Which doctor would *you* be happiest consulting? See article on page 275.

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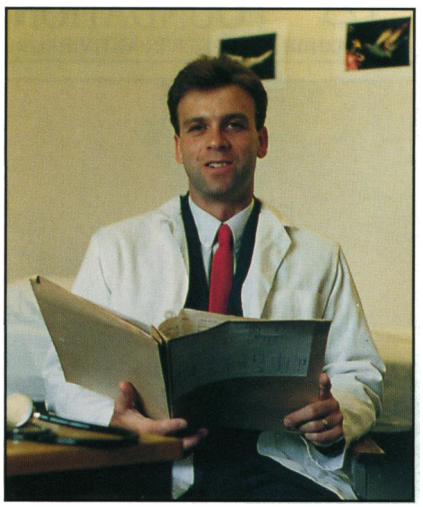

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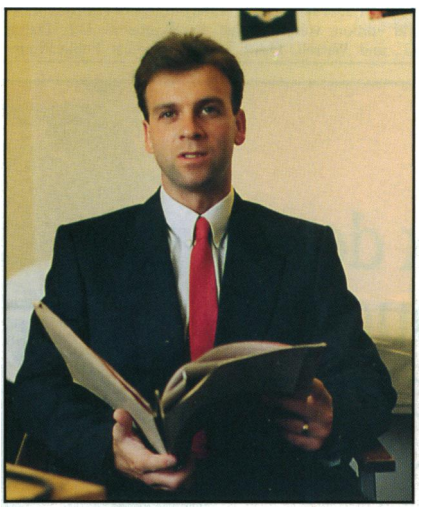

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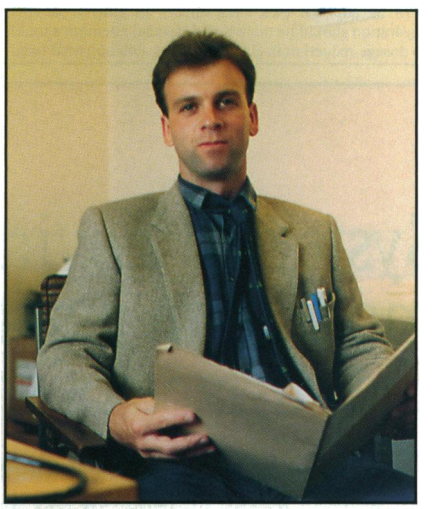

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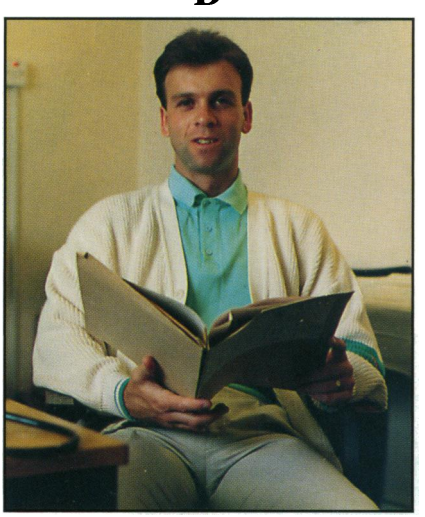

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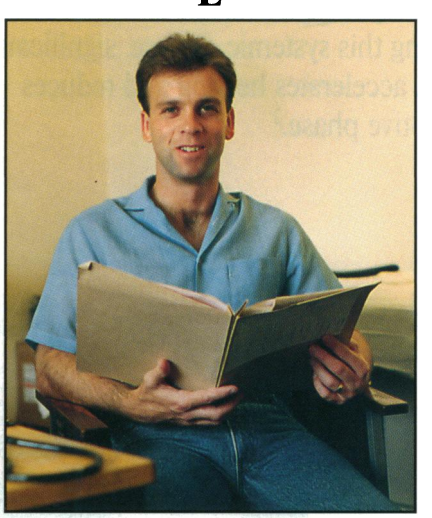

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Putting on the style: what patients think of the way their doctor dresses

