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Dress and address in hospital psychiatry: an issue?

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ABSTRACT

Background and aims: To assess the preferences of Dutch psychiatric patients in three general hospital psychiatric settings for the dress of psychiatrists and patients preference to be addressed by psychiatrists. To assess the associations concerning different clothing styles and the attributes of the patient–doctor relationship.

Methods: One hundred and seventy-three adults, in and outpatients (aged 18–89 years) attending the psychiatry departments of three general hospitals, were included during the period June 2015 to May 2016. In these hospitals, the psychiatrist staff has different clothing policies. Data were analyzed with SPSS21.

Results: Divided over the three hospitals, 173 patients were included, 96 inpatients and 77 outpatients. The patients' opinions on the psychiatrists' dress differed significantly between the hospitals in line with the local hospital clothing policy ($p=0.002$ for the male psychiatrists, $p=0.000$ for the female psychiatrists). The patients' ethnicity significantly influenced their preferences for dress and address, as a majority of the patients with a non-Dutch ethnic background expressed a preference for white coats, and address by surname (RR = 2.0, $p=0.003$ for male and RR = 2.1 $p=0.002$ for female psychiatrists). A significant difference in preference for being addressed by their first names by the psychiatrist was found between Dutch and non-native Dutch patients (RR = 2.6, $p=0.005$). According to patients, the male psychiatrist in trousers and a long sleeve shirt and female psychiatrist in casual clothing were most often associated as being the friendliest, a white coat as being the most competent, and wearing smart attire as being the most accessible.

Conclusion: Patients' preferences are in line with current local clothing habits. Ethnicity, setting and country influence a patient's preferences. Casual clothing for psychiatrists is assessed as being the friendliest but as the least competent, and white coats are assessed as being the most competent but as being less friendly and less accessible.

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Introduction

Professional identity, friendliness, competence and accessibility are important attributes of verbal and non-verbal communication in a therapeutic relationship (Duron, Pieters, & de Gucht., 2004; Eikhom, Torsaeter, & Wik, 2006; Gledhill, Warner, & King, 1997). The manner in which psychiatrists dress and how they address their patients plays a significant role in the interaction with the patient (Gledhill et al., 1997).

That hospital psychiatrists should wear a white coat is not, as yet, universally accepted. Apart from hygienic reasons, uniforms are important in defining a physician's identity and probably influence the doctor–patient relationship (Duron et al., 2004; Gledhill et al., 1997). In general hospital psychiatry clothing customs vary depending on hospital setting. In most hospital settings white coat and uniform are mandatory with the exception of the psychiatry department.

A doctor in a uniform may appear less friendly and less accessible, but on the other hand may be regarded as more competent (Gledhill et al., 1997; Nihalani, Kunwar, Staller,

& Lamberti, 2006). There is a general opinion that white coats and uniforms might negatively influence the therapeutic relationship (Nihalani et al., 2006).

Eight studies reported on the subject of the patient's preference of dress and address in psychiatric settings. These studies were all conducted in Western countries in the period 1997–2012 (Duron et al., 2004; Eikhom et al., 2006; Gledhill et al., 1997; Nihalani et al., 2006; Bernice, Catherine, & Joanne, 2012; McGuire-Snieckus, McCabe, & Priebe, 2003; Swift, Zachariah, & Casey, 2000; White & Richards, 1998). To the best of our knowledge, more recent studies were not published.

Five of the eight studies were conducted in mental health care institutions; three studies were published in general hospital psychiatry settings. The studies in mental health care showed a preference for smart attire. Also, most patients preferred to address their psychiatrist by title and surname. In hospital, psychiatry preferences differed between the countries. Remarkably, a study in the USA showed a preference for casual clothing (Nihalani et al., 2006), while in the UK two studies showed a preference for

smart attire (Gledhill et al., 1997; McGuire-Snieckus et al., 2003).

Wearing a name-badge might contribute to the professional identity of psychiatrists. In three of the previous studies, patients were asked about their preference for psychiatrists to wear name-badges. More than 80% of the patients preferred their doctor always to wear a name-badge. However, only 26% of the patients noticed their doctor actually wearing a name-badge (Gallagher, Waldron, Stack, & Barragry, 2008; Najafi, Khoshdel, & Kheiri, 2012; Tham & Ford, 1995).

