

Exploring Diverse Perspectives on Nurses with Visible Tattoos: A Multi-Grounded Theory Approach

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ABSTRACT

Nurses are often represented by white scrubs, a testament to their purity and commitment to patient care. Tattoos, however, remain stigmatized in many societies. This study developed a contextually relevant conceptual framework explaining how visible tattoos on nurses are perceived in the CALABARZON region of the Philippines. Using the Multi-Grounded Theory (MGT) approach, semi-structured interviews were conducted with 30 participants purposively sampled to represent multiple perspectives: a) Stakeholders; b) Academia; and c) Multi-disciplinary Team. Interview data were manually transcribed, coded, and theoretically condensed to produce an empirically-anchored conceptual framework that explains the relationships among perspectives. The analysis produced three core, interrelated categories: (1) Identity—nurses use tattoos as markers of personal expression, (2) Perception—responses to visible tattoos are shaped by those who view them, and people value tattoos differently as the nature of their diversity, prompting nurses to employ management strategies to negotiate professional expectations, (3) Management. On the other hand, the study discovered that no management often occurs when they are viewed positively. Key findings include consistent generational differences, a general lack of effect on perceived clinical competence, but persistent bias influencing interpersonal interactions and trust in some contexts. Further grounding in theoretical congruence and coherence testing validated the intrinsic meaning of the emergent model. The conceptual framework may be used to inform institutional dress code and human resources policy, direct diversity and sensitivity training, and inform curriculum planning in nursing education to address professional image and inclusive practice. It adds to qualitative literature on nursing diversity in local health-care settings. It lays a foundation for cross-cultural comparison and future empirical study of appearance, trust, and workforce policy in the nursing arena. Definitely, this study should serve as a basis for inclusivity among tattooed nurses, who aim to deliver the care their duty requires.

Keywords : Visible Tattoos on Nurses, Multi-grounded Theory, MGT, Nursing, Philippines

INTRODUCTION

The traditional image of nurses has long been tied to the iconic white uniform, which symbolizes purity, cleanliness, and professionalism. This attire was popularized by Florence Nightingale, who believed that white uniforms represented order and a dedication to patient care (Miller, 2024). For many years, the pristine white uniform has embodied the qualities of a compassionate and competent nurse, fostering trust and respect among patients and colleagues. With the nature of patient-care service, nurses are expected to be well-groomed and presentable in appearance, as according to Pullam (2024), nurses' physical appearance may influence how

patients view professionalism, which can have an effect on their trust and confidence in the nurse, as well as how they get treatment. However, the nursing profession has evolved significantly over time. The previously delicate and naive portrayal of nurses has transitioned into a more diverse and inclusive landscape, including the growing emergence of nurses with visible tattoos (Meeker, 2024).

Tattoos, one of the oldest art forms, have historically symbolized bravery, social status, and rites of passage (Dela Cueva, 2023). Historically, tattoos have represented bravery, social status, and rites of passage. However, in conservative societies, they have often been linked to criminality and deviance, resulting in a lasting stigma. Today, a growing number of individuals, particularly Millennials and Gen Zs, are choosing to get tattoos, leading to their normalization (Colonno, 2023).

The evolving perceptions surrounding visible tattoos in the workplace, particularly within the healthcare sector, remain a contentious issue, especially given the critical nature of patient interaction (Lee, Lee & Newby, 2024). While numerous studies have investigated public attitudes towards tattoos in professions typically characterized by white uniforms, there exists a notable scarcity of research examining the perceptions of tattooed employees specifically within the nursing context. Existing literature often emphasizes the negative impressions associated with tattoos and their wearers, thereby revealing a potential bias in this discourse.

A study by Nease, Hester, Cassada, Stowers, & Fisher (2021) emphasized that visible tattoos can greatly affect how professionalism, competence, and trustworthiness are perceived by healthcare professionals. Bilham (2024) additionally sheds light on societal prejudices, indicating that certain tattoos are wrongly linked to mental health problems or criminal activity, leading to the stigmatization of healthcare workers who have them. Moreover, biases stemming from patients and coworkers against healthcare personnel with visible tattoos can hinder interpersonal relationships and disrupt the overall work environment (Westerfield et al., 2020). Although tattoos may also serve as a medium for personal expression and individuality, integral to human identity.

Addressing these challenges necessitates the establishment of clear policies and regulations regarding tattoo visibility in healthcare facilities, including educational institutions, hospitals, and nursing services. Several organizations have implemented specific dress codes that either restrict or permit visible tattoos based on their placement and aesthetic appearance (Clark, 2022). However, the healthcare environment must foster an atmosphere perceived as open and respectful, one that endeavors to eliminate preconceived notions and embraces diverse forms of self-expression (CDC, 2025).

Currently, there are multiple readily available studies regarding the perception of people with tattoos. However, the biggest gap lies in the aforementioned studies would always fail to answer the grand question “What do people think of tattooed nurses?”. Hence, the very reason for conducting this study. The goal of this research is to examine the various viewpoints of individuals regarding tattooed nurses in the CALABARZON region, and any other aspects that may be related to that narrative. The study employed a Multi-grounded Theory (MGT) approach, which combines different theoretical viewpoints and data sources to gain a thorough insight into how these perspectives influence the professional qualities that are esteemed in nursing practice, therefore answering the unanswered question.

Multi-Grounded Theory as a research approach typically begins with asking the forefront questions. As the study went by, the responses from the participants were analyzed to further clarify the phenomenon. This allows the researcher to deeply explore each valuable area to support the study. For this study, the problem is to discover what society thinks of having visible tattoos in the nursing profession.

Specifically, the main inquiry that this research tried to answer is:

1. How do different individuals perceive nurses with visible tattoos?
2. What emergent conceptual framework can be developed from the diverse perspectives on nurses with visible tattoos, based on their narratives?

- a. What theoretical grounding underpins these perspectives?
- b. Which concepts can be further refined based on these insights?
3. What final conceptual framework can be derived to represent the diverse viewpoints on nurses with visible tattoos?

RESEARCH METHODOLOGY

The primary objective of this qualitative research is to understand and analyze individual experiences to clarify societal phenomena, particularly those related to healthcare professionals, specifically nurses. This approach can address questions that quantitative research may not fully capture, such as how stakeholders perceive nurses with visible tattoos (Pyo et al., 2023). The study adopted a Multi-grounded Theory (MGT) approach, thereby augmenting the traditional grounded theory methodology through the incorporation of diverse theoretical frameworks. This integrative strategy is advantageous as it deepens the analytical process and facilitates a more holistic comprehension of the research subject (Goldkuhl & Cronholm, 2010).

In the context of this study, as it examined the varied perspectives of nurses with visible tattoos, MGT presents significant advantages. Traditional GT, as articulated by Strauss and Corbin (1990, 1998), prioritizes the initiation of research with empirical data, from which categories are subsequently derived. MGT, on the other hand, enhances this methodology by integrating pre-existing theories, thereby facilitating a more refined and refined analysis. Therefore, utilizing this method would effectively unite existing empirical studies with to-be-established theoretical frameworks. MGT enhances the usual GT by systematically integrating pre-existing theories. In addition to its empirical foundation, MGT emphasizes both theoretical grounding and internal coherence, thereby providing a comprehensive and multidimensional framework for theory development.

