

Patients' and Physicians' Viewpoints on Interns' Professional Outfit: A Survey in an Iranian Teaching Hospital

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Abstract

Background: A person's appearance and his/her adherence to the dress code standards are essential in the medical profession.

Objectives: This study aimed to investigate patients' and physicians' viewpoints on interns' professional outfits.

Methods: This is a cross-sectional study, with the participation of patients and physicians of general departments in a teaching hospital of Kerman University of Medical Sciences in 2018. The patients and physicians were selected through convenience and census method, respectively. To examine the participants' perspectives on the professional dressing, six schematic images, three for males (1, 2, 3) and three for females (A, B, C) were designed. Data were collected through a structured interview in this way, the schematic images were displayed to the participants and they were asked to express their perspective using a series of questions. Data analyzed using SPSS version 20.

Results: Totally, 381 patients and 34 physicians participated. The majority of the Participants preferred the professional outfit A for female interns and the professional outfit 1 for male interns in response to questions regarding the knowledge, responsibility, patient-care, hygiene, reliability of diagnosis and treatment of diseases, giving emergency consultations, the possibility for discussing sexual and psychiatric problems, as well as life problems. The physicians and patients had the same perspective except for the item about knowledge. ($P < 0.05$).

Conclusion: Our study shows that the outfits of physicians were considered by the participants in forming an effective relationship between the doctor and the patient, and the amount of patients' trust. Therefore, training interns for dressing professionally and complying with the necessary standards should be considered.

Keywords: Professional Outfits, Hospitals, Physicians, Patients, Profession

Background

A person's appearance and his/her adherence to the dress code standards are essential in the medical profession. The very first encounter of physicians and patients, both verbally and non-verbally, plays an important role in forming their relationship. Thus, as society grants special privileges to the medical society, it has certain expectations from them. Patients expect physicians to have a decent

appearance, as well as an especial outfit, the one that represents respect and formality in their relationship with the patients (1).

It was in the late 19th century, that the white uniform was chosen to be the physicians' professional outfit. This may be due to its symbol of scientific credibility, sincerity, and morality (2). In a study conducted in 2012, based on literature review and content analysis, 23 factors were

derived for trust in the patient-physician relationship. As a result, the author states that the trust between physicians and patients can be analyzed through three dimensions: from the patients' perspective, the physicians' perspective, and the third, from the perspective of the patient-physician relationship. The author believes that without knowing these factors and discerning them, one cannot analyze or seek through the actual materialization of trust (2).

On the other hand, the appropriate appearance characteristics are the elements that increase trust toward the health service providers, since, the posture and behavior of physicians mean a lot to the patient and his/her family (3). Human interactions will be more efficiently executed through trust, and the existence of trust in the patient-physician relationship leads to the autonomy of the patient and getting his/her informed consent for the basis of the medical interventions on medical ethics principles (2). A doctor's dress code is not just for the protection from microscopic beings, but it also is a symbol of qualification and the position of a physician (4).

Furthermore, a study was conducted in 2011 on the views of interns and residents of three hospitals in Tehran based on the 5 dimensions of characteristics of appearance, the professional outfit, makeup, accessories, and keeping personal hygiene by medical students. It turned out that being trained for using the professional outfit is an important measure to be taken toward the promotion of the standards of the dress code for the students, the codification of which will be of great help to this purpose (5).

Numerous studies have shown that patients consider the outfit of a doctor as a criterion of his/her qualification, as well as an indicator of his/her professional abilities. Therefore, the patients' satisfaction with medical services

is affected by the physicians' professional appearance (6, 7). In a study in 2008 about the views of psychologists and the psychology assistants toward the effect of physical appearances on comforting patients to communicate, they found that paying attention to the appearance of the psychologist and how they address the patients' need according to their characteristics will improve the patient-physician relationship significantly (1).

As a result, informing medical students from their professional role, and their position as the representatives of the medical society leads to future adoptions of professional behavior and medical ethics principles and to educate the future professionals in the field of medicine in the country, as well as having the development of respect for this sacred profession. This important notion will bring about a suitable perspective and a professional ethical performance of the students during their training time in academic centers. To plan for adopting the necessary measures, we should consider the views of stakeholders on the underlying approaches, so that we end up having more precise schemes for this realm.

Objectives

This study aimed to examine patients' and physicians, currently working in a teaching hospital of Kerman University of Medical Sciences, viewpoints on the issue of "interns' dressing style."

Methods

A descriptive-analytic cross-sectional study was carried out at Kerman University of Medical Sciences (KMUS), Kerman province in southeastern Iran from May to September 2018.



