

P.0550 JUDGING A BOOK BY ITS COVER: THE IMPORTANCE OF A DRESS CODE AND THE APPEARANCE IN PSYCHIATRY



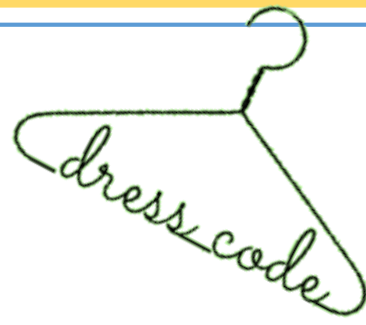
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Most studies indicate that dress code and appearance are important factors and can influence how the physician-patient relationship is established.

The first impression about the doctor's appearance has an impact on the patient that influences his participation in the treatment process.

Despite the interest aroused by the theme, no published studies evaluating the opinions of portuguese patients and doctors on these factors were found in the literature.



This study aims to understand the importance of a dress code and the appearance of psychiatrists in establishing a satisfactory physician-patient relationship.

This study was carried out through the application of self-filled, anonymous and confidential questionnaires (closed query questions with multiple answer options) to:

- patients aged ≥ 18 years old accompanied in Psychiatry appointments;
- those who resort to the Psychiatric Emergency Service;
- patients admitted to the Psychiatry Service of Leiria Hospital Center (LHC);
- all the Psychiatry consultants and residents of LHC;
- doctors of other specialties presently working in the Service.

Statistical analysis was performed using SPSS Statistics.

Background

Objectives

Materials and Methods

WHAT THE STUDIES SAY?

Note: 100 patients (56F; 44M), 14 Psychiatry consultants and residents (11F; 3M) and 11 doctors from other specialties (11F) participated in this study.

International studies: ▶ Yes, for 56% of patients [1].	Psychiatry consultants and residents opinion: ▶ Yes, for 71.43%.		International studies: ▶ Yes, for 94% of psychiatrists [1].	Psychiatry consultants and residents opinion: ▶ Sim, for only 50%.
Is the dress code an important part of the psychiatrist's appearance?			Is the dress code important for establishing the therapeutic relationship?	
Opinion of doctors from other specialties: ▶ Yes, for 90,1%.	Patients opinion: ▶ Yes, for only 48%.		Opinion of doctors from other specialties: ▶ Yes, for 54,55%.	Patients opinion: ▶ Yes, only for 41%.

International studies:
 ▶ There are studies suggesting that white coat is important for establishing the therapeutic relationship [1] and treatment adherence [2], in psychiatry. However, the results differ; ▶ One study, revealed that 58% of patients and 23% of psychiatrists consider that wearing white coat has no influence and 38% of patients and 31% of psychiatrists consider white coat to have a negative influence [1]; ▶ Physicians in white coat were found to be the most understanding, tolerant, best prepared, concerned and hygienic [2]; ▶ Studies suggest that the use of uniforms generates greater confidence and identification by patients [3].

Psychiatry consultants and residents opinion:
 ▶ 28,57% think the psychiatrist should never wear a white coat (71,43% only if they are in the emergency room); ▶ 50% considers that white coat distances psychiatrist from patient; ▶ 37,71% don't know if it has influence and 28,57% a positive influence on the establishment of the therapeutic relationship; ▶ Although most consider it indifferent, psychiatrists in white coat were found to be the most prepared, concerned, hygienic, responsible, reliable in the proposed diagnosis/treatment and revealed easier identification as a doctor.

Should a psychiatrist wear white coat?

Opinion of doctors from other specialties:
 ▶ 27,27% think the psychiatrist should never wear a white coat (36,36% they should wear it in the emergency room); ▶ 54,55% considers that white coat distances psychiatrist from patient; ▶ 45,45% don't know if it has influence and 36,36% a negative influence on the establishment of the therapeutic relationship; ▶ Although most consider it indifferent, psychiatrists in white coat were found to be the most prepared, concerned, hygienic, responsible, reliable in the proposed diagnosis/treatment, successful/professional and revealed easier identification as a doctor.

Patients opinion:
 ▶ 32% think the psychiatrist should not wear white coat (26% only if they are in the emergency room); ▶ 70% considers that white coat does not distance the psychiatrist from patient; ▶ 45% consider that white coat has no influence and 31% a positive influence on the establishment of the therapeutic relationship; ▶ Although most patients consider it indifferent, psychiatrists in white coat were found to be the most understanding (only female psychiatrists), prepared, concerned, hygienic, responsible, reliable in the proposed diagnosis/treatment, successful/professional and revealed easier identification as a doctor.

International studies:
 ▶ The results differ. There are studies suggesting that patients prefer doctors with a more formal dress code, as they find them more competent, reliable and professional (although they seemed less friendly, less understanding and more difficult to talk to) [1] [2]; ▶ Several studies conclude that psychiatrists assume that patients are traditional in preference and tend to be more concerned and critical [2] [1]; ▶ For that reason, studies indicate that most psychiatrists (of both sexes) use a semi-formal dress code.