To provide a visual representation of the development of theory in MGT, the figure below illustrates the three key components involved in this process, as outlined by Goldkuhl and Cronholm (2010): (1) empirical data obtained from interviews and relevant literature; (2) the focal research interest or topic of study (specifically, Perception towards nurses with visible tattoos); and (3) established theories (with three theories utilized for theoretical alignment and grounding).

MGT aims to collect sufficient data to elucidate the arrangement, concepts, divisions, characteristics, and intricacies of a phenomenon (Goldkuhl & Cronholm, 2010). With that being said, this research studies the diverse perspectives of 30 participants regarding nurses with visible tattoos, as according to DeCarlo et al. (2021), 30 participants are needed in order to reach the point of saturation, wherein the researcher has sufficiently collected a range of perspectives on the topic.

In light of this, it is pertinent to establish the criteria for selecting co-researchers, which are delineated as follows:

1. Individuals can be in any of the following:
 - a. Stakeholders: Patients, relative/s of the patient, hospital administration and management, or individuals or groups with a vested interest in the healthcare industry. Must have direct experience or involvement in healthcare settings where nurses with visible tattoos are employed.
 - b. Academia: Nursing Deans, Ass. Deans, Faculty, Students, or those people who are involved in overseeing nursing education and curricula of accredited nursing schools in the Philippines.
 - c. Professional: Multidisciplinary Team, Nursing Colleagues, or people who engage with the tattooed nurse in the professional realm.
2. Participants should be open to providing personal information and experiences, ensuring that their responses are accurate and pertinent to the study.

In line with the population needed, the sampling of this research used a purposive sampling technique—a type of non-probability approach in allows the researcher to select samples based on their judgment regarding which individuals would best fit the study’s objectives. Unlike random selection, non-probability sampling does not give every individual in the population an equal chance of being chosen (Nikolopoulou, 2022). Instead, population selection is based on subjective judgment rather than random selection. Additionally, snowball sampling would also be beneficial, as initial respondents were able to refer other individuals who also met the necessary criteria—making it convenient for the researcher.

The data analysis was conducted concurrently with the interviews, allowing the researcher to refine insights as data were gathered. Using open or inductive coding aligned with the Multi-Grounded Theory (MGT) approach, the researcher broke the data into incidents, assigned in vivo codes based on participants’ own words, and grouped similar incidents into broader categories. Microanalysis further explored the properties and dimensions of these emerging concepts, helping reduce the volume of data while deepening conceptual clarity. The analysis followed MGT’s stages—inductive coding, conceptual refinement, pattern (axial) coding, and theory condensation (selective coding).

Conceptual refinement involved defining categories by examining their meaning, context, function, origins, and language use, supported by data and external references such as dictionaries and literature. Pattern or axial coding then established relationships between categories and subcategories, many of which were action-oriented, to explain what was happening and why. These interconnected categories were eventually integrated into a broader conceptual framework through selective coding. The resulting framework was later compared with existing theories on tattoos and professionalism in the Philippine nursing context, allowing theoretical matching and refinement. Instead of a single core category, the study identified two central categories that met Strauss and Corbin’s criteria for centrality, frequency, explanatory power, abstraction, and consistency across varying conditions.

To ensure trustworthiness, the study applied credibility, dependability, confirmability, and transferability strategies. Credibility was supported through data-source triangulation using participant responses, literature, and field notes. Dependability was ensured through a thorough review of data to maintain alignment between raw data and findings. Confirmability relied on an audit trail documenting all analysis steps to demonstrate that findings were grounded in participants’ accounts. Transferability was addressed by providing contextual information and anticipating limitations to support the applicability of findings to similar settings. Ethical considerations were upheld throughout the research process. The researcher secured ethical approval, ensured questionnaires were free from harmful language, and guaranteed voluntary participation with the right to withdraw at any time. Confidentiality was strictly maintained, and participant statements were used exclusively for academic purposes.

RESULTS AND DISCUSSIONS

The different perspectives on nurses who have visible tattoos were the main subject of this study. To empirically ground the data, the first step of induction, which is comparable to traditional GT, was used in the development of a conceptual framework using the rigorous multi-grounded theory (GT) method. The examination of internal cohesiveness, where categories are connected to each other, backed by other research studies and existing literature, and the comparison of the developed conceptual framework with pre-existing ideas for a theoretical grounding process both used a deductive method. The findings and comments of the developed conceptual framework are covered in this section of the research.

The analysis is divided into two parts (per participant). The first part includes the direct transcript from the participants, the extracted in vivo codes, and the consequent inductive codes. The second part of the analysis involves the pattern (axial) coding, and then the selective coding, wherein the theoretical condensation happens. The more the participants were analyzed, the more saturated the emerging theoretical saturation is—the shorter it will be, since it is then clarified and made concise.

This chapter presents the results and discussion of the conceptual framework that emerged from this study, organized according to the three grounding processes of Multi-Grounded Theory (MGT). First, the empirical

grounding (Parts 1–4) traces the inductive coding journey—beginning with in vivo codes drawn directly from participants’ verbatim transcripts, moving through axial (pattern) coding, and culminating in selective coding or theory condensation. Thirty purposively sampled participants contributed to this iterative, constant-comparison process until theoretical saturation was reached, yielding 18 categories, 3 sub-categories, and 3 core categories. Each core category is conceptually refined in Part 4 using (1) participants’ own language, (2) definitions from authoritative dictionaries and thesauri, and (3) peer-reviewed literature drawn primarily from nursing, healthcare, and higher-education contexts.

Next, the theoretical grounding (Part 5) explicitly matches the emergent framework to six extant theories revisited from the literature review. A diagrammatic “matching matrix,” alongside textual exposition, highlights points of convergence, provides theoretical warrants, and reinforces the framework’s credibility. In graphical illustration (Part 6), three figures—including Figure 23 (p. 235)—visualize the relationships among categories, sub-categories, and core constructs, as recommended by MGT’s originators for effective theory communication.

Finally, the internal grounding or cohesion check (Part 7) examines how categories interrelate across three thematic domains—(a) tattoos as nurse identity, (b) perceptions held by diverse stakeholders, and (c) nurses’ management strategies—supporting each linkage with existing studies and presenting an integrated diagram of the fully articulated framework. Together, these seven parts demonstrate how diverse perspectives shape the professional direction of nurses with visible tattoos in the Philippine healthcare setting.

Table 1. Co-Researchers’ Profiles

PARTICIPANT (According to Sampling Order)	AGE RANGE (Approximate in Years Old)	POSITION	INSTITUTION/HOSPITAL/ ORGANIZATION (Public/ Private)
Participant 1	30-35	Nurse Supervisor	Private
Participant 2	30-35	Nursing Faculty	Private
Participant 3	20-25	Nursing Student	Public
Participant 4	20-25	Staff Nurse	Private
Participant 5	20-25	Nursing Student	Private
Participant 6	30-35	Patient	Private
Participant 7	30-35	Relative of the Patient	Private
Participant 8	55-60	Nursing Academic Coordinator	Private
Participant 9	50-55	Nursing Dean	Private
Participant 10	20-25	Nursing Student	Private
Participant 11	20-25	Nursing Student	Private
Participant 12	45-50	Nursing Faculty	Private
Participant 13	45-50	Patient	Private
Participant 14	25-30	Relative of the Patient	Private
Participant 15	25-30	Dentist	Private
Participant 16	35-40	Head Nurse	Private
Participant 17	30-35	Nursing Faculty	Private
Participant 18	30-35	Nurse Supervisor	Private
Participant 19	50-55	Nursing Dean	Private
Participant 20	40-45	Nursing Dean	Private
Participant 21	55-60	Nursing Dean	Private
Participant 22	55-60	Nursing Dean/Former PNA Officer	Private
Participant 23	35-40	Physician	Private

