

The Effect of Dressing Styles and Attitudes of Psychiatrists on Treatment Preferences: Comparison between Patients and Psychiatrists

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ABSTRACT

Introduction: Recently, different dressing styles and attitudes of psychiatrists have been proposed to enhance the interaction between patients and the physician. The aim of the present study was to investigate the preferences of dressing style and attitudes of a psychiatrist of the patients referred to an outpatient psychiatry clinic and the perception of psychiatrists regarding the preferences of the patients.

Methods: One hundred and fifty-three patients referred to the outpatient psychiatry clinic of the Bülent Ecevit University School of Medicine, and 94 psychiatrists have been included in the present study.

Results: When the images of psychiatrists were evaluated in terms of referral for treatment, trust in treatment, and willingness to share their

confidential matters, both groups gave minimum scores to causal/sports dress style. While psychiatrists preferred to dress in a suit, casuals, and white coat, the preference order was white coat, casual dress, and suit in the patient group. There was a significant difference between the groups with respect to three dressing styles.

Conclusion: It can be suggested that psychiatrists assume that patients are traditional in terms of their preference of the dressing style of a doctor and doctor–patient relationship, and a white coat is important to enhance the treatment adherence of patients.

Keywords: Patient, psychiatry, white coat, dress, relationship

INTRODUCTION

One of the most important conditions for a positive outcome of treatment is a well-established patient–physician relationship (1). Factors determining the relationship between the physician and the patients may be verbal in addition to nonverbal ones such as the dress of the physician. There are studies reporting that first impression about the appearance of the physician leaves an impact on the patient, which influences the relationship between the physician and the patient and the participation of the patients in treatment process (2,3,4).

Although the white coat of the physician is an important symbol for medicine, it has recently been questioned in all medical branches on the grounds of hygiene and with regard to its possible harmful effect on the relationship between the physician and the patient. In addition, as many health workers wear white coats at present, the white coat is no longer specific to the definition and image of physicians. Therefore, recently, different dressing styles have been proposed to enhance the interaction between the patients and the physician (5,6).

Pediatric and psychiatric patients prefer a casual dressing style and a more friendly physician–patient relationship, while the patients of other branches prefer white coat, suits, and paternalistic physician–patient relationship (7,8,9,10,11). Patients may consider physicians dressed in suits to be professionally competent as well as cold and distant. Similarly, they may find the physicians in casual, comfortable dresses to be professionally incompetent (12).

The aim of the present study was to investigate the preferences of psychiatric outpatients regarding the dress and attitude of psychiatrists and the perception of psychiatrist regarding the preferences of patients.

METHODS

One hundred and seventy-four outpatients waiting to be examined in the psychiatry outpatient clinic of the Bülent Ecevit University, School of Medicine, were asked to fill the questionnaire for the formation of the patient group. Twenty-one patients refused to participate in the study; thus, the sample included 153 patients. Psychiatry group was composed of psychiatrists attending 49th National Psychiatry Congress held between September 24, 2013 and September 28, 2013 and consenting to participate. In the psychiatrist group, 102 psychiatrists offered to attend the study. Eight subjects refused to participate, leaving 94 psychiatrists for the sample. Inclusion criteria



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Received: 29.04.2014 **Accepted:** 20.06.2014

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for the patient group were enough cognitive capacity to answer self-reported questions and lack of eyesight-related problems that may prevent the evaluation of the picture.

Questionnaire forms were developed by the authors by taking the cultural characteristics of Turkey into account and by reviewing the literature on the issue. Questions were approved by the authors in terms of practicality and intelligibility. Photographs were taken of the same physician in the same position with a serious expression from the same angle with different dressing styles: Figure 1a, suit; Figure 1b, casual dress (shirt, sweater, blue jeans); Figure 1c, casual/sports dress (t-shirt and capri pants); and Figure 1d, white coat.

Both groups were asked questions at first on demographic information, dress, and attitude of physicians. In the second part of the questionnaire, they were shown the pictures of the same physician in four different dressing styles, and their opinions were asked using 4 Likert-type scale.

