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Symbols and rituals are alive and well in clinical practice in Australia: Perspectives from a longitudinal qualitative professional identity study

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ABSTRACT

Purpose: Many factors impact an individual's professional identity on their journey to becoming a doctor, including their experiences, the learning environment, role models, and symbols and rituals. Rituals and symbols associated with the medical profession have historically included wearing a white coat (now rare) and the stethoscope. This study explored two medical students' perspectives of symbolic identifiers in a six-year longitudinal study in Australia (2012–2017).

Methodology: A 2012 qualitative cross-sectional qualitative professional identity study in an Australian five-year undergraduate medical programme was extended to a longitudinal study with annual interviews. A conversation about the symbolism of the stethoscope and other identifiers began in Year 1 and concluded when the students were junior doctors.

Findings: Symbols and rituals remain part of the 'becoming' and 'being' a doctor. In the context of Australian hospitals, the stethoscope appears to no longer be exclusively associated with the medical profession, with 'professional attire' distinguishing medical students and doctors from other team members (uniform). The study identified lanyard colour and design as a symbol and language as a ritual.

Conclusions: Although symbols and rituals may change over time and across cultural contexts, some forms of treasured material possessions and rituals will persist in medical practice.

Conclusions:

KEYWORDS
Lanyard; professional identity; ritual; stethoscope; symbol

> The symbols are more than just my tools; they also give meaning to what I do, are deeply engrained and without them I risk losing the trust of those I ultimately serve. In life and death, the symbols matter. (Blackwelder 2018, p. 64; a doctor and an ordained clergy)

Introduction

Cruess et al. in their 2019 publication offering guidance on how professional identity formation in medicine can, and in their opinion, should become an educational outcome in medicine, described a range of factors influencing this evolving identity, including an individual's experiences, the learning environment, mentors, role models and self-assessment. Cruess et al. (2019) also identified 'Symbols and Rituals' as influencing factors.

For Vignoles et al. (2011), *symbols* are akin to treasured possessions that are an important part of an individual's *material identity*:

> … beyond individual, relational, and collective identities, people might also be said to have material identities …. Viewed through the lens of an individual person, identity consists of the confluence of the person's self-chosen or ascribed commitments, personal characteristics, and beliefs about herself; roles and positions in relation to significant others; and her membership in social groups and categories (including both her status within the group and the group's status within the larger context); as well as her identification with treasured material possessions and her sense of where she belongs in geographical space. (p. 3)

Practice points

- On the journey of 'becoming' and eventually 'being' a doctor, many factors influence the development of an individual's professional identity, not least symbols and rituals.
- For a range of reasons, e.g. cultural, contamination, symbols and rituals change but will be replaced.
- In Australia, and perhaps in other similar contexts, The stethoscope, once seen as an extension of a doctor's anatomy, may no longer be perceived as such, making way for other identifiers such as lanyards and 'professional attire.'
- COVID-19 may influence some symbols and rituals, but this will depend on the persistence of SARS-CoV-2 variants.

Rituals have been described as the 'repetitive pattern of behaviour that carries with it symbolic meanings that may (or may not) have an instrumental outcome. In reality, rituals underpin the construction and maintenance of social relationships and mediate broader cultural effects' (Arnold et al. 2020, p. 1124). In exploring rituals, Arnold et al. (2020) analysed the ethical implications of four repetitive behaviours (*wearing a white coat*, *verbal and non-verbal greetings*, *handwashing*, and

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history-taking followed by a *physical examination*) in medical practice, concluding that while most have positive or benign outcomes, some can have negative or malignant outcomes that reinforce hierarchy and power imbalance.

