ABSTRACT

The use of medical attire can be traced back to ancient Greece. White robes have been associated with purity and sanctity for centuries. The medical dress code is an implicit rule that may be subject to controversy and may change from place to place. While some may argue that the appropriate attire for physicians is formal dress, a nametag and a white coat, others suggest the use of business attire.

The past few decades have served as the stage for heated debates to favor or dismiss the use of the white coat and formal attire. Encountered opinions have originated from evidence suggesting that white coats may be contaminated with pathogenic microorganisms. Sprouting theories support the idea that white coats and medical attire could act as a vector for nosocomial infection transmission.

METHODS

We elaborated an anonymous one-time survey for patients, family members, physicians and nurse staffing in a third level referral hospital in Mexico City. The survey was distributed in 3 locations: emergency department and waiting room, in-patient hospital wards and outpatient clinic. The survey consisted of an initial set of multiple-choice questions, followed by a second part, which showed a picture series of 5 different attires.

To eliminate gender bias, two picture series (male or female pictures) were randomly assigned to the participants. Population demographics and response frequencies were analyzed.

RESULTS

Survey in: 146 patients 149 relatives 119 nurses 175 physicians

75% of physicians prefer to use white coat

In the four groups surveyed, use of white coat was associated with better professional performance

Nevertheless, use of white coat was associated with the perception of a more authoritative and controlling physician

DISCUSSION

The recommendations about non-surgical medical attire is widely disparate and vary by country, facility and discipline.

Petrelli and cools, performed a systematic review to determine the influence of physician attire on patients. Their analysis determined that although patients often prefer formal physician attire, perceptions are influenced by age, local, setting and context of care.

In our study, the white coat is favored by patients, relatives, nurses and physicians since it is perceived to reflect better professional performance, communication and professional satisfaction of the healthcare worker.

There are no studies that directly link health care workers' clothes to hospital acquired infections, but despite the lack of evidence some institutions recommend clothing that facilitate good practice and minimize risks to patients.

It is necessary to educate all these groups on doctors' competence irrespective of clothing used in order to avoid blinded confidence based on attire traditions.

CONCLUSIONS

Some societies do not consider the health-care personal's attire of importance.

In Mexico and possibly Latin America, medical attire seems to be a fundamental component in relationship networks sustained between patients, relatives, nurses and physicians.

In this context, a policy that attempts to reverse the use of a white coat must be preceded by an important communication/educational campaign to avoid fracturing complex social interactions.

REFERENCES