Necessary approval for the study was obtained from the Clinical Investigations Ethics Committee of the Bülent Ecevit University.

Statistical Analysis

For the evaluation of data obtained in the present study, SPSS (Statistical Package for the Social Sciences Inc., Chicago, IL, USA) 17 program was used for statistical analysis. When analyzing data, in addition to descriptive statistical methods, Kolmogorov–Smirnov distribution test was used for the evaluation of normal distribution. For a comparison between quantitative data and for inter-group comparisons of normally distributed data (independent samples) t-test was used, and in the comparison of quantitative data not normally distributed, Mann–Whitney U test and Kruskal–Wallis test was used. Numerical variables were expressed as mean±standard deviation or median (values corresponding to 25%–75%), and categorical variables were expressed as the number of observations and percentage (n%). Statistical significance was evaluated at $p < .05$ and $p < .001$.

RESULTS

Ninety-six of 153 patients were females (62.7%) and 57 were males (37.3%). Forty-two of 94 psychiatrists were females (44.7%) and 52 were males (55.3%). The mean duration of education in patients was 9.0 ± 4.4 years. Demographic characteristics of the patients are demonstrated in Table 1.

Relationship between demographic characteristics of the patient group and their opinions regarding the appearance of psychiatrists

With regard to the answers to questions such as “How much do you trust the psychiatrist in the picture?” and “How much do you prefer to share confidential matters (social, sexual, and psychological) with the psychiatrist in the picture?”, preference score for white coat of female patients was significantly higher than that of male patients ($z = -2.134$; $p = .033$ and $z = -2.406$; $p = .016$, respectively).

There was significant difference between different age groups of patients in terms of their answer to the question “How much do you prefer to refer to the psychiatrist in the picture for treatment?” ($p = .022$, $p = .001$, and $p = .018$, respectively). Following Bonferroni correction for the preference score for suit, it was established that the scores of 30–50 age group was significantly higher than those of 15–30 age group ($p = .014$; $\alpha^* = \alpha/3 = .05/3 = .016$). Following the Bonferroni correction made for casual/sports dress, it was found that the score of 15–30 age group was signifi-

