



WHAT DO PATIENTS THINK ABOUT PSYCHIATRIST'S ATTIRE? A CROATIAN STUDY

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SUMMARY – The aim was to investigate patient attitudes regarding psychiatrist attire, sociodemographic characteristics, and mutual addressing. A total of 340 both inpatients and outpatients at a psychiatric hospital in Croatia were assessed about their preferences regarding psychiatrist wearing a name badge, gender, age, ways of mutual addressing, and attire. The majority of patients, inpatients significantly more often, thought that a psychiatrist should wear a name badge. Female patients preferred female psychiatrist more than male and *vice versa*. Inpatients also preferred female psychiatrist. Patients with affective and anxiety disorder were more likely to choose female psychiatrists, patients with addiction more often had no preferences, and patients with psychotic disorders preferred male psychiatrists. Younger patients preferred younger psychiatrists and inpatients preferred psychiatrists in the 35-50 age group. Patients with anxiety disorder more often opted for psychiatrists older than 50. Patients with anxiety disorders would rather be addressed by their first name, whereas patients with psychotic disorders more often preferred to be addressed by their title and surname. Patient attitude about how they should address the psychiatrist did not differ according to any of the variables assessed. Most patients thought that white coat was most appropriate attire for psychiatrist and psychiatrists in white coat were considered most competent, empathic, accessible, and friendly in comparison with psychiatrists wearing suits, smart attire, or casual clothing. Other than preference for white coat, patient preferences significantly differed according to their sociodemographic characteristics and diagnosis. Psychiatrists should bear that in mind to establish better rapport in doctor-patient relationship.

Key words: *Psychiatrist attire; Patient attitudes; Age; Gender*

Introduction

Clothing as part of the physician appearance plays an important role in patient satisfaction and establishment of good doctor-patient relationship¹. The way the psychiatrists dress, whether they wear name badges, and how they interact with patients is part of non-

verbal communication and may also be important for therapeutic process². Clothing should reflect both our willingness to establish a trusting, confident relationship with a patient but at the same time to preserve clear boundaries and professional distance³. Traditionally, wearing a white coat has been expected and customized in medical settings including psychiatry. However, white coats have been traditionally present in hospitals but in private practice and psychotherapeutic (or mental health) setting, wearing white coat is less

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accepted¹. There is a general opinion that white coats and uniforms might negatively influence therapeutic relationship⁴, but this was not supported by research. Wearing more casual dress by psychiatrists while rejecting white coats has been considered a way of maximizing rapport with patients⁵. However, this issue is highly under-researched.

On literature search, we found thirteen studies conducted from 1997 until 2022 that investigated patient preference for doctor attire in psychiatric care units and showing great variation in results. Variations are associated with setting and part of the world of the study origin. Some studies show preference for wearing suits. Patients from the United Kingdom (UK) tend to prefer their consultant doctor to wear suit^{6,7}, and non-consultant doctor to be dressed in smart attire as suits are considered most competent^{6,7} and most confident⁷, and smart attire most friendly and easiest to talk to⁶. Interestingly, in the same study, suits are rated as being least friendly, least understanding and least easy to talk to⁶ but it seems that patients prefer to invest in their consultant doctor with competence at the expense of these other attributes. In one of the studies from Ireland, patients did not have preference for psychiatrist attire⁸.

Surveys from The Netherlands and Norway found their patients thinking that white coat was most competent^{9,10} but prefer their psychiatrist to be in smart attire as that clothing is considered easiest to talk to¹⁰, most understanding and most friendly⁹.

Interestingly, patients with the origin from non-Western cultures prefer psychiatrists to wear white coat¹⁰. In a Turkish study¹¹, patients preferred psychiatrist in white coat and gave casual dress the lowest score. In the same study, female and older patients (50+) had a significantly higher preference for white coat, whereas patients in the 15-30 age group had significantly higher trust in psychiatrists wearing casual/sports dress.

Patients in the United States (US) prefer a more unformal way of dressing among psychiatrists considering casual the most appropriate attire^{4,12}, with a large number of patients (96% and 68%) considering that psychiatrists and psychiatry residents should not wear white coat. Patients from a community mental health service in Australia preferred psychiatrist in less formal attire¹³.

In addition, it is not clear whether patients perceive differently clothing of male and female psychiatrists.

