

The influence of physicians attire on patients perception in Rawalpindi /Islamabad, Pakistan

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Objective: To evaluate the influence of physician attire on patient perceptions including their trust, satisfaction and confidence.

Methodology: This cross-sectional observational study using self-administered questionnaires was carried out in the Gynecology and Obstetrics department of Al Sadiq SSH and Quaid e Azam International Hospital, Rawalpindi, Pakistan from January 2017 to April 2017.

Results: Of the 450 patients or caretakers who were approached, 336 responded to the questionnaire, with 280 complete responses used in subsequent analyses. The mean age of

respondents was 41.9 years and 40.3% were male. Regardless of a doctor's gender, the white coat with formal dress was judged to be the most appropriate style of dress, followed by surgical scrubs with white coat.

Conclusion: Attire is one of the important factors that inspires patients trust and confidence in physicians. Shirt and tie with white coat or scrubs remains the patient's preferred attire for physicians compared to short sleeved shirt and no tie. (Rawal Med J 201;43:314-318).

Keywords: White coat, physicians attire, patients perception.

INTRODUCTION

The foundation of a positive patient-physician relationship rests on mutual trust, confidence and respect. Patients are not only more compliant when they perceive their doctors as being competent, supportive and respectful, but also more likely to discuss important information such as medication compliance, end-of-life wishes or sexual histories. For these reasons strategies that help in gaining patient trust and confidence are highly desirable.¹ The doctor's attire plays a great role in promoting trust and confidence in the patients.¹ Yamada et al reported that approximately 70% of their study participants considered that physicians' attire influenced their confidence in the physicians.² However, a few have reported that Surgeon's clothing choice does not significantly influence patient's opinion of the care they receive.³ Other factors, such as age, gender and the way in which physicians speak, have also been reported as influencing patient trust.

The reasons for doctors to use a white coat are varied, but the most commonly mentioned are easier identification by patients and colleagues, protection

of their own clothes against liquids and secretions and microorganisms, and the ability to carry instruments in the pockets.⁴ At the same time, there is another aspect why physicians may choose to do so is that as demonstrated by studies a significant portion of patients associate the white coat to the image of physicians with a professional attitude, who are better prepared, more concerned with patients and more hygienic.⁵ Evidence about coats' potential to transmit infection is probably lacking.⁶ There is a need to determine, patient preferences and factors influencing the impression made by the clothing worn by doctors.⁷ The main reason for conducting this study was to find the patients views in our part of the world.

METHODOLOGY

This cross-sectional, observational study was carried out at Quaide-Azam International Hospital and Al Sadiq- Saad Shaheed Hospital, Rawalpindi, Pakistan from January 2017 to April 2017. It was approved by the Ethics Committee of QIH. Participants comprised of patients and their attendants while they waited for routine outpatient

consultation. When approached, a formal verbal consent was obtained. Those who were illiterate, too ill or not willing to answer were excluded. A self-administered questionnaire was used for data collection. A five point Likert scale was used to assess responses to questions.⁸ Data was collected on patients demographics including age, gender, education and socioeconomic background.

Question One was about overall satisfaction with care received in the hospital using a five point Likert scale; 1. Extremely satisfied 2. Satisfied 3. Neither satisfied nor dissatisfied 4. Dissatisfied and 5. Extremely dissatisfied.

Participants were asked whether at any point during

their hospital stay, they felt that their attending doctor was inappropriately dressed and if so, what were they wearing. After gaining confidence, they were asked if a physicians impression on them was influenced by his/her attire. For the remaining four questions participants were shown two figures having five photographs of a male and a female volunteer dressed up as physicians. Five outfits were used 1. Scrubs 2. Scrubs and white coat 3. Formal dress and white coat 4. Formal dress and 5. Traditional dress. In order to minimize bias, images used for comparison showed the same doctor in same pose in all 5 image with one exception (Fig. 1).

Fig. 1. Different dresses shown to participants.



Patients were asked to comment on appropriateness of each attire and its affect on their level of trust and confidence using a five-point Likert scale, from 1 (most appropriate) to 5 (inappropriate). The fifth question assessed level of trust on their attending doctor varied in terms of being more knowledgeable; more responsible; more concerned about patients; more hygienic and more competent. Response variants ranged from extremely negative to extremely positively. Sixth question asked them to choose a physicians who would be trusted the most regarding the proposed diagnosis and

treatment. Last questions was as follows: With which of these physicians would you feel comfortable to: a. Have a routine medical appointment b. Have an emergency medical consultation c. Talk about psychological problems and d. Talk about sexual problems. Response varied from highly uncomfortable; uncomfortable; neither comfortable nor uncomfortable; comfortable to highly comfortable

RESULTS

A total of 450 patients and their accompanying

persons were approached; 336 agreed to participate and responded to questionnaire. 40 responses were incomplete and were excluded from the study. A total of 296 responses were analyzed. After analysis, 16 were discarded due to errors in completion or excessive number of unanswered questions. The final analysis considered 280 responses. The results were analyzed on SPSS version 13.