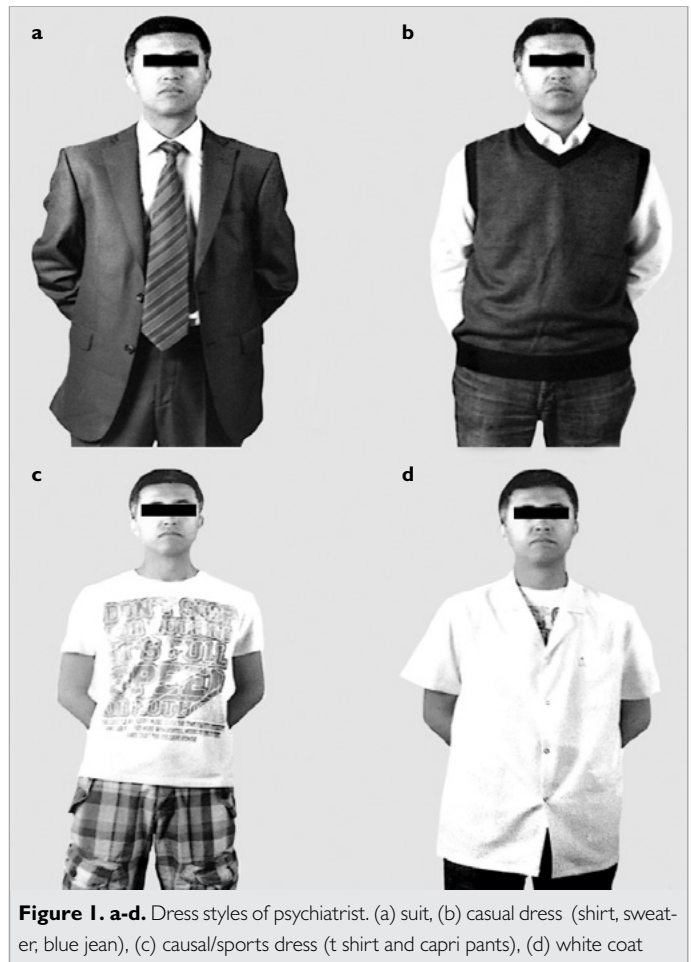


Figure 1. a-d. Dress styles of psychiatrist. (a) suit, (b) casual dress (shirt, sweater, blue jeans), (c) casual/sports dress (t-shirt and capri pants), (d) white coat

cantly higher than that of 30–50 age group ($p = .003$; $\alpha^* = \alpha/3 = .05/3 = .016$) and 50 and over age group ($p = .004$; $\alpha^* = \alpha/3 = .05/3 = .016$). For white coat preference, following Bonferroni correction, the score of 50 or over age group was significantly higher than that of 15–30 age group ($p = .004$; $\alpha^* = \alpha/3 = .05/3 = .016$).

There was significant difference between patients in different age groups in terms of their answers to the question “How much do you trust the psychiatrist in the picture for treatment?” when the psychiatrist in picture had worn a casual/sports dress ($p = .001$). Following Bonferroni correction, the score of 15–30 age group was significantly higher than that of 30–50 age group ($p = .002$; $\alpha^* = \alpha/3 = .05/3 = .016$) and 50 and over age group ($p = .004$; $\alpha^* = \alpha/3 = .05/3 = .016$).

There was significant difference between patients in different age groups with respect to their answer to the question “How much do you prefer to share confidential matters (social, sexual, and psychological) with the psychiatrist in the picture?” when the psychiatrist had worn a casual/sports dress ($p = .003$). Following Bonferroni correction, the score of 15–30 age group ($p = .012$; $\alpha^* = \alpha/3 = .05/3 = .016$) was significantly higher than that of 50 and over age group ($p = .003$; $\alpha^* = \alpha/3 = .05/3 = .016$).

There was significant difference between patients with different marital status with regard to their answer to the question “How much do you prefer to refer to the psychiatrist in the picture for treatment?” when the psychiatrist had worn a suit and a casual/sports dress ($p = .035$ and $p = .002$, 381

Table 1. Demographic characteristics of patients and psychiatrist groups

Patient group		(n, %)	Psychiatrist group		(n, %)
Sex	Female	96 (62.7)	Sex	Female	42 (44.7)
	Male	57 (37.3)		Male	52 (55.3)
Age	15–29	62 (40.5)	Age	23–29	32 (34)
	30–49	61 (39.9)		30–49	56 (59.6)
	50 and over	30 (19.6)		50 and over	6 (6.4)
Marital status	Married	76 (49.7)	Marital status	Married	54 (57.4)
	Single	67 (43.8)		Single	34 (36.2)
	Divorced	10 (6.5)		Divorced	6 (6.4)
Occupation	Empolyed	52 (34)	Institution	State hospital	17 (18.1)
	Unempolyed	11 (7.2)		Training hospital	17 (18.1)
	Student	30 (19.6)		School of medicine	52 (55.3)
	House wife	52 (34.0)		Private hospital	8 (8.5)
	Retired	8 (5.2)		Academic level	Assistant
Diagnosis	Mood disorders	83 (54.2)	Specialist		31 (33.0)
	Stress-related disorders	38 (24.8)	Assistant professor		14 (14.9)
	Schizophrenia	9 (5.9)	Associate professor	8 (8.5)	
	Organic	4 (2.6)	Work experience as physician	1–10 years	57 (60.7)
	Personality disorders	4 (2.6)		11–20 years	20 (21.3)
	Attention deficit hyperactivity disorder	4 (2.6)		20 years or over	17 (18.1)
	Does not satisfy diagnostic criteria	11 (7.2)			

respectively). Following Bonferroni correction for suits, the preference score of married patients was significantly higher than that of single patients ($p=.010$; $\alpha^*=\alpha/3=.05/3=.016$). Following the Bonferroni correction for casual/sports dressing, the score of single patients was found to be significantly higher than that of married patients ($p=.002$; $\alpha^*=\alpha/3=.05/3=.016$).