Over the years, rituals and symbolic material items or artefacts have identified the 'doctor' not only in the healthcare setting but also to the wider public domain (Petrilli et al. 2015; Xun et al. 2021; Crutzen and Adam 2022). The *white coat*, initially used as a protective garb by doctors, came to symbolise purity, healing and for some, the 'science' of medicine (Wear 1998; McLean and Naidoo 2007). White coat ceremonies, once a rite of passage to signify legitimate peripheral participation as learners enter the medical profession followed, still happen at some medical schools (Wear 1998; McLean and Naidoo 2007; Brown et al. 2017). The white coat, which still generally symbolises doctor professionalism for many in the public sector, especially older people and in certain cultures (Petrilli et al. 2015; Xun et al. 2021; Crutzen and Adam 2022), has, however, come to be viewed as a mark of elitism, setting the doctor aside from other healthcare workers and from patients (Wear 1998; McLean and Naidoo 2007; Arnold et al. 2020). In a counterargument, Arnold et al. (2020) pointed out that in attempting to be more egalitarian by removing the white coat from most clinical settings, the difference persists as health professionals such as nurses and physiotherapists generally wear a uniform while doctors do not.

Another factor responsible for the waning use of not only white coats but also neckties by doctors in healthcare is that they are potential sources of infection. A 2016 systematic review found that white coats, neckties, stethoscopes, and mobile phones all harboured pathogens including methicillin-resistant *Staphylococcus aureus*, with the authors advocating for further research to explore whether clinical infections could be attributed to personnel attire and devices (Haun et al. 2016). While later systematic reviews reported a lack of evidence in terms of infection to support a tieless dress code policy (Pace-Asciak et al. 2018; Abeysundara et al. 2019), Owen and Laird's (2020) review of textiles as fomites in healthcare found case studies linking small outbreaks with inadequate laundering or infection control processes relating to healthcare laundry. For various reasons then, doctors in white coats in many clinical settings such as in Australia, are rare today.

Not too many would dispute the *stethoscope* as a historical material 'symbol' of the medical profession. Back in 2006, Markel contended that

> ... the stethoscope best symbolises the practice of medicine. Whether absentmindedly worn around the neck like an amulet or coiled gunslinger-style in the pocket, ever ready for the quick draw, the stethoscope is much more than a tool that allows us to eavesdrop on the workings of the body. Indeed, it embodies the essence of doctoring .... (p. 551)

Later, Rice's (2010) ethnographic work led him to write about the stethoscope as 'the hallmark of a doctor' and the making of medical identity, exploring why it had become such a powerful symbol of the profession. Rice argued that the stethoscope in a clinical context allows for the enactment of key 'doctor' dispositions, describing how in the case of one of his research subjects, the stethoscope was almost an anatomical extension, part of who the doctor was:

> His handling of the stethoscope was a performance of skill, knowledge, familiarity with, and confidence in, the clinical interactions taking place ... It articulates his deftness and confidence, serving as a sensitive conduit of his skill; the stethoscope allows him to express the minutiae of his clinical persona. (p. 295)

More recently, in the context of dealing with elderly patients, Germa (2017) wrote 'I value my stethoscope because it represents bonding—the gateway to the soul' (p. 626). Similarly, Blackwelder (2018) described why an elderly woman had recently become his patient: 'In her mind, in the midst of her deteriorating health, the absence of touch—the absence of the stethoscope's placement on her body—meant her [previous] physician had abandoned her' (p. 63).

While technology such as X-rays and the echocardiography appear to be replacing the stethoscope and, in the view of some, the 'art' of medicine (Rice 2010), it is still very much entrenched in medical training and practice (David and Dumitrascu 2017). Its acquisition, often ceremoniously in the first year of many students' medical studies, is considered by some to be a 'rite of passage,' a ritual, and hence part of professional identity development much like the white coat used to be (Wear 1998; McLean and Naidoo 2007).

This submission explores two medical students' (Arjun and Charlotte) personal experiences and narratives with respect to symbols and rituals over a six-year longitudinal qualitative study as they were 'becoming' and eventually became doctors in Australia.

Methodology

In 2012, a cross-sectional phenomenological study began to explore medical students' perceptions of 'becoming' doctors in a five-year undergraduate programme at an Australian medical school. Several publications describe these journeys from various perspectives (McLean et al. 2015a, 2015b; McLean 2017; Sargeant et al. 2017). In 2013, the study was extended to become longitudinal. Two then students (Charlotte and Arjun) who volunteered to be interviewed as first-year students, were followed up annually, including as newly graduated junior doctors in 2017. Their experiences as participants in longitudinal research in which they became co-researchers has been described elsewhere (McLean et al. 2021). In their medical program, Years 1–3 comprise the pre-clinical phase of the five-year curriculum, with Year 3 being the transition year that prepares students for the clinical phase (Years 4 and 5).

