



Attitudes regarding surgeons' attire

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Abstract

Background: No studies to date exist regarding the attire of physicians on a surgical service. The objective of this study was to determine patient, surgeon, and nonhospitalized public (NHP) attitudes and preferences regarding surgeons' attire and mannerisms.

Methods: A questionnaire was developed to survey each group. The Internet was used as a novel avenue to survey the NHP. Eight questions were presented to each group, and each question had three possible responses: agree, disagree, or no opinion. Total responses and percentages were determined for each group's answers, and statistical analysis was performed using chi-square test.

Results: Thirty-eight surgical inpatients, 38 surgeons, and 334 NHP participated in the study. All groups agreed that surgeons should wear nametags while they are seeing patients. Inpatients agreed with surgeons that surgeons should wear white coats while seeing patients ($P > .05$). Surgeons considered scrubs and clogs to be acceptable attire, which differed from all other groups ($P < .05$). Although 31% of the NHP considered blue jeans acceptable, only 10% of surgeons ($P < .05$) and 22% of patients ($P > .05$) considered them acceptable. All groups believed that a surgeon's appearance influences their perceptions and impressions regarding the quality of medical care they received ($P < .05$).

Conclusions: Based on the agreement of all groups that a surgeon's appearance and mannerisms affects perceptions of the quality of medical care received, surgeons should respond to these perceptions and dress accordingly while seeing surgical patients. © 2005 Excerpta Medica Inc. All rights reserved.

Keywords: Attire; Internet survey; Patient attitudes

The ever-developing concept of the patient as consumer and the surgeon as service provider suggests that the surgical community should examine preferences and expectations among surgical patients as a means of improving patient satisfaction, which may affect malpractice rates. Obviously, patients would prefer small scars, no complications, and short hospital stays, but what about other more subtle preferences and expectations such as surgeon attire and bedside etiquette? Can a patient's opinion of the quality of medical care he or she receives be affected by something as simple as physician attire and the manner in which he or she is addressed? With these questions in mind, a questionnaire was developed, and the literature was reviewed.

During the last century, the ubiquitous white coat has

become the most widely recognized symbol of the physician [1]. Its origins are based in the laboratory and the operative suite. With the advent of Lister's concept of aseptic surgery in the late 19th century, surgeons began to wear all-white garments in the operating room, including white coats, to protect the patient and the surgeon from contamination. White was chosen because it is a symbol of power and purity as evidenced from the long-held saying, "cleanliness is next to godliness." As medicine became more accepted by the general public as a science, the white coat made an easy transition from the scientific laboratory to the physician's arena; physicians were urged to present themselves as scientists [1]. It was also at this time that hospitals became a place of healing. Before this, hospitals were places where social outcasts went to die. By the 1920s, the white coat became the uniform of physicians.

The medical literature is full of editorials espousing opinions on the use of white coats as well as physician attire

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Table 1
Questionnaire results

Statement	Opinion	% Surgeons (n = 38)	% Patients (n = 38)	% NHP (n = 343)
Patients should be addressed by their last name.	Agree	87	76	39
	Disagree	0	11	31
	No opinion	13	13	30
White coats should be worn while seeing patients.	Agree	72	69	42
	Disagree	21	11	31
	No opinion	7	20	27
Nametags should be worn while seeing patients.	Agree	83	89	80
	Disagree	3	3	10
	No opinion	13	8	10
Scrubs are appropriate attire while seeing patients.	Agree	73	41	33
	Disagree	14	35	45
	No opinion	13	24	22
Clogs are appropriate attire while seeing patients.	Agree	63	27	18
	Disagree	20	49	56
	No opinion	17	24	27
Blue jeans are appropriate attire while seeing patients	Agree	10	22	31
	Disagree	77	65	44
	No opinion	13	14	25
Tennis shoes are appropriate attire while seeing patients	Agree	36	38	36
	Disagree	37	46	30
	No opinion	27	16	34
A surgeon's appearance influences my opinion of my medical care.	Agree	75	66	67
	Disagree	11	23	25
	No opinion	14	11	8

and demeanor [2–6], but few recent studies have been undertaken. The majority of the studies have been done on pediatric, psychiatric, and medical patient populations, often in the outpatient setting [7–13]. Furthermore, the literature is replete with articles evaluating what motivates individuals to file malpractice lawsuits [14,15]. It has been estimated that although only 1% of hospitalized patients will suffer actual malpractice, only 3% to 4% of those suffering malpractice will file a lawsuit [15]. Why do >95% of those who could file malpractice lawsuits forego the opportunity to recover monetary damages? Part of the reason for this discrepancy may lie in the opinion that many members have of their physicians, and part of this opinion could be based on the way that we as professionals present ourselves physically.

Based on a review of the literature, no previous studies have been done on surgical services where more “casual” attire such as scrubs and tennis shoes may be considered by some to be more acceptable. We undertook this study to evaluate the attitudes of patients, physicians, and the non-hospitalized public (NHP) toward the attire of their surgical caregivers.

Methods

A questionnaire was developed consisting of 8 statements regarding surgeon attire and professional demeanor. Responders were asked whether they agreed, disagreed, or

had no opinion regarding each statement. The questionnaire was administered to surgeons and consecutive surgical inpatients during a 1-month period at an urban teaching hospital. Patients voluntarily returned the anonymous questionnaires. The questionnaire was also placed on the Internet at Med Help International (<http://www.medhelp.org>), a non-profit health information service, to survey attitudes of the NHP. Internet data were collected during a 2-month period.

Descriptive statistics and chi-square analysis for non-parametric data with the appropriate degrees of freedom were performed on the demographic data and on each group's responses to each question using Microsoft Excel (Microsoft, Redmond, Washington). Statistical significance was determined at $P < .05$.

Results

Responses were collected from 38 surgeons (out of 56 total surveyed or 68%), 38 surgical inpatients (out of 75 total surveyed or 51%), and 343 NHP by way of the Internet. Table 1 lists the results of each group's responses. Surgeons and inpatients overwhelmingly agreed that patients should be addressed by their surname ($P > .5$). Only the NHP had mixed responses. All groups agreed that physicians should wear nametags while they were seeing patients ($P < .05$). Like the issue of surnames, surgeons and inpatients agreed that white coats should be worn; only 42% of the NHP believed that white coats were appropriate,

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