There was significant difference between patients with different marital status in terms of their answers to the question "How much do you trust the psychiatrist in the picture for treatment?" and "How much do you prefer to share confidential matters (social, sexual, and psychological) with the psychiatrist in the picture?" when the psychiatrist had worn a casual/sports dress ($p=.003$ and $p=.001$, respectively). Following the Bonferroni correction made for the scores for the question "How much do you trust the psychiatrist in the picture?", it was found that single patients had significantly higher scores than married ones ($p=.005$; $\alpha^*=\alpha/3=.05/3=.016$) and divorced/widowed patients ($p=.011$; $\alpha^*=\alpha/3=.05/3=.016$). Following the Bonferroni correction made for the scores of the question "How much do you prefer to share confidential matters (social, sexual, and psychological) with the psychiatrist in the picture?", it was found that single patients had significantly higher scores than married patients ($p=.001$; $\alpha^*=\alpha/3=.05/3=.016$) and divorced/widowed ones ($p=.008$; $\alpha^*=\alpha/3=.05/3=.016$).

The comparison of the opinions regarding the appearance and attitude of psychiatrist between groups

The patient group was asked 5 Likert-type question (not important at all, slightly important, important, quite important, and very important) "How important is the dress of a psychiatrist for your trust in treatment?",

while the psychiatrist group was asked in the same Likert-type the ques-

tion "How important is the dress of a psychiatrist for patients to trust treatment?" (Question 1).

The opinions of the patient group on the relative importance of dress, politeness, compassion, and accumulation of knowledge of the psychiatrists was asked with the question "What is your order of importance when evaluating the dress and other behavioral attitudes of psychiatrists?" in a 4 Likert-type scale (not important at all, a little important, important, and very important). The psychiatrist group was asked about the same variables in a 4 Likert-type scale with the question "What is the order of importance for the patients in evaluating the dress and other behavioral attitudes of the psychiatrist?" (Question 2).

The patient group was asked the question "Which age group do you prefer the psychiatrist to be in?" and the psychiatrist group was asked the question "Which age group do the patients prefer the psychiatrist to be in?" (Question 3).

The patient group was asked the question "What is your preferred gender for the psychiatrist for treatment?", while the psychiatrist group was asked the questions "What is the gender preference of female patients for the psychiatrist?" and "What is the gender preference of male patients for the psychiatrist?" (Question 4). Female and male patients in the patient group were compared separately with the psychiatrist group.

Patients group was asked the question "How would you like the psychiatrist to define you?" and the psychiatrist group was asked "How would the patients like the psychiatrist to define them?" (Question 5). The comparison of scores between groups is demonstrated in Table 2.

Table 2. Comparison of opinions on psychiatrist attitude and behavior between groups

		Patient group (n=153)	Psychiatrist group (n=94)	Z	p
		Mean (25%-75%)	Mean (25%-75%)		
+Question 1	2 (1-3)	3 (3-4)	-6.175	<.001	
+Question 2	Dress	2 (1-3)	3 (3-3)	-5.411	<.001
	Politeness	4 (3-4)	4 (3-4)	-1.030	.303
	Compassion/affection	3 (3-4)	3.5 (3-4)	-.012	.990
	Knowledge	4 (4-4)	3 (3-4)	-5.295	<.001
		n (%)	n (%)	χ²	p
++Question 3	25-34	27 (17.6)	0	54.773	<.001
	35-44	52 (34.0)	37 (39.4)		
	45-54	14 (9.2)	29 (30.9)		
	55-64	2 (1.3)	12 (12.8)		
	No preference	58 (37.9)	16 (17.0)		
++Question 4		Female patients	Psychiatrist group		
	Female	30 (31.3)	21 (22.3)	17.198	<.001
	Male	11 (11.5)	35 (37.2)		
	No preference	55 (57.3)	38 (40.4)		
		Male patients	Psychiatrist group		
	Female	11 (19.3)	13 (13.8)	10.240	.006
	Male	7 (12.3)	34 (36.2)		
	No preference	39 (68.4)	47 (50)		
++Question 5	Patients	30 (19.6)	40 (42.6)	17.868	<.001
	Client	58 (37.2)	30 (31.9)		
	No difference	59 (38.6)	19 (20.2)		
	Other	6 (3.9)	5 (5.3)		