In conclusion, only three studies on the subject of dress and address in mental health care and general hospital psychiatry were found. The patients' preferences vary between the countries. It remains unclear whether these preferences reflect local habits taking into account gender, age (Duron et al., 2004), socio-economic status and ethnicity which were shown to be associated with preferences.

Aims of the study

The present study investigates the preferences on dress and address of psychiatrists of psychiatric patients visiting the psychiatric department of three different Dutch general hospitals with varying dress and address habits. Furthermore, this study aims to assess the associations concerning different clothing styles and the attributes of the patient–doctor relationship.

Methods

Setting and subjects

The current study was conducted in the Netherlands in three urban general teaching hospital psychiatry settings with both in- and outpatient facilities for general adult mental healthcare (including general psychiatric wards and MedPsychUnits). The subjects included patients visiting the outpatient department or patients being admitted to the inpatient department at the Sint Lucas Andreas Hospital (SLAZ), Onze Lieve Vrouwe Gasthuis (OLVG) and Tergooi Hospital. The SLAZ and OLVG merged during the study, becoming one hospital with two separate locations (OLVG East and West). The local clothing policy at time of study consisted of a white coat or uniform in the SLAZ, a white coat or uniform at the inpatient department and a suit (or skirt and a jacket) at the outpatient department of OLVG and about half of the staff of Tergooi Hospital wearing smart casual clothes, with more variable dress in psychotherapy sessions.

Inclusion criteria were: outpatients visiting for follow up consultation and psychotherapy and inpatients, with a distinction between the MPU (medical psychiatric unit) and the general psychiatric ward. SLAZ psychiatric ward consists of 30 beds, of which 15 are MPU. OLVG has five MPU beds. Tergooi Hospital psychiatric ward consists of 24 beds, of which 12 are MPU. Based on previous research regarding this subject, we decided to include subsequent patients in

each of the participating hospitals: 20 inpatients who were admitted to the general psychiatric ward, 20 inpatients who were admitted to the MPU and 30 outpatients.

Procedure

The study was approved by the Medical Ethics Committees of all three hospitals separately. On different days, all patients present at the outpatient department or inpatient department were approached by a researcher and the nature of the study was explained to them by the letter of information. All patients gave informed consent. Seventeen patients refused to be interviewed and 22 inpatients were unable to participate due to psychosis (Swift et al., 2000) (diagnosed with a psychotic disorder), a language problem (Nihalani et al., 2006), or other factors (Tham & Ford, 1995) (for example severe agitation or cognitive impairment, which made interviewing impossible).

Patients who refused or were unable to participate, did not significantly differ from the included sample in mean age (52.0 and 56.7 years), gender, diagnosis and socio-economic status.

The survey was an adapted version of the Duron et al. questionnaire (Duron et al., 2004).

First, patients were asked to state their preference with regard to their psychiatrist' style of dress. Photographs of a male and female resident were presented. The photos were full figure shots in color, and the facial expressions of the models were neutral in all photographs. The background of all photos was white. The dress for the female psychiatrist model consisted of: (1) casual clothing (jeans and a shirt), (2) a skirt and a shirt, (3) a skirt, a shirt, and a jacket, and (4) a white coat. The dress for the male psychiatrist model consisted of (1) casual clothing; a jeans and a shirt, (2) trousers and a long sleeve shirt, (3) a suit, (4) a white coat (Figure 1).

Second, patients were asked about their associations concerning different clothing styles and their attributes of the patient–doctor relationship (friendliness, accessibility and competence). They were asked to choose which psychiatrist from the photographs seemed the most and least friendly/ most and least competent/easiest and least easy to talk to.

Third, the patients were asked how they addressed their psychiatrist, how they were currently addressed by their psychiatrist, and how they preferred to be addressed by their psychiatrist. This survey is adapted from an earlier published paper (Duron et al., 2004).

