Patients' Impression of Doctors' Nonverbal Communication with reference to the use of Artifactics

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Abstract

Objective: To investigate the impressions made by the use of Artifactics by doctors on patients in India during consultation in private clinics/studios; and their effect on patient preferences.

Patients and methods: Questionnaire was developed on the basis of pilot study. It comprised six closed questions and six open-ended questions. One hundred patients answered questions related to doctors' use of Artifactics: formal attire, appearance, ornaments, type of shoes, etc. Patients gave open-ended responses regarding reason of their expectation and the effect of doctors' use of Artifactics on their preferences.

Results: Most respondents felt doctors should be formally dressed and take due care of their appearance. 50% respondents showed discomfort towards doctor wearing ornaments. Most respondents expected the doctors to wear formal shoes during consultation; and most felt doctors who often changed their watches and cell phones gave them an impression that the doctor prefers showing off than in the consultation.

Conclusion: As in other Western countries, Indian patients form a better initial impression of doctors using formal attire and these behaviours of the doctor add to their trust in the doctor. Trust in turn enhances patient preference and affects the adherence of the doctor and her/his diagnosis and treatment.

Keywords: Doctors, Patients, Artifactics, Nonverbal communication

Introduction

Northouse and Northouse[1] observed that nonverbal communication has a distinct significance in healthcare, mainly since patients closely watch the non-verbal signals of physicians and are more likely to depend on these for getting quick information before the beginning of any verbal exchange. Studies[2,3] identified nine elements of non-verbal communication: Kinesics (Body language), Paralinguistics (Paralanguage), Haptics (Touch), Oculesics (Eye contact), Artifactics (Appearance), Proxemics (Distance), Chronemics (Time), Chromatics (Colour), Olfactics (Odour). Past research[4-17] has made attempts to understand the doctors' nonverbal behavior with patients in terms of body

language, distance, touch, eye contact, voice modulation, gestures etc. and the effects thereof on patient preferences and adherence and satisfaction.

The present study probes into Artifactics. One common form of nonverbal communication is clothing. The study of clothing and other objects as a means of non-verbal communication is known as *artifactics*. It is a form of nonverbal communication having to do with the way in which the doctor's attire affects the way she/he communicates with the patients.[18,19]

In today's times, when the doctor-patient encounter has become so momentary, it is challenging to achieve patient's confidence and trust for optimum health outcomes. Physician attire is a variable aspect that has been proved to have an impact on the patient-physician relationship.[20-25]

Several studies have indicated that physician attire may be a significant premature determining factor of patient confidence, trust and approval.[26-28] This observation has nothing fresh or new; in fact, understanding the impact attire on the physician–patient experience was pointed out by Hippocrates[29]. Nonetheless, aiming physician attire to enhance the patient experience has lately become a matter of substantial attention motivated partly by efforts to augment patient satisfaction, trust and experience.[30,31]

However, the term Artifactics implies attire as well as other objects used to better the appearance of a person.[18] These other objects include footwear, accessories like ornaments, cell phones, watches etc.

The current study tries to fill this gap by including these aspects of Artifactics in the study along with attire. Using the survey method to probe into the minds of the patients, the study tries to establish a relationship between the patients' expectation about doctors' use of Artifactics and their impression and preference of the doctor based on these expectations. The study specifically points out that sensitization about Artifactics has become imperative in the present times owing to the fact that the patient compliance with the treatment hinges mainly on their experiencing the doctor as compassionate and empathetic, along with being an expert in his/her field. All this begins with the formation of the right first impression, which instills in patients the confidence and trust they can have in the doctors.

Research Question

Is there a relationship between the patients' expectation about doctors' use of Artifactics and their impression and preference of the doctor based on these expectations?

Material and methods

Pilot Study

A pilot study was conducted on twelve patients (convenience sampling). They were asked to individually make a note of the things that affect their first impression and perception of a doctor, when they visit the doctor's clinic/studio for consultation. They were asked to exclude certain nonverbal elements like: body language, eye contact, distance, touch, voice modulation, etc. since many researchers[4-17] have investigated these elements in doctor-patient communication and their effects thereof in the past. When the responses were collated, the following emerged: clothes/attire, ornaments, shoes, watch, cell phone. All these constitute Artifactics. [18-19]

Survey Instrument

A survey instrument was then prepared on the basis of the responses received in the pilot study to be validated with more responses and analysis. The questionnaire required the subjects to respond using yes/no/don't know and also mention the reason for their choice of response.

Respondents and sampling

The survey instrument was administered to 250 people across India. 156 responses were returned out of which 100 were found complete in every sense for analysis. Convenience sampling was used to select the respondents for the study. As stated in an earlier study, [32] this kind of sampling is a kind of nonprobability or nonrandom sampling where respondents are easily accessible, are available at a given time, and are willing to participate in a study. [33] Table 1 provides a glimpse of the demographics of the respondents. The study has analyzed the responses in view of the demographic details like: gender, age group, educational qualification, marital status, and occupation.

Patient Involvement

The subjects were required to fill the questionnaire, after briefing them about the research question and outcomes of the study. The study does not disclose the identity of the subjects in any form.

Statistical Analysis

Statistical analysis was done using SPSS software on the collected data. Crosstabs and Chi-square were applied to analyze the significance of the responses given in relation to the demographic information.