Participant 24	45-50	Chief Nurse	Public
Participant 25	30-35	Nursing Faculty/Senior Staff Nurse	Private
Participant 26	30-35	Staff Nurse	Private
Participant 27	25-30	Pharmacist	Private
Participant 28	25-30	Medical Technologist	Private
Participant 29	55-60	Relative of the Patient	Private
Participant 30	55-60	Patient	Private

A. Empirical Grounding Theory Generation From The Coding Process: (Empirical Validation)

Part 1: From Transcripts to Inductive Codes

Table 2: Sample Transcript to Inductive Codes

Participant 1:

TRANSCRIPT	IN VIVO CODES	INDUCTIVE (Open) CODES (Descriptive)
<p>Q: So bali sir, what is your general perspective about tattoos? Do you hate them or do you find them interesting?</p> <p>A: Ano ma'am, I find it, ano, I find it somewhere in between, definitely in between. So kasi when we say tattoo, it's very individualized, ano, the area, the design, so the symbolism, so very, ano, very in between.</p>	<p>when we say tattoo, it's very individualized, ano, the area, the design, so the symbolism</p>	<p>Tattoos are very individualized. It is based on the area, design, and symbolism of it.</p>
<p>Q: So yun po sir, same perspective din po yung tattoos in general regarding with these nurses po? So parang, depende on their symbol, their subjective din po?</p> <p>A: More likely naman din, same sentiments din, same page with us.</p>	<p>Same sentiments din, same page with us. <i>I share the same sentiments when it comes to nurses having tattoos.</i></p>	<p>Same sentiments (as aforementioned apply to tattooed nurses).</p>

Part 2: From Inductive to Pattern (Axial) Codes to Theory Condensation (Selective Codes)

Table 3: Sample Inductive Codes to Theory Condensation

INDUCTIVE (Open) CODES (Descriptive)	PATTERN CODES	SELECTIVE CODES (THEORY CONDENSATION)
Tattoos are very individualized. It is based on the area, design, and symbolism of it.	Identity Expression	<p>Tattoos as Identity & Self-Expression <i>Tattoos represent deeply personal expressions of meaning, identity, art, and individuality. Among nurses, they often carry symbolic, aesthetic, or cultural value that may or may not align with professional settings. Their presence does not inherently impair competence or integrity, and in many cases, they are viewed simply as part of a person's outward appearance.</i></p>
Same sentiments (as aforementioned applies to tattooed nurses).	Identity Expression	
Tattoos in visible areas (like the face) may cause different impressions and reactions.	Identity Expression	

After this process of empirical validation attained through the constant comparison method of empirical data being repetitively analyzed, related to each other, studied for similarities and differences, weighed against, carefully gauged, etc., then reached where a number of categories may emerge. In this case, the following

categories emerged from the rigorous data analysis and constant comparison of in-vivo, inductive to pattern codes, and between each other.

Part 3: Findings Of Initial Theory Condensation - Emergent categories of Diverse Perceptions of Tattooed Nurses as derived from analytical coding processes of interviews with:

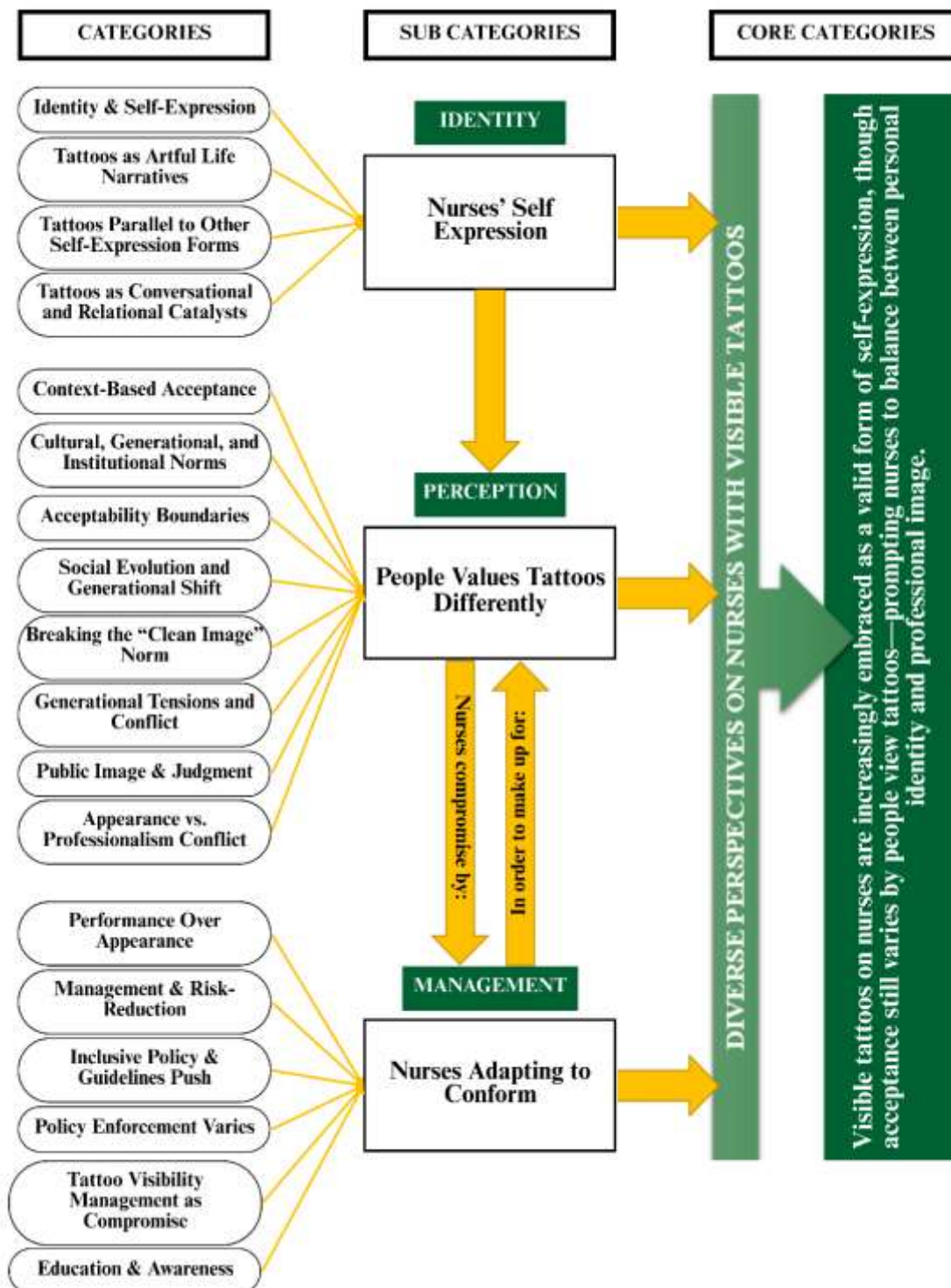


Figure 1: EMERGENT THEORY: Conceptual Framework of the Diverse Perspectives of Nurses with Visible Tattoos.