Statistical analyses

Socio-economic status was defined as low or normal by analyzing the data through a national file based on the patient's zip code. Zip code areas classified as disadvantaged neighborhood, with a low socio-economic status, are determined nationwide, based on, for example, population density, educational level and percentage of low income (Deville & Wieggers, 2012). Ethnicity was determined through questions within the survey concerning the country of birth of the

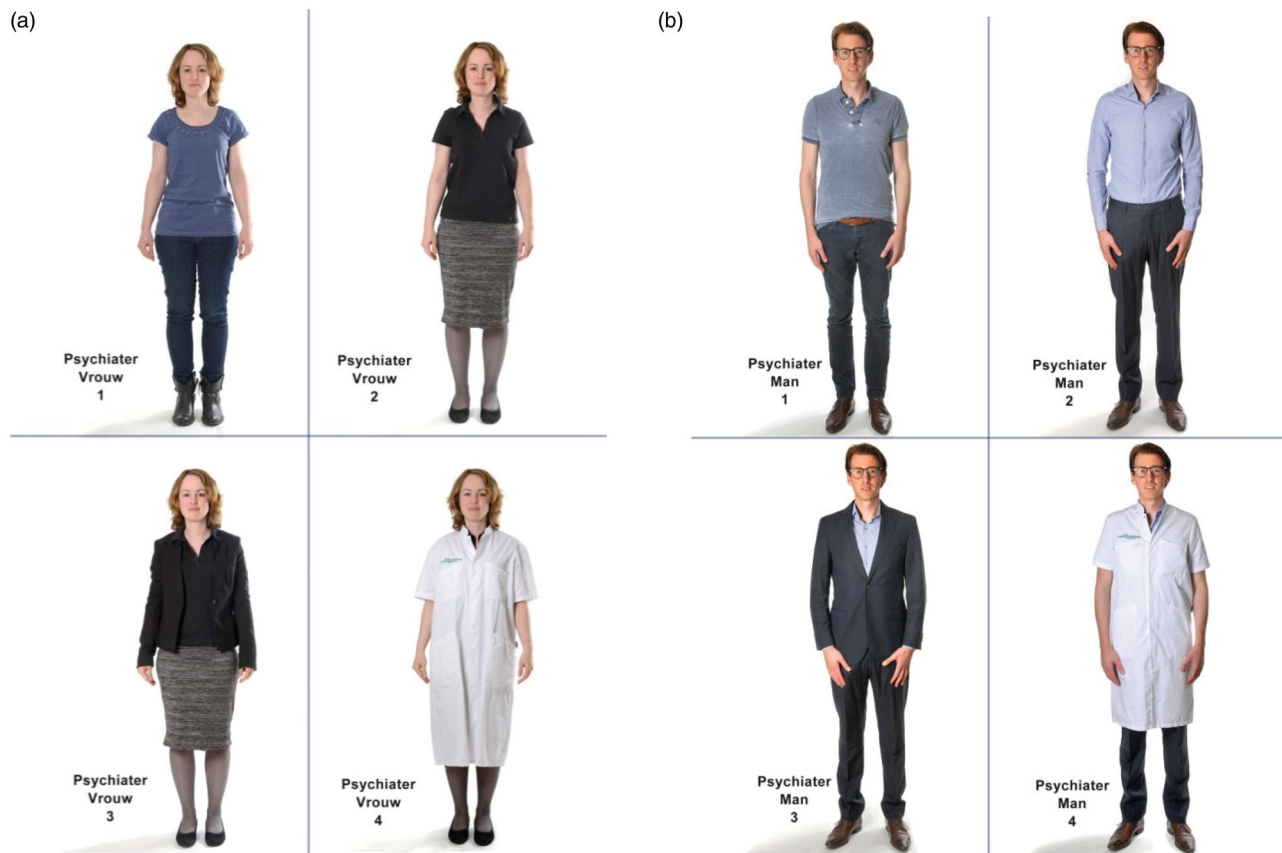


Figure 1. Dress styles of the psychiatrists.

participant and their parents, using the definition of ethnicity of the Statistics Office for the Netherlands. An immigrant is defined as an individual of whom at least one parent was born abroad, regardless of the own country of birth (Statistics Netherlands, 2014). The diagnoses of the patients were added to the database. They were extracted from the medical files of the patients. A 10% sample of the data has been processed another time in SPSS by another researcher, to evaluate the data processing.

Data were analyzed using SPSS21 (SPSS Inc., Chicago, IL). Descriptive analyses were used to outline the socio-demographic data of the patients, and the patients' preferences for choice of dress and address. The categorical data were expressed as N (%). Continuous normal distributed data, tested by the Kolmogorov–Smirnov test, were expressed by their mean and standard deviation. Not normally distributed data were expressed by their median (min/max). To compare categorical data, the data chi square test was used. Comparisons between normally distributed data were made using an independent samples t test.

