



Adrian Maj¹, T Jużków², B Nawrocka², A Kinowski², Aleksandra Cydejko¹, Dominika Cichońska¹, Aida Kusiak¹

Impact of the doctor's image on his relationship with the patient – questionnaire studies

Wpływ wizerunku lekarza na jego relacje z pacjentem – badania ankietowe

¹ Chair and Department of Periodontology and Oral Mucosa Diseases, Medical University of Gdańsk, Poland
Klinika Periodontologii i Chorób Błon Śluzowych, Gdański Uniwersytet Medyczny

² Student Research Club at Department of Periodontology and Oral Mucosa Diseases,
Medical University of Gdańsk, Poland
Studenckie Koło Naukowe, Katedra i Zakład Periodontologii i Chorób Błony Śluzowej Jamy Ustnej,
Gdański Uniwersytet Medyczny

DOI: <http://dx.doi.org/10.20883/df.2021.3>

ABSTRACT

Introduction. The image of a doctor is an important and even a key element in building good relations with the patient. It can improve patient's trust in the doctor and ensure effective cooperation between the doctor and the patient.

Objective. The aim of the study was to analyze the importance of appearance, way of being and communication of a doctor in relations with patients based on patient surveys.

Material and methods. The research was conducted in the form of an anonymous questionnaire with 20 questions, among students of the Medical University of Gdańsk and patients of the University Medical Center of Medical University of Gdańsk who agreed to participate in the study. In total, 197 surveys were collected, including 148 women and 49 men aged 21-84. The survey concerned the negative, indifferent and positive impact on the patient of selected elements of the doctor's image (his appearance, manner of being and communication with the patient).

Results. Obtained results regarding to appearance and behavior were divided into positive, neutral and negative features. Positive features in relation to appearance considered by respondents as very important were: neat clothing (87%) and in relation to behavior, cultural conversation (96%) and eye contact (90%). Indifferent features regarding to appearance according to respondents were: the presence of tattoos (70%), while the most common feature of behavior was handshake (48%). Negative features of appearance was smell of smoked cigarettes (89%), regarding to behavior were: chewing gum (75%), talking on the phone during the visit (73%).

Conclusions. Some elements of the physician's appearance and behavior clearly had a positive and negative effect on patients and obtained results can surly improve the image of their professional contacts with patients.. Further research on larger group of patients will enable to explore this issue.

Keywords: doctor's image, communication with patient.

STRESZCZENIE

Wprowadzenie. Wizerunek lekarza jest ważnym, a wręcz kluczowym elementem budowania dobrych relacji z pacjentem. Może zwiększyć zaufanie do lekarza i zapewnić efektywną współpracę między lekarzem a pacjentem.

Cel pracy. Celem pracy była analiza znaczenia wyglądu, sposobu bycia i komunikacji lekarza w relacjach z pacjentem na podstawie badań ankietowych pacjentów.

Materiał i metody. Badania przeprowadzono w formie anonimowej ankiety wśród studentów Gdańskiego Uniwersytetu Medycznego oraz pacjentów GUMed. Ogółem zebrano 197 ankiet w tym 148 kobiet i 49 mężczyzn w wieku 21–84 lata. Badanie dotyczyło negatywnego, obojętnego i pozytywnego wpływu na pacjenta wybranych elementów wizerunku lekarza (jego wyglądu, sposobu bycia i komunikacji z pacjentem).

Wyniki. Uzyskane wyniki dotyczące wyglądu i zachowania podzielono na cechy pozytywne, neutralne i negatywne. Pozytywnymi cechami w odniesieniu do wyglądu, które respondenci uznali za bardzo ważne były: schludny ubiór (87%) oraz w odniesieniu do zachowania kulturalna rozmowa (96%) i kontakt wzrokowy (90%). Obojętnymi cechami wyglądu były: obecność tatuaży (70%), natomiast zachowania był uścisk dłoni (48%). Negatywnymi cechami był zapach wypalanych papierosów (89%), żucie gumy (75%) i rozmowa telefoniczna podczas wizyty (73%).

Wnioski. Niektóre elementy wyglądu i zachowania lekarza miały wyraźny pozytywny i negatywny wpływ na pacjentów, co może wpływać na ich relacje w kontaktach zawodowych z pacjentami. Dalsze badania na większej grupie pacjentów pozwolą na zgłębienie tego zagadnienia.

Słowa kluczowe: wizerunek lekarza, komunikacja z pacjentem.

Introduction

The image of a doctor is an important and even a key element in building good relations with the patient, patient's trust in the doctor and effective cooperation between the doctor and the patient. According to some studies, among the factors that have a significant impact on the perception of the doctor (his image) by patients are communication with the patient, involvement in his/her work and also external attributes (e.g. appearance of the doctor, way of being) [1, 2, 3, 4].

