



DEBATE

SARTORIAL ELEGANCE — SHOULD IT BE MAINTAINED IN THE TRAINING HOSPITAL OBSTETRICIAN-PATIENT RELATIONSHIP?

G R Howarth, T Mabale, J Makin

Medical staff should attempt to develop a trusting professional relationship with their patients.^{1,2} Patient-doctor communication is a complex issue involving many aspects, one of the easiest to measure being patient attitudes towards the dress of medical personnel.³ At present the majority of doctors in our practice (Kalafong antenatal clinic, Pretoria) are from a different racial group to the patients, and tastes and values may differ. Regulations as regards dress code for students performing clinical duties, shown in Table I, have been formulated by the University and are conventional. The Department of Obstetrics and Gynaecology has always enforced dress regulations strictly, although different clinical departments have different approaches as regards enforcement of these regulations. For example, we noted that students in

other departments were wearing clothes that we would have considered inappropriate for clinical practice. However, in view of the tendency of junior personnel to adopt more casual dress we thought it would be unreasonable to enforce our strict regulations if our patients did not consider the clothing worn by medical staff important. Accordingly we designed a study to assess how patients prefer to be addressed, and the sort of clothes they prefer their doctors to wear.

WHAT WE ASKED OUR PATIENTS

A research midwife (TM) interviewed 100 women attending their first antenatal clinic. She used a structured questionnaire,^{4,5} and where possible the patient's home language. Patients were interviewed early in the morning before contact with medical staff so that staff dress would not influence their decisions. The researcher wore nothing that would identify her as a health care worker, and she did not introduce herself as such to the patients. All interviews were conducted privately so that patients would not be influenced by one another's opinions. The main outcome measure was positive patient responses to photographs of different medical dress. The way in which patients preferred to be addressed by medical staff was also evaluated.

Patients were shown two sets of five photographs. All photographs were full-figure, colour photos of the same male or female doctor dressed in five different outfits. In each photograph the doctor had a neutral facial expression so as not to influence patients.⁶ The photographs were also displayed in random order so as not to give clues as to what response was expected.⁶ Both doctors photographed were Caucasian, as the

Table I. University dress code for performing clinical duties

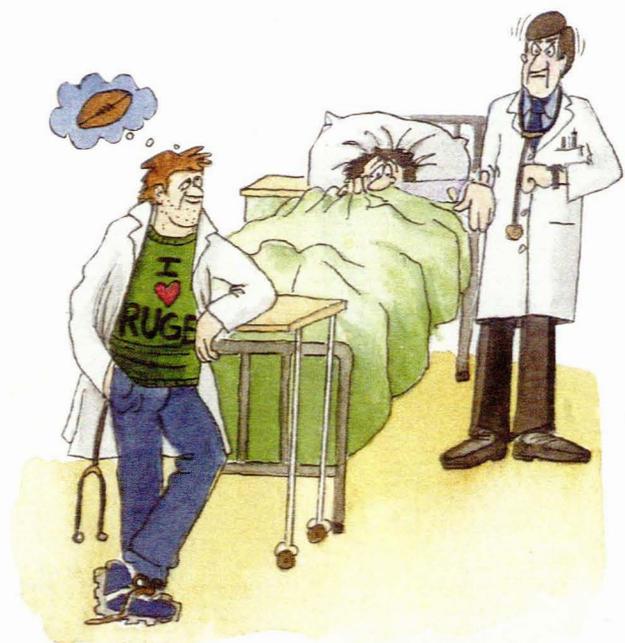
Males

- Collar and tie or white safari suit top
- Formal pants
- Socks and closed shoes
- White coat (if not wearing safari suit top)
- Name plate

Females

- Blouse or safari suit top
- Formal slacks/skirt (not mini skirt) or dress
- Closed shoes
- White coat (if not wearing safari suit top)
- Name plate

The following are not acceptable: open-neck shirt with no tie (males), sports shirt, T-shirt, denims, track shoes or sandals.



Graham Howarth is a senior consultant in the Department of Obstetrics and Gynaecology, University of Pretoria at Kalafong Hospital, and a well-published researcher in perinatology and high-risk obstetrics.

Table II. The outfits illustrated in the photographs

Females

- A. Blouse, skirt, closed white coat and closed shoes
- B. Blouse, skirt and closed shoes
- C. Blouse, long pants and closed shoes
- D. Safari suit top, skirt and closed shoes
- E. Casual shirt, blue denims and track shoes

Males

- A. Long-sleeved shirt, tie, trousers, closed white coat and closed shoes
- B. Long-sleeved shirt, tie, trousers and closed shoes
- C. Long-sleeved shirt, open with no tie, trousers and closed shoes
- D. Safari suit top, trousers and closed shoes
- E. Casual shirt, blue denims and track shoes

majority of doctors in our service at present are from this racial group. Table II lists the different sets of clothes worn in the photographs.

Patients were asked to evaluate each set of photos for four different attributes, namely in which outfit did they consider the doctor to be most trustworthy, most competent and most friendly, and with which they would find it easiest to form a patient-doctor relationship. All five photographs in each set were to be considered for each attribute. If patients felt that two dress codes represented a particular attribute equally, they could nominate both. Patients were also informed that the outfit with the most positive responses would be considered the most acceptable to the patient. Where more than two dress codes were nominated to represent an attribute best, or where no dress code was nominated, the ballot was considered spoilt and was excluded from the denominator.

Patients were also asked how they preferred to be addressed by medical staff.