To analyse preferences with regard to psychiatrist' style of dress, an independent samples t test was used. This test compared the first three clothing styles with the fourth clothing style (a white coat), in order to see whether there would be a significant difference between a white coat and other clothing styles or not. Comparisons between means of continuous normally distributed data were made using the one-way ANOVA analyses. Comparisons between the medians of continuous not normally distributed data were

made using the Kruskal–Wallis test. The significance level for the variables was set at p value ≤ 0.05 .

Results

Clinical and socio-demographic data

Of the 212 in- and outpatients eligible at the time of the study, 17 patients refused to be interviewed and 22 inpatients were unable to participate as a result of a psychosis (Swift et al., 2000), a language problem (Nihalani et al., 2006) or other factors (Tham & Ford, 1995).

Characteristics of the patients are shown in Table 1; 173 patients (77 outpatients and 96 inpatients) were included in the final analysis. Of all 173 subjects, 49.9% were female and ages ranged from 18 to 89 years (mean 52.38, SD \pm 15.4). The patient's gender significantly differed between the three different hospitals ($p = 0.006$). In OLVG and Tergooi, there were more male participants; in SLAZ more female participants.

The median duration of psychiatric history in mental healthcare was 10.35 years (min/max 0/52). The majority of the patients were native Dutch (74.0%), married or living together (45.7%), were unemployed (35.8%) and had a high level of education (43.9%). The patient's ethnicity differed significantly between the two hospitals in Amsterdam (SLAZ and OLVG) and the Tergooi hospital ($p = 0.00$). Compared to SLAZ and OLVG, in the Tergooi hospital, a lower percentage of the patients (6%) consisted of a non-

Table 1. Socio-demographic and medical characteristics of the patients.

Patients (%)	Total <i>n</i> = 173 (100.0)	SLAZ <i>n</i> = 71 (41.0)	OLVG <i>n</i> = 52 (30.1)	Tergooi Hospital <i>n</i> = 50 (28.9)
<i>Treatment setting</i>				
Outpatients	77 (44.5)	31 (43.7)	26 (50.0)	20 (40.0)
Inpatients general clinic (PAAZ)	35 (20.2)	20 (28.2)	–	15 (30.0)
Inpatients MPU/PMU	61 (35.3)	20 (28.2)	26 (50.0)	15 (30.0)
<i>Gender^a</i>				
Male	88 (50.9)	32 (45.1)	36 (69.2)	30 (60.0)
Female	85 (49.1)	39 (54.9)	16 (30.8)	20 (40.0)
<i>Age^a mean (±SD)</i>				
	52.38 (15.4)	49.37 (16.2)	52.92 (14.3)	56.16 (14.70)
<i>Years since first treatment contact in psychiatry</i>				
Median (min/max)	10.35 (0/52)	8.32 (0/41)	9.69 (0/52)	13.82 (0/46)
<i>Ethnicity^b</i>				
Dutch	128 (74.0)	47 (66.2)	34 (65.4)	47 (94.0)
Other				
Western	10 (5.8)	7 (9.9)	4 (7.7)	–
Non-Western	35 (20.2)	17 (23.9)	14 (26.9)	3 (6.0)
<i>Marital status^a</i>				
Married/living together	79 (45.7)	31 (43.7)	22 (46.2)	26 (52.0)
Single	73 (42.2)	31 (43.7)	24 (42.3)	18 (36.0)
Widow	11 (6.3)	6 (8.4)	2 (3.8)	3 (6.0)
Divorced	9 (5.2)	2 (2.8)	4 (7.7)	3 (6.0)
Other	1 (0.6)	1 (1.4)	–	–
<i>Occupational status^a</i>				
Working	54 (31.6)	25 (35.8)	14 (26.9)	15 (30.6)
Unemployed	62 (36.2)	21 (30.0)	24 (46.2)	17 (34.7)
Retired	31 (18.1)	14 (20.0)	8 (15.4)	9 (18.4)
Housewife/man	15 (8.8)	5 (7.1)	4 (7.7)	6 (12.2)
Studying	9 (5.3)	5 (7.1)	2 (3.8)	2 (4.1)
<i>Level of education^a</i>				
High	76 (44.5)	36 (51.4)	20 (38.5)	20 (40.8)
Average	71 (41.5)	27 (38.6)	19 (36.5)	25 (51.0)
Low	24 (14.0)	7 (10.0)	13 (25.0)	4 (8.2)
<i>Socio-economic status^b</i>				
Normal	131 (76.6)	47 (66.2)	34 (68.0)	50 (100.0)
Low	40 (23.4)	24 (33.8)	16 (32.0)	–
<i>Diagnosis^a</i>				
Mood disorders	92 (53.5)	40 (56.3)	22 (43.1)	30 (60.0)
Anxiety disorders	23 (13.4)	12 (16.9)	6 (11.8)	5 (10.0)
Psychotic disorders	24 (14.0)	10 (14.1)	10 (19.6)	4 (8.0)
Addictive disorder	16 (7.6)	4 (5.6)	7 (13.7)	5 (10.0)
Other	15 (11.5)	5 (7.1)	6 (11.8)	6 (12.0)