Figure 1. The schematic images of female interns' professional dressings.

A: hijab, no-makeup looks, long and loose uniform, cotton pants, orthopedic shoes

B: hair out, without makeup, short and tight uniform, tight and bright pants, sport shoes

C: hair out, with makeup, short and tight uniform, short and tight jeans, sport shoes

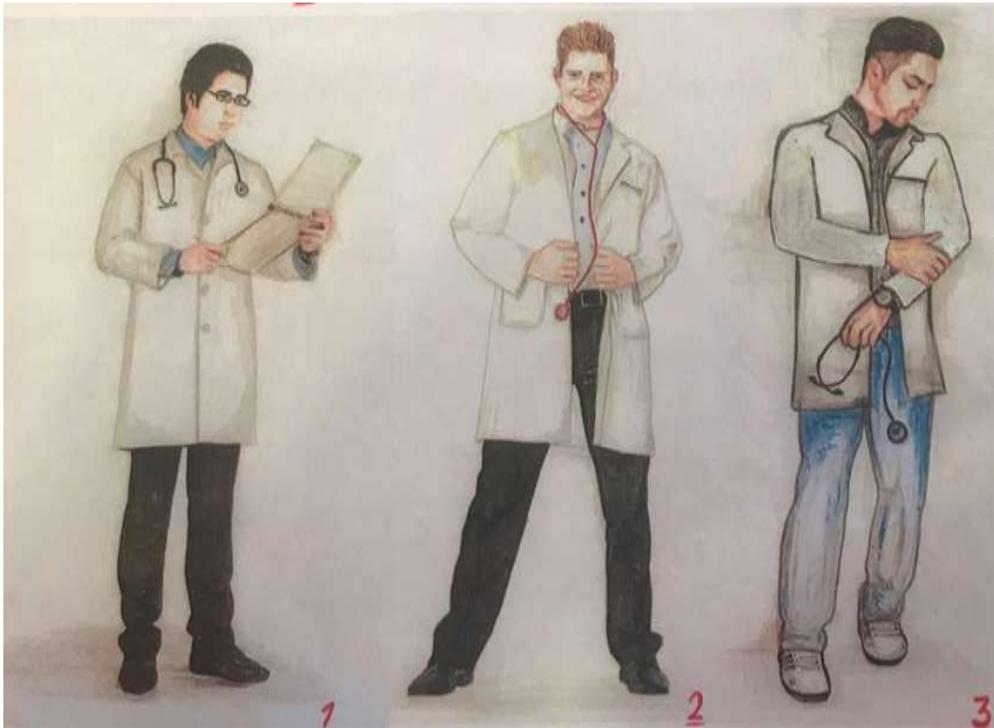


Figure2. The schematic images of male interns' professional dressings.

- 1: ordinary hairdressing, standard dress with closed buttons, cotton trousers, orthopedic shoes
- 2: special hairdressing, standard dress with open buttons, casual pants, orthopedic shoes
- 3: special hairdressing, short dress with open buttons, jeans, sport shoes

The statistical populations were all patients, who have been admitted to the internal medicine, surgery, pediatrics, and gynecology departments during the study period and all physicians working in these departments.

The patients (n=381) and physicians (n=34) were selected through convenience and census method, respectively. Inclusion criteria for the patients were age equal to or more than 18 years and informed consent to participate. Patients could not be interviewed for example; patients with visual or auditory disorders, psychiatric disorders who were not able to cooperate, and patients who needed special care were excluded. Physicians entered the study after oral consent, regardless of their work experience.

In this study, schematic images were designed by an expert to examine the patients' and physicians' perspectives on the interns' professional dressing in the clinical setting. Some schematic images were designed based on the academic dressing codes, what is usually observed in the male and female interns' professional dressings at the Iranian academic clinical setting, Iranian medical students' dress code, and literature reviews (1, 5, 8, 9). Also, we used different body imaging to show dress types that were prohibited in Iranian medical students' dress code. The designed images were discussed and revised according to our expert panel and finally, six schematic images, three for males (1, 2, 3) and three for females (A, B, C), extracted and printed in color to use for the upcoming interviews (Figure 1, 2).

Data were collected through a structured interview by a trained interviewer (A medical student at the final stages of the internship). Then, the schematic images were displayed to the participants and they were asked to express their perspective on the images using a series of questions (eleven for the patients, and eight for physicians). Questions were based on the review of similar literature (8, 9, 10). In the first five questions (No.1,2,4,5,8), the participants were asked to express which intern, respect to his/her dressing is more knowledgeable, responsible, reliable, and has careful attention to the patients and observance of the sanitation principles.