The purpose of this submission is not to report on the findings of the longitudinal study, which is currently being finalised, but to explore Charlotte and Arjun's narratives relating to symbols and rituals they identified on their two very different journeys to 'becoming' and eventually 'being' doctors (2012–2017). A conversation began with Charlotte's interview as a first-year medical student about what the stethoscope meant to her. Over the six-year longitudinal study, other symbolic material possessions such as the lanyard and 'professional clothing' (no uniform) were identified. Language too, both spoken and unspoken, was identified as carrying strong messages about 'belonging' (or not). In this submission, we (principal investigator, Arjun and Charlotte) reflect on the role of symbols and rituals

during their undergraduate medical education and as junior doctors in Australia.

Findings

The stethoscope: A symbol and identifier for some

Below, in a series of conversations over several years with Charlotte, we follow her experience of the changing 'value' of the stethoscope first as a Year 1 student, when she 'wore' the stethoscope (dressing the part) without having earned the right, to being a hospital-based intern, when the stethoscope was no longer part of her 'professional attire' unless required.

Year 1: Symbolic but not worthy of wearing but dressing the part

> **Charlotte:** I feel self-conscious carrying a stethoscope around because I feel a bit of a [nerd].
> **Interviewer:** Where do you put it? In your pocket?
> **Charlotte:** Yeah, I hide it.
> **Interviewer:** If you've got a stethoscope, are you feeling like 'I'm a student doctor' or not yet?
> **Charlotte:** It is sort of, yeah, having a stethoscope because of the symbolism around the stethoscope. But I always feel like I'm a little kid playing dress-up. At the moment, I feel like I'm playing dress-up.

By Year 3, the final pre-clinical year, Charlotte now felt she could legitimately 'wear' the stethoscope, which she did with confidence on ward visits or for simulation sessions in preparation for the clinical phase of her studies (Years 4 and 5). Despite being compulsory for some sessions, it was not always used. It was more about 'dressing for the role 'which in the simulation sessions to prepare students for their first clinical year.

Year 3: Worn legitimately with confidence and pride but more of a prop

> **Charlotte:** I do wear it [the stethoscope] with more confidence.
> **Interviewer:** Do you wear it when you go to the wards?
> **Charlotte:** It depends on what we're doing. If it is something where there could be a legitimate excuse for me needing it, then, yes. We wore it during the simulations but it definitely felt like a prop. I did not use my stethoscope once, but yeah, it did feel good to hang around my neck.

In her first year as a clinical student (Year 4), despite having earned the right to 'wear' the stethoscope, Charlotte described it as a 'theatrical thing' of limited functional importance. Students and junior doctors (interns) generally wore or carried stethoscopes so they could be borrowed by consultants. Interestingly, for Charlotte, the stethoscope was a physical 'pain in the neck,' causing a headache, which may reflect a neuropathy caused by the compression of the tube and auricular pieces on the cervical spine (Reddy 1987).

Charlotte indicated that she did not need to 'wear' a stethoscope to make her feel like a doctor in training. She saw working in healthcare more as learning who the team members were (with other identifiers such as 'professional clothing' as part of her evolving identity) rather than 'wearing' a stethoscope.

Year 4 (first clinical year): Earned the right to wear but a 'pain in the neck' to be borrowed

> **Charlotte:** Yes, feeling in yourself that you are trustworthy to a patient. Feeling like you are worthy of having a stethoscope around your neck.
> **Interviewer:** So 'worthy' is a good word. The stethoscope around your neck, is that important? What does it mean for you?
> **Charlotte:** No, actually, it's not [important]. I think it used to be [important] when we wore stethoscopes around our necks [as junior students], but now it's purely a theatrical thing, and when I don't have to bring it, it's like 'Thank God, I won't get a headache,' because I find the weight makes me hold my neck a certain way and I get a headache. I think that you can so easily tell who the doctors are because they are not in scrubs [uniforms]. Also, when you're on a team, you learn who the nurses are and you learn who the physio is and you learn who everyone is so you don't have to wear a stethoscope to be [identified]. I think if you go to work wearing professional clothing, you don't have to have [to wear] a stethoscope to make you feel like you're a doctor.
> **Interviewer:** Did you ever need to wear it to feel like a doctor in training?
> **Charlotte:** I remember when I first put it around my neck, on my first few days of Gen Med [start of Year 4], feeling kind of cool that I had a stethoscope around my neck. Yeah, it did feel good but it gave me a headache. Also, consultants very rarely wear their stethoscopes, and they'll just hold their hand out and use yours.

