

THE IMPORTANCE OF HUMANIZED CARE FOR WOMEN WHO ARE BALD DUE TO MEDICAL OR TRAUMATIC FACTORS: EMPATHY, WELCOMING PRACTICES, AND PROFESSIONAL ETHICS IN THE BEAUTY SECTOR

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ABSTRACT

Hair loss in women resulting from medical treatments or traumatic events represents a profound transformation that extends beyond physical appearance, affecting identity, emotional well-being, and social interaction. In this context, the role of the beauty sector transcends aesthetic intervention and assumes ethical and psychosocial significance. This article examines the importance of humanized care for women who are bald due to medical or traumatic factors, emphasizing empathy, welcoming practices, and professional ethics as central pillars of responsible beauty services. Drawing on interdisciplinary academic literature from psychology, healthcare, and service ethics, the discussion highlights how empathic communication, individualized attention, and ethical conduct contribute to emotional safety, dignity, and empowerment. The analysis underscores the need for professional training that integrates emotional intelligence, cultural humility, and ethical awareness, positioning beauty environments as supportive spaces capable of fostering resilience and self-esteem. Ultimately, the article argues that humanized care is not an optional enhancement but a fundamental ethical obligation within the beauty sector when serving women experiencing hair loss.

Keywords: Humanized Care. Female Hair Loss. Empathy. Beauty Ethics. Psychosocial Well-Being.

INTRODUCTION

Hair loss among women due to medical treatments or traumatic events presents not only a physical transformation but profound psychosocial challenges that intersect self-image, identity, and well-being. While research has extensively examined the psychological impact of hair loss, particularly in contexts such as cancer treatment and alopecia areata (Mann et al., 2020; Hunt & McHale, 2005), there remains a pressing need to articulate and integrate frameworks of *humanized care* within beauty and personal care settings. Humanized care encompasses practices that are grounded in empathy, dignity, individualized attention, and ethical responsiveness to lived experience. In the context of beauty services, where appearance and self-presentation are central to both service delivery and client expectations, integrating humanized care becomes an ethical imperative rather than an optional enhancement.

Empathy, understood as the ability to perceive, understand, and respond to the emotional states of others, serves as a foundational principle in humanized care. Empirical evidence demonstrates that empathic interactions contribute to improved psychological outcomes and client satisfaction in health-related and service environments (Decety & Jackson, 2004; Hojat, 2007). For women experiencing hair loss due to chemotherapy, autoimmune disorders, or physical trauma, the salon experience can trigger heightened vulnerability and self-consciousness. Practitioners who actively demonstrate empathic listening — validating feelings of loss, fear, or insecurity — foster a relational space that mitigates anxiety and reinforces personal agency. This relational attunement transcends technical skill alone and situates beauty care within the broader psychosocial support ecosystem.

Accompanying empathy, the concept of *welcoming care* implies creating an environment where clients feel safe, respected, and understood from the moment of entry through service completion. Welcoming care is not merely hospitable; it is structured around *cultural humility*, recognizing that each individual's experience of hair loss carries unique emotional, cultural, and existential meanings (Tervalon & Murray-García, 1998). In beauty settings, welcoming care involves attentive communication about preferences, sensitivities, and expectations prior to any treatment. It also entails adapting service routines to accommodate discomfort or insecurity that clients may feel due to visible change in appearance. Research on patient-centered care in allied health fields underscores that such tailored interaction increases client trust, adherence to service suggestions, and overall well-being (Epstein & Street, 2011).

The ethical dimensions of professional conduct within the beauty sector demand particular consideration when working with populations affected by medical or traumatic hair loss. Beauty professionals occupy a dual role: they provide aesthetic services while also impacting clients' self-esteem and emotional equilibrium. Ethical practice therefore requires informed consent, confidentiality, non-judgmental attitudes, and ongoing professional development in psychosocial competencies. The principles outlined in the International Council of Nurses Code of Ethics — respect for human dignity, autonomy, and compassionate care — are relevant across service professions and support integrating ethical reflection into beauty care practice (International Council of Nurses, 2012). Ethical practice also involves recognizing power imbalances between practitioner and client, particularly when clients appear vulnerable due to health-related transformations, and ensuring that services do not exploit insecurities for commercial gain.

Training and education are essential to fortify empathy, welcoming care, and ethics among beauty professionals. Studies affirm that structured training in communication skills, emotional intelligence, and cultural sensitivity translates into measurable improvements in client experience and professional confidence (Weng et al., 2011). For women coping with hair loss, interactions with poorly equipped or insensitive practitioners can inadvertently compound distress, reinforcing stigma and internalized shame. Conversely, when practitioners are prepared to engage with authenticity, patience, and reflective awareness, the beauty service becomes a site of empowerment rather than anxiety.

