

Psychiatrists' Attitude to the Psychiatrist's Style of Dressing and Addressing: A Cross -Sectional Study

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Abstract

Background The relationship between physician and patient is important topic in medical practice. How a physician dresses and addresses the patients are key factors that contribute to developing a rapport. This study aimed to investigate the psychiatrist's perspectives in order to facilitate an effective communication with patients.

Methods This descriptive-analytic study was done on psychiatrists and psychiatric residents through a non-selective and non-randomized sampling method. Data were collected based on a questionnaire. Variables were such as age, sex, duration of practice as a psychiatrist, priority for male psychiatrist dress preference, priority for female psychiatrist dress preferences, priority for choosing a doctor from a gender perspective, priority for being addressed by patients, using the word of the gentleman or lady to address the patients, and the type of verbs and pronouns used by the psychiatrist and the patient during the interview in terms of the total number of verbs and pronouns. Subsequently, eight photographs of male and female physician's coverage according to the Iranian culture were shown to the participants and they were asked to choose one.

Results A total of 77 psychiatrists participated in this study, of which 45 (58.4%) were male and 32 (41.6%) were female. In case of male psychiatrist's coverage, 56 (72.7%) participants preferred suits; whereas in case of female psychiatrist's coverages, 25 (32.5%) participants chose colored mantos and scarves, 22 (28.6%) selected black manteos and head dresses. Sixty three (81.8%) patients believed that the gender of the physician was not important in determining the treating physician. According to the type of addressing the psychiatrist by patients, 71 (92.2%) participants preferred to call the doctor's name followed by surname and 60 (77.9%) psychiatrists wanted patients to use the word "Mr. or Ms." prior their names. Sixty three (81.8%) psychiatrists stated that it was better to use plural pronouns and verbs in interviewing patients, and 67 (87%) preferred their patients to use plural verbs to address them.

Conclusions Psychiatrists' appearance and the accuracy of the patient-referring type, based on what the physicians believe, along with the characteristics of the patients' perspectives, help improving physician-patient relationship.

Background

Establishing a proper relationship between physician and patient may be a fundamental part of a clinical interview. Likewise, inability of physicians to set up a good connection has been the cause of many unsuccessful medical care cases. There are different methods of interactions during a clinical encounter which may determine the patient-physician relationship[1, 2]. During the earliest consultation a patient will develop a first impression of the physician through a verbal and nonverbal communication. Professional presentation of a physician, proficiency and caring about confidentiality issues all contribute to create a right link between a physician and a patient (2, 4). While the physician starts to build up trust,

patient's impression is going to grow as well. In fact, a mutual communication is necessary to enhance the patient's acceptance to treatment [3, 4].

The way a psychiatrist dresses up and addresses the patient has a direct impact on the formation of therapeutic communication between patient and psychiatrist. While verbal behaviors work essentially to build up a relationship, non-verbal behaviors including the physical appearance, body movements, facial expressions, gesture and eye contacts[5, 6]. also play a key role to establish a good rapport. An excellent physician presentation indicates interest, attention, care, and respect which all attributes to patient's acceptance. While unsatisfactory presentation may deny patient's acceptance[7]. During the first clinical encounter, the physical appearance of a psychiatrist may be the most influential component for establishing the subsequent patient-physician relationship[7, 8].

Psychiatrist coverage and the way he or she addresses the patient seem to impact the relationship the most. Older physicians usually prefer the traditional look with a white coat, a shirt, and a tie; while physicians of any age agree with them as well[9]. It may be thought that psychiatrists evaluate patients more carefully when he dresses professionally, while patients normally want the physician to dress in a white coat, and have a more unrestricted and participatory relationship with the patient. Likewise, patients tend to prefer the psychiatrist's dress style like that of other medical specialist. They believe professional identity, visibility of name and function, hygiene, are parts of the professional dress code. Therefore, psychiatrists in general hospital psychiatry are advised to wear a white coat (12). This attitude may not apply to the psychiatric patients worldwide since some nations such as Iranians prefer non-occupational coverage without a white coat for the psychiatrist to wear[10].