Although in the hospital setting, students and interns carried stethoscopes mainly for consultants to borrow, below Charlotte described its symbolic value (status) outside of medicine.

Year 5 (final clinical year): Status symbol outside the medical profession

> **Charlotte:** Yeah. I think it's [stethoscope] a symbol, especially for people who are not in the medical world. It is definitely 'This is what the doctor wears.'
> **Interviewer:** So it's part of identity? If someone sees the stethoscope, it's a symbol, a concrete identifier, so the wearer must be a doctor?
> **Charlotte:** Yeah. There's a funny thing in this (laughs). It was when my dad went to the Solomons [Islands] and someone broke into his room and stole his stethoscope. The next day, [he] saw this six-year-old kid walking around with a stethoscope because it was a status symbol.

Again, as an intern (junior doctor), Charlotte described how, in a particular clinical context, the stethoscope allowed her access to patients because it was perceived as part of a doctor's *persona* (and hence associated trust):

> Yeah, it's something I bring to work. I think patients do respond to a stethoscope, especially when I was in psychiatry. I had to physically examine all the patients when they got admitted .... Having the stethoscope and introducing my job as the doctor and as the person looking after the medical side of things .... Someone who's inherently very, very suspicious or scared would let me come into their personal space and listen to their chest and I think having that kind of persona, professional look does help.

When Arjun, who generally did not 'wear' a stethoscope, was asked as a Year 3 student whether there was now any personal symbolism associated with the stethoscope, he envisaged, as Charlotte had described, that the following year, his first clinical year, dressing professionally (rather

than wearing a stethoscope) would identify him as part of the 'medical' workforce:

> I don't know that we would carry a stethoscope. We have one in our bag. I feel as though when you're dressed in a certain way, that sort of corporate wear, you become part of the staff rather than the student. The culture in that workplace environment is different from a university environment. In a workplace environment, you are part of the team that delivers whereas in the university environment, you are the recipients of the delivery … education … assessments …. I think dressing is part of that [workplace culture].

The following year, as a first-year clinical student, Arjun did, however, 'wear' a stethoscope but only to identify as 'staff' (as opposed to a patient or relative) when, for example, he had forgotten his lanyard, which as we will see below, has for some become a symbolic identifier and hence a 'treasured material possession' (Vignoles et al. 2011). The stethoscope did not necessarily signify 'doctor' or 'medical.'

Year 4: Stethoscope legitimatised being part of the workforce, even as a student

> **Arjun:** I'm still not wearing it [stethoscope]. The only time I wear it is when I forget my lanyard because people like 'Are you a patient? Are you a family member or do you work here?'
> **Interviewer:** What does the stethoscope mean then to everyone else?
> **Male:** To everyone else, it means that you are part of the working side of a hospital rather than a patient or a relative.
> **Interviewer:** Does it define you as a doctor to those other people or could you be a nurse or physiotherapist?
> **Male:** Yeah, actually you can be a physio, a speech pathologist, but I was just saying that they'll let you through the doors because they're like 'Oh, you're wearing a stethoscope.'
> **Interviewer:** So that helps identify you as part of the team?
> **Male:** Yeah, as the working side rather than the receiver [meaning a patient].

Lanyards as identifying symbols

As a fourth-year student, Arjun identified how lanyards were probably more important for identifying different team members, particularly in situations when there are no uniforms, such as during his Mental Health rotation:

> In fact, I thought my consultant was a nurse because he was not wearing the consultant lanyards but the nurses' one. Some nurses have the Indigenous print lanyards, and he was wearing that and he also had a piercing. I was like 'Oh, he must just be a nurse.' I was joking around with him … and then he was like 'I'm Doctor blah blah blah' and he was my consultant. I was like 'Oh, my gosh!'