Very strongly correlated with the positive image of the doctor are: respect from the doctor, devoting sufficient attention to the patient, the ability to provide information to the patient in a way that he understands, as well as providing the patient with emotional support, i.e. soft competences, which often determine the patient's willingness to adapt to the doctor's recommendations and his further treatment [1, 3, 5].

How do individual elements of the image affect the doctor's relationship with the patient, or is only knowledge and experience sufficient in the healing process? This question often has to be answered not only by experienced doctors, but also by young doctors who may not appreciate the importance of their image, especially in terms of their appearance, way of being and communication with the patient.

Objective

The aim of the study was to analyze the importance of appearance, way of being and communication of a doctor in relations with patients based on patient surveys.

Material and methods

The research was conducted in the form of an anonymous questionnaire with 20 questions, among students of the Medical University of Gdańsk and patients of the University Medical Center of Medical University of Gdańsk who agreed to participate in the study. In total, 197 surveys were collected, including 148 women and 49 men aged 21–84. The survey concerned the negative, indifferent and positive impact on the patient of selected elements of the doctor's image (his appearance, manner of being and communication with the patient). 20 questions were divided into two different groups. The first category was about doctor's visual appearance (medical uniform, visible tattoos, face piercing, dreadlocks, excessive makeup, excessive jewellery, neat nails, smell of cigarette smoke) and about doctor's

manner (answering phone calls while working, directness, being on first name terms with patient, chewing gum). The second set of questions was about communication with patient (eye contact, being polite, concise and clear explanation, non medical small talk, doctor's jokes, handshake).

The study protocol was approved by Ethics Committee of the Medical University of Gdańsk, Poland (NKBBN/689/2019). Ethical aspects of the research followed the World Medical Association Declaration of Helsinki.

The statistical analyses were performed using the statistical suite STATISTICA (data analysis software system), version 12.0 (StatSoft. Inc., Tulsa, OK, USA). Statistical significance of the differences between the two groups were processed with the Chi square test. In all calculations, the statistical significance level of $p < 0.05$ was used.

Results

Obtained survey's results considering the influence of doctor's appearance and behaviour were divided into different categories, such as: positive, neutral and negative features. The positive features about one's appearance indicated by the research group as extremely essential was a neat clothing (87%). Good communication skills (96%) and keeping an eye-contact (90%) were mentioned in terms of desired behavioural aspect. Neutral features of appearance, according to the respondents, were listed as following: visible tattoos (70%), outstanding haircut/ hairstyle (65%), while the most common answer regarding behavioural trait in this category was a handshake (48%). Moving forward to the negatively-perceived qualities, the majority indicated smell of cigarette smoke (89%) in terms of appearance and chewing gum (75%) followed by answering private phone calls during doctor's appointment (73%) as an example of undesirable behaviour.

The results of the survey are presented in **Table 1** and **Table 2**. Table 1 illustrates the negative, indifferent and positive effects on patients of each examined feature. The obtained values showed statistical significance in relation to the negative, neutral and positive effects in all tested features ($p < 0.05$). However, in relation to one behavioral feature (being on first-name terms), statistical significance was found between negative and positive as well as indifferent and positive impact. Table 2 presents a summary of the most important features of the doctor's appearance and behavior in terms of impact on patients.

Table 1. Negative, neutral and positive impact on patients in relation to each examined feature**Tabela 1.** Negatywny, obojętny i pozytywny wpływ na pacjentów w relacji do ocenianych cech

COMPARED FEATURE	IMPACT OF THE DOCTOR–PATIENT RELATIONSHIP*		
	NEGATIVE	NEUTRAL	POSITIVE
DOCTOR'S IMAGE			
NEAT HAIR	5	23	169
OUTSTANDING HAIRCUT/HAIRSTYLE	48	129	20
VISIBLE TATTOOS	40	138	19
NEAT NAILS	7	21	169
NEAT ATTIRE	1	25	171
LACK OF APRON	77	85	35
SMELL OF CIGARETTES	175	19	3
FACE PIERCING	93	96	8
EXCESSIVE JEWELLERY	80	115	2
EXCESSIVE MAKEUP	65	128	4
DOCTOR'S BEHAVIOUR			
ANSWERING PERSONAL PHONE CALLS	144	47	6
CHEWING GUM	147	47	3
TREATMENT PLAN OVERVIEW	2	10	185
EYE CONTACT	2	18	177
BEING ON FIRST-NAME TERMS	85	85	27
USE OF MEDICAL PHRASES	50	86	61
HANDSHAKE	12	95	90
DOCTOR'S JOKES	44	89	64
CONCISE AND CLEAR EXPLANATIONS	25	52	120
BEING POLITE	0	7	190