In a survey conducted in Belgium, patients preferred male psychiatrist in suit, and female in casual attire¹⁴. Further, studies revealed that most patients had no preferences regarding psychiatrist gender^{10,11} but there were gender preferences in intimate and psychosocial problems¹⁵, as well as stronger gender preference among female patients¹⁶.

Wearing a name badge is also part of professional attire. However, in psychiatric setting, this issue was sparsely researched. In studies that investigated this question, most of the patients preferred doctors to wear name badge^{6,10}, with the exception of a Norway study⁹ where the majority of outpatients did not want their psychiatrist to wear the name tag, as it may produce unnecessary distance.

Several studies assessed patient preferences how they would address their psychiatrist and how psychiatrist should address them. This issue reflects boundaries that patients expect between them and medical professionals. There were again differences by country of study origin, although all those studies are European. The majority of patients preferred to be called by their first name and to address their psychiatrist by their title and surname^{2,6-8,17}. In the study by Stokvis *et al.* performed in Norway, 53% of patients wanted to address psychiatrists by their name as well⁹. Studies also showed differences in addressing associated with age, but not with other sociodemographic variables¹⁰. Some studies investigated preference for the psychiatrist age and found that most patients had no preference in that matter, but older psychiatrists were less preferred^{11,18}. There were no such studies so far in Croatia.

As shown from the previous data, patient preferences may vary across the world¹⁹. It remains unclear whether those preferences reflect cultural differences that consider other factors known to be associated with them such as gender, age, and socioeconomic status. There is the need for further research as clinical outcomes are likely to be affected with issues associated with perception of the health care worker. Also, *vice versa*, our assumptions about patient preferences should be questioned because studies show that patient and psychiatrist perception may differ¹⁷.

The issues of psychiatrist clothing, addressing and name badges are poorly researched, but yet important in forming the patient-psychiatrist relationship. Further, in the era of community psychiatry, psychiatrists and

patients should be partners in the treatment process, but with preserved clear boundaries. Accordingly, it is necessary to assess patient opinions about dress code and addressing issues in treatment setting. The aim of this study was to investigate the preferences of psychiatric inpatients and outpatients for psychiatrist attire, badge wearing, and addressing based on patient sociodemographic characteristics.

Methods

This survey was conducted in Croatia, in a specialized psychiatric hospital including both inpatient and outpatient facilities for general adult mental healthcare. The study was approved by the Hospital Ethics Committee and each patient signed informed consent. The local clothing policy included wearing white coat both at the hospital department and in the outpatient clinics.

Patients were consecutively included and assessed with a structured questionnaire for their socio-demographic data. The recruitment period was approximately 4 months in 2017. Hospital departments were randomly selected and all patients in selected department were included in the study except for those with severe cognitive problems and acute psychiatric problems (such as agitation, aggression, and suicidality) who were excluded. Duration of illness and their primary diagnosis was obtained from chart review.

The questionnaire investigated their opinion about the importance of psychiatrists wearing a name badge.

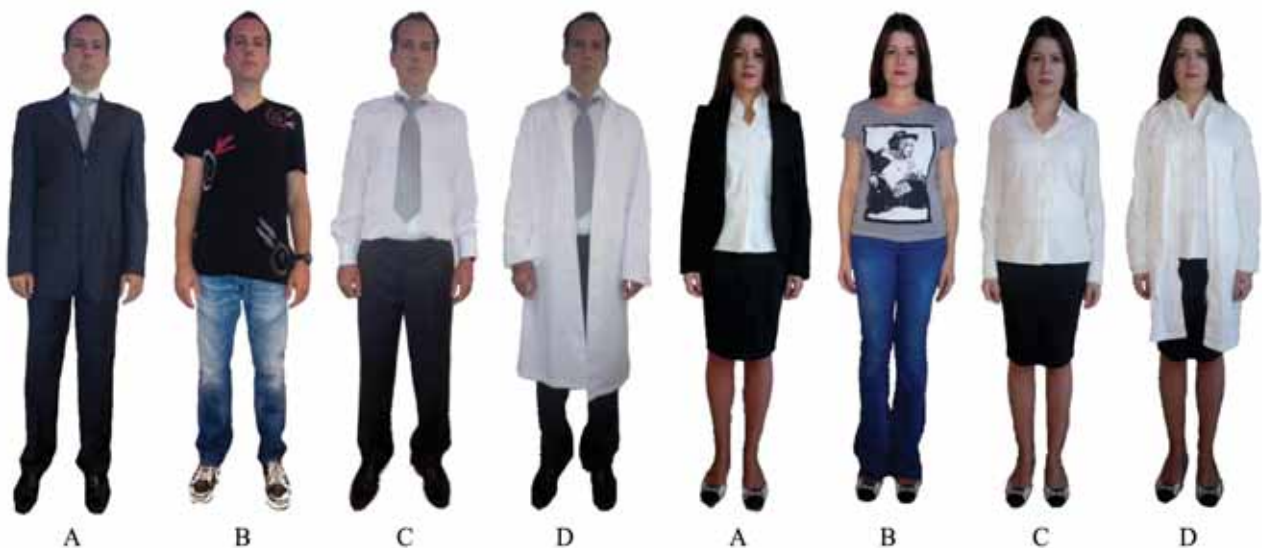
They were asked about their preference for psychiatrist gender, age, and ways of mutual addressing.