The figure above illustrates how visible tattoos on nurses are perceived, interpreted, and managed within professional healthcare environments. It begins with the recognition that tattoos are increasingly understood as expressions of personal identity, each carrying unique meanings, stories, and cultural significance. As these

expressions enter the professional space, they trigger varied responses from patients, colleagues, and healthcare administrators. The flow emphasizes the diversity of perceptions, highlighting the generational, cultural, and institutional influences that shape these reactions. While some individuals view tattoos as signs of individuality and authenticity, others may associate them with negative stereotypes or question their compatibility with professional standards.

The figure then demonstrates how these perceptions create a tension between personal self-expression and the expectations of professionalism. Nurses, in turn, navigate this tension by selectively managing the visibility of their tattoos based on the context, audience, and workplace norms. This dynamic process reflects the broader challenge of reconciling personal identity with professional identity. Ultimately, the figure conveys that while visible tattoos may provoke varied judgments, they do not inherently undermine the competence or trustworthiness of nurses. Rather, nurses work within these complexities to advocate for a more inclusive environment where personal expression and professional standards coexist.

Table 4. Classifications of Categories: Identity, Perception, and Management

IDENTITY (Tattoos as Nurses' Self-Expression)	PERCEPTION (People Value Tattoos Differently)	MANAGEMENT (Nurses Adapting to Conform)
Identity & Expression	Context-Based Acceptance	Performance over Appearance
Tattoos as Artful Life Narratives	Cultural, Generational, and Institutional Norms	Management & Risk Reduction
Tattoos as Parallel to Other Forms of Self-Expression	Acceptability Boundaries	Inclusive Policy and Guidelines Push
Tattoos as Conversation and Relationship Catalyst	Social Evolution and Generational Shift	Tattoo Visibility Management
	Breaking the "Clean-Image" Norm	Education & Awareness
	Generational Tension and Conflict	
	Public Image & Judgement	
	Appearance vs. Professionalism Conflict	



Identity, Perception, and Management are the three interconnected basic categories that make up the framework, which shows how visible tattoos among nurses' progress from an issue of personal expression to one of professional direction.

Under the area of Identity, tattoos are offered as meaningful extensions of the self. They function as creative life tales, parallel to other kinds of self-expression, and often work as conversational catalysts within clinical settings. For many nurses, tattoos are not only cosmetic but symbolic—telling personal stories, celebrating life events, or reflecting firmly held ideals. Through this lens, tattoos become a respectable statement of individuality and authenticity.

As nurses carry these sentiments into the professional realm, they confront different societal and institutional responses, captured under Perception. Acceptance of visible tattoos is proven to be very context-dependent, influenced by factors such as generational attitudes, cultural norms, and specific institutional rules. Despite growing acceptability, many tattoos may still breach unstated boundaries of what is deemed "clean" or "professional." Stakeholders—including patients, colleagues, and administrators—hold varying views on tattoos, typically informed by generational gaps and public image concerns. These various opinions give rise to tensions between looks and professionalism, making visible tattoos a subject of negotiation rather than straightforward acceptance.

In response, the category of Management emerges, showing the techniques nurses employ to handle these difficulties. Nurses may stress performance over appearance, exhibiting competence and empathy to prevent bias. Others manage tattoo exposure by concealment or selective exhibition according to the audience or location. The framework also acknowledges a desire for inclusive, content-based policy reforms and the inconsistent enforcement of existing norms. Education and awareness—both personal and organizational—play a role in altering views and supporting polite conversation surrounding tattooed professionals.

To sum up everything, the framework underlines that visible tattoos on nurses are increasingly considered as valid forms of self-expression. However, their acceptance remains socially and institutionally managed. Nurses, therefore, adapt by combining their personal identity with professional expectations, echoing the broader subject of negotiating authenticity within the constraints of professional image.

Part 4: Conceptual Refinement

Rather than relying solely on the refinement/abstraction process or the "in-vivo" and pattern (axial) codes abstracted from the inductive (open) codes—which are based on what participants seem to mean when using the terms—the categories will be explained in order to provide a thorough definition. The use of recognized, reliable sources, including other research studies, journal articles, textbooks, dictionaries, encyclopedias, and pertinent websites, will also be employed.

The following categories emerged from the total number of thirty (30) respondents. The categories are methodically arranged according to the classifications under which they belong: IDENTITY, PERCEPTION, and MANAGEMENT.

A. IDENTITY

From Cambridge Dictionary (2025):

Noun. *“a person's name and other facts about who they are”*

Tattoos As Nurses' Self-Expression

From Data Analysis & Coding: Identity & Self-Expression, Tattoos as Artful Life Narratives, Tattoos Parallel to Other Self-Expression Forms, Tattoos as Conversational and Relational Catalysts

From Journal Articles/ Literature:

Kaufmann, L., & Armstrong, M. L. (2022). The Influence of Tattoos on Health Care Experiences. *The Journal of Continuing Education in Nursing*.

Relevance: This phenomenological study reveals that individuals with tattoos often experience deep personal connections to their body art, which can influence their interactions within healthcare settings.

“Tattoos are an artistic, visible reflection of an individual's personality and life.”

Tattoos serve as a very personal and artistic medium through which nurses define their identities, values, and life stories, transforming skin into a canvas that communicates unique parts of self-outside the limitations of

standardized uniforms. Kaufmann and Armstrong’s phenomenological research (2022) underlines how body art acts not only as aesthetic decoration, but as a live narrative—each symbol, color choice, and placement is inscribed with individual significance that resonates both for the wearer and for others in their care. In the context of nursing, visible tattoos can establish true connections: patients who identify personal motifs—whether commemorations of loved ones or signs of resilience—may see the nurse as more accessible, approachable, and trustworthy. Concurrently, the act of bearing one’s own narrative on the skin violates established conventions of professional appearance, leading nurses to traverse the delicate balance between self-expression and perceived trustworthiness.

Table 5: CATEGORY-Tattoos as Nurses’ Self-Expression

PARTICIPANTS	SAMPLE INCIDENTS
Participant 1	...when we say tattoo, it's very individualized, ano, the area, the design, so the symbolism...
Participant 2	...it's a form of self-expression...
Participant 4	...it's a form of art, saka expression mo sa sarili mo, especially if alam mong confident, dun ka mas magiging confident...

B. PERCEPTION

From Cambridge Dictionary (2025):

Noun. “*From a belief or opinion, often held by many people and based on how things seem.*”

People Value Tattoos Differently

From Data Analysis & Coding: Context-Based Acceptance, Cultural, Generational, and Institutional Norms, Acceptability Boundaries, Social Evolution and Generational Shift, Generational Tensions and Conflict, Public Image & Judgment, Appearance vs. Professionalism Conflict

From Journal Articles/ Literature:

Bilham, S. (2024). Public perceptions of tattoos in healthcare: A qualitative exploration.

Lee, M., Newby, K., & Lee, A. (2023). Nurses with Visible Tattoos and the Issue of Stigmatization by the Public. *British Journal of Nursing*.

People’s attitudes toward tattoos in healthcare are far from solid, representing a spectrum of cultural, generational, and personal biases that impact how nursing practitioners are seen. Bilham’s qualitative exploration (2024) illustrates that while some patients view tattoos as marks of individuality and life experience—interpreting them as conversation starters that humanize the caregiver—others associate visible ink with unprofessionalism or underlying risk behaviors, revealing deep-seated stereotypes that persist even in clinical contexts.

