open response. The breakdown of open-ended responses by profession is outlined in Table 8. The final consensus codebook with frequency counts is also provided in Table 8. The following themes were supported by associated statements.

**Unprofessional Attire, Hair, or Both.** Comments regarding attire accounted for the most responses of unprofessionalism, addressed by 65.4% (n = 235) of participants. The unprofessional attire, hair, or both category encompassed any comments relating to, regarding, or questioning clinician appearance. Concerns ranged from how pieces of clothing matched to how hair was styled. In the open-ended response section, some participants commented on the fit of the clothing being worn in the photo. Kate, an SPT, noted in photo 1: "Her shirt appears to be very tight-fitting, which makes it unprofessional. Professionals should be conservative in their dress."



Figure 2. Professionalism Photo 2.



Figure 4. Professionalism Photo 4.



Figure 5. Professionalism Photo 5.

Zoey, an SPT, remarked similarly about photo 3, calling into question the look of some articles of clothing from different angles.

It's a mix of styles that makes it come off slightly unprofessional. Seemingly professional on top with a nice blouse/shirt and then more casual on the bottom with biker shorts. The length of the shorts are [sic] fine, but one thing worrisome with biker shorts is how the[y] look from the front and back, which we cannot see at this angle.

In addition to clothing style, participants also mentioned hair presentation. Some responses were gender specific; regarding photo 6, Carol, a PT, shared: "I do not feel a professional should wear shorts or have a 'man bun." Clothing and hair concerns were sometimes related to weather conditions. Still, Oliver, an SPT, thought the clinician's weather-appropriate attire was unprofessional in the same photo (6):

It might just be that it is a hot day outside, but the short shorts are getting to me with this guy. The collared shirt is nice, and you can tell him apart, but I don't think the short shorts are appropriate for the setting.

Situation-Dependent Attire. This category included participants' responses that the attire worn by the clinician



Figure 7. Professionalism Photo 7.

in the photo might have been better suited for a different situation than pictured. A total of 82 participants (22.7%) described the attire as possibly situationally professional, with an emphasis on functionality and weather. Amelia, an AT, observed in photo 1:

I think that she does look professional, but I think that I selected *unsure* because I feel like, for someone who is taking patient[s] through rehabilitation all day, this shirt is not very practical. So, I think she looks professional in general but maybe not properly dressed for the job, which leaves me undecided.

Because rehabilitative health care professionals can work in many different locations and terrains, multiple participants pointed out the need for attire to be functional enough for the practice setting. Kim, an AT who was currently in school as an SPT, offered her thoughts on photo 3:

It looks like she is wearing a Hawaiian shirt with a tank top underneath (I may just be seeing this wrong, but that's what I see). I believe as either an athletic trainer or a physical therapist, wearing outside clothing such as a Hawaiian shirt and a tank top is not professional because it is not functional in case you have to run on to the field or bend over to help an athlete; the Hawaiian shirt could get in the way.



Figure 6. Professionalism Photo 6.



Figure 8. Professionalism Photo 8.

	Table 2.	Region(s)	of Work or Schooling,	No. (%)
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Region(s)	Athletic Trainer $(n = 125)$	Physical Therapist (n = 26)	Athletic Training Student $(n = 54)$	Student Physical Therapist $(n = 50)$	Dual Credentialed $(n = 7)$
Midwest	35 (28.0)	3 (11.5)	12 (22.2)	9 (18.0)	0 (0.0)
Northeast	37 (29.6)	10 (38.5)	14 (25.9)	14 (28.0)	3 (42.9)
South	29 (23.2)	8 (30.8)	20 (37.0)	16 (32.0)	3 (42.9)
West	20 (16.0)	4 (15.4)	8 (14.8)	11 (22.2)	1 (14.3)
≥2	4 (3.2)	1 (3.8)	0 (0.0)	0 (0.0)	0 (0.0)

<sup>a</sup> Regions were defined by the US Census Regions.

Participants had a similar point of view on the need for clothing to adhere to the active role some health care providers perform when working outside of the traditional office setting. Aya, an SPT, shared her thoughts about the situation-dependent clothing in photo 3:

Her job appears to be very active [out] in a field. Her shirt and jacket don't reflect activity and would likely get in the way. This is a professional outfit that would be more appropriate for a desk job.