They were also asked about their opinion on how important the psychiatrist attire is. Then four color photos of full figure of male and female physician with different clothing styles were shown: (A) suit, (B) jeans and t-shirt, (C) white shirt and black trousers/skirt, and (D) white coat (Fig. 1). Patients were asked to choose among them the most appropriate one and most inappropriate way of dressing. Using a 5-point Likert scale ((1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; and (5) Strongly Agree), they were asked to rate each photo for competence, empathy, confidence, accessibility, and friendliness. A similar method was used in the study by Gledhill *et al.*⁶.

Statistics

Data were analyzed using IBM SPSS Statistics v. 20. Descriptive analysis was conducted to explore sociodemographic data, diagnostic category, length of psychiatric treatment, type of treatment (inpatient, outpatient), attitude about the importance of how the doctor is dressed, and preferred choice regarding the doctor having the name card or type of dress. Descriptive data were expressed with frequencies and percentages (n, %) and median. To explore the associations between categorical data and the preferences regarding doctor dress (the choice among the four photographs showing different dresses), we

Fig. 1. Male and female physician with different clothing styles.



used the χ^2 -test, Fisher exact test and likelihood ratio, with the level of significance set at $p < 0.05$. Friedman's nonparametric test was used to test differences in rating photos for competence, empathy, confidence, accessibility, and friendliness.

Results

A total of 340 inpatients and outpatients aged 18-76 years ($M=49.76$, $SD=11.35$) were included in the survey (male 66.1%). The sociodemographic characteristics of the sample are shown in Table 1. Attitudes towards psychiatrist age and gender, badge wearing, and psychiatrist attire are shown in Table 2.

Table 1. Sociodemographic data

Variable	n	%
Gender		
Male	220	66.1
Education		
Primary	24	7.1
Secondary	88	26
College	189	55.9
University	37	10.9
Economic status		
Below average	117	35
Average	206	61.7
Above average	11	3.3
Diagnosis		
Mood	106	31.5
Anxiety	59	17.6
Addiction	76	22.6
Psychotic	55	16.4
Personality	40	11.9
Hospitalized currently		
Yes	239	70.5

Patients significantly differed in their preferred psychiatrist gender, based on their own gender ($\chi^2=7.876$; $df=2$; $p=0.019$). Females preferred female psychiatrist more than male, and *vice versa*. The difference was also significant based on diagnostic group ($\chi^2=25.317$, $df=8$, $p=0.001$) showing affective and anxious patients being likely to choose female psychiatrists, patients with addiction more often chose not to have preference, and patients diagnosed with psychotic disorders chose male psychiatrists more often. Also, current inpatients differed from outpatients based on preference of psychiatrist gender ($\chi^2=47.141$; $df=2$; $p=0.001$), favoring female psychiatrists. Preference for psychiatrist gender did not differ based on education level, economic status, and current and previous hospitalization status.