Complementing this, Lee, Newby, and Lee (2023) describe instances of stigmatization in which members of the public projected moral judgments upon tattooed nurses, confusing body art with lower ability or doubtful character. Yet the same study also finds that acceptability rises considerably when tattoos are culturally relevant or obviously linked to altruistic symbols—such as medical insignia or memorial motifs—suggesting that meaning and context can regulate evaluative responses. Together, these findings underline that tattoos work as semiotic devices whose reception relies on the observer’s history and the ink’s perceived significance: what for one person indicates camaraderie and authenticity may for another trigger uneasiness or distrust. This variety underscores the significance of awareness-raising and conversation to develop more inclusive perspectives, ensuring that nurses’ self-expressive choices do not become inadvertent barriers to patient rapport

Table 6: CATEGORY-People Values Tattoos Differently

PARTICIPANTS	SAMPLE INCIDENTS
Participant 5	...Kasi, culturally, in the Philippine context, pinaperceive ng people or ng mga matatanda sa atin na pag meron kang tattoo, you're a criminal, or you are a bad person...
Participant 8	...there is a negative connotation when you have a tattoo in your body, especially kung ito ay exposed...
Participant 22	...To some people, it may appear unprofessional and unhygienic...

C. MANAGEMENT

From Merriam-Webster Dictionary (2025):

Verb. “to make and keep compliant.”

NURSES ADAPTING TO CONFORM

From Data Analysis & Coding: Performance Over Appearance, Management & Risk-Reduction, Inclusive Policy & Guidelines Push, Policy Enforcement Varies, Tattoo Visibility Management as Compromise, Education & Awareness

From Journal Articles/ Literature:

Nease, B., Hester, S. W., Cassada, A. M., Stowers, C., & Fisher, G. (2021). Patients’ perceptions of care provided by nurses with visible tattoos.

Nurses who prefer to have tattoos must often negotiate their professional identity against increasing patient expectations and institutional dress standards, using adaptive techniques that honor both personal authenticity and group trust. Nease et al.’s (2021) study of patient responses to tattooed nurses reveals that, although societal acceptance of visible ink is on the rise and most patients report neutral or even favorable impressions, many nurses still feel compelled to modify the visibility of their tattoos—through covering sleeves, strategic placement, or opting for more discreet designs—to align with conventional notions of clinical decorum.

This adaptive professionalism underscores a dynamic interplay: as tattoos become normalized symbols of individual narrative, nurses continuously recalibrate how much of their personal story to reveal, balancing transparency with the overarching goal of minimizing any potential distraction or discomfort for those in their care. In doing so, they not only adjust to altering cultural standards but also actively set the bounds of what is regarded as acceptable in healthcare, modeling a sort of self-regulation that simultaneously retains patient confidence and gently increases the scope of professional appearance.

TABLE 7: CATEGORY-Nurses Adapting to Conform

PARTICIPANTS	SAMPLE INCIDENTS
Participant 9	...Bigyan natin sila ng education regarding [that], hindi natin ipresent as bawal, i-educate lang natin sila parang these areas are unacceptable, so mahirapan ka... so present lang natin na bibigyan natin sila ng facts...
Participant 16	...Institutional policies require tattoos to be covered while in uniform...
Participant 30	...Kasi, may mga, madaming may tattoo sa amin, pero covered. So, if ever may be visible, so they'll, like, ano, do something para macover siya...

PART 5: THEORETICAL GROUNDING (Validation vis-à-vis Theoretical Matching)

Addressing the weaknesses and controversy concerning the use of the GT method in generating theory. Grounding through theoretical matching means that the evolved theory is matched and confronted with other

existing theories, where comparison is made of the categories that emerged, as well as of the theory itself.

Identified Theories for Comparison & Theoretical Matching:

Theoretical Matching 1: Santos, M. L. L. C., & Villafranca, M. C. (2019). The Art in Pain on Becoming A Tattooed Person: A Grounded Theory.

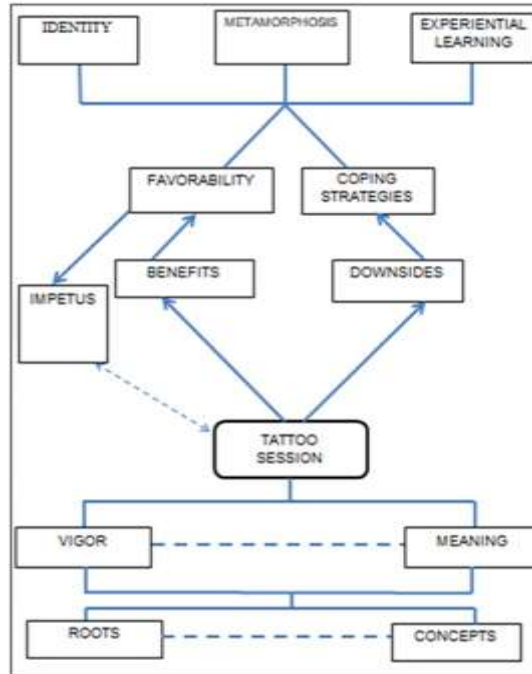


Figure 2: Proposed theoretical model and process of becoming a tattooed person (Santos & Villafranca, 2019)

Santos and Villafranca’s grounded-theory model of “becoming a tattooed person” was developed from in-depth interviews with individuals who had recently undergone their first tattoo session, intending to explicate the stages by which personal motivations, embodied experience, and social feedback coalesce into a stable tattooed identity.

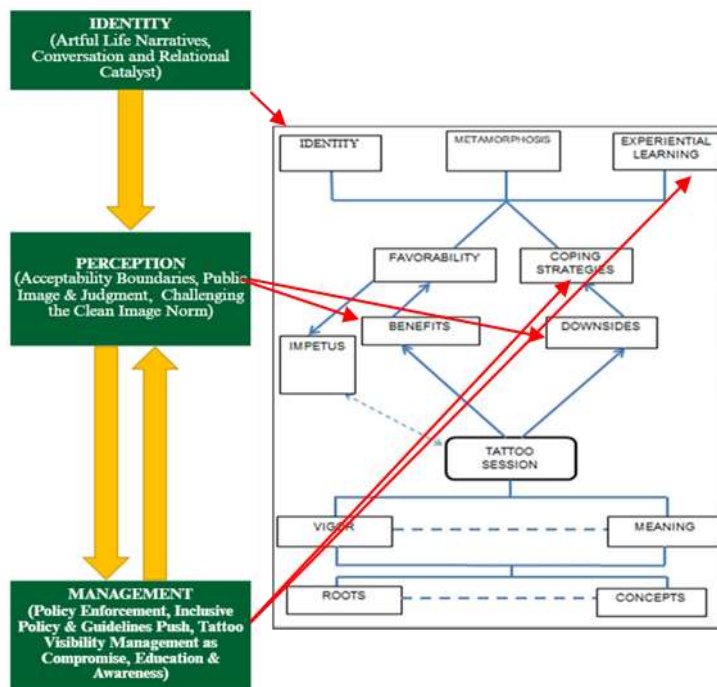


Figure 2a & b: THEORETICAL MATCHING with the process of becoming a tattooed person (Santos & Villafranca, 2019)

In this study’s framework for nurses with visible tattoos, the first core category—Identity (Self-Expression)—corresponds to the Identity and Metamorphosis stages, where roots and impetus drive tattoo decisions. Likewise, Perception (People Value Tattoos Differently) parallels the Benefits & Downsides constructs, capturing the dialectic of empowerment and stigma.

