

Patient's Perspective on Doctor's Outfit: A Descriptive Study in a Tertiary Hospital of Nepal

Sangita Timilsina¹, Bibesh Pokhrel², Rajan KC², Sharad Hari Gajuryal³

¹National Open College, Sanepa, Lalitpur

²Kathmandu Medical College Teaching Hospital, Sinamangal, Kathmandu

³Annapurna Neurological Institute and Allied Sciences, Maitighar, Kathmandu

CORRESPONDENCE

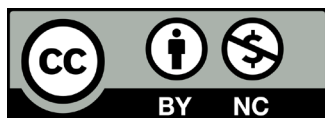
Dr. Bibesh Pokhrel
Department of Neurosurgery,
Kathmandu Medical College Teaching
Hospital, Kathmandu, Nepal
E-mail: bibeshpokharel@yahoo.com
Contact number: +977 9849671672
Orcid ID: 0000-0002-1304-0103

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ABSTRACT

Background: Physician attire significantly influences patient perceptions and attitudes. In the absence of standardized dress codes, understanding patient preferences can help improve doctor-patient relationships and healthcare delivery.

Methods: A descriptive observational study was conducted from July 1 to August 15, 2023, at a tertiary hospital in Nepal. Patients and their relatives attending the outpatient clinic completed a questionnaire after taking proper consent. Participants assessed six sets of physician attire based on trustworthiness, approachability, comfort, and perceived knowledgeability.

Results: The majority preferred physicians wearing scrubs with a white coat, nametag, and stethoscope, associating this with professionalism (79.1%) and responsibility (74.8%). Additionally, 53.2% believed attire reflected physician competence. The white coat was favored by 94.3% of participants for professionalism (34.8%) and identification (33.7%), though 83.3% opposed its use outside healthcare settings due to cleanliness concerns. Scrubs with a white coat and stethoscope were linked to trustworthiness, safety, and knowledgeability across both genders.

Conclusion: Physician attire plays a crucial role in shaping patient perceptions, with a strong preference for scrubs and a white coat. Implementing attire guidelines based on patient preferences could enhance healthcare interactions.

Keywords: Doctors' attire; Dress code; Healthcare delivery; Patient preference; Physician clothing

INTRODUCTION

Patient perceptions of physician attire are shaped by cultural norms, personal preferences, and past experiences.^{1,2} While the white coat has traditionally symbolized professionalism and trust, recent trends favour practical attire like scrubs, influenced by comfort, approachability, and especially after the COVID-19 pandemic.³ Despite global research on attire's impact, data specific to Nepal is lacking leading to diverse attire practices among physicians.

The lack of regulations governing physician dress codes in Nepal leads to varied attire practices, raising concerns about their impact on patient trust and confidence. Studies in other countries suggest that professional attire is linked to higher perceived competence and

trustworthiness, but such data is missing for the Nepalese healthcare setting. Understanding these preferences is essential in a country where social and cultural factors strongly influence patient expectations as traditional healers, who often wear culturally significant attire, coexist with modern medical practitioners.⁴

Understanding patient preferences is crucial in enhancing patient-doctor relationships, especially amid recent tensions and violence against doctors.⁵ Physician attire, as a modifiable factor, could play a significant role in improving patient-doctor relationship and overall healthcare experience. This study aims to assess the patient's perception on doctor's outfit at a tertiary hospital of Kathmandu, Nepal.

METHODS

This descriptive, observational study was conducted in the outpatient clinic of a tertiary hospital in Kathmandu, Nepal, from July 1, 2023, to August 15, 2023. The study population included patients and their relatives visiting the Neurosurgery outpatient clinic during this period. Participants were selected using a non-probability convenience sampling technique, ensuring a sample that reflected the outpatient population. Inclusion criteria consisted of patients and their accompanying relatives who provided verbal consent, while exclusion criteria included individuals unable to give consent due to cognitive impairments or other reasons. Data collection involved a structured questionnaire in Nepali and English, featuring physician attire photographs for preference assessment. Participants completed the questionnaire independently or with assistance from available health personnel. Verbal consent was obtained after explaining the study's purpose in the outpatient clinic waiting area. The study protocol was approved by the Institutional Review Board (IRB) of ANIAS. The sample size was determined based on similar studies⁶ and outpatient visit rates, accounting for a 5% Type I error rate, a 10% Type II error rate, and a 20% estimated refusal rate. A final sample size of 282 participants was considered sufficient to detect meaningful differences in attire preferences while maintaining the study's exploratory nature.