^a*p* > 0.05 (not significant); ^b*p* < 0.05 (significant).

Western minority than in the other two hospitals. Of the non-Western population the majority consisted of Moroccan, Turkish, Surinamese and Indonesian patients. Type of religion was not registered.

In total, 23.1% of the patients had a low socio-economic status. The socio-economic status did not significantly differ between the two hospitals located in Amsterdam, but did significantly differ between the two Amsterdam hospitals and the Tergooi hospital (*p* = 0.00). In the Tergooi Hospital, there were no patients with a low socioeconomic status who participated in this study. The patients were diagnosed with a mood disorder (53.5%), an anxiety disorder (13.4%), a psychotic disorder (14.0%) or an addictive disorder (7.6%).

Patients who refused or were unable to participate, did not significantly differ from the included sample in mean age (52.4 and 56.7 years), gender, diagnosis and socio-economic status.

Dress style

Of the patients, 57.2% thought that clothing is an important factor in the appearance of a psychiatrist. 87.3% of the patients thought a psychiatrist is a medical doctor, and the

majority of the patients (71.7%) did not express a preference for a male or a female psychiatrist.

Patients' preferences for psychiatrist appearance are shown in Table 2. In SLAZ, the most preferred clothing style was the white coat, in the OLVG patients' preferred a female psychiatrist to wear casual clothing and a male psychiatrist to wear trousers and a shirt and in the Tergooi Hospital the most preferred clothing style was skirt/trousers and a shirt. Their choices were in line with the current attire in the hospital.

The preferences for psychiatrists' attire significantly differed between the hospitals (*p* = 0.002 for the male psychiatrists, *p* = 0.000 for the female psychiatrists).

In SLAZ, current attire at the inpatient and outpatient clinic is a white coat, except for psychotherapy sessions. When not wearing a white coat, dress style consists of a suit or skirt and jacket. Regarding male and female psychiatrists, 46.5% respectively 45.1% of the patients stated they preferred a white coat. In OLVG, current attire at the inpatient clinic is a white coat, at the outpatient clinic a suit or for a female psychiatrist a skirt and jacket. 38.5% of the patients stated a male psychiatrist should wear trousers and a long sleeve shirt; 23.1% preferred a male psychiatrist in casual

Table 2. Patients' preferences for the psychiatrists' dress; *n* (%).

	SLAZ		OLVG		Tergooi	
	F	M	F	M	F	M
<i>Psychiatrists dress</i>						
Casual clothing (1)	12 (17)	7 (10)	17 (33)	12 (23)	12 (24)	3 (6)
Skirt/trousers and a shirt (2)	12 (17)	20 (28)	13 (25)	20 (39)	19 (38)	30 (60)
Skirt/trousers, shirt and jacket (3)	14 (20)	12 (17)	10 (19)	6 (11)	12 (24)	9 (18)
White coat (4)	33 (46)	32 (45)	12 (23)	14 (27)	7 (14)	8 (18)
Total	58 (100)	71 (100)	52 (100)	52 (100)	50 (100)	50 (100)

wear. Regarding the female psychiatrists, 32.7% chose casual dress style, 25.0% a skirt and a shirt. In the Tergooi Hospital, currently 50% of the psychiatrists wear trousers and a long sleeve shirt or a shirt and a skirt at the inpatient clinic and the outpatient clinic, except for psychotherapy sessions. In psychotherapy, about one-third dress likewise, one-third casually, and one-third in a suit or skirt and jacket. Regarding male and female psychiatrists, 60.0% respectively 38.0% of the patients stated they preferred trousers and a long sleeve shirt, and a skirt and a shirt.