Finally, the Management category aligns with Coping Strategies and Experiential Learning—strategies used to navigate institutional guidelines and regulate tattoo visibility, analogous to policies, visibility management, and education in nursing. Although Santos and Villafranca’s model was not designed for healthcare, the congruence of identity, social appraisal, and adaptive negotiation supports the validity of this framework, showing that nurses’ experiences follow a similar trajectory to the broader tattooed population.

Theoretical Matching 2: Blumer, H. (1969). Symbolic Interactionism: Perspective and Method. University of California Press

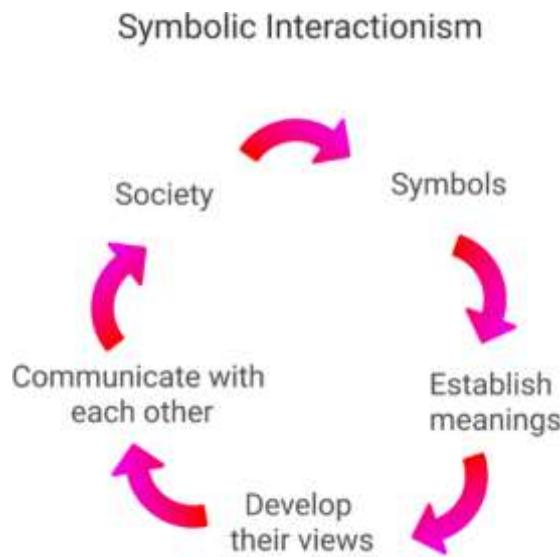


Figure 3: Blumer’s Symbolic Interactionism (Blumer, 1969)

Symbolic Interactionism is a sociological framework developed by Herbert Blumer, emphasizing that human behavior is guided by the meanings individuals ascribe to objects, actions, and symbols through ongoing social interaction.

According to Blumer, three core premises drive this process: first, people act toward things based on the meanings those things have for them; second, those meanings emerge and evolve through interaction with others; and third, individuals continually interpret and adjust these meanings as they encounter new experiences.

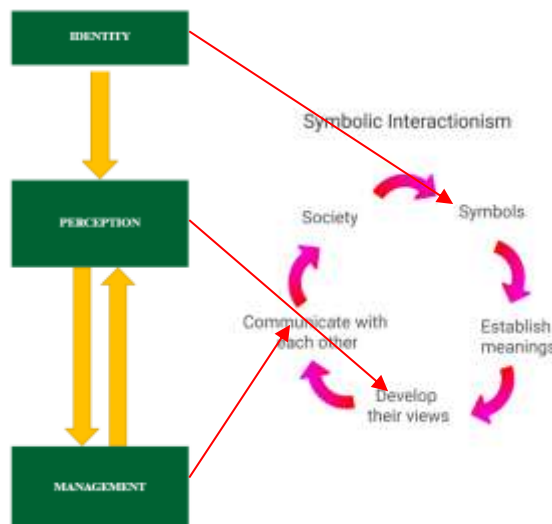


Figure 3a & b: THEORETICAL MATCHING with Blumer’s Symbolic Interactionism (Blumer, 1969)

In the first phase of the Symbolic Interactionism cycle—moving from “Society” to “Symbols” and “Establish Meanings”—the Identity core is established, where nurses assign personal meaning to their tattoos as symbols of resilience, memory, or self-expression, reflecting Blumer’s idea that meaning originates from individual interpretation. As the cycle progresses to “Develop Their Views” and “Communicate with Each Other,” the Perception core emerges, as patients, families, and colleagues interpret and negotiate these meanings, shaping judgments that influence rapport either positively or negatively. In the final phase, the cycle returns to “Society” and moves again through communication, highlighting the Management core, where institutional policies and professional norms guide how nurses respond—through covering tattoos, adjusting roles, or educating others. Hence, the cycle illustrates a continuous process in which personal meaning (Identity) is socially evaluated (Perception) and strategically managed (Management), contributing to an evolving institutional context.

Theoretical Matching 3: Goffman, E. (1959). Goffman’s Dramaturgical Model of Impression Management: The Presentation of Self in Everyday Life. Anchor Books.

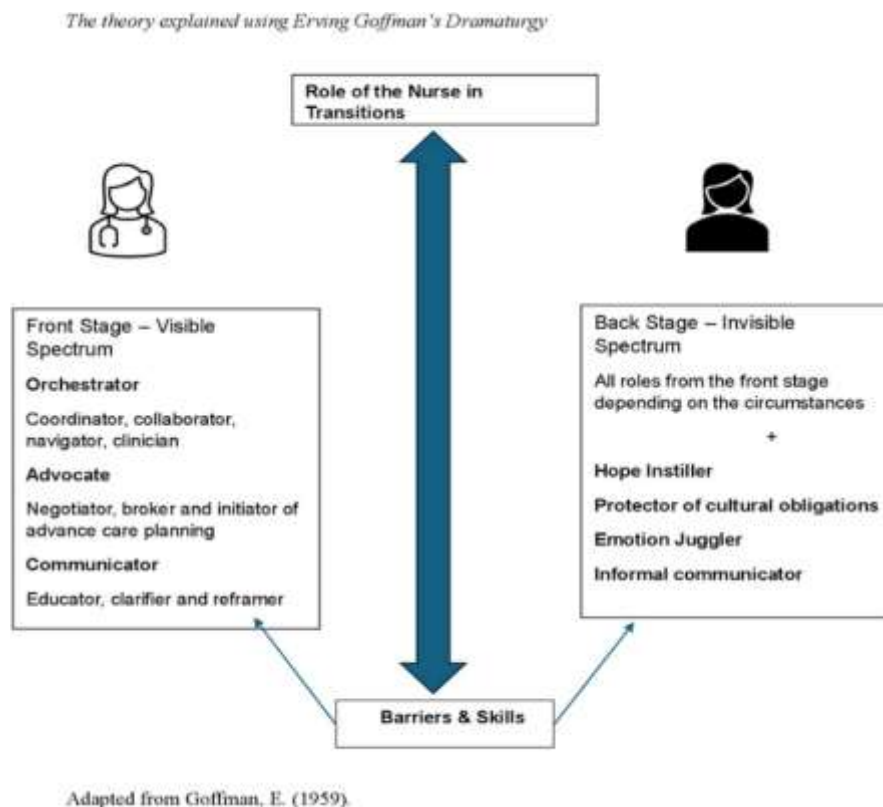


Figure 4: Theory Using Erving Goffman’s Dramaturgy (Geyer & Kirk 2025). Adapted from Goffman’s Dramaturgical Model of Impression Management Goffman, 1959)

Goffman’s Dramaturgical Model frames social interactions as theatrical performances in which individuals consciously manage the impressions they convey to others. In this paradigm, the “front stage” represents public settings—such as the hospital ward—where nurses must uphold a professional persona, often by selectively concealing or revealing tattoos as part of their “costume” and “props.” Conversely, the “backstage” offers private spaces where personal identity and self-expression can flourish without external judgment. Central to the model is the notion of impression management: the strategic use of appearance, behavior, and context to influence audience perceptions.