One participant took a different approach and brought up the potential for weight bias, calling attention to the fact that some articles of clothing may be perceived differently, whether professional or unprofessional, on larger body types. Abbey, an AT, gave her perspective on photo 3:

It is not that the provider is larger (I am about the same size), but the flowy/patterned shirt is not the most professional. The bike shorts are also an interesting choice. I have only recently started wearing sweats or leggings on late night bus rides home but would not wear them for practices, etc. Again, it is all about perception. I do wear jeans, and some think that those are not appropriate, but it does not hinder my job, and they often look more professional than some khakis that I own since the jeans can be more slimming.

Role Confusion and Health Care Employer or Employee Identification. The health care employer or employee identification theme includes the need for clinicians to wear more identifiable articles of clothing. Health care employer or employee identification was thought necessary to be professional by 21.1% (n = 76) of participants. Josh, an ATS, explained his opinion of photo 1:

Table 3.	Athletic	Trainers'	Job	Settings,	No.	(%) <sup>a</sup>
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Athletic Trainer Job Setting	N = 138
Amateur, recreational, or youth sports	3 (2.2)
Clinic	2 (1.4)
College or university	52 (37.7)
Higher education, research, or both	18 (13.0)
Hospital	2 (1.4)
Independent contractor	1 (0.7)
Military, law enforcement, and government	2 (1.4)
Occupational health (industrial)	6 (4.3)
Professional sports	3 (2.2)
Secondary schools	41 (29.7)
Other, please explain	8 (5.8)

<sup>a</sup> We received no responses for health, fitness, sports, performance enhancement clinic, or club. I am undecided on this picture because the health care provider's attire looks fairly professional, but it is not labeled by their school or employer, making it possible that they could be mistaken for a non-health care provider who has just dressed up nicely.

Some participants felt that wearing health care employee or employer identification showcased authority and expertise, whereas nonbranded casual attire was seen as unprofessional. For photo 3, Helen, who was studying as an SPT, remarked:

Super casual, tight attire; the biker shorts in particular seem unprofessional because of how tight they are, and I think that they should be wearing either some sort of badge or branded clothing that clearly shows the authority and expertise of the professional.

A common thread in the responses was role confusion and the need to change attire or appearance to more clearly project the role of a health care professional. Regarding photo 8, Marguerite suggested more structured clothing for the clinician to help outside sources distinguish patient from provider in her work as an ATS:

In this case, the provider looks very similar to the patient they are treating, so it may be hard to distinguish from an outside perspective which person is the provider. If the shorts were more structured, rather than being a dri-fit pair of shorts, it would look better with a T-shirt, or even a polo or other shirt besides a cotton shirt.

This domain also encompassed responses that reflected a need to eliminate role ambiguity regarding the health care provider. Participants believed that being able to distinguish between patient and clinician on sight was necessary to be deemed professional. For photo 8, Louise, an AT, noted: "I know this is what ATs wear for practice all the time. I know some view this as professional attire, but nothing here suggests this person is anything more than a coach."

Table 4. Physical merapists Job Settings, No. (	able 4. Physical Therapists' Job Se	ttings, No. (	%)
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Physical Therapist Job Setting	N = 35
Community based	1 (2.9)
Hospitals	3 (8.6)
In-home care	2 (5.7)
Nursing home	1 (2.9)
Other	13 (37.1)
Outpatient clinics	14 (40.0)
Sports and fitness	1 (2.9)

We received no responses for school based or workplace.