In the next five questions (No. 9,10,11,12,13), the participants expressed which interns, according to his/her dressing style, they preferred to talk with him/her about their therapeutic plan, psychiatric, sexual, and life problems or to have emergency counseling. The questions about life, sexual, and psychiatric problems were asked only from the patients. The last question (No. 11) asked about which of the interns, the participants felt uncomfortable with. It took about ten to fifteen minutes to complete each interview. The participants' responses were recorded in an anonymous form. Furthermore, the researcher obtained verbal consent from participants and assured them of privacy and confidentiality. The ethics committee of Kerman University of Medical Sciences approved this study. (IR.KMU.REC.1396.1100).

Data were analyzed by SPSS version19 (SPSS Inc., Chicago, IL, USA) using the chi-square and Fisher exact test. The significant level was set as 0.05.

Results

The mean age of the patients and physicians were 34.4±11.2 and 40.0 ±2.8 years, respectively. The majority (56.2%) of the patients were female.

Figure 3 shows the frequency of the patients' perspective on the male interns' professional dressing. Accordingly, among the three male interns' professional dressings, the patients expressed that the male interns with professional dressings similar to the image one, had more knowledge (81.4%), responsibility (81.4%), reliability (83.2%), careful attention to the patients (75.6%) and observance of the sanitation principals (63.8%). The patients expressed that they prefer to talk to male interns with professional dressings similar to the image one about their therapeutic plan (82.4%), psychiatric (74.0%), sexual (69.0%), and life (73.0%) problems and to have emergency counseling (79.5%) with him. The least (8.1%) discomfort was reported with this dressing style.

Figure 4 shows the frequency of the patients' perspective on the female interns' professional dressing. Accordingly, among the three female interns' professional dressings, the patients expressed that female interns with professional dressings similar to image A, had more knowledge (67.7%), responsibility (59.6%), reliability (68.5%), careful attention to the patients (53.0%) and observance of the sanitation principals (41.5%). The patients expressed that they prefer to talk to female interns with professional dressings similar to the image one about their therapeutic plan (64.6%),

psychiatric (58.8%), sexual (58.5%), and life (65.1%) problems and to have emergency counseling (61.9%) with him. The least (7.3%) discomfort was reported with the female dressing style B.

The frequency of the physicians' perspective on male and female interns' professional dressing was just like the patient's perspective except for item one (which intern is more knowledgeable?). Accordingly, 88.6 percent of the physicians and 71.9 percent of the patients believed that the male interns with professional dressings similar to the image one is more knowledgeable. This difference was statistically significant. (P=0.007) Also, 73.3 percent of the physicians and 46.9 percent of the patients believed that the female interns with professional dressings similar to image A is more knowledgeable which had a statistically significant difference (P=0.002).

Discussion

According to the results, the importance of paying attention to the professional appearance of the medical students as well as instructing them in this field was demonstrated, and it turned out that physicians and patients who participated shared identical ideas. In fact, they chose outfit number one for the male and outfit "A" for female interns, while answering the questions were about responsibility, patient care, hygiene, trustworthiness, the probability of initiating a negotiation or seeking counseling with the intern about the therapeutic plans and the emergency issues.

According to the selected features of dress code in the current study, the outfit number one for male interns, and outfit A for female interns, it seems that in our society the professional dress code and its standards are acceptable as