The first two questions were to build rapport with participants and gain their confidence. Most of them were satisfied with the services they received and were generally satisfied with their doctors appearance with a few exceptions who thought female doctors should be wearing head scarves. Most of them were of the view that physician's attire has an impact on the level of trust. Given choice to select the most appropriate attire they want their attending doctor to be wearing; outfit 3 (white coat with formals) was considered most appropriate; followed by outfit 2 (scrubs with white coat) (Table 1).

Table 1. Preferred dresses by participants.

Appropriateness	Outfit 1		Outfit 2		Outfit 3		Outfit 4		Outfit 5	
	No	%								
Extremely inappropriate	2	0.7	1	0.4	1	0.4	1	0.4	1	0.4
Inappropriate	23	8.2	4	1.4	1	0.4	6	2.1	28	10.0
Neither appropriate not inappropriate	64	22.9	32	11.4	9	3.2	113	40.4	197	70.4
Appropriate	169	60.4	148	52.9	141	50.4	159	56.8	48	17.1
Extremely appropriate	22	7.9	94	33.6	128	45.7	1	0.4	6	2.1

In terms of being more knowledgeable, responsible, hygienic, competent and being more concerned about their patients confidence was shown with outfit 3 followed by outfit 2 and 1. Less faith was shown for outfit 4 and 5 (Fig. 2).

Fig. 2. Outfits preferred in various competencies.

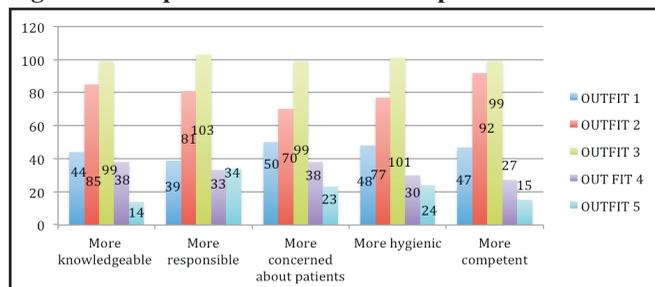
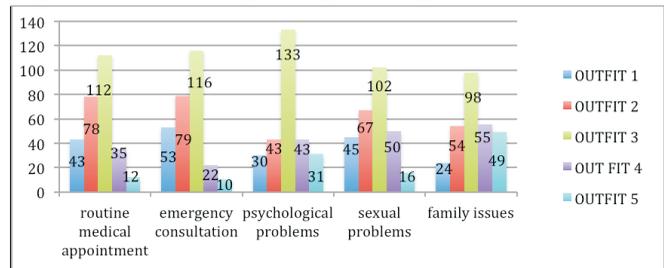


Fig. 3. Preferences regarding check ups.



Response to last question as to with whom would a patient prefer to have a routine medical appointment, emergency consultation, discuss psychological/sexual problems and family issues with are shown in Fig 3.

DISCUSSION

Bare Below Elbows (BBE) is an initiative aiming to improve the effectiveness of hand hygiene performed by health care workers and to prevent cross contamination via staff attire. Hospitals in UK and in Australia have adopted this policy since 2010 and a growing number are doing the same in North America. A few studies have shown that necktie acts as a reservoir for pathogenic bacteria and plays a role as vector for disseminating contamination.⁹ Other items of health care personal apparel have also been held responsible for being contaminated with potential pathogens. However a lot of controversy exists in this regard despite all the claims so far role of clothing in horizontal transmission of microorganisms to patients has not been established and remains undetermined. The paucity of evidence has stymied efforts to produce generalized, evidence-based recommendations, resulting in widely disparate practices and requirements that vary by country, region, culture, facility, and discipline.¹⁰

Many studies highlight how the introduction of BBE policy as a quality improvement measure could potentially have negative effects on patient trust and perception of their attending surgeons. Such far reaching implications of a policy change are often unpredictable, especially when tried and tested policies from one health-jurisdiction are adopted in another where cultural differences may

exist.¹¹ The current available evidence has not conclusively linked white coats with increased infection rates; consequently, the contribution white coats make to medical practice should be taken into consideration.¹²

Patients have preference for white coats in terms of confidence, intelligence, trust, and safety¹³ and it contributes to greater comfort while communicating with their physicians. Information about the theoretical risk of coat-carried infection has only a minimal influence on their opinions. Our finding that consciously or subconscious patients tend to prefer their doctors wearing white coats is consistent with other studies worldwide.¹⁴ The two most preferred attires in our study, white coat and scrubs, share the commonality of being a uniform, which may help patients and families identify their health care providers. Third, we affirmed that regardless of dress, professionalism, neat grooming, and a clear name tag are perceived as a requisite by patient families.