Table 2. Patient attitudes towards psychiatrist gender, age, badge wearing, dressing and addressing

Variable	n	%
Choice of psychiatrist Gender		
Male	31	9.2
Female	121	36
Not important	184	54.8
Age (yrs)		
>35	22	6.7
35-50	247	75.5
<50	58	17.7
Badge wearing		
Yes	205	60.5
No	22	6.5
Not important	112	33.0
Addressed by psychiatrist		
Name	150	44.5
Title and surname	40	11.9
Not important	147	43.6
Address the psychiatrist		
Name	22	6.5
Title and surname	282	83.7
Not important	33	9.8
Importance of dress code		
Very important	39	11.5
Important	166	49.0
Not important	134	39.5
How psychiatrist should dress		
A	14	4.2
B	32	9.7
C	35	10.6
D	249	75.5
How psychiatrist should not dress		
A	72	22.2
B	232	71.4
C	11	3.4
D	1	3.1

A = suit; B = jeans and T-shirt; C = white shirt and black trousers/skirt; D = white coat

Patients differed according to the choice of psychiatrist age based on their own age ($F=3.659$, $df=2$; $p=0.027$), e.g., younger patients chose younger psychiatrist; hospitalization status ($\chi^2=8.678$; $df=2$; $p=0.013$), e.g., those hospitalized chose more often a psychiatrist in the 35-50 age group; and diagnostic group ($\chi^2=16.606$; $df=8$; $p=0.037$), e.g., the anxious more often chose a psychiatrist older than 50. There were no differences according to gender, previous hospitalizations, education, and economic status.

The majority (60.5%) of patients think that psychiatrists should wear a name badge. This attitude was significantly more often among inpatients ($\chi^2=7.608$; $df=2$; $p=0.023$), but was not associated with gender, age, diagnostic group, education level, economic situation, or previous hospitalization experience.

Patient attitude towards how they wish to be addressed by psychiatrist showed differences according to diagnostic group ($\chi^2=18.521$; $df=8$; $p=0.018$) and patient age ($F=3.406$; $df=2$; $p=0.034$). Patients with anxious disorders would significantly rather be addressed by their first name while patients with psychotic disorders significantly more often preferred to be called by their title and surname. Those that said it was not important were older than those that said they wanted to be called by their first name. However, patients did not differ based on gender, education, material situation, actual hospitalization, or number of previous hospitalizations. Patient attitudes about how they should address psychiatrists did not differ based on any of the variables assessed.

Most of the patients (60.5%) think that psychiatrist attire is important or very important. The importance of dress code did not differ according to age, length of treatment, gender, diagnostic group, and current of previous hospitalization. Considering the choice of photos, 73.2% considered white coats to be the most appropriate clothes for psychiatrist and 68.2% thought that casual attire was most inappropriate. The choice of psychiatrist attire did not differ according to gender, diagnostic group, age, length of treatment, education, material situation, and current or previous hospitalization.

According to patients, psychiatrists in white coat are considered most competent, emphatic, accessible, and friendly in comparison to psychiatrists wearing suits, smart attire, or casual clothing. Results of Friedman's test are shown in Table 3.

Discussion

Psychiatrist attire

The main finding of this research is the patient preference for psychiatrists in white coat. White coat is the symbol of medical profession, traditionally used in various medical facilities. The reason for its usage is tradition but also cleanliness and convenience^{19,20}. Patients from our study consider psychiatrist in white coat as most competent, empathic, accessible, confidential, and friendly, which are the epithets associated with good healer. They also think that casual clothes are inappropriate for psychiatrists to wear. This is similar to findings of other studies which mention that the preference of white coat was for easy identification and because white coats made doctors look more professional^{20,21}. Most of our patients think that doctors' attire is important (60.5%). This finding is comparable with the results reported by Nihalani *et al.*⁴ and Stokvis *et al.*¹⁰, where 56% and 57% of patients, respectively, consider clothing to be an important part of psychiatrist appearance. A large proportion (73.2%) of our patients prefer psychiatrists in white coat. This number of patients preferring white coat is comparable with the results reported by Atasoy *et al.*, where the majority of patients gave highest scores to white coat when asked about their preferences for referral to treatment, trust, and sharing confidential matters¹¹. In the study by Stokvis *et al.* performed in The Netherlands¹⁰, patients preferred white coat on male and female (45% and 46%, respectively) psychiatrists only in hospital setting where white coat was current attire. On the contrary, our study did not show difference between inpatients and outpatients in their preferences for white coat. In the studies conducted in the UK and Norway^{6,9}, a large proportion of patients felt that white coat was acceptable dress (24% and 21% of male and female psychiatrists, respectively). In other studies, there was no preference for white coat, just the

Table 3. Associations between the choice of attire and impressions of psychiatrist (mean, SD) with the results of Friedman test