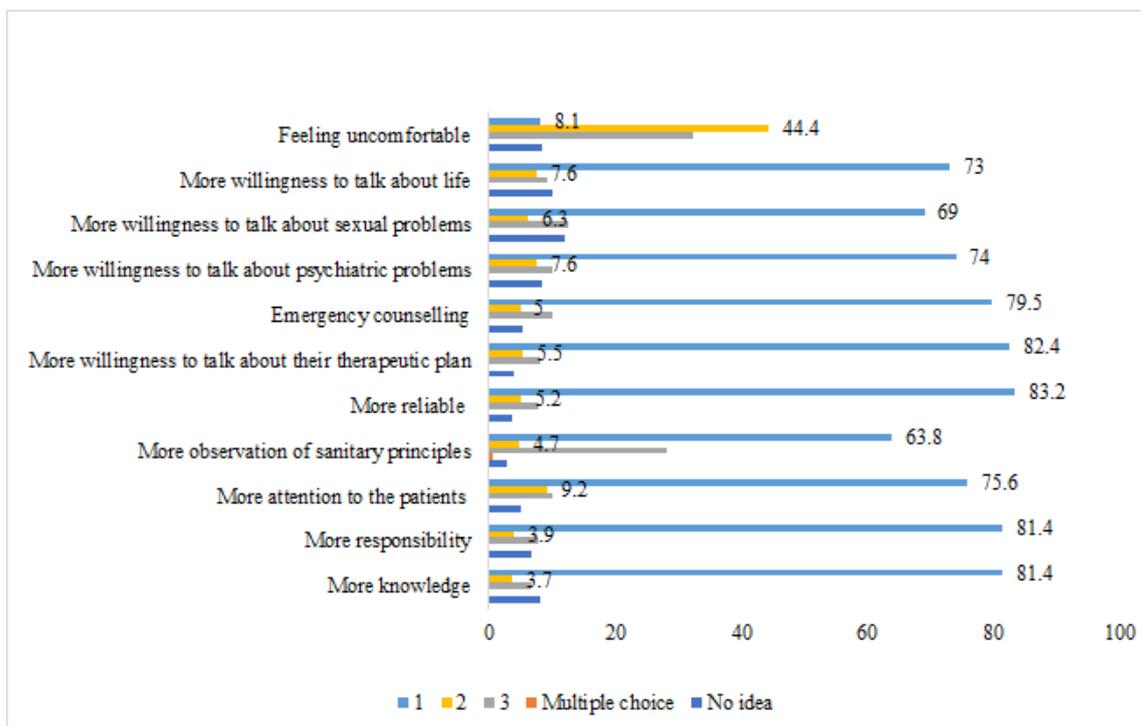


Figure 3. The frequency of the patients' perspective on male interns' professional dressing: A teaching hospital, Kerman

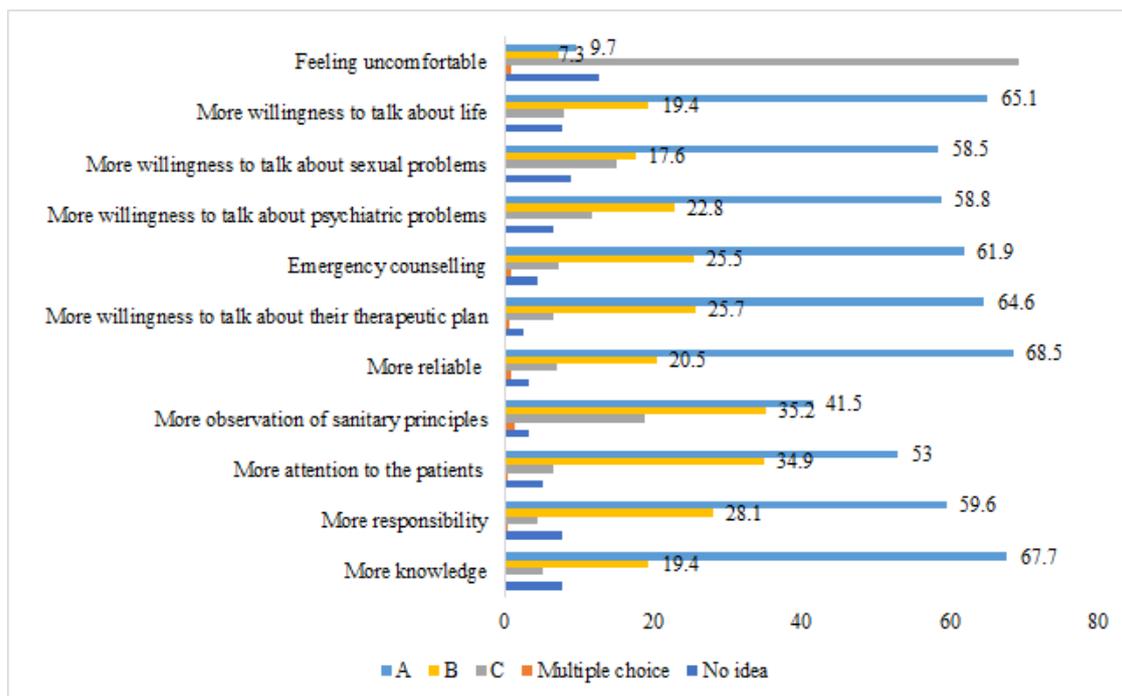


Figure 4. The frequency of the Patients' perspective on female interns' professional dressing: A teaching hospital, Kerman

long as they are based on the dominant culture of the society. Patients and physicians conceive the qualification and the professional performance based on the dress code of male and female interns. In choosing outfit number one for male and outfit A for female interns, a high percentage of the patients associated them with higher knowledge ability, while a lesser percentage of physicians had chosen these outfits. This notion is obvious that the professors have a different sort of assessment toward the level of knowledge and information of the interns. The point to be made here is that these results show how a special kind of professional dress code can acquire the trust and approval of the patients to the extent that they believe a person with a decent professional outfit possesses a higher level of knowledge.