Legend: * $p < 0.05$ – statistical significance and negative, neutral, positive impact in relation to each characteristic

Table 2. A summary of the most important features of the doctor's appearance and behaviour in terms of impact on patients**Tabela 2.** Zestawienie najważniejszych cech osobowości lekarza w odbiorze pacjenta

POSITIVE IMPACT	
DOCTOR'S IMAGE	DOCTOR'S BEHAVIOUR
NEAT ATTIRE (87%)	BEING POLITE (96%) TREATMENT PLAN OVERVIEW (94%)
NEAT NAILS (86%)	EYE CONTACT (90%)
NEAT HAIR (86%)	CONCISE AND CLEAR EXPLANATION (61%)
NEUTRAL IMPACT	
DOCTOR'S IMAGE	DOCTOR'S BEHAVIOUR
VISIBLE TATTOOS (70%) OUTSTANDING HAIRCUT/HAIRSTYLE (65%)	HANDSHAKE (48%)
EXCESSIVE MAKEUP (65%) EXCESSIVE JEWELLERY (58%)	DOCTOR'S JOKES (45%)
FACE PIERCING (49%) LACK OF APRON(43%)	USE OF MEDICAL PHRASES (44%) BEING ON FIRST NAME TERMS (43%)
NEGATIVE IMPACT	
DOCTOR'S IMAGE	DOCTOR'S BEHAVIOUR
SMELL OF CIGARETTE SMOKE (89%)	CHEWING GUM (75%) ANSWERING PERSONAL PHONE CALLS (73%) BEING ON FIRST NAME TERMS (43%)

Discussion

Being given the outcome of our research, we can clearly state that doctors should pay a lot of attention to positively-perceived details such as: neat appearance, good conversation manners and keeping an eye-contact.

Most patients find that professionally dressed dentists are more trustworthy, assuming that such presentation proves their effectiveness and qualifications. Mostly they prefer traditional medical clothing [6]. A dentist's outfit makes patients feel more comfortable and changes their stress levels. It also influences the patient's perception of the care they will receive in the future [6, 7]. As other studies have shown, patients generally prefer dentists who wear professional uniforms and also have well-groomed hair. An important element of the outfit is having

an ID badge as well. [8]. However as Al-Sarheed research pointed out, physical appearance when choosing a dentist is particularly important only at the beginning, and personal qualities such as affability, willingness to listen and clinical skills are more crucial [9]. Similar results were obtained by Brosky et al. , who confirm that first impressions definitely influence patients' perceptions. However, in the long run, communicativeness, behavior and attitude towards patients are key features, which provide the patient with a sense of security [8].

Among our respondents, good communication skills and non-verbal behaviors, such as eye contact were also one of the doctor's most desirable behaviors. Even though different authors define empathy in different ways, they agree that this core condition must be considered very important [10, 11]. The empathetic doctor-patient relationship is not only the ability to use silence and actually listen to what the patient is saying, but also to observe and assume what patient is not able to say, adopt non-verbal behavior and adapt to it appropriately. [1, 12, 13, 14]. Moreover, according to Bensing et al. non-verbal behaviour such as eye contact is essential for creating a relationship with the patient and for making the patient feel heard and understood [15]. Bensing also concludes from her other study that affective behavior (maintain eye contact in particular) appears to be the most important factor in determining patients' satisfaction [16]. Certain elements of our behavior, such as tone of voice, gaze, posture, laughter, facial expressions, touch and physical distance, are believed to impart an emotional expression to human interaction [1]. The reason why patients are very sensitive to and observant of the non-verbal communications conveyed by their doctors was well explained by Friedman. Patients are very observant to discrepancies between doctors' verbal and nonverbal communications [11, 17]. These discrepancies may be interpreted by them as a lack of authenticity, which is generally considered the basis of every good interpersonal relationship.

On the over hand features listed as neutral, according to the respondents in our study, were visible tattoos, outstanding haircut/ hairstyle, while the most common answer in this category was a handshake. Although, this last behavior should now be abandoned in the current epidemic emergency COVID-19. However when it comes to visible tattoos in doctor appearance similar results were obtained by Cohen et al. in their reaserch, stating that in the clinical setting, having exposed body art does not significantly change patients' perception of the physician [18].

In turn, one of the most negatively-perceived qualities determined by the participants of our study were the smell of cigarette smoke. Smoking is a risk factor for several diseases. Being a doctor naturally imposes the responsibility of being a role model in terms of health. Moreover, medicians who are active smokers ignoring the health risks of smoking may be less likely to offer advice to help their patients to quit. Continued nicotineism among doctors may cause patients to question the harmfulness of smoking and the importance of quitting it for overall health, which has implications for the general population [19, 20]. That aspect difinately can influence the doctor's image on his relationship with the patient and reduce trust in his advice.