BRIAN McKINSTRY

JI'XIANG WANG

SUMMARY. The aim of this study was to determine how acceptable patients found different styles of doctors' dress and whether patients felt that a doctor's style of dress influenced their respect for his or her opinion. A total of 475 patients from five general practices in Lothian were surveyed using photographs of different styles in a male and female doctor and questions about their attitudes to doctors' dress in general. Overall, patients seemed to favour a more formal approach to dress, with the male doctor wearing a formal suit and tie and the female doctor in a white coat scoring the most high marks. This was particularly true of older patients and those in social classes 1 and 2. The male doctor wearing a tweed jacket and informal shirt and tie scored fewer low marks and this was therefore the least disliked of the outfits. There was a marked variation between preferences of patients registered with different practices. When asked, 28% of patients said they would be unhappy about consulting one of doctors shown, usually the ones who were informally dressed. However, some patients said they would dislike their doctor wearing a white coat.

Although there are more important attributes for a general practitioner than the way he or she dresses, a majority of patients (64%) thought that the way their doctor dressed was very important or quite important. Given that 41% of the patients said they would have more confidence in the ability of one of the doctors based on their appearance it would seem logical for doctors to dress in a way that inspires confidence. This may only be an important factor, however, for patients who see their doctor infrequently.

Introduction

SINCE the time of Hippocrates doctors have been given advice on the way they should dress.[1] Sometimes this is for functional or hygienic reasons, but usually it is because of a supposed influence on the doctor–patient relationship. Certainly in primitive societies the way the healer dresses is an important part of the paraphernalia and ritual of healing. Some doctors may think that, having substituted the laboratory test and the sphygmomanometer for casting the bones and examining the entrails of birds, we have outgrown the need for using dress as means of impressing our patients. Others no doubt see the white coat and the suit and tie as the natural successors of the animal skins of our forefathers and would argue that patients today have as much a need for reassuring rituals as those of the past.

It is a subject on which everyone has an opinion and many others have expressed strong views.[2-5] In the consumer conscious United States of America there have been several studies on what patients and doctors find desirable in dress[6,7] and on whether patients think that style of dress has an influence on their likelihood of following a doctor's advice.[8] What research there has been in the UK has been informal and on a small scale or in the context of a family planning clinic.[9]

The aims of the present study were to determine whether patients think the way their doctor dresses is important and how they prefer their doctor to dress; in addition to try to establish if patients think the way their doctor dresses affects his or her effectiveness as a doctor (that is whether they think it makes them more likely to follow his advice) and finally to establish if certain demographic groups or the patients of particular practices prefer different styles of dress.

Method

A total of 475 patients attending 30 doctors in five general practices in Lothian were asked to answer a questionnaire which was administered by a trained research assistant. The practices surveyed included three in the city of Edinburgh and two in West Lothian. An attempt was made to survey patients at different times of day and the interviewer visited each surgery on five occasions. In the busier surgeries the interviewer was unable to see all the patients and if queues became too long patients were told they could leave. On average just over 70% of patients attending the surgeries at these times were included in the survey.

Patients were asked to look at eight photographs. The intention was that patients' responses to the photographs should be as spontaneous as possible and so they were not told the reason for the study. The photographs (see p.270) were in two sets, one of the same man dressed in five different styles and the other a woman dressed in three different styles. The photographs were designed to depict various styles of dress. For the male doctor: (A) white coat over formal suit, (B) formal suit, white shirt and tie, (C) tweed jacket, informal shirt and tie, (D) cardigan, sports shirt and slacks, (E) denim jeans and open-neck short-sleeved shirt. For the female doctor: (F) white coat over skirt and jumper, (G) skirt, blouse and woollen jumper, (H) pink trousers, jumper and gold earrings. (Please ignore the numbers appearing in photographs F, G and H: these were used in data collection and are not relevant here).

As far as possible the model posed in the same way for all the photographs. Relatively young models were used as we felt older models dressed informally would seem a little unlikely to patients. Fewer styles of women's dress were used as it was felt that there were fewer discernable female styles of dress in use in general practice. Patients were asked 'Which doctor would you feel happiest about seeing for the first time?' scoring this from 0 to 5 for each model. They were then asked about their confidence in the ability of the doctors in the pictures, whether they would be unhappy about consulting any of them and which one looked most like their own doctor. In the final part of the questionnaire, patients were asked a series of closed questions about doctors' dress in general and to give their attitudes to specific items of dress. The list was largely based on a more extensive list used in an American survey[7] and on suggestions made during a pilot study.