			Response, No. (%)	
Photo	Participants	Yes	No	Unsure/Undecided
1	ATs (n = 128)	125 (97.7)	1 (0.8)	2 (1.6)
	ATSs (n = 54)	48 (88.9)	2 (3.7)	4 (7.4)
	PTs (n = 29)	26 (89.7)	1 (3.4)	2 (6.9)
	SPTs $(n = 49)$	44 (89.8)	2 (4.1)	3 (6.1)
	Dual credentialed ( $n = 9$ )	9 (100.0)	0 (0.0)	0 (0.0)
	Total (n = 269)	252 (93.7)	6 (2.2)	11 (4.1)
2	ATs	123 (96.1)	3 (23.4)	2 (15.6
	ATSs	52 (96.3)	1 (18.5)	1 (18.5)
	PTs	27 (93.1)	2 (69.0)	0 (0.0)
	SPTs	49 (100.0)	0 (0.0)	0 (0.0)
	Dual credentialed	9 (100.0)	0(0.0)	0(0,0)
	Total	260 (96 7)	6 (2 2)	3 (4 1)
3	ATs	59 (46 1)	54 (42 2)	15 (11 7)
0	ΔΤSe	<i>A</i> (7 <i>A</i> )	36 (66 7)	14 (25 9)
	PTe	- (7) 6 (20.7)	21(724)	2 (69.0)
		12 (26 5)	21 (72.4)	2 (09.0) 5 (10.2)
	Dual aradentialed	2 (22.2)	6 (66 7)	S (10.2)
		3 (33.3)	0 (00.7)	0(0.0)
4		100 (00 1)	148 (55.0)	36 (13.4)
4	AIS	123 (96.1)	3 (23.4)	2 (15.6)
	AISS	54 (100.0)	0 (0.0)	0 (0.0)
	PIS	25 (86.2)	3 (10.3)	1 (34.5)
	SPIS	49 (100.0)	0 (0.0)	0 (0.0)
	Dual credentialed	8 (88.9)	1 (11.1)	0 (0.0)
	Total	259 (96.3)	7 (2.6)	3 (1.1)
5	ATs	117 (91.4)	7 (54.7)	4 (3.1)
	ATSs	47 (87.0)	5 (9.3)	2 (3.7)
	PTs	22 (75.9)	3 (10.3)	4 (13.8)
	SPTs	44 (89.8)	2 (4.1)	3 (6.1)
	Dual credentialed	9 (100.0)	0 (0.0)	0 (0.0)
	Total	239 (88.8)	17 (6.3)	13 (4.8)
6	ATs	123 (96.1)	3 (2.3)	2 (1.6)
	ATSs	42 (77.8)	2 (3.7)	5 (9.3)
	PTs	23 (79.3)	5 (17.2)	1 (3.4)
	SPTs	39 (83.0)	7 (14.3)	3 (6.1)
	Dual credentialed	7 (77.8)	2 (22.2)	0 (0.0)
	Total	239 (88.8)	17 (6.3)	13 (4.8)
7	ATs	127 (99.2)	1 (7.8)	0 (0.0)
	ATSs	50 (92.6)	0 (0.0)	4 (7.4)
	PTs	28 (96.6)	1 (3.4)	0 (0.0)
	SPTs	49 (100.0)	0 (0.0)	0 (0.0)
	Dual credentialed	9 (100.0)	0 (0.0)	0 (0.0)
	Total	263 (97.8)	2 (0.7)	4 (1.5)
8	ATs	102 (79.7)	20 (15.6)	6 (46.9)
0	ATSs	35 (64.8)	12 (22 2)	7 (13.0)
	PTs	14 (48.3)	11 (37 9)	4 (13.8)
	SPTs	24 (49 0)	20 (40 8)	5 (10.2)
	Dual credentialed	5 (55 6)	A (AA A)	0(0.0)
	Total	180 (66 9)	- (++.+) 67 (24 0)	22 (8 2)
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Abbreviations: ATs, athletic trainers; ATSs, athletic training students; PTs, physical therapists; SPTs, student physical therapists.

Eleanor, who was an AT, expressed similar concerns with photo 3, stating that the clinician "look(s) sloppy, not like a sports medicine provider," based solely on the visual presentation of the person.

**Nonappearance Related.** The nonappearance-related theme encompasses perceptions of professionalism based on other items like the positioning of the clinician when stretching a patient (14.1%, n = 51). Donna, an AT, shared her thoughts on photo 8: "Poor positioning for stretching male athlete—AT is crouched over the athlete rather than on the side or standing, helping to stretch."