In 2025, Geyer and Kirk build on Goffman’s insights to show how this model applies in clinical settings: individuals (actors) manage the impressions they present to others (audiences) by controlling how they appear in different contexts. The model distinguishes between the front stage, where people perform public roles under social expectations, and the back stage, where individuals can be more authentic and relaxed. It also highlights the use of props and costumes—such as clothing, speech, or body art—to reinforce identity in a given context.

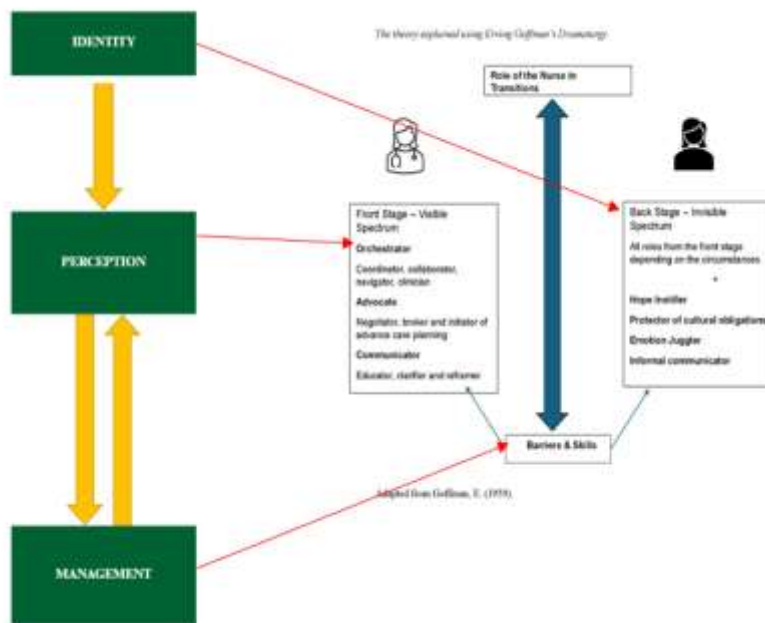


Figure 4a&b: Theory Using Erving Goffman’s Dramaturgy (Geyer & Kirk 2025). Adapted from Goffman’s Dramaturgical Model of Impression Management Goffman, 1959)

Goffman’s concept of “costume and props”—the visible elements actors use to project identity—aligns with the Identity core, where nurses use tattoos as embodied symbols of strength, personal history, and values, originating as private expressions that become tools for public storytelling. This extends to the Perception core through Goffman’s “front-stage performance,” where patients, colleagues, and administrators evaluate tattoos within cultural and generational norms, shaping judgments about professionalism, trustworthiness, and rapport, whether positively or through stigma. Lastly, Goffman’s “impression-management tactics” correspond to the Management core, as nurses adjust tattoo visibility, roles, or behaviors to maintain a credible professional image. These parallels show how personal identity is expressed, socially evaluated, and strategically managed to align with professional expectations.

Part 6: Evaluation of Theoretical Cohesion (Validation vis-à-vis Evaluation of Internal Cohesion and Congruence)

In evaluating the theoretical cohesion of the framework established in the study of nurses with visible tattoos, the researcher examines its internal cohesion and congruence with well-established theories, such as Santos and Villafranca’s model, Blumer’s Symbolic Interactionism, and Goffman’s dramaturgical theory. The key purpose of this evaluation is to assess whether the core categories of the framework — Identity (Self-Expression), Perception (People Value Tattoos Differently), and Management—are logically consistent and whether they align with established theoretical models in a manner that is coherent and valid. This evaluation of cohesion aims to validate the study's framework by demonstrating its structural integrity and theoretical compatibility.

A. Internal Cohesion of the Framework

The framework integrates three core categories—Identity, Perception, and Management—which correspond to specific phases in the lives of nurses with visible tattoos. In terms of internal cohesion, the framework successfully weaves together personal identity, social perception, and adaptive management into a coherent model that reflects the experiences of tattooed nurses.

The **Identity** core is grounded in the theory that tattoos are deeply personal forms of self-expression. Nurses who choose to display visible tattoos do so as an expression of their identity, values, and personal history. This aligns with the Identity and Metamorphosis stages of Santos and Villafranca’s model, where identity is formed and metamorphosed into a visible and symbolic marker. The tattoos, in this sense, are a tangible manifestation

of who the nurses are, serving as an initial form of self-expression before they encounter social perceptions.

The **Perception** core is built around how others perceive tattoos, which is crucial in the professional setting. Tattoos are not static; their meanings evolve in interaction with others in the workplace, particularly patients, colleagues, and administrators. This core reflects Blumer's Symbolic Interactionism, as it acknowledges that meaning is constructed through social interaction. The study captures how tattoos move from personal symbols of identity to social symbols interpreted by others in the context of professional relationships.

The **Management** core refers to the strategies that nurses use to negotiate institutional guidelines and social norms regarding the visibility of tattoos. Nurses must engage in impression management to ensure their tattoos align with professional expectations, while also preserving their personal identity. This core category aligns with Goffman's dramaturgical theory, where visible tattoos function as "props" in a professional performance. Nurses must navigate these "front-stage" social expectations while managing their self-presentation and negotiating visibility to maintain professionalism and personal authenticity.

The three core categories exhibit strong internal cohesion. Each category builds upon the previous one, creating a narrative that logically moves from the personal (Identity) to the social (Perception), and then to the adaptive management strategies (Management). These categories interact seamlessly, forming a coherent framework that accurately reflects the experiences of nurses with visible tattoos. The smooth progression from self-expression to social interpretation, followed by management strategies, establishes an internally consistent and logical model of tattooed nurses' experiences.

B. Congruence with Established Theories

In evaluating congruence, the researcher assesses how well the core categories of the framework align with existing theoretical models. For a framework to demonstrate congruence, it must integrate and build upon well-established theories without distorting or oversimplifying their original concepts. In this case, the framework draws heavily from Santos and Villafranca's model, Blumer's Symbolic Interactionism, and Goffman's dramaturgical theory.

The framework aligns closely with Santos and Villafranca's model, particularly the stages of **Identity** and **Metamorphosis**, **Benefits and Downsides**, and **Coping Strategies**. The Identity (Self-Expression) core directly maps to the Identity and Metamorphosis stages, where identity is a process that involves both internal and external factors. The Perception (People Value Tattoos Differently) core reflects the Benefits and Downsides constructs, emphasizing how tattoos are perceived both positively and negatively. The Management core mirrors the Coping Strategies phase, as nurses adopt various strategies to manage their visibility and professional roles. By aligning these core categories with the stages of Santos and Villafranca's model, the study's framework demonstrates strong congruence, reinforcing the framework's applicability in understanding tattooed nurses' experiences.

The **Perception** core exhibits a clear congruence with Blumer's Symbolic Interactionism, which emphasizes that meaning is derived through social interaction. In the context of tattooed nurses, tattoos are personal symbols that undergo a transformation as they are interpreted by others. Blumer's theory of meaning-making aligns directly with how Perception is formed through interactions between nurses and their colleagues, patients, and administrators. The Symbolic Interactionism cycle is reflected in the framework's depiction of how tattoos evolve from personal expressions to social symbols, demonstrating congruence with Blumer's foundational ideas about the social construction of meaning.