The scores were ranked and all results were subject to statistical analyses of age, sex, social class and practice using non-parametric (Bonferoni) and chi-squared tests. Results reported as significant were significant to the 5% level.

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Submitted: 1 October 1990; accepted: 20 February 1991.

Results

The survey population contained twice as many women as men and was slightly skewed towards the lower social classes. This to an extent reflects surgery populations in general.[10]

Attitudes to photographs of different styles of dress

Table 1 shows the number of patients allocating scores from 0 to 5 to each style of dress shown in the photographs according to how happy they would feel about seeing that doctor for the first time. Table 2 shows the mean scores for each style for the whole sample of patients. The doctor in the smart suit was the most popular of the male doctors ($P<0.001$ for all comparisons except with the tweed jacket and tie for which $P<0.05$). The next most popular were the doctors in the tweed jacket and tie and the white coat over suit which scored almost equal overall rankings. Interestingly, the doctor in the tweed jacket and tie scored fewest low marks. The doctor in the cardigan and slacks scored significantly higher ($P<0.001$) than the doctor in jeans but both scored low marks compared with the traditionally dressed doctors. For the female doctor a similar but not quite so polarized picture emerged. The doctor in more traditional dress (jumper and skirt) scored highest overall with the white coat in second place. The difference between the two was insignificant. The doctor in the white coat, however, scored more top marks than the traditionally dressed doctor. The informally dressed woman doctor (trousers) scored significantly lower marks overall ($P<0.001$). Overall, the scores received by the woman were higher than those received by the man.

The data was further analysed to look for possible associations between the patients' choices and their age, sex and social class (Table 2). There was a highly significant relationship between the ages of the patient and their choice of doctor ($P<0.001$). Older patients were more likely to give high scores to the male doctor in the white coat and in the formal suit. They were also more likely to prefer the woman doctor in the white coat to the one in the skirt and jumper ($P<0.001$). There was also a strong association with social class. Social class 1 and 2 patients were more likely to give high scores to a traditionally dressed doctor. This was particularly marked with the male doctor in the white coat who ranked second overall but was relatively more popular with social class 1 patients ($P<0.002$). There was a non-significant class difference in the ranking of the two informally dressed male doctors and informally dressed woman doctor. The only difference between the sexes was that women patients ranked the man doctor in the tweed jacket and tie more highly than did men patients ($P<0.01$).

The strongest association was with the patient's practice. In almost all the categories of dress there was a significant inter-practice variation. This was particularly marked with the doctor in the white coat and in the formal suit ($P<0.001$ for both). For example, in practice 4 the mean score ranged from 4.27 for the male doctor in a formal suit to only 1.62 for the doctor in jeans, whereas in practice 1 the mean scores were less extreme, ranging from 3.41 for the suit to 2.41 for the jeans.

The next question asked was 'Do you think you would have more confidence in the ability of one of these doctors (based on their appearance)?'; 194 patients (41%) said yes. When asked which doctor they felt this about the results were as follows. For the male doctor most of the patients who expressed this view chose the more formally dressed doctors (white coat 74 patients, suit 84 patients, tweed jacket 22 patients, although some chose the informal dress, cardigan four patients, jeans nine patients). For the female doctor the pattern was similar (white coat 94 patients, skirt 65 patients, trousers 13 patients). (Some patients expressed views for the male and female doctors separately, some picked just one doctor and some picked more than one.)

Table 1. Distribution of scores for the doctors in different styles of dress.

Acceptability score	Number of patients: Male doctor wearing: White coat	Suit	Tweed jkt	Cardigan	Jeans	Female doctor wearing: White coat	Skirt	Trousers
5	183	238	141	76	60	263	222	104
4	122	116	120	77	44	118	194	86
3	75	46	182	96	58	56	42	166
2	47	48	22	147	76	25	13	65
1	39	19	4	31	154	7	2	20
0	9	8	6	48	83	6	2	34

Table 2. Distribution of mean scores for doctors in different styles of dress by age, sex and social class of patients and by practice registered with.