*Mann-Whitney U test, **chi square test; p<.05, p<.001 significance level

Table 3. Comparisons of group opinions regarding the appearance of psychiatrists

		Patient group (n=153)	Psychiatrist group (n=94)	Z	p
		Mean (25%-75%)	Mean (25%-75%)		
Question 6	Picture 1	2 (2-3)	3 (3-4)	-3.593	<.001
	Picture 2	3 (2-3)	3 (3-4)	-4.003	<.001
	Picture 3	1 (1-2)	1 (1-2)	-.544	.587
	Picture 4	4 (3-4)	3 (2-3)	-5.514	<.001
Question 7	Picture 1	3 (2-4)	3 (3-4)	-3.385	<.001
	Picture 2	3 (3-4)	3 (3-4)	-1.938	.053
	Picture 3	1 (1-2)	1 (1-2)	-1.208	.225
	Picture 4	4 (3-4)	3 (2-4)	-4.449	<.001
Question 8	Picture 1	3 (2-3)	3 (2-4)	-2.416	.016
	Picture 2	3 (2-3.5)	3 (3-4)	-4.471	<.001
	Picture 3	1 (1-2)	1 (1-2)	-.803	.422
	Picture 4	4 (3-4)	3 (2-3)	-5.796	<.001

Mann-Whitney U test; p<.05, p<.001 significance level

Comparison of the opinions of groups on the appearance of psychiatrists in the pictures

The patient group was asked the question "How much do you prefer to refer to the psychiatrist in the picture for treatment?" and the psy-

chiatrist group was asked "How much do the patients prefer to refer to the psychiatrist in the picture?" (Question 6); similarly, the patient group was asked "How much do you trust the psychiatrist in the picture for treatment?", while the psychiatrist group was asked "How much do the

patients trust the psychiatrist in the picture for treatment?" (Question 7). Finally, the patient group was asked "How much do you prefer to share confidential matters (social, sexual, and psychological) with the psychiatrist in the picture?"; while the psychiatrist group was asked "How much do the patients prefer to share confidential matters (social, sexual, and psychological) with the psychiatrist in the picture?" (Question 8). Picture questions were asked to be answered based on 4 Likert-type scale (very rarely, a little, frequently, and usually). The comparison of scores between groups is demonstrated in Table 3.

DISCUSSION

To our knowledge, the present study is the first study in Turkey, in which the preference of psychiatric outpatients regarding dressing style and some behavioral attitudes of psychiatrists were compared with the opinion of psychiatrists regarding the preferences of patients. In the present study, when the preferences of the patients were evaluated, female patients stated that they would trust physicians with a white coat more and share private matters (social, sexual, and psychological) more easily with them. In a previous study with chronic psychiatric patients, a large proportion of patients stated that white coat had a negative impact on the relationship between the physician and the patients and the physician should dress in a comfortable manner (11). In another study on psychiatric inpatients, physicians dressed in suits were considered to be more competent, while those with white coat were seen as more understanding and tolerant (13). In a study in Korea conducted in an hospital, an empathy evaluation scale was used to ask the opinions of patients on a physician dressed in white coat, traditional dress, casual dress, and suit; it was established that patients regarded the physicians dressed in white coat and traditional dress more empathic, competent, and reliable (14).