Emerging from comments on improper positioning was the notion that some stances could be seen as sexual in nature. Similar to the previous comment, Abbey said that females, specifically with respect to photo 8, should be careful when stretching males as to not draw unwanted attention:

The kneeling close can be interpreted as inappropriate. Her outfit is fine, but the position is interesting. As a female who works in male sports, I have to be careful [as] to how others view my position/stance when working

Table 6. Unprofessionalism Responses to Photos 1 to 4,  $\chi^2$  Analysis

	Photo 1		Photo 2		Photo 3			Photo 4				
Variable	No. (%)	$\chi^2$	P Value	No. (%)	$\chi^2$	P Value	No. (%)	$\chi^2$	P Value	No. (%)	$\chi^2$	P Value
Gender												
Man	2 (0.8)	0.403	.526	1 (0.4)	0.281	.596	32 (13.1)	2.380	.123	2 (0.8)	0.029	.866
Woman	11 (4.5)			6 (2.5)			131 (53.7)			6 (2.5)		
Profession	. ,			. ,			. ,					
Athletic training	10 (3.8)	1.166	.280	7 (2.7)	0.244	.621	120 (46.2)	2.387	.122	5 (1.9)	0.983	.321
Physical therapy	7 (2.7)			2 (0.8)			58 (22.3)			4 (1.5)		
Education												
Professional	6 (2.2)	5.359	.021ª	7 (2.6)	1.017	.313	98 (36.4)	17.593	.000ª	10 (3.7)	6.444	.011ª
Student	11 (4.1)			2 (0.7)			86 (32.0)			0 (0.0)		
Ethnicity												
Hispanic/Latinx	1 (0.4)	0.001	.980	0 (0.0)	0.606	.436	13 (5.0)	1.181	.277	0 (0.0)	0.606	.436
Non-Hispanic/Latinx	15 (5.7)			9 (3.4)			168 (64.1)			9 (3.4)		

<sup>a</sup> Significant result.

around the males. I can understand having to adapt things so you can do them better, but be aware of what others might be seeing.

Regarding photo 8, Nancy, a PT, remarked: "Using her knee to stabilize the thigh could be construed as sexual in nature." Alternatively, Courtney, an ATS, took a nonappearance-related approach in her comments on photo 3 in a different direction, focusing on the functionality of the clothing for the profession:

I chose *unsure/undecided* because I am not able to see [the] health care provider's full attire, including her shoes. I believe health care providers should always wear closed-toe shoes, unless working in an office. I also believe that health care professionals should dress appropriately for their career. For example, an individual should be able to move and show movements without needing to worry about exposing cleavage or having restricted movement due to clothing.

Leo, an ATS, also commented on the body language in photo 3 and how it could affect the patient encounter:

I try to keep my eye level the same height as [the] patient because I don't want to look down [on] the patient. I feel

eye levels in this picture are far different too much to give uncomfortable [sic] for the patient.

**Tattoo-Related Bias.** Tattoo-related concerns were identified in 5.5% (n = 20) of responses, with the common suggestion being they should be covered. Sarah, a PT, expressed her perceptions of the tattoos in photo 4: "The tattoos are not covered, and there [are] multiple ones." Similarly, Alex, an AT, stated "In the clinical setting, I think tattoos should be covered."

Health-related concerns were brought into question. Observing photo 5, Charlie, an AT, answered "The tattoos make me question the hygiene."

Even when the style of clothing was thought to be appropriate, participants still questioned professionalism when the clinician had large or multiple tattoos. Kathryn, a PT, shared her view of how tattoos affected her perceptions of the provider's professionalism in photo 5: "The amount of tattoos makes me question the professional appearance. The sleeve is an appropriate length, but the tattoos extend all the way down the arm."