As an intern, Arjun described how in his clinical context, lanyard colour distinguishes students (green) from interns (blue), but recalled anecdotally how a group of surgeons at one hospital had chosen to wear a red lanyard to differentiate themselves from other medical colleagues:

> The lanyard …. It's blue. It's not green anymore after graduation. Blue is 'employee' and then everyone else has a uniform apart from doctors …. A lot of the surgical people wear red lanyards but I think they just got them for free (laughing) and then they like to … They like to wear them …. It was all given by this study some years ago, just to advertise stuff. They like to wear these red lanyards …. to stand out.

Language as ritual

In addition to stethoscopes still conveying some symbolic significance, and lanyards being identifiers in some contexts, Charlotte and Arjun's narratives also highlight language as ritual which can be used to distinguish group membership. Arjun's interview excerpts below as an intern suggest that medical specialties have their own discourse.

> **Arjun:** I still feel like I have to learn the language … .Maybe by the end of those 15 weeks in General Medicine, you would definitely speak the 'language.'
> **Interviewer:** So there's a discourse in General Medicine?
> **Arjun:** Oh, yes, yes, yes. You have to learn that lingo, like in vascular surgery.
> **Interviewer:** Like different dialects (both laugh).

Arjun went on to describe how having a common 'language' can assist with efficient communication, but hinted that it might also be for the sake of being different:

> Psychiatry has a very different language altogether …. because I think psychiatrists are, um, the people who are generally drawn to philosophy and, um, language … I think language plays maybe a heavier part than even necessary sometimes in psychiatry. I think there's great competition between who knows the most intricate ways to describe a patient's symptoms and syndrome …. Yeah. I think that (laughing) there's a huge language component there. It's quite entertaining …. Also, we recently had a lecture from Orthopaedics about how to describe a fracture. So, you can easily say 'There's a fracture of this bone going this way.' But if you use their language of this type of fracture and this classification, with this blah, blah, blah, then it's clear for the Orthopaedic registrar. It's like, 'Oh, yes. That makes so much sense' (laughing). Whereas, if you just describe it in the language you would usually use, you may not get as efficient an answer …. It's about efficiency [to get things done].

For Arjun, 'language' can, however, be used to judge a person's level of knowledge (and perhaps acceptance into the specialty): 'There's that subtle, um, competency assessment …. A judgment thing … …. I think sometimes it is fairly, um, fairly well-founded. I think the more one knows the language, it usually means that you've studied the topic more.'

As an intern, Charlotte also identified the 'othering' nature of language, potentially contributing to 'tribalism' in healthcare generally but also across different medical specialties (Weller et al. 2014):

> In Emergency, I often heard the term 'head strike.' So if someone had a fall, you would say 'Did they hit their head?' and you can say there's 'no head strike'. My cardiology consultant was reading an Emergency note when it said that. He was like 'What is this "head strike"?' I told him that they must have watched a movie with a bird strike. It just means they had hit their head …. [He] gave them such a hard time and he was just making these jokes all day about how silly Emergency physicians were writing 'head strike.' Anyway, it just shows how they take words very seriously.

Language can also be unspoken. Below, Arjun describes how wearing expensive Australian boots allowed a friend, a female junior doctor, to 'join the Orthopaedic [Boy's] Club:'

> There is a language ….and it's not even always spoken language …. It's, um, your body language …. My friend did Orthopaedics and she went out and bought RM Williams shoes because everyone in Orthopaedics wears RM Williams shoes. They're not cheap shoes by any stretch (laughing) but she got

> instantly more recognised with those RM Williams shoes…. She got complimented on them multiple times. She is like, 'Last week, they didn't know I existed' (laughs).