Characteristic	A	B	C	D	Friedman test
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	
Competent	3.14 (1.36)	2.70 (1.33)	3.46 (1.15)	4.12 (1.20)	216.988/0.001
Empathic	2.97 (1.31)	3.02 (1.27)	3.38 (1.13)	3.97 (1.17)	155.031/0.001
Accessible	3.18 (1.34)	3.21 (1.27)	3.58 (1.10)	4.06 (1.19)	126.237/0.001
Confident	3.05 (1.37)	2.91 (1.28)	3.36 (1.20)	4.00 (1.17)	169.650/0.001
Friendly	3.23 (1.37)	3.29 (1.29)	3.54 (1.10)	3.99 (1.18)	92.976/0.001

A = suit; B = jeans and T-shirt; C = white shirt and black trousers/skirt; D = white coat

opposite, in the studies from the US^{4,12}, 96% of patients considered that psychiatrist should not wear white coat, while 38% of patients thought that white coat has bad influence on the psychiatrist-patient relationship.

Patient preferences vary among countries. There is a possibility that some patients expressed opinions that corresponded to the routines of their current doctors^{6,9}, although there are studies that found the opposite²². The preference for UK psychiatrists to have formal dress style reflects their long cultural tradition with suits and smart attire being the appropriate work wear in a wide variety of professions, whereas in Norway, the work dress code is somewhat less formal⁹.

In our study, psychiatrists in white coat received most points for all features, i.e., competence, empathy, accessibility, confidence, and friendliness. In other studies in which white coat was quite popular, patients have rated this attire as most understanding⁶, most competent^{9,10} but the least friendly⁹.

In our study, 68.2% of the patients thought that casual attire was inappropriate and psychiatrists in casual clothes were rated as least competent. In the studies conducted in the UK and Norway, jeans are associated with the lack of competence^{6,9} and lack of understanding⁹, although they gave highest score to casual dress for friendliness and easy to talk to⁹.

Our study found no difference in preference for psychiatrist clothing according to patient age, gender, educational level, material situation, diagnosis, or being inpatient or outpatient. In The Netherlands, inpatients and non-native Dutch patients more often preferred psychiatrist in white coat, while gender, age and socioeconomic status had no influence on their preference. In a Turkish study, female patients significantly more often chose psychiatrist in white coat, and so did patients older than 50, while younger patients had more confidence in a psychiatrist wearing casual clothes¹¹.

Psychiatrist gender

In our study, 54.8% of patients had no preference for psychiatrist gender but female patients significantly more often chose female psychiatrist. It seems that when intimate problems are involved, female patients find it easier to talk to female psychiatrist as this female-female dyad implies a more encouraging communication style, ease in interaction, and longer consultations^{16,23,24}.

Patients suffering from anxiety and affective disorders also preferred female psychiatrist. The reason

could be that female physician tends to conduct more open communication with patients and show more patient-centeredness in psychosocial matter^{15,25-27}. Patients with psychotic disorder preferred male psychiatrist, which can reflect their need of more formality in their relationship with doctor²³.

Psychiatrist age

Most patients in our study (75.5%) would have chosen doctors aged 35-50, with a tendency of younger patients to choose younger doctors and older patients choosing older doctors. It seems that a larger age difference could be an obstacle in establishing bond between physician and patient²⁸.

Patients with anxiety disorder significantly more often chose older psychiatrists. It seems that their preference for female and older psychiatrist could represent their need for a motherly figure who will better understand their problems and give gentler care^{15,16,23,25-27}.

Name badge

The majority of our patients (60.5%) thought that psychiatrists should wear name badge, similar as the results found in other studies^{6,7,9,10,29}, although this preference was greater among inpatients. The reason for that could be that inpatients more often meet new doctors, while outpatients tend to have the same consultant over a longer period, so in this therapeutic setting, a name badge may produce unnecessary distance⁹.

Addressing the patient

Most of the patients preferred to be addressed by their first name or had no preference in addressing (44.5% and 43.6%, respectively). There also were some differences according to diagnostic group. Patients from the group with anxiety disorders would have significantly more preferred to be addressed by their first name than by title and surname, whereas patients from the group with psychotic disorders significantly more often preferred to be called by their title and surname. It seems that anxious patients prefer closer relationship with psychiatrist with asymmetry in addressing, whereas psychotic patients prefer distance and structure in contact with their physician, with more formality that emphasizes boundaries between internal and external world⁶.

Patients who had no preference regarding addressing were significantly older than those who

preferred to be addressed by their first name. Preferred asymmetry in mutual addressing could be interpreted as some form of regression which patients experience when accepting the sick role^{2,6-10,17,30-32}.