Psychiatry consultants and residents opinion:
 ▶ The semi-formal was the favored option (50%), followed by casual (21,43%) for both sexes; ▶ 28,57% think patients consider doctors with formal dress codes more successful/professional but also less friendly, less understanding and more difficult to talk to (75%); ▶ Most use a semi formal dress code (except for the emergency service, where the most chosen option was the white coat).

What is the most appropriate dress code for a psychiatrist (casual, semi-formal, formal, white coat or indifferent)?

Opinion of doctors from other specialties:
 ▶ "Indifferent" was the most chosen option (45,45%), followed by the semi-formal dress code (36,36%), for both sexes; ▶ Psychiatrists with formal dress code, seem less friendly, less understanding and more difficult to talk to; ▶ The semi-formal was considered the most appropriate dress code for psychiatry appointments, private consultations or to talk about sexual problems.

Patients opinion:
 ▶ The white coat was the most picked option (31,5%), followed by semi-formal (26%) for both sexes; ▶ Psychiatrists with formal dress code, seem less friendly, less understanding and more difficult to talk to; ▶ Although for most patients it is indifferent, the white coat was considered the most appropriate dress code for psychiatry appointments, inpatient service, emergency room, private consultations (only female psychiatrists. For male doctors the most chosen option was semi-formal) or to talk about sexual problems.

International studies:
 ▶ Patients prefer male doctors with casual dress code and female doctors in white coat [3].

What is the most appropriate dress code to talk about confidential problems?

Opinion of doctors from other specialties:
 ▶ "Indifferent" was the most popular one, followed by the semi-formal dress code, for both sexes.

Psychiatry consultants and residents opinion:
 ▶ The preferred option was "indifferent", followed by the semi-formal dress code, for both sexes.

International studies:
 ▶ Studies have shown a high degree of patient discomfort with overly liberal-looking elements and that there is a tendency to prefer a more conservative style [3].

Patients' degree of discomfort towards certain elements of doctors' appearance*

Opinion of doctors from other specialties:
 ▶ "Uncomfortable" was the most chosen option followed by "indifferent" (the opposite was verified for long hair/earrings/many accessories or oversized/sleeveless T-shirt /shorts/sandals in men; many accessories or oversized/a lot of makeup in woman).

Psychiatry consultants and residents opinion:
 ▶ For most items "uncomfortable" was the most chosen option followed by "indifferent" (the opposite was verified for long hair/sandals in men; a lot of makeup/many accessories or oversized/shorts/mini skirt in women).

Conclusions: ▶ This study demonstrates that LHC patients attach less importance to dress code than revealed by international studies; ▶ LHC doctors (psychiatrists and non-psychiatrists) attach more importance to dress code than patients. ▶ Doctors and patients seem to agree on the use of the white coat in the emergency room. ▶ The use of white coat has no influence on the doctor-patient relationship (if yes, is it positive). ▶ This study confirmed that psychiatrists in white coat were perceived to be the most prepared, concerned, hygienic, responsible, reliable in the proposed diagnosis/treatment and revealed easier identification as a doctor. ▶ Doctors assume that patients are traditional in preference, tend to be more concerned and critical, therefore using semi-formal dress code. ▶ However, the option most chosen by the patients was white coat; ▶ Psychiatrists with formal dress code, seem less friendly, less understanding and more difficult to talk to; ▶ Contrary to international studies, patients have no preference about the most appropriate dress code to talk about confidential issues (or prefer semi-formal); ▶ This study revealed that most patients are indifferent to certain elements of Psychiatrists appearance while most doctors feel that patients are uncomfortable with those elements.

*includes long hair, earrings, sleeveless T-shirt and sandals, in men; a lot of makeup, short, transparent or neckline blouses and mini skirt, in women; fancy-colored hair, facial piercing, many accessories/oversized, visible tattoos, shorts, for both sexes

References: ▶ [1] Nihalani, N., et al. (2006). How Should Psychiatrists Dress?—A Survey. Community mental health journal. 42. 291-302. 10.1007/s10597-006-9036-9. ▶ [2] Tatasoy, N. et al., (2015). The Effect of Dressing Styles and Attitudes of Psychiatrists on Treatment Preferences: Comparison between Patients and Psychiatrists. *Nöro Psikiyatri Arşivi*, 52(4), 380-385. <http://doi.org/10.5152/npa.2015.8767> ▶ [3] Yonekura, C. et al., (2013). Impressões de pacientes, médicos e estudantes de medicina quanto a aparência dos médicos. *Revista da Associação Médica Brasileira*, 59(5), 452-459. <https://dx.doi.org/10.1016/j.ramb.2013.04.005>