RESEARCH LETTER

Physician Attire in the Intensive Care Unit and Patient Family Perceptions of Physician Professional Characteristics

Physician attire is a modifiable factor that has been demonstrated to influence the patient-physician relationship. However, patient-physician interactions in the intensive care unit (ICU) differ from other health care settings. Patients admitted to the ICU typically do not have a preexisting long-term relationship with their ICU physician, and therefore trust needs to be established over a short time frame. The severity of patient illness frequently results in the active participation of family as surrogate decision makers, complicating the patient-physician relationship. The high acuity of the ICU makes for a wide range of attires worn, from scrubs to suits. We therefore conducted a survey in 3 ICUs to examine ICU patient family perceptions and preferences for physician attire.

Methods. We performed a cross-sectional survey of family members of consecutive patients admitted to 3 medical-surgical ICUs (Calgary, Alberta, Canada) during the period November 1, 2010, to October 31, 2011, to assess self-expressed preference for physician attire. Participants were asked to rate the importance of 10 physician-related factors (age, sex, race, neat grooming, facial piercings, visible tattoos, professional dress, white coat, visible name tag, and overall first impression) using a 5-point Likert scale and to select the best physician from photograph panels of 4 physicians (eAppendix; http://www.jamainternalmed.com). Photograph panels were generated from a stratified random of 32 photographs of 8 physician models to ensure that each panel contained a photograph of each study attire (traditional white coat, scrubs, suit, and casual attire), 2 male and 2 female models, and 1 model of each visible race (white, black, Indian, and Asian). Binomial confidence intervals were computed for observed categorical responses and compared using $\chi^2$ tests. All analyses were performed with SAS version 9.2 (SAS Institute Inc) statistical software. The study was approved by the Conjoint Health Research Ethics Board.

Results. The survey was offered to 501 family members, and 337 (67%) agreed to participate. Participants were predominantly female (68%); white (78%); college or university educated (60%); and immediate family members (79%) of primarily male (59%), severely ill (mean APACHE II [Acute Physiology And Chronic Health Evaluation II] score of 24) patients admitted because of respiratory failure (31%). The patient characteristics of family members who responded to the survey were similar to those who did not. The median time from patient ICU admission to family members being offered the survey was 3 days (interquartile range, 1-5 days).

A majority of participants reported that wearing an easy to read name tag (77%), neat grooming (65%), and professional dress (59%) were important when first meeting a family member’s ICU physician, while a minority felt that physician sex (3%), race (3%), age (10%), absence of visible tattoos (30%) and piercings (39%), or wearing a white coat (32%) were important.

Conversely, when selecting their preferred physician from a panel of pictures, respondents strongly favored physicians’ wearing traditional attire with the white coat (Figure). Physicians in traditional dress were seen as most knowledgeable and most honest. Physicians wearing either scrubs or a white coat were seen as most competent to perform a life-saving procedure and most caring. When participants were asked to select the best physician overall, they selected physicians wearing traditional attire with a white coat (52%), followed by scrubs (24%), suit (13%), and casual attire (11%) ($P < .001$ for test of proportions). Survey responses were similar across participant age, sex, race, relationship to patient, and education.

Comment. In our study, a majority of respondents indicated that it was important for physicians to be neatly groomed, be professionally dressed, and wear visible name tags, but not necessarily a white coat. Despite these self-reported preferences, when patients’ families selected their preferred physician from a panel of photographs, respondents strongly favored physicians wearing traditional attire with the white coat. Traditional attire was associated with perceptions of knowledge, honesty, and providing best overall care. Physicians wearing scrubs were a second choice among participants and were perceived to be caring and competent to perform a lifesaving procedure.

Our study provides the first description of ICU patient family perceptions and preferences of physician attire. Our results highlight 3 key observations. First, in contradiction to the theory that patients have less preference for traditional attire in the acute care setting, we...
observed a family preference for physicians wearing white coats or scrubs. Second, the 2 most preferred attires in our study, white coat and scrubs, share the commonality of being a uniform, which may help patients and families identify their health care providers. Third, we affirmed that regardless of dress, professionalism, neat grooming, and a clear name tag are perceived as a requisite by patient families. These results suggest that while families may not express preferences for how physicians dress, there may be subconscious associations with well-recognized physician uniforms including white coats and scrubs. Given the importance of effective communication in the ICU, physicians may want to consider that their attire could influence family rapport, trust, and confidence.

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INVITED COMMENTARY

White Coat Hype: Branding Physicians With Professional Attire

Within the larger body of literature focused on professionalism among physicians lie a small but growing number of studies and opinion pieces addressing the particular issue of how physicians ought to dress.1-6 The study by Au and colleagues7 in this issue of the journal builds on this literature by focusing on the attire of physicians, specifically in intensive care units (ICUs), where the authors remind us that the acuity of the environment may make for a wider range of the photograph ratings suggest that “professional dress” is more formal (eg, a suit or white coat). However the photograph ratings suggest that “professional dress” really means something that specifically identifies the person as a health professional, since scrubs (less formal, more identifying) outperformed the business suit (more formal, less identifying) on all measures.

Also interesting were the study’s findings that more than 10% of respondents selected the image of the person wearing jeans as the best physician and that a business suit was not preferable to more casual attire. It seems unlikely that any participants truly preferred jeans over more formal or identifying attire. Other factors that varied across photographs—age, attractiveness, clothing style and fit, glasses, pager—may have played a role in respondents’ assessments. Also, the study intentionally used images of persons that varied by sex and race, so we are left to wonder if these characteristics may have influenced participants’ choices more than attire. The influence of attire may also have varied by sex and race, if gender or racial stereotyping made respondents less likely to perceive women and minorities as physicians or as competent professionals. For example, Rehman et al8 using a similar study design, found that patients considered attire more important when rating female physicians than when rating male physicians.

Most of the studies addressing how physicians ought to dress or look ask patients for their preferences. Because patients and families are often in a position of vulnerability, especially in an ICU setting, with little ability to choose between physicians, it is worth considering and honoring their preferences in the interest of enhancing comfort and trust, even if it compromises physicians’ own comfort and convenience to do so. However, patient preferences for appearance cannot be the only consideration. Studies suggest that patients, not surprisingly, hold biases and stereotypes, such as preferences that physicians not be overweight and that female physicians wear dresses.4 We would certainly not recommend weight limits or mandate skirts and dresses for female physicians. Furthermore, although some of the appeal of white coats may be that they convey cleanliness and protect clothing from contamination,8 studies have suggested that white coats may transmit nosocomial infections. This has prompted policies prohibiting physicians from wearing white coats—and other infrequently cleaned apparel, such as neckties and watches—in parts of the United Kingdom.5 Although currently controversial, if the white coat is shown to be less safe for patients, we should find other ways to honor patient preferences for the recognizability of physicians.

The body of literature assessing patient preferences for physicians’ appearance is prone to overestimate the importance of attire because these studies rely on visual images that hold other factors constant. Studies using pictures measure first impressions only. Although first impressions can be important, actual encounters with physicians provide patients with more to judge than appearance. In one study, while holding appearance constant, patients were shown videos of simulated physicians in a clinical encounter. Respondents viewing the simulated physicians preferred those who communicated in a patient-centered, rather than biomedical, style.10 Although not directly compared in any study to our knowledge, good communication and respectful behavior are likely to outweigh appearance in terms of importance to patients. In fact, white coats and other professional symbols of status and authority, while