Despite cultural and social differences between countries, white coat is considered as a symbol of professionalism. Cynics feel that the reason behind loss of white coat and formal attire was to take status and respect away from hospital doctors, and that infection control has nothing to do with it.¹⁵ Doctors are members of a distinguished profession and should dress accordingly.¹⁶ It is suggested that if neckties are worn, they should be secured by a white coat or other means to prevent them from coming into direct contact with patients or near-patient environment. White coats and neckties should be washed frequently on a regular basis.

CONCLUSION

The doctor's attire functions as an effective tool of non-verbal communication in order to signal confidence, trust and empathy and establish a good patient-doctor relationship. Patients want to see their doctors dressed up in a professional manner, for this reason the pendulum seems to be swinging back to normal i.e white coat and formal dress.

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Conception and design: Ghazala Sadiq
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REFERENCES

1. Chang DS, Lee H, Lee H, Park HJ, Chae Y. What to Wear When Practicing Oriental Medicine: Patients' Preferences for Doctors' Attire. *J Alternative Complement Med* 2011;8:763-7.
2. Yamada Y, Takahashi O, Ohde S, Deshpande GA, Fukui T. Patients' preferences for doctors' attire in Japan. *Intern Med* 2010;49:1521-6.
3. Edwards RD1, Saladyga AT, Schriver JP, Davis KG. Patient attitudes to surgeons' attire in an outpatient clinic setting: substance over style. *Am J Surg* 2012;204:663-5.
4. Yonekura CL, Certain L, Karen SKK, Alcântara GAS, Ribeiro LG, et al. Perceptions of patients, physicians, and medical students on physicians' appearance: *Rev Assoc Med Bras* 2013;59:452-9.
5. Kurihara H, Maeno T, Maeno T. Importance of physicians' attire: factors influencing the impression it makes on patients, a cross-sectional study. *Asia Pac Fam Med* 2014;13:1-2.
6. González CP, Lawrence DR. Substance over style: is there something wrong with abandoning the white coat? *J Med Ethics* 2015;41:4336.
7. Au S, Khandwala F, Stelfox HT. Physician Attire in the Intensive Care Unit and Patient Family Perceptions of Physician Professional Characteristics. *JAMA Intern Med* 2013;173:465-7.
8. Sullivan GM, Artino AR Jr. Analyzing and Interpreting Data From Likert-Type Scales: *J Grad Med Educ* 2013;5:5412.
9. Meshkat B, Bass GA, Matcoviçi M, Farnes Z, Buckley C. Patients attitude towards surgeons attire in Our Lady of Lourdes Hospital Drogheda. *Int J Health Policy Manag* 2015;4:21720.
10. Shabbir MN, Ahmed I, Iqbal MA, Najam MS. Incidence of necktie as a vector in nosocomial infection. *Pak J Surg* 2013;29:224-5.
11. Landry M, Dornelles AC, Hayek G, Deichmann RE. Patient Preferences for Doctor Attire: The White Coat's Place in the Medical Profession. *Ochsner J* 2013;13:33442.
12. Hueston WJ1, Carek SM. Patients' preference for physician attire: a survey of patients in family medicine

- training practices. *Fam Med* 2011;43:643-7.
13. Jennings JD, Ciaravino SG, Ramsey FV, Haydel C. Physicians' Attire Influences Patients' Perceptions in the Urban Outpatient Orthopaedic Surgery Setting. *Clin Orthop Relat Res* 2016; 474:1908-18.
 14. Bearman G, Bryant K, Leek S, Mayer J, Munoz-Price LS. Healthcare Personnel Attire in Non-Operating-Room Settings. *Infect Control Hosp Epidemiol* 2014;35:107-21.
 15. Petrilli CM, Mack M, Petrilli JJ, Hickner A, Saint S. Understanding the role of physician attire on patient perceptions: a systematic review of the literature targeting attire to improve likelihood of rapport (TAILOR) investigators. *BMJ Open* 2015;5:e 006578 doi:10.1136/bmjopen-2014-006578
 16. Dancer SJ. Put your ties back on: scruffy doctors damage our reputation and indicate a decline in hygiene. *BMJ* 2013; ;346:f3211. doi:0.1136/bmj.f3211.