**Rethinking After Question Is Displayed.** This theme included responses (5.3%, n = 19) that participants rethought or changed after being prompted to describe why they felt the clinician in the photo was unprofessional. Josh, an ATS, responded to photo 8:

Table 7. Unprofessionalism Responses to Photos 5 to 8,  $\chi^2$  Analysis

	Photo 5			Photo 6		Photo 7			Photo 8			
Variable	No. (%)	$\chi^2$	P Value	No. (%)	$\chi^2$	P Value	No. (%)	$\chi^2$	P Value	No. (%)	$\chi^2$	P Value
Gender												
Man	6 (2.5)	0.002	.966	7 (2.9)	0.475	.491	1 (0.4)	0.014	.906	19 (7.8)	0.152	.696
Woman	21 (8.6)			18 (7.4)			3 (1.2)			60 (24.6)		
Profession	. ,			. ,			. ,			. ,		
Athletic training	18 (6.9)	0.1754	.185	12 (4.6)	11.407	.001ª	5 (1.9)	0.494	.482	46 (17.7)	16.031	.000ª
Physical therapy	12 (4.6)			16 (6.2)			1 (0.4)			39 (15.0)		
Education												
Professional	18 (6.7)	0.042	.838	13 (4.8)	4.826	.028ª	2 (0.7)	2.091	.148	45 (16.7)	6.996	.008ª
Student	12 (4.5)			17 (6.3)			4 (1.5)			44 (16.4)		
Ethnicity												
Hispanic/Latinx	2 (0.8)	0.059	.809	2 (0.8)	0.019	.892	0 (0.0)	0.399	.527	9 (3.4)	4.080	.043 <sup>a</sup>
Non-Hispanic/Latinx	26 (9.9)			28 (10.7)			6 (2.3)			78 (29.8)		

<sup>a</sup> Significant result.

#### Table 8. Themes of Responses to Open-Ended Questions, No.

1 (n = 17) Overall 6 (2.6%)	4 (4.9%) 2 0 0	4 (5.3%) 2	4 (5.3%)		
Overall 6 (2.6%)	4 (4.9%) 2 0 0	4 (5.3%) 2	4 (5.3%)		
170	2 0 0	2	. ,	0 (0.0%)	3 (15.8%)
AISs 0	0 0		1	0	2
ATs 0	0	0	2	0	1
PTs 2		2	1	0	0
SPTs 4	2	0	0	0	0
Dual credentialed 0	0	0	0	0	0
2 (n = 8)					
Overall 5 (2.1%)	1 (1.2%)	1 (1.3%)	2 (3.9%)	2 (10.0%)	1 (5.3%)
ATSs 2	0	0	0	1	0
ATs 3	1	1	1	0	1
PTs 0	0	0	0	1	0
SPTs 0	0	0	0	0	0
Dual credentialed 0	0	0	1	0	0
3 (n = 177)					
Overall 133 (56.6%)	55 (67.1%)	34 (44.7%)	21 (41.2%)	0 (0.0%)	3 (15.8%)
ATSs 35	16	13	9	0	0
ATs 46	25	11	6	0	3
PTs 17	5	3	3	0	0
SPTs 28	8	7	2	0	0
Dual credentialed 7	1	0	1	0	0
4 (n = 10)					
Overall 0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	8 (42.1%)	1 (5.3%)
ATSs 0	0	0	0	0	0
ATs 0	0	0	0	4	1
PTs 0	0	0	0	4	0
SPTs 0	0	0	0	0	0
Dual credentialed 0	0	0	0	0	0
5 (n = 28)					
Overall 16 (6.8%)	2 (2.4%)	6 (7.9%)	2 (3.9%)	7 (35.0%)	3 (15.8%)
ATSs 5	1	2	<b>1</b>	Ì 1 Ú	Û Ó
ATs 5	0	3	1	3	2
PTs 2	0	0	0	3	1
SPTs 4	0	0	0	0	0
Dual credentialed 0	1	1	0	0	0
6 (n = 29)					
Overall 23 (9.7%)	7 (8.5%)	0 (0.0%)	3 (5.9%)	0 (0.0%)	4 (21.1%)
ATSs 5	2	Ò Ó	2	Ò Ó	<u>`</u> 1 ´
ATs 3	1	0	0	0	2
PTs 5	0	0	1	0	0
SPTs 9	4	0	0	0	1
Dual credentialed 1	0	0	0	0	0
7 (n = 5)	-	-	-	-	-
Overall $1(0.4\%)$	0 (0.0%)	0 (0.0%)	3 (5.9%)	0 (0.0%)	1 (5.3%)
ATSs 1	0	0	2	0	0
ATs 0	0	0	0	0	1
PTs 0	0	0	1	0	0
SPTs 0	0	0	0	0	0
Dual credentialed 0	0	Õ	0	0	0
8(n-86)	0	0	0	0	0
Overall 51 (21 7%)	13 (15 9%)	31 (40.8%)	16 (31 4%)	2 (10.0%)	3 (15.8%)
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ΔΤο 19	2 U	7	т 6	0	י ס
DTe 7	1	5	0	1	2
CDTc 14	۱ م	0 10	<u>ک</u>		0
Dual credentialed 4	о О	0	4	1	0
Totals $(n = 361)$ 236 (65.4%)	82 (22 7%)	76 (21 1%)	51 (14 1%)	19 (5.3%)	19 (5.3%)