Addressing the psychiatrist

The majority of our patients (83.7%) preferred to address their psychiatrist by title and surname, which is comparable with the studies performed in the UK and Ireland^{12,6-8,10,17} but not with a Norwegian study where half of the patients preferred to call their psychiatrist by first name⁹. This may also reflect the somewhat less formal relationship between the doctor and patient in Norway. It seems that different countries have in common the tendency for asymmetry in addressing, which could come from formality in the doctor-patient relationship that is usual in this area, or even the patient need for regressive state in contact with doctor³³.

Limitations

The response rate was not tracked in this study. We did not include patients receiving only psychotherapeutic treatment where the setting does not demand white coats. Other than psychotherapy sessions, psychiatrists in most hospitals in Croatia wear white coats, so there is a possibility that patient preference reflects actual habits of psychiatrists and that patients tend to prefer the clothing style they are used to for their psychiatrist.

Conclusion

The study showed that patients consider dress to be an important part of the appearance of a psychiatrist. As in Croatia, white coat is usual among psychiatrists both in inpatient and outpatient setting, our results are expected. Patients in our study showed preferences towards clothing style they are used to for their psychiatrists. Patient preference towards psychiatrist age and gender, and differences according to patient sociodemographic characteristics should be considered when facing difficulties in rapport with patient.

To the best of our knowledge, the question of preference for psychiatrist attire, age, gender and addressing was not investigated in our country or in neighboring countries. Our study included a great number of patients, so the results are quite confident to represent the opinion of psychiatric patients in Croatia.

In conclusion, these findings make us think about cultural difference that shape patient preference for

psychiatrist attire. Our findings are greatly different in comparison to other Western countries, with a large percentage of our patients preferring white coat. This points out the necessity of closely observing patient needs before comparing our practice with practices in other countries and introducing changes. Further research should include patients from various psychiatric treatment settings to investigate which factors are associated with particular preferences.

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Sažetak

ŠTO BOLESNICI MISLE O ODIJEVANJU PSIHIJATARA? ISTRAŽIVANJE U HRVATSKOJ

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Cilj je bio istražiti stavove bolesnika o odijevanju psihijataru, sociodemografskim karakteristikama i međusobnom obraćanju. Ukupno je 340 bolničkih i izvanbolničkih psihijatrijskih bolesnika u Hrvatskoj ispitano o njihovim preferencijama vezanim uz nošenje kartice s imenom psihijatra, spola i dobi psihijatra, načina međusobnog oslovljavanja i odijevanja. Većina bolesnika, osobito oni liječeni u bolnicama, smatraju da bi psihijatar trebao nositi karticu s imenom. Bolesnici su radije birale psihijatricu nego psihijatra i obrnuto. Bolnički pacijenti također su preferirali psihijatricu. Bolesnici s afektivnim i anksioznim poremećajima češće biraju psihijatricu, oni s ovisnošću češće nemaju preferencija, a bolesnici s psihotičnim poremećajima preferiraju muške psihijatre. Mlađi bolesnici preferiraju mlađe psihijatre, a bolnički pacijenti preferiraju psihijatre u dobnj skupini od 35 do 50 godina. Bolesnici s anksioznim poremećajem češće biraju psihijatre starije od 50 godina. Bolesnici s anksioznim poremećajima radije bi da ih se oslovljava imenom, dok bi oni s psihotičnim poremećajima prednost davali oslovljavanju titulom i prezimenom. Stavovi bolesnika o tome kako bi trebali oslovljavati psihijatra nisu se razlikovali ni po jednoj od procijenjenih varijabla. Većina bolesnika misli da je bijela kuta najprikladnija odjeća za psihijatra, a psihijatri u bijeloj kuti smatraju se najkompetentnijim, empatičnijim, pristupačnijim i prijateljskim u usporedbi s psihijatrima koji nose odijela, elegantnu odjeću ili ležernu odjeću. Osim sklonosti prema bijeloj kuti, sklonosti bolesnika značajno se razlikuju na temelju njihovih sociodemografskih karakteristika i dijagnoze. Psihijatri bi to trebali imati na umu kako bi se postigao kvalitetniji odnos liječnik-bolesnik.

Ključne riječi: *Odjeća psihijatra; Stavovi bolesnika; Dob; Spol*