

Original Article

Preferences of Iranian patients about style of labelling and calling of their physicians

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Abstract

Objective: To document the performance of patients regarding label styles of their doctors and modes of addressing them.

Methods: In this descriptive survey, 400 patients, at two teaching hospitals - Hajar and Kashani - with a mean age of 40.5 ± 19.5 years were enrolled. Their demographic data, disorder type and duration were recorded. Photos demonstrating different label and attire styles based on Iranian culture were shown to the patients and they were asked to mark their performances about the necessity of wearing name badge. They were also requested to nominate the way they preferred to be addressed by the doctors.

Results: Of the participants, 180 (45%) were men; 307 (76.8%) were married; and the mean duration of hospitalisation was 2.5 ± 2.1 days. Most of the patients, ($n = 320$; 80%) stated that the doctor should always wear a name badge; 301 (75.3%) preferred to call their physicians by title; and 227 (56.8%) preferred to be called by their surnames. Patients preferred to have female physicians wearing white coat, shirt and trousers as the preferred dress code.

Conclusion: Patients in the study preferred to have the physicians professionally attired, with the only difference being the dark veil for female physicians. Name badge and white coat were also preferred by the patients.

Keyword: Physician dress, Call, Wearing name badge. (JPMA 62: 668; 2012)

Introduction

Style of a physician's dressing has an important role in the relationship with his patients.¹

Hippocrates believed that physicians must be clean, well-dressed and meet their patients with sweet-smiling faces.²

There are conflicting findings in the literature about the style of physicians.³⁻⁶ Some studies reported that patients preferred to see their physicians in traditional dressing style. Other studies indicated that patients like to see their physicians in a more casual outfit.

White coats have been acknowledged as an integral part of a physician's dress. Several studies, including two Australian studies, showed that 36-59% of their patients thought that their doctors should wear white coats. They accounted professionalism, identification and hygiene as the reasons for their belief.^{7,8}

As pioneering study in 1987 reported that 65% of the patients wanted their physician to wear a white coat during consultation, and the majority believed that physicians should wear a formal dress.⁹ White coat and a name tag have been cited by most studies as the formal dress code of physicians.¹⁰⁻¹⁵ One study on hospitalised patients reported that patients preferred to see their physicians in formal dressing with white coat. Patients preferred to be called by their first names but wanted to address their physicians by title and surname.¹⁶

Another study reported that name badges were considered a very important part of physicians' attire.¹² In other studies, most of the patients claimed that the attire of the physician had no influence on their choice of family physician¹⁷ or satisfaction.¹⁸ Due to lack of information about patients' preference in such terms in the Islamic Republic of Iran, this study was conducted to fill the void.

Subjects and Methods

The cross-sectional study was performed in February 2009 on patients who were hospitalised in two teaching hospitals — Hajar and Kashani — of Shahrekord University of medical sciences.

By using the 95% confidence interval and 5% error we assessed the required percentage to be 50%, which translated into a sample size of 384 patients by $Z^2 (1 - \alpha/2) P (1 - P) / d^2$ formula. We used 400 subjects to obtain more accuracy. The subjects were selected through convenience sampling from 20 different wards of the two hospitals. The study excluded patients with severe disorders, patients who were intoxicated, had an abnormal mental status, those with visual impairment, and those who were non-communicative.

The study was approved by the ethical committee of the Shahrekord University of Medical Sciences. After informed consent was obtained from the participants, they were requested to undergo a semi-structured interview. They were shown a series of photographs of a man and a woman wearing nine different outfits corresponding to different degrees of formality and representing a range of possible dress styles based on the Iranian culture. All the photographs were coloured, full-figure shots with a plain background and neutral facial expressions. The photographs were presented in random order and for each photograph, patients were asked to judge whether the attire was suitable for their physician to wear in a hospital. Patients were asked whether they wanted their physician to wear a name badge. Also, patients were asked whether they wanted to be called by their first name or title and surname by their physicians respectively; and how they preferred to call their physician. They were also asked about the reason for their preferences.

The questionnaire was pre-tested with clinical staff and nurses for clarity and ease of use. Demographic data of the participants was collected and noted in the study checklist. During the interview; the participants reviewed several attire styles and completed the questionnaire after reviewing the picture of physicians attired in a variety of styles.

Statistical analysis was performed with SPSS Ver 16.0. Qualitative variables were presented as frequency and percentage, while quantitative variables were presented in mean and standard deviation. Data analysis was performed with Chi-square test and non-parametric analysis of variance (Kruskal Wallis Test). All p-values less than 0.05 were assumed to be significant.

Results

The mean age of the participants was 40.5 ± 19.5 (range = 6-88) years. Of the total, 180 (45%) were male, while 181 (45.25%) belonged to rural areas (Table-1).

Among the patients 320 (80%) preferred to see the

Table-1: Demographic characteristics of the participants.