As far as the way of addressing is concerned, studies reports patients mostly prefer to be referred by first name while addressing the psychiatrist, "doctor followed by the last name"[11] Since different nations do not show the same attitude toward this topic[12-14], we aimed to investigate the effect of cultural factors on the attitude of psychiatrists toward the type of psychiatrists' coverage and the way in which patients are referred by them locally. According to the Mental Health Database Research Center at Iran National Research Center for Nursing and Midwifery as well as the Iranian Information and Evidence Center there has been only one similar study in Iran so far. This will give us the opportunity to compare the attitudes existing between patients and psychiatrists.

Methods

The present research is a descriptive-analytic study with a non-selective and non randomized sampling method. It was carried out in December 2018 at the annual congress of the Iranian Psychiatric Association. The study conducted on psychiatrists and residents who participated in the congress. A number of 77 individuals (45 male and 32 female) from both sex included our sample size. The nature of the study was explained to them by the letter of information. The Questionnaire was developed by the authors by taking the cultural characteristics of Iran into the account and by reviewing the literature on this topic. Questions were approved both by the authors and the ethics committee in terms of practicality

and intelligibility. We obtained information through a two-part questionnaire. During the first part, we collected information on variable such as age, sex, duration of practice as a psychiatrist, the priority for male psychiatrist dress preference, female psychiatrist dress preferences, priority for choosing a doctor from a gender perspective, priority for being addressed by patients, using the word of the gentleman or lady to address the patients, and the type of verbs and pronouns used by the psychiatrist and the patient during the interview in terms of the total number of verbs and pronouns. The second part of the questionnaire included separate color photographs of both male and female doctors with different costumes accepted by the Islamic Iranian culture. Each photograph sized 9 by 12 cm. The male psychiatric clothes included t-shirts and trousers (1), medical white coats (2), suits (3), as well as shirts and trousers (4). Female psychiatrist's cloths included (1) colored mantos and scarves (1), black headdresses and white medical coats (2), black veils (3), and black head dresses and mantos (4). The same face was used for all photographs. The questionnaire was completed by psychiatrists.

ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Ethics Committee at Shahid Beheshti University of Medical Science (SUBMS), Tehran, Iran. The study was also recorded in the research and technology department of SUBMS under the code of IR.SBMU.RETECH.REC.1398.138. Permissions were obtained from the hospital and psychiatry unit authorities. The researchers informed participants about the purpose and the course of the study. The individuals were free to withdraw from participation in the study at any time if they wished to do so. Participants were also assured regarding confidentiality of the data, and absence of any constraint to participate. A written informed consent form was obtained from participants prior to enrollment in the study.

STATISTICAL ANALYSIS

Data were analyzed using descriptive statistics techniques by means of SPSS software (V.13). Descriptive statistics were used to summarize the value of the variables of interest in percentages. Nominal Variables such as type of coverage preference were presented as frequency and percentage, respectively. They were and compared using the chi-square test. Continuous variables were presented as mean and standard deviation, correspondingly. The t-test was used to determine the relationship between female and female psychiatrist's age. Chi-square test was used to determine the relationship of coverage preference and age, sex, and number of years of work experience. Likewise, Chi-square test was used to determine the priority of choosing a physician as well as the way the psychiatrist addresses the patient and vice versa.

Results

A total of 77 psychiatrists participated in this study, of which 45 (58.4%) were male and 32 (41.6%) were female. The age of psychiatrists was 36.94 ± 10.15 years. There was no significant difference between the age of males and females ($t = 1.87$, $df = 64$, $P < 0.7$). The average psychiatrists' work experience were 7.76 ± 9.68 years, with no sexual difference ($t = 0.99$, $df = 73$, $P < 0.32$). In case of male psychiatrists, 56 (72.7%) selected suits, 10 (13%) chose medical white coats, 4 (2.5%) picked t-shirts and trousers, 4 (2.5%) opt to shirts and trousers and one did not select any ($P < 0.0001$) ($X^2 = 142.93$ $df = 4$). It was shown that age ($df = 47$, $f = 1.49$, $P < 0.127$), sex ($X^2 = 3.72$, $df = 4$, $P < 0.45$) and number of years of work experience did not have significant effects on this choice ($df = 54$, $F = 0.435$, $p < 0.1$).