In summary, in SLAZ the most preferred clothing style was the white coat, in the OLVG patient's preferred a female psychiatrist to wear casual clothing and a male psychiatrist to wear trousers and a shirt, and in the Tergooi Hospital the most preferred clothing style was smart attire. Their choices were in line with the current attire in the hospital. Of all the patients who preferred a white coat for a male and female psychiatrist, 59.3% and 63.5% were patients from SLAZ.

Concerning the patient's variable ethnicity, patients with a non-Dutch ethnic status chose significantly more often for the white coat, compared to native Dutch patients. This was the case for male (RR = 2.0, $p = 0.003$) and female psychiatrists (RR = 2.1 $p = 0.002$). Overall, there were no significant differences between outpatients and inpatients regarding preferences in clothing. Notably, only in the OLVG a significant difference was found, with inpatients preferring the white coat more often than outpatients.

Preferences for clothing of psychiatrists did not significantly differ between the patients who had a follow-up consultation and the patients who had a psychotherapy consultation. Moreover, when using $p \leq 0.05$ as significance level, patient variables such as age, gender and socio-economic status did not seem to influence the patient's preference.

Associations concerning different clothing styles and the attributes of the patient–doctor relationship

Concerning the different attributes of the therapeutic relationship, friendliness, competence and accessibility, we asked patients to choose the psychiatrist who seemed the friendliest, the most competent and the most accessible. According to patients, the male psychiatrist in trousers and a long sleeve shirt and female psychiatrist in casual clothing were most often associated as being the friendliest, a white coat as being the most competent, and wearing smart attire as being the most accessible.

Preferences in terms of address

68.4% of the patients are currently addressed by their psychiatrist by their surnames, while 63.7% would prefer to be addressed by their first names. Of the non-native Dutch patients, only 41.5% preferred to be addressed by their first names, whilst 69.8% of the Dutch patients reported a preference for being addressed by their first names. This difference between Dutch and non-native Dutch patients was significant (RR = 1.9, $p = 0.001$). Moreover, the patient's age significantly influenced their preferences. Patients who preferred to be addressed by their first names were significantly younger than patients who reported preferences for being addressed by their surnames ($p = 0.04$). Variables socioeconomic class and gender did not influence the patients' preferences for terms of address.

Name-badges

57.6% of the patients would prefer their psychiatrist to wear a name-badge. Inpatients significantly more often expressed a preference for a name-badge compared to outpatients (RR = 6.0, $p = 0.000$).

Discussion

This is the first study that has examined simultaneously the preferences of dress and address of patients concurrently in three different settings in general hospital psychiatry in the Netherlands. This study demonstrates that a majority of the patients (57.2%) consider dress to be an important factor of the psychiatrist's appearance. Our findings indicate that the patient's preference for psychiatrists' clothing significantly differs per hospital. The patients' preferences corresponded with the current clothing policies that were upheld in each of the three hospitals at the time of research; patients tend to prefer the clothing style they are used to for their psychiatrist.

Concerning the attributes of the therapeutic relationship, our study found that patients assess psychiatrists wearing white coats as being the most competent but as being slightly less accessible than psychiatrists wearing smart attire. Casual clothing was regarded as being the friendliest style of clothing but for the least competent psychiatrists to wear. Suits were assessed as the least friendly. Conforming to our hypothesis, patients with a non-native ethnic status preferred their psychiatrist to wear a white coat significantly more often than patients having a native Dutch background. In contrast to our hypotheses, the patients' variables, age

and socio-economic status did not seem to influence their preferences with regard to clothing style. Moreover, the patients' preferences for the different clothing styles did not differ between male and female psychiatrists. In our study, we found that psychiatrists most commonly addressed their patients by use of their surnames. However, most patients would prefer to be addressed by their first names. Patients with a non-native ethnic status more often preferred to be addressed by their surnames. 57.6% of the patients would prefer their psychiatrist to wear a name-badge. However, it is interesting to note that amongst the inpatients a higher percentage would prefer their psychiatrist to wear a name-badge (67.7%) than amongst the outpatients (44.7%). The patients' age did significantly influence their preferences. Patients who preferred to be addressed by their first names were significantly younger than patients who reported preferences for being addressed by their surnames ($p=0.04$).

Regarding clothing style, patients seem to adapt their preference to the current dress style of their psychiatrist.