Data from completed questionnaires were entered into an MS Excel database and analyzed using SPSS version 26. Descriptive statistics summarized demographic characteristics and preferences. The categorical data were calculated as the number and percentage of observations. Inferential statistics, such as chi-square tests and t-tests, were employed to assess differences in preferences and perceptions based on demographic variables.

RESULTS

A total of 282 participants, including 164 patients (58.2%) and 118 relatives (41.8%), were enrolled in the study. The mean age was 38.06 ± 12.91 years (range: 18–78 years), with a fairly balanced gender distribution. The majority (92.6%) resided in urban areas and educational attainment varied with most respondents having completed high school (42.6%). Table 1 summarizes the demographic characteristics of the survey participants. Data is presented as frequency distributions and percentages. The study findings indicate a strong preference for a scrub with white coat and stethoscope among both male and female respondents. However, the attire most commonly seen in practice differed, with 121 participants identifying only scrubs as the most frequently observed. Similarly,

Table 1: Demographic Characteristics of the Participants

Characteristics (N=282)	Frequency(%)
Age	
18-34	132 (46.8)
35-60	136 (48.2)
>60	14 (5)
Respondent	
Patient	164(58.2)
Visitor	118(41.8)
Sex	
Male	132 (46.8)
Female	150 (53.2)
Residency	
Urban	261 (92.6)
Rural	21 (7.4)
Education	
Illiterate	10(3.5)
Primary	43 (15.2)
High School	120 (42.6)

the most commonly seen attire for female doctors also differed, with 119 participants identifying Scrubs as the most frequently observed. These findings suggest a gap between patient preferences and the current attire worn by physicians.

Figure 1 shows patient preferences for different types of attire worn by male and female physicians, including formal attire (e.g., white coat), casual wear (e.g., scrubs), and modern casual attire typically seen today. The preferences are expressed as percentages of total participants who favored each attire type, with the data stratified by physician gender to illustrate any variations in patient perceptions based on the doctor's gender and attire. Participants rated male physicians' qualities based on their attire in photographs. Scrubs with a white coat and stethoscope were consistently associated with the highest ratings for professionalism (79.1%), trustworthiness (65.2%), safety (71.6%), knowledgeability (74.1%), responsibility (74.8%), and comfort (47.2%). In terms of being caring and friendly, scrubs alone and scrubs with a white coat and stethoscope were equally rated (30.5% each). Formal wear with a white coat ranked second for professionalism (11.3%), trustworthiness (14.9%), and safety (9.9%), but overall, the scrubs and white coat combination dominated perceptions of positive physician qualities. Similar trend was seen in terms of female physicians.

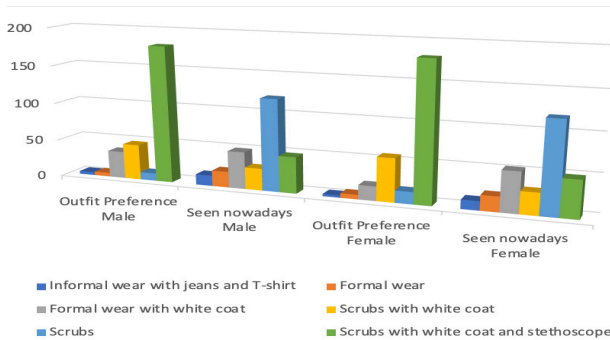


Figure 1 : Patient's Preference for Attire Worn by Male and Female Physicians

Figure 2 illustrates the comparison of patient perceptions regarding seven key qualities of physicians, including professionalism, competence, trustworthiness, and approachability, across six different types of physician attire as shown in Annexure Figure. The results are presented as percentages of total participants who rated each quality for the various attire types, highlighting how different clothing styles impact patients' views of these important traits. The majority of participants preferred physicians to wear a white coat (94.3%), a nametag (97.2%), and a stethoscope (74.1%). The white coat was primarily associated with professionalism (34.8%), easy identification (33.7%), infection prevention (27.3%), and tradition (4.3%). However, 83.3% of respondents felt it was inappropriate for physicians to wear the white coat outside healthcare premises.