On the other hand, in expressing their discomfort with the presented outfits, the patients and the physicians shared the same opinion in choosing outfit number 2 for males and outfit C for female interns, so the conception of improper appearance was the same between the patients and physicians. Importantly, this shows that the two groups consider social norms through the same framework.

The results of our study comply with that of the other studies in different societies (14, 15, 16).

In a study that was conducted in Japan, the researcher showed patients prefer professional white coats for physician dressing and they believed that this appearance influences their satisfaction (7). The results of this study are in agreement with our results.

In the survey in the University Hospital Zurich, the researchers used photographs of male and female physicians dressing and investigated the patients'

perception of physicians outfits in five domains similar to our study and showed that they preferred white coat dressing for physicians (6).

In a study, the doctors wore four different uniforms for clinical consultation with the patients. This study showed that patients preferred the white coat because this dressing played an important role in existing trust in the patient-physician relationship (17).

In a study by Petrilli was conducted in ten academic centers in the US, with the use of questionnaires with pictures asking about the patients' opinions about the effect of physicians' dress codes, 4062 patients participated, 53% of who mentioned that the physicians' dress code affect the treatment process and that most of them preferred the white uniform (8).

In research by Yonecura in 2013, in Brazil, the researcher analyzed the patients', physicians' and medical students' viewpoints about the physicians' outfits by using pictorial questionnaires. This study showed most of the patients, as well as physicians and medical students, preferred the white uniform, as it showed more knowledge ability, trustworthiness, caring for patients, hygiene, responsibility, as well as the probability of discussing the treatment plans, emergency consulting, and talking about the life, psychiatric and sexual problems (9).

Another study in five different parts of Japan concluded that a doctor's outfit is not only a way of protecting against microscopic agents, but it is also the symbol of qualification and position. The study by Kurihara, et.al reported that 70% of the participants believed that the outfits of physicians had affected their trust toward their physicians. Since most of the previous studies were conducted in one hospital or

clinic, the results may be reflective of the culture of one specific environment and its effect on the patients (4).

In South Carolina, 400 patients participated in a study about the effect of the physicians' dress code and decency of appearance on the degree of trust a patient has toward his/her doctor, 76.3% of the patients preferred the white uniform, derived by a pictorial questionnaire (10).

In the study by Batias in 2014, in Saudi Arabia, the patients' views on the male physicians' outfits, and with the use of a pictorial questionnaire, 311 patients participated, most of whom preferred the white uniform for the usual examinations and the treatment process, they also preferred the national white outfit of Saudi Arabia for expressing their sexual, psychological problems, as well as the life problems (11).

Conclusion

Our study shows that the outfits of physicians were considered by the participants in forming an effective relationship between the doctor and the patient, the amount of patients' trust, and generally the ease and accuracy of treatment. The long white uniform, orthopedic shoes, and the no-makeup-look were selected for the best female look. Therefore, using an appropriate professional outfit based on outfit number one for men and outfit A for women were accepted by the patients and physicians. One point to be noted here is that the results of this study were in line with most of the studies conducted in different societies and cultures. This shows a similar perception of the physicians' professional dress code in different societies. However, it seems that more emphasis should be put upon the use of the professional dress code of interns, who are the country's future physicians, in educational and healthcare centers, so the interns will be aware of their professional role, and the effect it will have on their relationship with the patients.

Limitation

There were several limitations to this study:

1-There were a limited number of outfits for male and female interns, which was, on one hand, due to the limitation in choosing the proper dress code for the educational and health care environments. Therefore, our painter used different body imaging to show dress types that were prohibited in Iranian medical students' dress code.

2-The preparation of the hand-drawn pictures was bound with problems, and it may also affect the patients' perception of the selected outfit.

3-Researchers could not use real-life pictures to demonstrate facial makeup and dress types and chose to use hand-drawn pictures complying with community norms.

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Conflict of Interests: The authors declare no conflict of interest.

Ethical Approvals: The ethics committee of Kerman University of Medical Sciences approved this study. (IR. KMU.REC.1396.1100).

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