The **Management** core is in clear alignment with Goffman's dramaturgical theory, which posits that individuals perform roles in social settings, managing impressions and presenting themselves in ways that conform to societal expectations. In the case of tattooed nurses, the tattoos act as "props" in the performance of their professional roles. Nurses actively manage the visibility and presentation of their tattoos to align with institutional norms, similar to how actors use costumes and props to convey particular roles. This alignment with Goffman's theory strengthens the congruence of the framework, demonstrating that the management strategies described in the study reflect the concepts of impression management and front-stage performance.

The framework exhibits strong congruence with the theoretical models it draws upon. The alignment with Santos and Villafranca’s model, Blumer’s Symbolic Interactionism, and Goffman’s dramaturgical theory is clear and consistent. Each of the core categories (Identity, Perception, Management) fits neatly within the theoretical frameworks of identity formation, social interpretation, and impression management, respectively. This congruence validates the study’s theoretical approach, confirming that the framework is grounded in established sociological theories.

The study’s framework on nurses with visible tattoos demonstrates high theoretical cohesion and congruence with established theories. The internal cohesion is evident in the logical flow from Identity (personal self-expression) to Perception (social interpretations) to Management (adaptive strategies), creating a cohesive and comprehensive model. Furthermore, the framework exhibits strong congruence with Santos and Villafranca’s model, Blumer’s Symbolic Interactionism, and Goffman’s dramaturgical theory, ensuring that the framework aligns with well-established theories and provides a robust theoretical foundation.

This evaluation affirms the validity of the framework, demonstrating its coherence and theoretical grounding. The integration of these theories strengthens the framework's applicability and enhances its contribution to understanding the experiences of tattooed nurses in professional environments. The study successfully validates the theoretical cohesion by confirming both the internal consistency of the framework and its alignment with established theoretical models.



Figure 5: CONCEPTUAL FRAMEWORK: Diverse Perspectives on Nurses with Visible Tattoos

Figure 5 illustrates the flow of interactions and perceptions regarding nurses with visible tattoos in healthcare settings, with a focus on both positive and negative perceptions. The figure begins by presenting visible tattoos as expressions of personal identity, reflecting individuality, life experiences, and personal stories. This section emphasizes the positive aspect of tattoos, portraying them as symbols of self-expression and personal meaning.

The flow then moves to how these tattoos are perceived by different groups within the healthcare environment, such as patients, nurses, and healthcare administrators. Here, the figure demonstrates the negative perceptions,

where tattoos are sometimes associated with unprofessionalism or stereotypes of criminality, particularly by older generations or more conservative institutions. On the positive side, the figure also shows that some individuals view tattoos as symbols of authenticity and individuality, helping to foster more inclusive and diverse perceptions in healthcare settings.

Finally, the figure illustrates how nurses actively manage these perceptions. Negative reactions to visible tattoos often lead nurses to adopt strategies such as concealing tattoos or adjusting their visibility to meet professional standards. However, the positive perceptions encourage nurses to advocate for policy changes, create more inclusive environments, and confidently express their personal identity while still adhering to professional norms.

CONCLUSION

The goal of this study was to create a solid conceptual framework for understanding how nurses with visible tattoos are seen, understood, and dealt with in Philippine healthcare settings. The study used semi-structured interviews with thirty (30) people.

This study strengthens the quotation by Margaret Wolfe Hungerford in her novel, *Molly Bawn*, “Beauty is in the eye of the beholder”. Upon deeply exploring the diverse perspectives on nurses with visible tattoos along the CALABARZON region in the Philippines, only one answer afloat—with the diversity of the respondents and the narrative extracted from them, perceptions about nurses with tattoos truly both lie depending on the context of those who will view it and what they will be seeing.

Thus, what and who is being communicated through the tattoo itself matters the most. The conceptual framework may be used to inform institutional dress code and human resources policy, direct diversity and sensitivity training, and inform curriculum planning in nursing education to address professional image and inclusive practice. It adds to qualitative literature on nursing diversity in local health-care settings and lays a foundation for cross-cultural comparison and future empirical study of appearance, trust, and workforce policy in the nursing arena. Definitely, this study calls to be a basis of inclusivity among the tattooed nurses who only aim to deliver the care their duty calls for.

It found that tattoos are not only powerful ways to express oneself and one's identity, but they also spark social conversation. For a lot of nurses, their tattoos turn their skin into a canvas for their own stories, cultural ties, and aesthetic choices. People of different ages and cultural backgrounds have very different opinions about body art. Younger and more culturally progressive people often see it as neutral or even positive, while older or more conservative people may still think that visible tattoos are unprofessional or biased.

These data led to the creation of three main categories: Identity, Perception, and Management. Together, these make up a multi-grounded theory that explains how tattooed nurses balance being themselves with meeting professional standards. The results show that people get tattoos for intrinsic reasons, such as wanting to express themselves, celebrate their life experiences, and assert their personality. These reasons fall under the category of Identity. The Perception category shows how visible ink can have both good and bad effects, and how societal norms and institutional policies can either support or shame tattooed nurses. Finally, the Management category shows how nurses deal with this situation without losing their sense of self or the quality of care they provide. They do things like putting more emphasis on performance than appearance, hiding tattoos selectively when interacting with patients, and pushing for clearer, content-based dress codes.

This study's multi-grounded theory is a strong tool for understanding and dealing with the complexities of visible tattoos in nursing because it combines a lot of real-world data with solid theoretical foundations. It imagines a healthcare setting where authenticity and artistry go hand in hand with great patient care, and where enlightened policies, targeted education, and ongoing research work together to break down the last barriers to inclusivity.

Future Directions

Several avenues for future research emerge from this study. Specifically, the researcher prompts future

researchers to integrate the following:

1. Cross-Cultural and Multi-Site Replication

Subsequent research should duplicate this study in other Philippine regions, such as Metro Manila, Visayas, or even in Mindanao, and in diverse foreign situations. Such work would examine the transferability of the Identity–Perception–Management framework across different institutional norms, religious traditions, and generational cohorts.

2. Quantitative Instrument Development and Validation

Building on the basic principles of Identity, Perception, and Management, researchers should build and psychometrically validate survey measures. Such instruments would statistically assess the significance of tattoos as identity marks, stakeholder attitudes, and self-reported management practices, enabling structural equation modeling of the expected correlations.

3. Policy Intervention Pilots and Evaluation

It is advised that co-created dress-code policies or training seminars be operated within academic and clinical organizations. Rigorous evaluation should measure policy compliance, shifts in stakeholder attitudes, and any unintended repercussions, providing data to update guidelines that balance professional norms with self-expression. An update of the Related Learning Experience Handbook is also suggested, since nurses enter diverse practice settings where perceptions of visible tattoos may vary. Rather than a blanket prohibition on visibility, institutions should allow visible tattoos provided they do not feature explicitly offensive, violent, or discriminatory imagery. This would allow personal expression while maintaining a professional environment that is free from imagery that could compromise patient trust or safety.

4. Comparative Studies of Aesthetic vs. Semantic Modalities

Researchers are urged to compare opinions of simple aesthetic treatments and tattoos containing explicit symbolic content (political, religious, commemorative). Such comparative studies would refine the “Boundaries of Acceptability” concept by differentiating functional beauty enhancements from expressive body art.

5. Advanced Theoretical Grounding and Meta-Synthesis

A meta-synthesis of qualitative and quantitative studies should be done to integrate the emergent model with current professionalism frameworks and general attitude-behavior theories. This effort would promote the construction of a parsimonious middle-range theory regarding visible tattoos in healthcare.

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