In the case of female psychiatrist's coverage, 25 (32.5%) wished colored mantos and scarves, 22 (28.6%) chose black mantos and headdresses and 15 (19.5%) opt to medical white coats, 3 (3.9%) wanted black veils and three subjects (3.9%) did not agree with any of them ($X^2 = 31.4$, $df = 4$, $P < 0.0001$). In this case gender ($X^2 = 6.6$, $df = 4$), and psychiatrists' years of work experience ($df = 15$, $F = 0.729$, $P < 0.744$) had no significant effects on selection but age had an impact ($df = 21$, $F = 2.14$, $P < 0.02$). Sixty three patients (81.8%) believed that the gender of the physician is not important but medical skills are the key in choosing a medical option. Three (3.9%) individuals preferred female doctors, six (7.8%) participant chose to have male physicians, three (3.9%) people wanted skilled male physicians, and 2 (2.6%) persons preferred skilled female physicians ($X^2 = 147.6$, $df = 5$, $P < 0.0001$). However, it was shown that sex ($X^2 = 7.82$, $df = 5$, $P < 0.17$), age ($X^2 = 24.47$, $df = 25$, $P < 0.44$) and duration of psychiatrist's practice ($df = 19$, $F = 0.67$, $P < 0.83$) did not make any significant differences in respect to physician's choice.

In terms of the way the psychiatrist is addressed by patients, 71 (92.2%) chose the doctor word followed by physician' surnames, one (3.1%) preferred the doctor's word followed by first name, and three (3.9%) individuals opt to call the physician only by last name; while for these viewpoint there were significant differences ($X^2 = 127$, $df = 2$, $P < 0.0001$). Sixty (77.9%) physicians believed that it would be better to use the word "male or female" prior to their names, whereas 17 (22.1%) physicians disagreed with this opinion.

($X^2 = 24$, $df = 1$, $P < 0.0001$). Sixty three (81.8%) psychiatrists preferred to address patients with plural pronouns and verbs while 13 (16.9%) psychiatrist opt to use singular verbs. One (1.3%) participant believed depending on the circumstances, it is possible to use both singular and plural pronouns for addressing patients ($X^2 = 84$, $df = 2$, $p < 0.0001$). Sixty seven (87%) psychiatrists preferred their patients to use plural verbs in addressing them, 9 psychiatrists (11.7%) preferred singular verbs when patients talk to the physician; while one (3/1%) believed that it would be possible to use plural or singular pronouns ($X^2 = 101$, $df = 2$, $p < 0.0001$) according to the conditions ($X^2 = 101$, $df = 2$, $p < 0.0001$).

Discussion

This study showed that most psychiatrists prefer suits for male psychiatrists to wear while they prefer colored mantos and scarves or black mantos and headdresses for female psychiatrists. According to them, the most important factor in choosing a physician was about his skills, not his gender. Most of the psychiatrists addressed their patients using the word of gentleman or lady and they would like to be referred to as doctor and a surname. Likewise, they preferred patients to address them by a plural verbs and a pronoun, while the patients also prefer to be addressed using a plural verb and a pronoun.

In Gledhill's study, most psychiatrists also selected suits and ties as suitable coverage for psychiatrists, which are close to this study, regardless of cultural differences[15]. However, both studies conducted by Lavelle and Mast showed most medical doctors wanted to have appropriate coverages, although one was conducted among psychiatrists and the other one studied on physicians regardless of their specialties[16, 17]. In the present study, like the study of Gledhill, most psychiatrists tended to be addressed by title and surname, and similar to the study of D'Agostino, most physicians called the patients as gentleman, lady or patient's surname, although the second research was conducted on physicians other than psychiatrists[15, 18].