Discussion

This perspective, constructed from interviews with two medical students in Australia, Arjun and Charlotte, reflects their personal experiences as they navigated their way through their medical studies to eventually become doctors. It started with an early conversation with Charlotte about the stethoscope, a long-standing symbol of the medical profession (Markel 2006; Rice 2010). As first-year students, just by participating in the ritual of the white coat ceremony at which they collectively recited the Hippocratic Oath, and, a few months later, would own a symbolic and treasured material possession, a stethoscope, they legitimately became (*albeit* peripheral) members of the medical profession. As the annual conversations with Arjun and Charlotte continued as new clinical students, and so in principle part of the workforce on various healthcare teams and then as junior doctors, their narratives highlight that while symbolic artefacts and rituals contribute to 'becoming' and 'being' a doctor, this may require some navigation across 'tribal' lines (Weller et al. 2014). While some material possessions such as the white coat may no longer define a 'doctor,' such as in Australia, doctors can now generally be differentiated from other team members as they wear 'professional clothes' unlike most health professionals such as nurses and physiotherapists who wear uniforms. While wearing 'professional clothes' may be a positive step towards reducing the technical and performative element, allowing for a more relational message of empathy, it might also be construed as perpetuating elitism amongst health professionals (Arnold et al. 2020). Without white coats or stethoscopes, doctors in 'professional clothes' may, however, be confused with visitors and patients and so need other forms of identification. While a stethoscope, which still generally symbolises doctor professionalism, particularly amongst older lay people and in particular cultures (Petrilli et al. 2015; Xun et al. 2021; Crutzen and Adam 2022), still identifies a healthcare provider, it would appear that in Australia at least, lanyards (colour and design), which carry security cards, are now symbolic identifiers, perhaps even 'treasured material possessions' (Vignoles et al. 2011) that differentiate students from interns and other health professionals. In some instances, they are being used to differentiate different medical 'tribes.' But, like white coats, neckties, medical devices and mobile phones, lanyards are potential sources of infectious agents, carrying 10 times the bacterial load per surface area than identity badges (Pepper et al. 2014; Round 2019) and so their use is likely to be scrutinised in the future.

Charlotte and Arjun's stories have also highlighted that in Australia language, both spoken and unspoken, can be used to signify 'membership' (and hence 'others') and can be used to judge level of knowledge (i.e. a newcomer). While some symbols and rituals convey overt messages, such as allowing access to restricted areas or domains, other messages are more nuanced, such as the brand of boots one wears or the language one uses. In Australia, it would appear then that some symbols and rituals are not only alive and well in healthcare in general but also across medical disciplines, contributing to the 'becoming' and 'being' a doctor. This may, however, not be the case in other contexts. For Ybema et al. (2009),

> … in most if not all instances, 'identity talk' is enhanced, elaborated or secured through a wide variety of additional semiotics—such as bodily acts, the use of artefacts and dress codes—which may all be regarded as embodied symbolic expressions intrinsic to the adoption or ascription of particular identities. (p. 304)

Final comments

This work was undertaken before the COVID-19 pandemic, which has introduced a different set of potential symbols, some of which may or may not persist, depending on what happens in terms of SARS-CoV-2. In the early part of the pandemic, healthcare workers fully donned in their personal protective equipment (PPE) would certainly have been recognisable as frontline line workers, perhaps a symbol of hope to fight the pandemic as the virus took its toll (Park 2021). In terms of PPE, the symbolic nature of masks has probably received the most attention, with Goh et al. (2020) describing it as a powerful psychological symbol and declaring 2020 'The Year of the Mask.' Early in the pandemic, Klompas et al. (2020) wrote the following about the symbolic role of masks for healthcare workers: 'It is clear that masks are not only tools. They are talismans that may help increase healthcare workers' perceived sense of safety, well-being, and trust in their hospitals' (p. e62). As the pandemic progressed, masks came to be mandated not only in healthcare settings but also in the public domain, but not without resistance. Kotsirilos (2021), a GP writing about educating an at-risk patient about the need to wear a mask, concluded with the following: 'Masks should not be seen as a negative but as a symbol of compassion and union to keep our communities protected and healthy.' Despite regular COVID-19 waves as new variants emerge, most public health mandates, including mask-wearing, have all but disappeared. Only time will tell which COVID-19 symbols or rituals endure.

Limitations

This study reflects the longitudinal experiences of two students studying and practicing medicine in Australia. Healthcare contexts vary across different cultures and so the findings may not be generalisable across different contexts. Notwithstanding, the findings do reflect the changing nature of 'professionalism' in terms of symbols and rituals over time.

Ethical approval

Ethical approval for the study was granted by the Bond University Ethics Committee (RO1483).

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