Although there is no study on the dress preference and gender in psychiatric patients, in a study carried out with orthopedic patients, no relation was found between gender and dress preference (15). In the present study, female patients preferred white coat at a higher rate, which may be because of the traditional manner of bringing up women; hence, the perception of trust was symbolized by the white coat.

When the relationship between the age of the patients and the dress preference was evaluated, a higher preference of official dresses, namely suits, was seen in 30–50 age group than in 15–30 age group, while 50 or over age group had a higher preference of white coat than 15–30 age group. When the dress preferences of patients concerning referral for treatment, trust, and sharing of confidential matters was evaluated, it was established that 15–30 age group had a higher preference of casual dress than the other age groups. In a study conducted with podiatric medical patients, it was determined that particularly younger patients do not like white coat. The participants stated that white coat led to anxiety in interviews with the physician (16). However, in a study conducted with orthopedic patients, no relationship was found between age and dress preference (15). In the present study, the outlook of young patients towards white coat may be concerned with the perception of a physician recently reflected in media (news, serials, etc.). In addition, a recently popular model of patient–physician relationship, which is based on mutual participation, may be a model recognized and preferred more commonly by younger patients.

Single patients preferred casual dresses with regard to referral for treatment, trust, and sharing private matters, while married patients more commonly favored official dresses during referral than single ones. It was thought that this difference may be owing to the fact that the younger

When asked about the age group of the psychiatrist preferred by the patient, a majority of the patients responded that they did not have any preference, while older physicians were less preferred. However, in the psychiatrist group, the common belief was that patients usually preferred older physicians. While physicians think that patients may prefer older and, hence, more experienced physicians, patients may think that they may establish a better relationship with younger physicians.

Both male and female patients stated that they do not have any gender preference for their psychiatrist when asked about their preference in this respect. As for the psychiatrist group, although, usually, the same response was obtained, it was estimated that male physicians would be preferred more by both male and female patients. Significant difference was found between groups in this respect. This finding is interesting as it reflects the prejudice of physicians regarding the presumed sexist attitude of patients in their choice. While psychiatrists thought that patients would evaluate physicians according to sex, patients did not have such a sexist approach.

Regarding the preference of patients on being defined as "patient" or "client", they usually either preferred the term "client" or did not see any difference. Psychiatrists usually thought that patients would prefer to be defined by the term "patient." In studies performed in psychiatry clinics, unlike the present study, mostly the term "patients" was preferred (17,18). In a study conducted with a methodology similar to the present one, acute psychiatry cases mostly preferred the use of the term "patient." Psychiatrists also made a similar guess but at a higher rate (19). The term "client" emphasizes the fact that an individual has willingly come for treatment and is aware of the problem (20). It can be said that this result may be because our patient group comprised outpatients and because of the negative image of psychiatric patients in Turkey.

When dress and behavioral attitudes were queried, the psychiatrist group gave significantly higher scores to dressing style than the patient group, while patients group gave significantly higher scores to the accumulation of knowledge. No significant difference was found between the scores of politeness and compassion/affection.

When asked about their preferences for referral to treatment, trust, and sharing of confidential matters associated with pictures, both groups gave the lowest scores to casual/sports dress. Highest score of the psychiatrist group was given to suit, casual dress, and white coat in decreasing order. In the patient group, the corresponding order was white coat, casual dress, and suit. Significant difference was found between groups in terms of three dress styles.

In a study investigating the opinions of both patients and psychiatrists on how the psychiatrist should be dressed, both groups stated that dressing style is important in the establishment of physician–patient relationship. The psychiatrist group attached more importance to the dressing style than patients, and it was more critical about attitude towards dressing. Patients did not attach much importance to dressing style if the psychiatrists themselves feel comfortable. Both groups stated that psychiatrists should not wear white coat. Patients prefer male psychiatrists to dress in comfortable shirts and trousers. Similarly, for female psychiatrists, shirt and trouser/skirt was preferred. However, psychiatrists preferred more formal dresses. Psychiatrists preferred suit, tie or sports coat, trousers and ties, or shirt and ties in males and shirt/blouse and trouser/skirt in females (11). In a previous study investigating the preferences of patients on whether the psychiatrists in military hospital should work in uniforms or not, it was established that while only a small portion of participants preferred a physician in uniform, majority had no preference in this matter (21).