Our results compared to findings of other studies

In previous research in both psychiatric settings, that is in general hospital psychiatry and mental health care institutions, preferences for smart attire were seen. Noteworthy is the fact that in a study in a general hospital setting in Iran, the choice of dress is a white coat and choice of address of patient to doctor was by title (Najafi et al., 2012). These more formal choices might be related to the non-Western culture. Our study revealed more divided patients' opinions. In SLAZ, patients preferred their psychiatrists to wear white coats. This is mostly similar to the results seen in general hospital setting. In the other two hospitals (OLVG and Tergooi Hospital), preferences for smart attire or in the case of a female psychiatrist in OLVG a preference for casual clothing was seen. This is more similar to results concluded in studies in general hospital psychiatry and mental health care institutions. Our findings about the attributes of the therapeutic relationship are similar to research of Duron et al. (Duron et al., 2004) and Gledhill et al. (Gledhill et al., 1997). Both studies concur with our conclusion that casual clothing for psychiatrists is assessed as being the friendliest but as the least competent, and that white coats are assessed as being the most competent but as being less friendly and less accessible. This study is the first to investigate whether or not the factor of ethnicity influences the patients' preferences. Our conclusions about the influence of ethnicity can be supported by the Iranian study by Najafi et al (Najafi et al., 2012), conducted in a non-Western society, where over 80% of the patients reported a preference for a white coat.

As far as known, concerning the way patients prefer to be addressed our data are similar to those in the literature (Duron et al., 2004; Eikhom et al., 2006; Gledhill et al., 1997; Bernice et al., 2012; McGuire-Snieckus et al., 2003; Swift et al., 2000; White & Richards, 1998; Lavender, 1987).

Last, we studied the subject of psychiatrists wearing name badges. Comparing our conclusions about patients'

preferences for psychiatrists wearing name-badges to previous studies, we see that the 57.6% of the patients who would prefer their psychiatrist to wear a name-badge, are less than the 80% seen in literature (Swift et al., 2000; White & Richards, 1998; Gallagher et al., 2008). This lower percentage from our research can be caused by the fact that our study was conducted at in- and outpatient clinics. In the inpatient clinics, more patients (67.7%) would prefer their psychiatrist to wear a name-badge than in the outpatient clinics (44.7%). This might be caused by the fact that inpatients more often meet various doctors than outpatients do. A name-badge thus might be more useful for recognisability in an inpatient clinic.

Limitations

Our total patient sample is comparable to earlier studies, but divided into three separate general hospital psychiatry settings, numbers became relatively small. Therefore, studying larger segments of participants in each setting would have resulted in stronger results.

Patients' preferences for dress and address are limited to in- and outpatient clinics in three different general hospitals; we cannot generalize our findings to other settings, such as consultation psychiatry in hospitals. Furthermore, these findings are limited to psychiatrists in particular. Patient relationship and attitudes to form of address and dress code may differ for other disciplines of medical professionals.

Patient relationship and preferences for the dress of psychiatric nurses and patient preference to be addressed by psychiatric nurses has actually also been assessed in this study. A paper on this part of the study is submitted to an international journal of a psychiatric nurses association.

Key strengths of this study

Due to the fact that our study was conducted at the in- and outpatient clinics of three hospitals with different clothing policies and different patient populations, in urban and rural settings, we are, therefore, able to generalize our findings to general hospital psychiatry in the Netherlands. As we surveyed at in- and outpatient clinics, we had a patient population with both acute and chronic psychiatric problems representing a cross-section of adult mental healthcare. Also, the patients who were interviewed came from different ethnic backgrounds and socio-economic classes, resulting in a very diverse patient sample.

Conclusion

In conclusion, patients consider dress to be an important part of the appearance of a psychiatrist. This study demonstrates that dress and address of psychiatrists in general hospital psychiatry seems an issue, since patients' preferences significantly differ between hospitals in general hospital psychiatry. With this study, we confirmed our assumptions that ethnicity, setting and country influence the preference for dress and address of psychiatrists.

Being seen to be a competent medical specialist is important, not only to the patients but also to the other medical specialties operating within the same institution. Clearly, psychiatrists need to be accessible, and this accessibility may well be greatly helped by addressing patients (and others) in a proper way and being clear about their own identity by using name-badges, as has been discussed. Working at a general hospital with psychiatric patients with somatic comorbidity hygiene also has to be taken into account, as in other departments.

Furthermore, patients tend to choose the dress style they are used to. Just as in other medical specialties, professional identity, visibility of name and function, hygiene, are part of the professional dress code. Therefore, psychiatrists in general hospital psychiatry are advised to wear a white coat.

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