During the research we also have faced some limitations. One of them was a significant discrepancy between the number of men and women surveyed (more women than men). The other one is concerning the small number of respondents aged between 40 and 60 years. That is why this article does not refer to gender preferences, neither to different age ranges. Further research surveys on more diversified respondents sample would be more accurate and could refer to those uncovered factors.

Conclusion

Some examples of doctor's appearance and behavior had a strong influence on patients, whether negative or positive. Future research on wider group of respondents will enable us to take a deeper look at this aspects, while obtained results could have a beneficial impact on young doctors' image to help them maintain a good relationships with their patients.

Acknowledgements

Conflict of interest statement

The authors declare no conflict of interest.

Funding sources

There are no sources of funding to declare.

References

- [1] Ong LM, de Haes JC, Hoos AM, Lammes FB. Doctor-patient communication: a review of the literature. *Soc Sci Med.* 1995;40(7):903–18.
- [2] Banerjee A, Sanyal D. Dynamics of doctor-patient relationship: A cross-sectional study on concordance, trust, and patient enablement. *J Family Community Med.* 2012;19(1):12–19.
- [3] Harbshettar V, Krishna KR, Srinivasa P, Gowda M. The enigma of doctor-patient relationship. *Indian J Psychiatry.* 2019;61(Suppl 4):S776–S781.
- [4] Dorr Goold S, Lipkin M Jr. The doctor-patient relationship: challenges, opportunities, and strategies. *J Gen Intern Med.* 1999;14 Suppl 1: S26–S33.
- [5] Adler HM. The sociophysiology of caring in the doctor – patient relationship. *J Gen Intern Med.* 2002;17:883–90.
- [6] Henríquez-Tejo R, Cartes-Velásquez R. Patients' perceptions about dentists: A literature review. *Odon-toestomatología.* 2016;18.27:15–22.
- [7] Brosky M, Keefer O, Hodges J, Pesun I, Cook G. Patient perceptions of professionalism in dentistry. *J Dent Educ.* 2003;67(8):909–915.
- [8] Kelly G, Shroff B, Best A, Tufekci E, Lindauer S. Parents' preferences regarding appearance and attire of orthodontists. *Angle Orthod.* 2014;84(3):404–409.
- [9] Al-Sarheed M. Children's perception of their dentists. *Eur J Dent.* 2011;5:186–190.
- [10] Squier RW. A model emphathic understanding and adherence to treatment regimens in practioner-patients relationship. *Soc. Sci. Med.* 1990;30:325.
- [11] Hornsby JL, and Franklin EP. A model for communication skills: development for family practice residents. *J. Family Practice.* 1979;8:71.
- [12] Risko A. Non-verbal communication between cancer patients and "others". *Psycho-Oncol. Lett.* 1992; 3:15.
- [13] Comstock LM, Hooper EM, Goodwin JM et al. Physician behaviors that correlate with patient satisfaction. *J. Med. Educ.* 1982; 57, 105.
- [14] Lovet L M, Cox A, Abou-Saleh M. Teaching psychiatric interview skills to medical students. *Med. Educ.* 1990;24:243.
- [15] Bensing JM, Kerssens JJ, Pasch M. Patient-directed gaze as a tool for discovering and handling psychosocial problems in general practice. *J Nonverbal Behav.* 1995;19:223–42.
- [16] Bensing JM. Doctor-patient communication and the quality of care. *Soc. Sci. Med.* 1991;32:1301.
- [17] Friedman HS. Non-verbal communication between patients and medical practioners. *J. Soc. Issues.* 1979;35:82.
- [18] Cohen M, Jeanmonod D, Stankewicz H, Habeeb K, Berrios M, Jeanmonod R. An observational study of patients' attitudes to tattoos and piercings on their physicians: the ART study. *Emerg Med J.* 2018; 35(9):538–543.
- [19] Raag M, Pärna K. Cigarette smoking and smoking-attributable diseases among Estonian physicians: a cross-sectional study. *BMC Public Health.* 2018; 18(1):194.
- [20] Abdullah AS, Stillman FA, Yang L, Luo H, Zhang Z, Samet JM. Tobacco use and smoking cessation practices among physicians in developing countries: a literature review (1987–2010). *Int J Environ Res Public Health.* 2013;11(1):429–55.

Acceptance for editing: 28.06.21
Acceptance for publication: 29.09.21

Correspondence address:

Adrian Maj
Department of Periodontology and Oral Mucosa Diseases
Medical University of Gdańsk
Orzeszkowej 18 St.
80-208 Gdańsk
tel: 58 349 16 67
e-mail: parodont@gumed.edu.pl