Abbreviations: ATs, athletic trainers; ATSs, athletic training students; PTs, physical therapists; SPTs, student physical therapists.

After having a second look and thinking about my previous reasonings for why the above picture [does] not look professional, I am more inclined to say that this provider is professional. Often, in the athletic setting, ATs are dressed in flexible, somewhat comfortable clothes. At first, I thought the attire was very leisurely, but because the shirt is labeled with their school, I can see this provider being professional in an athletic setting. Participants also rethought their motives and acknowledged gender biases. While admitting the bias in her response, Emily, an AT, offered her perspective of photo 8: "The length of the shorts is inappropriate. However, I fully acknowledge that most dress codes that have to do with pants/short length are gender biased toward females."

Additionally, Amelia, an AT, remarked on the nonnormative expressions of self and culture in photo 5: "This was tough. I respect expression and culture. I think, if it wasn't a T-shirt but a collared shirt, long or short, that could influence my decision about professionalism."

#### DISCUSSION

Professionalism can be defined in diverse ways. Our results showed that professionalism is often influenced by various factors, and the perception of professionalism can grow, change, and adapt over time. First impressions are notable but not always the best indicators of a person's professionalism. Additionally, what one believes to be professional may change over time, even superseding external influences. When we examined demographic differences, no significant findings were present for gender, the region in which the health care professionals lived, the region in which the students attended school, or ethnicity; also, no significant correlations were evident between the *yes*, *no*, or *unsure/undecided* responses and the photos.

Because no current standards for professionalism exist, it would be arrogant to think that everyone would have the same professional beliefs about each photo. Professionalism can be witnessed and learned in an unofficial, unwritten, or unintended manner, which can lead to contradictions, confusion, and misunderstanding.<sup>18</sup> No differences were found among genders, indicating that similar views were held regardless of the gender of the participant. The 1 area in which responses to 5 of the 8 photos were different was in comparing professionals with students in the disciplines. This may have been because students were either socialized into following a set of professional norms or more willing to go against these traditions.

Throughout our study, participants noted the need for an easily identifiable distinction between providers and patients for several reasons, including easy identification for the public and patient recognition. Currently, no set dress code specifically identifies rehabilitative professionals, although we have seen attire such as khakis and a polo shirt used to identify ATs.<sup>19</sup> Just as previous researchers have observed that physicians' white coats were preferred by the majority of patients within hospital settings, our results were consistent: rehabilitative professionals expressed a need for clinicians to wear some form of employee or employer identification. To make the health care provider more easily recognizable to patients, athletes, and coaches, participants recommended name tags and school-branded attire. Some state laws require ATs to wear their identifying badges.<sup>20,21</sup> In addition to branded clothing, other ways to identify health care providers include medical bags or packs or medical station signage, increasing visibility in an emergency.

Generational workplace preferences for dress code differed, with Gen X, millennials, and even boomers favoring business casual as a more loosely enforced code.<sup>22</sup> Many participants in our study also discussed whether it was better to wear a collared shirt in a professional setting and identify when *athleisure* (ie, casual clothing designed to be worn both for exercise and for general use)<sup>23</sup> was appropriate based on the situation (eg, when functionality was important). One participant commented on a clinician's athletic-appearing attire of biker shorts, supporting the need to be functional and able to demonstrate proper mechanics or engage in activity; however, other participants believed the athletic clothing was too tight and unprofessional and overall took away from the clinician's professional appearance. Rehabilitative health care professionals work in a multitude of settings and may need to be ready for vastly different activities from 1 day to the next, which may support the need for flexibility in dress.