There is a fundamental difference between the results of the present study and Semnani's research on this topic. In contrast to this study, Semnani reports most patients preferred white coats for male and female psychiatrists. They mostly wanted to be called by their first name, but they did not care about the gender of their physicians[19]. The distinction between what a therapist recommends to the patient and patient's own preferences suggests that in the therapeutic programs the patients' wishes should be considered as the main goal of the treatment as this is very important in establishing a therapeutic relationship[6, 20]. For example, Pope et al. have shown that what causes patients with bipolar disorder to discontinue lithium is completely different from the viewpoint of the therapist and the patient[21].

According to previous study the patients preferred to be addressed by psychiatrist by first name[22]. The patient's age significantly influenced their preferences. Patients who preferred to be called by their first names were significantly younger than those who wanted to be addressed by their surnames. The only other variable that influenced this preference was patient's ethnicity. Gender or socioeconomic classes did not have any impact on their choice[23]. Patients' preference for psychiatrist attire largely differed based on the geographic locations. White coat, casual clothing, and official dressing were preferred depended on where the patient lived, however, admitted patient were significantly more willing to see the psychiatrists while they wear a name badge. patients' preference for the most part varies based on cultural and socio-economical classes[24].

Although our study was of a descriptive research, we got a chance to explore the psychiatrists' opinion and what is happening in the real life. Our study along with the previous ones on this topic may provide leads in identifying what changes are required in clinical encounters. Our methodology of data collection was well designed as well. The questionnaire we prepared for the purpose of the study was able to provide information from both patients and psychiatrists. Since psychiatrists from different province of Iran who participated in a congress included our sample, data collection might have spread over a

relatively large geographic area. Nonetheless, our study had a limitation as well. We were not able to carry out more accurate statistical evaluations due to insufficient sample size. Therefore, further studies on this topic are suggested using a larger sample size associated with a control group and an inferential statistical approach.

Conclusion

According to the present study, psychiatrists mostly prefer to visit patients with an ordinary coverage other than a white medical coat. They are also willing to call patients to their last names while they want patients to deal with them as a stranger. It seems psychiatrists do not feel comfortable if patients want to be so close to them. Although, in some cultures, being a second person to be addressed or pronounced is a way to create a better rapport, this does not seem to be the case in Iran. Therefore, the psychiatrist's method of treatment differs according to the customary and cultural conditions where it is practiced.

Declarations

Ethics approval and consent to participate: Ethical approval was obtained from the Ethics Committee at Shahid Beheshti University of Medical Science (SUBMS), Tehran, Iran. The study was also recorded in the research and technology department of SUBMS under the code of IR.SBMU.RETECH.REC.1398.138. Permissions were obtained from the hospital and psychiatry unit authorities. The researchers informed participants about the purpose and the course of the study. The individuals were free to withdraw from participation in the study at any time if they wished to do so. Participants were also assured regarding confidentiality of the data, and absence of any constraint to participate. A written informed consent form was obtained from participants prior to enrollment in the study

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Tables

Table 1. Style of dressing and communicating with patients among psychiatrist population of the study

X ²	df	P value	Number (Percent)	Variable	
1.87	64	p<0.7	45(58.4%)	Male	
			32(41.6%)	Female	
t=0.99	df=73	p<0.32		Male	
				Female	
142.93	4	p<0.0001	56(72.7)	Male	Psychiatrist Coverage
			10(13%)		
			4(5.2%)		
			4(5.2%)		
			1(1.2%)		
			25(32.5%)	Female	
			22(28.6%)		
			15(19.5%)		
			3(3.9%)		
			1(1.2%)		
147.6	5	P<0.0001	63(81.8%)	Skills	
			2(2.6%)	Male	Sex
			3(3.9%)	Female	
			3(3.9%)	Skilled Male	Sex & Skills
			2(2.6%)	Skilled Female	
	2127	P<0.0001	71(92.2%)	Doctor Followed by Last Name	
			1(1.3%)	Doctor Followed by First Name	
			3(3.9%)	Only Last Name	
24	1	p<0.0001	60(77.9%)	Using Mr. or Ms. Prior to the Doctor Name	
			17(22.1%)	No Mr. or Ms.	
84	2	p<0.0001	63(81.8%)	Use of Verbs and Pronouns	
			13(16.9%)	Using Single Pronouns and Verbs	
			1(1.3%)	Depending on the Circumstances	