In previous studies, it was determined that when patients and physicians were asked their opinions on the dress and attitude of physicians in all medical branches, physicians were more critical (11,22). In the present study, the evaluation of psychiatrists regarding the opinions of patients was asked, instead of directly asking their opinions. Similar to other studies, psychiatrists were found to be more traditional and critical than patients with regards to their dress and attitude. Psychiatrists may not prefer the use of white coat with the concern that it may be a nonverbal obstacle in the relationship between physician and patients and will lead to a paternalistic relationship between them (23).

In the present study, the dress preferences of psychiatric patients were found to be discrepant with the preferences of patients in other studies. The dress and attitude preferences of the patients in the present study were similar to the preferences of patients in the medical branches, except psychiatry and pediatrics (7,8,9,10). The fact that the white coat is more preponderant in referral for treatment, trust, and sharing of confidential matters may be related to the expectations of patients. The relationship between the physician and the patient is commonly determined by the consistency between the actual appearance of the physician involving his/her verbal and nonverbal behavior and the patients' expectation of the physician's appearance. High scores given by patients to the white coat may be related to the holy status of the white coat in the past and the previous perception of the patients concerning physicians (14). Psychiatrists are aware of new opinions regarding the relationship between patients and physician, which may have caused them to move away from the white coat. In other words, although both groups favor equal, cooperative physician-patient relationship model, they have made different choices because of the differences in the perception of the white coat. The fact that younger patients had a lower rate of preference for the white coat indicates that the preferences of patients in our country may change over time with the influence of media and the attitude of physicians.

The present study has various limitations. It was performed at a single center in a university hospital in the West Black Sea Region. In view of the cultural variation in Turkey, multicenter studies including various regions with larger series may be more beneficial. The present study was conducted with outpatient clinic cases. Studies including inpatients and chronic cases may yield different results. In addition, in subdisciplines of psychiatry, such as geriatric psychiatry, consultation liaison psychiatry, and emergency psychiatry, different results may be obtained. This study did not include the type of treatment approach (psychotherapy or psychopharmacology). The study had no questions regarding whether it was the patients' first outpatient clinic admission or not. Psychotherapy, psychopharmacology, or admission number of hospital may affect patients' preference because of cognition change. For this reason, these factors should be considered for new studies that have a similar design as that of the current study. Although the patients in the present study did not have any gender preference, studies with the pictures of female physicians may be more beneficial. Even though this was not focused in the present study, studies considering the seniority and experience of the physician may also be beneficial.

In conclusion, it may be stated that psychiatrists evaluate patients more traditionally with regard to dress and equal relationship between patients and physician, while for the patient group, it is important for the physician to dress in a white coat, to be informed, and have a more egalitarian and participatory relationship with the patient. Recognition of the opinions of psychiatric outpatients regarding the dress and attitude of psychiatrists

may be useful in enhancing the therapeutic relationship, which is one of the important components of psychiatric treatment.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