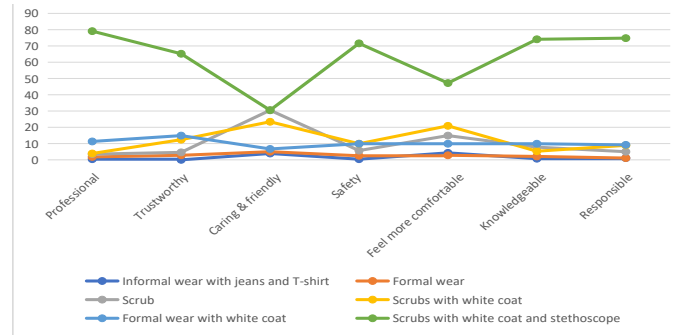


Figure 2 : Patient's Perception on Seven Key Quality of Physician Attire

DISCUSSION

The findings of this study reveal a strong patient preference for scrubs with a white coat and stethoscope, and was associated with professionalism, trustworthiness, safety, and competence. These results align with previous studies that have consistently demonstrated that formal medical attire, particularly the white coat, is perceived as a symbol of professionalism and credibility.⁷ However, our findings also highlight a discrepancy between preferred and commonly observed attire, suggesting that while patients value traditional professional dress, the evolving trends in physician clothing may not always align with these expectations.

The preference for scrubs with a white coat and stethoscope mirrors findings by Rehman et al.,⁸ who noted that patients associate white coats with professionalism and trust. Similarly, Gherardi et al.⁷ emphasized that while attire plays a significant role in patient perceptions, evolving medical practices have led to a shift toward more practical and approachable clothing. Healthcare settings worldwide experienced a decline in formal attire⁹ and shifted towards more practical and hygienic attire, with scrubs becoming the preferred choice.³ Scrubs are easy to clean, allow for frequent changes, and are perceived to be more effective in preventing the spread of infections compared to traditional attire for patients.¹⁰ Our study supports this shift, as the most commonly observed attire differed from the preferred choices, indicating that practicality and comfort might influence physicians' attire choices more than patient expectations. Moreover, The COVID-19 pandemic has shifted hospital attire from traditional white coats to scrubs, making patient identification and communication harder. This change calls for standardized color coding and a rethink of the White Coat Ceremony's significance.¹¹ A key contrast in the literature is the growing acceptance of casual or modern medical attire. In a study by Petrilli et al.,¹² patient



Annexure Figure : Types of Physician Attire

Additionally, over half of the respondents (53.2%) believed that a physician's attire reflects their competence, while 46.8% disagreed. These findings highlight the strong association between attire and perceived professionalism, trust, and safety in a medical setting.

preferences varied based on clinical settings, with formal attire and white coats being favored in outpatient and inpatient settings, while scrubs were more accepted in emergency and surgical environments. Furthermore, in settings such as pediatrics or psychiatry, casual attire has been associated with increased approachability and comfort.¹³ This contextual variability suggests that while our study found strong support for white coats in outpatient setting, attire preferences may not be universally applicable across all healthcare environments. The significant preference for name tags (97.2%) in our study further reinforces findings from previous literature indicating that clear physician identification is crucial for patient comfort and trust.¹⁴ Name tags, alongside the white coat and stethoscope, enhance the credibility and recognizability of physicians⁶ particularly in large healthcare settings where patients interact with multiple providers. However, our study also found that a majority of respondents (83.3%) opposed wearing the white coat outside healthcare premises, reflecting infection control concerns, a topic widely discussed during the COVID-19 pandemic.³ This supports the argument that while patients appreciate professional attire within clinical settings, they are also aware of potential hygiene risks associated with wearing white coats in public spaces. Another important aspect of our findings is the division of opinions regarding whether attire reflects physician competence, with 53.2% agreeing and 46.8% disagreeing. This split highlights the ongoing debate in the literature. While some studies have found that formal attire is linked to perceptions of competence,⁸ others argue that physician knowledge, communication skills, and bedside manner hold greater importance than attire in determining patient trust.¹⁵ This suggests that while attire plays a role in shaping first impressions, long-term patient satisfaction may depend more on interpersonal skills and quality of care.

In the context of Nepal, where no formal regulations exist regarding physician dress codes, the diverse attire practices observed in this study raise concerns about consistency in patient experiences. Given recent reports of patient dissatisfaction and even violence against doctors in Nepal, understanding and aligning physician attire with patient expectations could be a simple yet effective step toward improving trust and reducing conflicts in healthcare settings. Our findings suggest that establishing a standardized dress code, particularly emphasizing white coats, name tags, and stethoscopes, may enhance patient confidence and satisfaction while allowing flexibility for context-appropriate attire choices.

CONCLUSION

This study confirms that attire significantly influences patient perceptions of physicians, reinforcing prior research on the symbolic importance of professional dress. However, the observed disparity between preferred and actual attire highlights the need for a balanced approach that considers both patient expectations and practical considerations for physicians. Future research in Nepalese healthcare settings should explore how attire preferences vary across different medical specialties and patient demographics to develop attire guidelines that foster both professionalism and approachability.

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