Variable	No (Range)	Percent (Mean \pm SD)
Age	(6 - 88)	(40.5 \pm 19.5)
Hospitalisation Duration	(1 - 25)	(2.5 \pm 2.1)
Gender (Male)	180	45
Residence (Urban)	219	54.7
Marital Status (Married)	307	76.8
Education		
No Education	122	30.5
Reading & Writing	116	29
Diploma	132	33
Upper Diploma	30	7.5

Table-2: Patient priority for female doctor's dressing.

Picture No	First Priority		Picture No	Second Priority		Picture No	Third Priority	
	Number	Percent		Number	Percent		Number	Percent
9	131	32.75	2	85	21.25	3	75	18.75
2	64	16	9	68	17	9	66	16.5
3	49	12.25	6	59	14.75	6	64	16
8	45	11.25	3	49	12.25	2	43	10.75
4	41	10.25	5	43	10.75	8	43	10.75
6	28	7	8	38	9.5	1	41	10.25
1	18	4.5	4	33	8.25	5	28	7
5	16	4	7	16	4	7	25	6.25
7	8	2	1	9	2.25	4	15	3.75

Table-3: Patient priority for male doctor's dressing.

Picture No	First Priority		Picture No	Second Priority		Picture No	Third Priority	
	Number	Percent		Number	Percent		Number	Percent
3	161	40.25	8	89	22.25	1	93	23.25
8	79	19.75	3	83	20.75	8	92	23
1	54	13.5	1	51	12.75	7	53	13.25
5	32	8	5	40	10	3	39	9.75
7	23	5.75	4	38	9.5	4	37	9.25
2	18	4.5	7	34	8.5	9	32	8
9	17	4.25	6	24	6	5	28	7
4	8	2	9	24	6	6	15	3.75
6	8	2	2	17	4.25	2	11	2.75

doctors' name badge. Besides, 227 (56.8%) and 81 (20.3%) participants preferred to be called by their family names and first names respectively. Most patients (n=301; 75.3%) preferred doctors to introduce themselves by title and first and last names, 26 (6.5%) preferred by first name alone; and to the rest, it made no difference.

In terms of dress code for female doctors Picture No. 9 was the top priority for 131 (32.8%) of the participants. It comprised white coat, dark pants, dark veil, and a stethoscope around the neck. The second priority of our participants was Picture No 2 that included headscarf, dark pants, white coat with a stethoscope in hand (n=64; 16%), and the third priority was Picture No. 3 that included white coat, dark manteau, pants, veil with stethoscope around the neck (n=49; 12.25%) (Table-2). The most selected dress style for male doctors was Picture No. 3 that included white coat, shirt and pants (n=161; 40.3%). The second priority was Picture No 8 that included white coat with open buttons, shirt, pants and a stethoscope in hands (n=79; 19.75%). The third priority was Picture No 1 that included white coat, shirt, tie and pants with a stethoscope in hands (n=54; 13.5%) (Table-3).

The first priority for male and female physicians was not influenced by gender, job, marital status or education (P>0.05). Likewise, 320 (80%) of the respondents expressed preference for the wearing of name badge, but none of the above parameters influenced the preference

(P>0.05). Also, the age of the respondents did not influence the preferences related to the wearing of name badge, how they liked to be called by the doctor; and how they liked the doctors to introduce themselves (p >0.05).

Discussion

Careful consideration of attire and labelling forms facilitate the therapeutic relationship in a hospital environment. This is the first study of its nature carried out in Iran. Our study results are similar to a number of earlier studies conducted worldwide in a variety of settings except that none of the studies was conducted in a Muslim society. Our study showed that 80% of the participants favoured doctors wearing white coats, which is similar to other studies, including one that was done in Japan.¹⁹

Our findings are also close to studies^{9,19,20} that found that 200 (65%) of inpatients,⁹ 160 (62%) of inpatients in Harlow Hospital¹⁹ and 180 (59%) of oncology patients respectively favoured the white coat.²⁰ This differs from the more recent findings^{8,16} that reported 300 (48%) of respondents and 154 (36%) of inpatients respectively, to favour the white coat. The variation reflects the differing opinion of patients in different countries and time periods.

Of the reasons given by patients for doctors to wear white coats, the most common reasons in our study related to easy identification, and because white coats made doctors look more professional.

In a hospital where other healthcare workers wear white coats, perhaps a stethoscope and name badge would be a better form of identification. The size of our study provided a good cross-section of opinions and gave sufficient power to detect small differences in patient preferences, but it is difficult to generalise the findings to out-patients as well.

Also, the age of physician may have been a confounding factor. Photographs in our study were showing younger-looking physicians, and it is unclear whether the respondents would have given the same importance to the white coats if the photographs had showed older physicians. Besides, the study was conducted in Shahrekord and it is possible that those in other regions of Iran may have different preferences.

Conclusion

Patients generally prefer doctors to opt for a formal dress code with white coats and name badge for easy identification and because it makes the patients feel a bit more confident.

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