	Mean scores for acceptability: Male doctor wearing: White coat	Suit	Tweed jkt	Cardigan	Jeans	Female doctor wearing: White coat	Skirt	Trousers
Age group (yrs)								
13–17 ($n=7$)	4.00	4.29	3.57	2.14	2.72	4.29	4.43	2.86
18–30 ($n=102$)	3.37	3.65	3.79	2.71	2.16	3.99	4.24	3.24
31–50 ($n=159$)	3.40	3.87	3.90	2.81	1.87	4.06	4.31	3.09
51–65 ($n=105$)	4.01	4.36	3.62	2.82	2.02	4.43	4.40	3.22
>65 ($n=102$)	4.19	4.25	3.57	2.62	2.02	4.57	4.21	3.25
Sex								
Men ($n=147$)	3.80	4.00	3.56	2.85	2.04	4.31	4.21	3.13
Women ($n=328$)	3.67	4.02	3.83	2.68	2.00	4.20	4.33	3.21
Social class								
1 ($n=35$)	3.97	4.49	3.97	2.60	1.57	4.37	4.54	3.06
2 ($n=57$)	3.84	4.37	3.90	2.40	1.63	4.42	4.49	3.04
3 ($n=183$)	3.89	3.97	3.88	2.73	2.12	4.31	4.37	3.14
4 ($n=114$)	3.64	3.91	3.53	2.90	2.03	4.14	4.18	3.33
5 ($n=80$)	3.17	3.79	3.53	2.84	2.21	3.90	4.16	3.22
Practice								
1 ($n=80$)	3.23	3.41	3.41	3.01	2.41	3.56	3.96	3.26
2 ($n=94$)	4.05	4.35	3.82	2.70	2.04	4.41	4.39	3.14
3 ($n=101$)	3.62	4.01	3.73	2.59	1.77	4.20	4.37	2.88
4 ($n=94$)	3.64	4.27	3.94	2.48	1.62	4.38	4.43	3.23
5 ($n=106$)	3.94	3.93	3.77	2.99	2.33	4.51	4.24	3.45
All ($n=475$)	3.71	4.02	3.75	2.74	2.01	4.24	4.29	3.18

n = total number of respondents.

When asked if there was a doctor they would be unhappy about consulting 134 patients (28%) said yes; 104 women patients and 30 men patients ($P<0.02$). The male doctor in jeans (78 patients) or the cardigan and slacks (30 patients) and the woman doctor in trousers (54 patients) were most likely to be

mentioned. Sixteen patients, however, would not be happy consulting the male doctor in a white coat. (Some patients chose more than one doctor.)

The next question was 'Which doctor looks most like your own doctor?' A third of patients were unable to express an opinion because they had always attended either a male or female doctor. Some patients chose two doctors and this made the results difficult to analyse, but there was a difference in the response between practices. In practice 1 only 31 patients (38%) said their doctor looked most like the smart suited doctor, while in practice 4 80 (86%) did so. As shown earlier, patients in practice 1 did not have strong preferences towards the smarter dressed doctors whereas in practice 4 they did; thus patients tended to prefer the style of doctor they currently had.

Attitudes to doctor's dress in general

A majority of patients thought that the way their doctor dressed was very important (11%) or quite important (53%); only 36% thought it was of no importance.

Table 3 shows the patients' responses to questions about specific items of doctors' dress. Older patients (over 65 years) were more likely than expected to prefer men doctors in a white coat (30%) and a suit (61%) and to object to jeans (79%) and earrings (62%) (all $P<0.05$). They were more likely to think that women should wear a white coat (54%) and a skirt (64%) and to object to her wearing jeans (75%) (all $P<0.05$). The majority of all age groups thought that male doctors should wear a tie, although this ranged from 70% of over 65 year olds to 52% of 18–30 year olds. Younger patients (30 years or under) were less likely than expected to think that a doctor should wear a tie ($P<0.05$) (although 54% still thought they should).

Social class 1 patients were more likely than expected to object to male doctors wearing earrings (77%) and to lots of jewellery in women (83%) (both $P<0.05$). Social class 4 patients were less likely than expected to object to jeans in men (46%) and to think that a tie was necessary (both $P<0.05$) (although 60% still thought that the doctor ought to wear a tie).