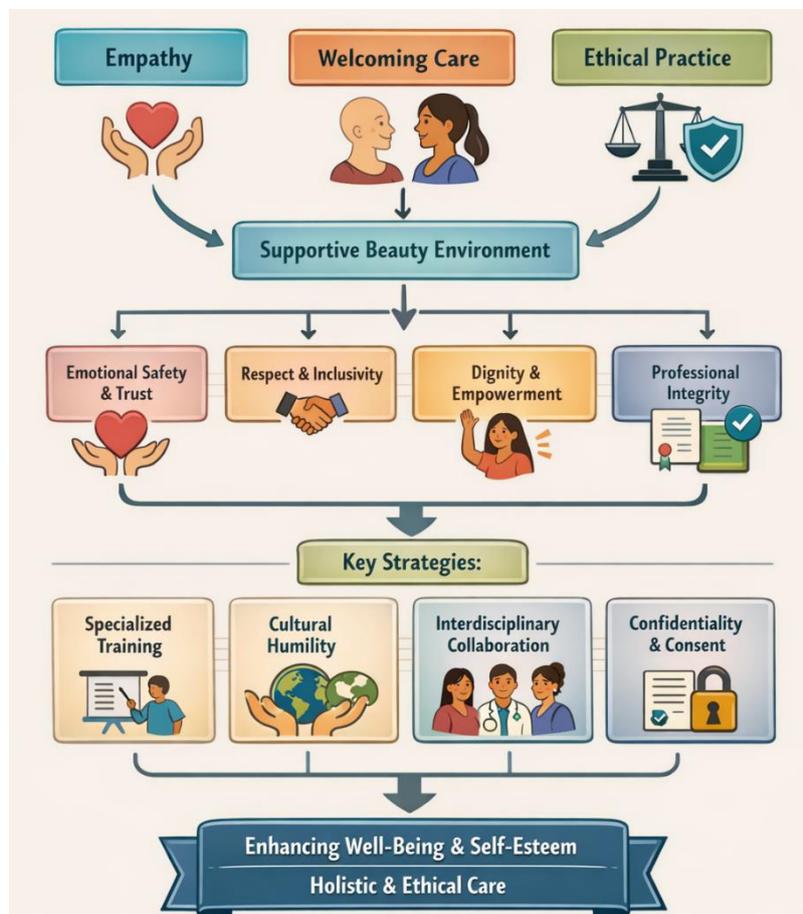
Finally, interdisciplinary collaboration between healthcare providers, psychosocial support services, and beauty professionals offers a promising direction for advancing humanized care. Such collaboration can help create holistic care pathways for women experiencing hair loss, ensuring that aesthetic support is informed by psychological insights and grounded in standards of ethical, empathic practice. Recognizing the intertwined nature of physical appearance and emotional well-being demands that the beauty sector embrace its role within a broader care ecology that uplifts dignity, supports resilience, and honors the lived experiences of those it serves.

The flowchart illustrates a humanized care model for women who are bald due to medical or traumatic factors by organizing the process into interconnected ethical and emotional dimensions within the beauty sector. It begins with the core principles of empathy, welcoming care, and ethical practice, which together form the foundation for creating a supportive beauty environment. This environment prioritizes emotional safety, trust, respect, inclusivity, dignity, empowerment, and professional integrity, recognizing the vulnerability and

individuality of each client. The model then highlights key strategies—such as specialized professional training, cultural humility, interdisciplinary collaboration, and strict adherence to confidentiality and informed consent—that operationalize humanized care in daily practice. Ultimately, the flowchart demonstrates how the integration of these elements leads to enhanced well-being and self-esteem, positioning beauty services as holistic, ethical, and psychologically supportive spaces rather than purely aesthetic interventions.

Figure 1

Humanized Care Framework for Women Experiencing Medical or Traumatic Hair Loss in the Beauty Sector



Source: Created by author.

In conclusion, humanized care for women who are bald due to medical or traumatic causes is not a peripheral concern but an essential dimension of ethical, empathic beauty practice. Grounded in empathy, welcoming interaction, and ethical accountability, humanized care honors the complexity of hair loss beyond physical aesthetics and affirms the client as a whole person. Integrating these principles into professional training and service delivery can transform beauty environments into spaces of support, respect, and healing.

REFERENCES

- Decety, J., & Jackson, P. L. (2004). The functional architecture of human empathy. *Behavioral and Cognitive Neuroscience Reviews*, 3(2), 71–100.
- Epstein, R. M., & Street, R. L. (2011). *The values and value of patient-centered care*. Annals of Family Medicine.
- Hojat, M. (2007). *Empathy in patient care: Antecedents, development, measurement, and outcomes*. Springer.
- Hunt, N., & McHale, S. (2005). The psychological impact of alopecia. *BMJ*, 331(7522), 951–953.
- International Council of Nurses. (2012). *The ICN code of ethics for nurses*. ICN.
- Mann, G. T., Katz, A., & Pan, J. (2020). Hair loss following chemotherapy: insights into psychosocial impact and management strategies. *Journal of Cancer Survivorship*.
- Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125.
- Weng, H. C., et al. (2011). Doctors' emotional intelligence and the patient–doctor relationship. *Medical Education*.