REFERENCES

- Kaplan SH, Greenfield S, Ware JE Jr. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. *Med Care* 1989; 27:110-127. [\[CrossRef\]](#)
- Drotar D. Physician behaviour in the care of pediatric chronic illness: association with health outcomes and treatment adherence. *Dev Behav Pediatr* 2009; 30:246-254. [\[CrossRef\]](#)
- Short D. First impression. *Br J Hosp Med* 1993; 50:270-271.
- Turner RN, Leach J, Robinson D. First impressions in complementary practice: the importance of environment, dress and address to the therapeutic relationship. *Complement Ther Clin Pract* 2007; 13:102-109. [\[CrossRef\]](#)
- Burden M, Cervantes L, Weed D, Keniston A, Price CS, Albert RK. Newly cleaned physician uniforms and infrequently washed white coats have similar rates of bacterial contamination after an 8-hour workday: a randomized controlled trial. *J Hosp Med* 2011; 6:177-182. [\[CrossRef\]](#)
- Hofmann J, Zotter H, Kerbl R. How to dress as a paediatrician? *Acta Paediatr* 2012; 101:1260-1264. [\[CrossRef\]](#)
- Cha A, Hecht BR, Nelson K, Hopkins MP. Resident physician attire: does it make a difference to our patients? *Am J Obstet Gynecol* 2004; 190:1484-1488. [\[CrossRef\]](#)
- Najafi M, Khoshdel A, Kheiri S. Preferences of Iranian patients about style of labelling and calling of their physicians. *J Pak Med Assoc* 2012; 62:668-671.
- Maruani A, Léger J, Giraudeau B, Naouri M, Le Bidre E, Samimi M, Delage M. Effect of physician dress style on patient confidence. *J Eur Acad Dermatol Venereol* 2013; 27:333-337. [\[CrossRef\]](#)
- Neinstein LS, Stewart D, Gordon N. Effect of physician dress style on patient-physician relationship. *J Adolesc Health Care* 1985; 6:456-459. [\[CrossRef\]](#)
- Nihalani ND, Kunwar A, Staller J, Lamberti JS. How should psychiatrists dress? - a survey. *Community Ment Health J* 2006; 42:291-302. [\[CrossRef\]](#)
- Barrett TG, Booth IW. Sartorial eloquence: does it exist in the paediatrician-patient relationship? *BMJ* 1994; 309:1710-1712. [\[CrossRef\]](#)
- Gledhill JA, Warner JP, King M. Psychiatrists and their patients: views on forms of dress and address. *Br J Psychiatry* 1997; 171:228-232. [\[CrossRef\]](#)
- Chung H, Lee H, Chang DS, Kim HS, Lee H, Park HJ, Chae Y. Doctor's attire influences perceived empathy in the patient-doctor relationship. *Patient Educ Couns* 2012; 89:387-391. [\[CrossRef\]](#)
- Aitken SA, Tinning CG, Gupta S, Medlock G, Wood AM, Aitken MA. The importance of the orthopaedic doctors' appearance: a cross-regional questionnaire based study. *Surgeon* 2014; 12:40-46. [\[CrossRef\]](#)
- Budny AM, Rogers LC, Mandracchia VJ, Lascher S. The physician's attire and its influence on patient confidence. *J Am Podiatr Med Assoc* 2006; 96:132-138. [\[CrossRef\]](#)
- McGuire-Snieckus R, McCabe R, Priebe S. Patient, client or service user? A survey of patient preferences of dress and address of six mental health professions. *Psych Bull* 2003; 27:305-308. [\[CrossRef\]](#)
- Ritchie CW, Hayes D, Ames DJ. Patient or client? The opinions of people attending a psychiatric clinic. *Psych Bull* 2000; 24:447-450. [\[CrossRef\]](#)
- Sim C, Hallahan B, McDonald C. Preferences of dress and address: views of attendees and mental health professionals of the psychiatric services. *Ir J Psych Med* 2012; 29:27-32.
- Torrey EF. Patients, clients, consumers, survivors et al: what is in a name? *Schizophr Bull* 2011; 37:466-468. [\[CrossRef\]](#)
- Gould M. Patient preferences for the delivery of military mental health services. *Mil Med* 2011; 176:608-612. [\[CrossRef\]](#)
- Gjerdingen DK, Simpson DE, Titus SL. Patients' and physicians' attitudes regarding the physician's professional appearance. *Arch Intern Med* 1987; 147:1209-1212. [\[CrossRef\]](#)
- Sotgiu G, Nieddu P, Mameli L, Sorrentino E, Pirina P, Porcu A, Madeddu S, Idini M, Di Martino M, Delitala G, Mura I, Dore MP. Evidence for preferences of Italian patients for physician attire. *Patient Prefer Adherence* 2012; 6:361-367.