Gender expression is defined as how a person publicly presents gender via various possible combinations of behavioral and appearance-based attributes, including but not limited to dress, hair, body language, or voice.<sup>24</sup> Investigators have documented both negative and positive views as connected to freedom of gender expression, self-expression, or both, with appearance being a factor in patients' perceptions of health care providers.<sup>5</sup> Nontraditional forms of selfexpression (eg, visible tattoos) are becoming more prevalent among physician and nonphysician health care providers.<sup>5</sup> This will likely continue, with about 40% of millennials having a tattoo.<sup>25</sup> Values have changed; though tattoos were once tied to aggression and delinquency, the prevalence of tattoos in society and positive portrayals by the media have led to tattoos being viewed as creative status symbols.<sup>25</sup> Although communicated by only a small percentage of our participants, stereotypes were expressed when tattoos were visible on a clinician. Strong negative tattoo stigmas have given way to discrimination of persons with tattoos in both professional and personal life settings.<sup>26</sup>

We would be remiss not to mention how often gender was cited, even though the question was never asked. This aligns with the notion that *professionalism* is a gendered construct that the participants subconsciously identified in their open-ended responses. For example, a photo depicting 2 female-identifying persons received multiple comments about how a woman should be cautious of being in this same stance if the patient was a man. In health care, gender perceptions continue to dictate what is appropriate attire and behavior. Gender biases favoring men as more professional than women persist in health care professions.<sup>27</sup> Our participants reflected a higher representation of women (77%) than in the 2 professions (athletic training = 55%, physical therapy = 65%).

Historically, professionalism in health care settings has been defined by and for heterosexual White males and is not always inclusive or accepting of diversity in the workplace or its patient population.<sup>24</sup> This sentiment held true in the current study, in which a White, cisgendered male had the highest professional rating, even though he was pictured in the same position as 2 other female-presenting clinicians. The models presenting as females in this survey received more criticisms on their clothing choices than the males, with functional athletic shorts being deemed as too tight or too casual and dress shirts and shawls being seen as too dressed up for professional demands.

Our purpose was to identify ideas related to appearancebased professionalism. Surprisingly, participants also noted characteristics of the persons in the photographs that dealt with nonappearance-related critiques. These included patient positioning for stretches and taking blood pressure. All patient and clinician positioning was in accordance with patient care techniques and not meant to be deemed sexual in nature. One example was when a more petite female used her body positioning to assist with leverage on the nonstretched leg during an assisted hamstring stretch. Although this is a generally accepted functional practice for smaller clinicians, outside observers may question techniques and intent. Clinicians should take note with respect to more public-facing athletic training duties (eg, sideline care).

## LIMITATIONS

Our work had several limitations. We believe that true diversity includes more than what we can see on the outside; however, for this appearance-based study, depictions of diversity were limited (eg, skin color, gender identity, self-expression). Another limitation was that selection bias could have been present in the participant pool. Participants who had a vested interest in the topic may have been more likely to take the survey, which perhaps affected the perceptions reported.

#### FUTURE RESEARCH

Future researchers should expand beyond identifying bias against minoritized groups and begin to look at debiasing techniques. Creating and implementing more diversity, equity, and inclusion workshops with a specific focus on bias recognition and management could aid in redefining professionalism to reflect knowledge, skills, and abilities rather than subjective personal attributes. Additionally, with the increasing number of women in the rehabilitation workforce, they should have more of a voice in the dress they wear. Body shapes differ for individuals but especially between women and men. Better choices for women (eg, pants with pockets) may not always be available if following the workforce practices dictated by men.

### CONCLUSIONS

On review of rehabilitative health care professionals' perceptions, what is considered appropriate and professional is not concrete. Rehabilitative health care professionals should be cognizant of their perceptions of others to make certain bias is accounted for and minimized. The term *professionalism* has been suggested as being outdated and favoring White, cisgender men. As health care professionals, we must ensure that, with our implicit biases, we do not judge those who do not fit the mold of what is currently being accepted as professional, which this study demonstrated is not an exact science.

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