More men (44%) expressed the view than women (29%) that women doctors should wear white coats ($P<0.05$).

There was a highly significant difference between practices with regard to a preference for a white coat in men (ranging from 4% in practice 3 to 28% in practice 2) and women (ranging from 20% in practice 5 to 51% in practice 1) (both $P<0.001$). Some were more likely than others to think that a suit was necessary and to object to jeans.

Patients were then asked if there were any other items of dress to which they would object. A variety of items were mentioned including training shoes, beach shorts and blouses with high ruffs, but a large number of patients referred to mini-skirts, low cut dresses, tight trousers and heavy make-up.

Table 3. Patients' responses to questions about specific items of doctors' dress.

	Percentage of respondents ($n=475$)
Believe male doctors should usually wear a:	
White coat	15
Suit	44
Tie	67
Would object to male doctor:	
Wearing jeans	59
Wearing an earring	55
Having long hair	46
Believe female doctors should usually wear:	
White coat	34
Skirt (rather than trousers)	57
Would object to female doctor:	
Wearing jeans	63
Wearing lots of jewellery	60

n = total number of respondents.

Discussion

The survey shows that in general, patients preferred their doctors to dress in a traditional way. This agrees with American research and unpublished work performed in the Department of Psychology in Edinburgh in the early 1970s (Maguire R, personal communication) on the public's attitude to medical students' dress. The majority of patients thought that the way the doctor dresses is of some importance, with many patients feeling that they would have more confidence in a doctor dressed in one of the more traditional styles, and an important number (28%) saying they would be unhappy about consulting one of the doctors they were shown.

While the older patients and those in higher social classes were more likely to opt for a traditionally dressed doctor, independently the patients' practice seems to have been a stronger factor in influencing this choice. Patients in different practices certainly perceived the way their own doctor dressed differently. While there was some evidence that patients were voting for the style of dress to which they had been accustomed, doctors may also dress in response to what they perceive their patients approve.

Surprisingly the white coat, which few general practitioners wear, scored fairly highly, especially on women doctors, but it also scored quite a few low marks as well, particularly from those in social class 5. The least disliked outfit was the tweed jacket and informal shirt and tie, a style of dress which probably represents the apparel worn by a majority of general practitioners during consulting sessions.

It was impossible to cover all forms of dress and the final outfits were chosen after a pilot study. We regret not having included a picture of a woman doctor in a suit as we mistakenly felt that the doctor in the skirt and jumper would not be significantly different. Several patients and doctors who saw the photographs expressed the view that we should have included this choice. It may be that this omission increased the vote for the woman doctor in a white coat, although it might be argued that pressures to conform to a formal stereotype are greater for women. Certainly the objection to a woman doctor in jeans was greater than for male doctors in jeans. We would, however, be reluctant on the basis of these results to recommend that women doctors consider wearing white coats.

The design of the first part of the survey was intended to avoid the pitfall of patients giving the answer they thought the doctor wanted rather than the one they felt to be correct. For example many patients who stated that they felt the way the doctor dressed was of no importance were quite definite in awarding discriminating scores when assessing the photographs. The authors feel that the results reflect the genuine preferences of the patients.

This study was carried out in the Lothian region and Edinburgh city. Edinburgh is not generally regarded as a particularly informal city and it may be that patients' views in other parts of the country might be different.

It is hard to be sure just how important the doctor's style of dress is to patients, when compared with other attributes such as availability, kindness, willingness to listen and clinical competence.[11] We suspect not very. It is, however, a relatively simple thing to change one's style of dress and not so easy to change

one's bedside manner. If patients do have more confidence in a well dressed doctor then it would seem logical for doctors to dress in a way that inspires confidence. Possibly doctors who work in practices with a high proportion of social class 1 and 2 or elderly people need to be more formal in their dress. This may only be important, however, with patients who see their doctor infrequently and do not know him or her well.

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Acknowledgement

We should like to thank all the general practitioners who kindly let us interview their patients, E MacFarlane, Audrey Walker, John Howie, and Mike Porter for help and encouragement and Robin Prescott of the Department of Medical Statistics of Edinburgh University for his statistical advice. This project was assisted by the Scientific Foundation Board of the Royal College of General Practitioners.

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