The questionnaire consisted of open-ended questions related to doctors' Artifactics. The qualitative responses collected were studied in detail and coded manually. The key words in each response were highlighted and the most common ones mentioned by the respondents were combined. In short, to understand the perception of patients with regard to the doctors' use of Artifactics, a qualitative content analysis was done, passages and words with similar interpretations were summarized and categorized. Similar words and phrases were identified and manually coded. The credibility of results was tested by way of triangulation. Triangulation includes the use of multiple data sources in an exploration to generate interpretation. Instead of considering triangulation as a technique for authentication or validation, qualitative researchers usually apply this method to enrich a study by making it strong, rich, all-inclusive and well-built. Rarely does a single method sufficiently describe an observable fact, and hence the usage of multiple research methods enables richer comprehension. A combination of qualitative and quantitative data in a study explicates balancing features of the same observable fact. Studies[34,35] have acknowledged four types of triangulation: Methods triangulation, triangulation of sources, analyst triangulation, & theory/perspective triangulation. Methods triangulation has been used by this study to examine the reliability of results produced by diverse data collection techniques.

Results

Tables 2 & 3 indicate the findings of the study. While table 2 outlines the response percentage in terms of the agreement or disagreement to the statements, table 3 indicates the output Asymptomatic Significance (significance level).

Majority respondents (68%) wanted the doctors to be formally dressed during consultation time. No association was found between gender, marital status and educational qualification and responses to doctor being formally dressed during consultation ($p > 0.05$). Association was found between age and responses to doctor being formally dressed during consultation ($p < 0.05$). Almost 80% of the respondents of the age group above 50 years wanted the doctors to be formally dressed during consultation while only 50% of the respondents of the age group 30-40 years felt the same. Association was found between occupation / profession and responses to doctor being formally dressed during consultation ($p < 0.05$). Majority respondents with government job, businessmen, professionals, students and home makers believed doctors should be formally dressed during consultation. However, only half of those with a private job shared a similar expectation with regard to doctors' formal dressing during consultation. Similarly, it can be seen that most of them (69%) wanted the doctor to take due care of physical appearance (hygiene & grooming) during consultation. No association was found between gender, marital status, age, educational qualification and the responses related to the doctor to take due care of physical appearance (hygiene & grooming) ($p > 0.05$). It is therefore evident that female and male subjects irrespective of marital status, age, and educational qualification expect doctors who take care of physical appearance (hygiene and grooming).

47% respondents did not want the doctor to wear designer clothes. Association was found between gender and responses to the doctor wearing designer wear clothes ($p < 0.05$). Generally, the female respondents showed aversion towards the doctor wearing designer wear. No association was found between marital status, age, educational qualification and occupation/profession and responses to the doctor wearing designer wear ($p > 0.05$). This clarifies that regardless of marital status, age, educational qualification, and occupation/profession, the subjects disapproved of doctors wearing designer wear. Further,

the table makes it clear that 50% respondents did not want the doctor to wear ornaments (gold, diamond etc.) during consultation. Association was found between occupation/profession and responses to doctor's wearing ornaments during consultation ($p < 0.05$). Most of the people with a private job opined that doctors should not wear ornaments during consultation. No association was found between gender, marital status, age, educational qualification and responses to the doctor wearing ornaments during consultation ($p > 0.05$). The results signify that female and male subjects notwithstanding marital status, age, and educational qualification do not prefer doctors wearing ornaments during consultation.

The table also indicates that 63% respondents did not want the doctor to come with different cell phones and watches during consultation. Association was found between marital status and occupation/profession and responses to the doctor with a different cell phone/watch on every visit ($p < 0.05$). Majority of the respondents who were married and those with a private job stated that doctors need not come with different cell phones and watches during consultation. No association was found between gender, age, educational qualification and responses to the doctor with a different cell phone/watch in every visit ($p > 0.05$). Regardless of gender, age, and educational qualification, the subjects disapproved doctors carrying different cell phones and wearing different watches during consultation.

It is evident (fig.1) that majority respondents (55%) wanted the doctor to wear formal shoes during consultation. Association was found between marital status, educational qualification and occupation/profession and the response to this question ($p < 0.05$). Most of the unmarried respondents stated that the doctor should wear formal shoes during consultation. Similarly, most of the respondents who were graduates were of the same opinion. Respondents with a private job and students opined that the doctor to wear formal shoes during consultation. However, no association was found between gender, and age of the respondents to the same ($p > 0.05$). Female and male subjects across age groups expected doctors to wear formal shoes during consultation.

Content Analysis and Discussion

One major theme/code emerged from the content analysis done on the responses given by patients.

Preference, trust and adherence based on first impression

75% respondents used the word first impression doctors should be formally dressed and take due care of their physical appearance. They opined that the first impression they gain of the doctor gives them a sense of satisfaction regarding the doctor's commitment to work as also expertise.

Some responses:

"The moment I see a neat and clean, well-groomed doctor, I feel I have made the right choice."

"Once I met a doctor who was wearing a creased t-shirt during consultation. Right from the beginning, I started doubting the expertise he possessed. How can someone be so casual?"

While responding to why they did not approve of the doctors wearing designer wear and ornaments, 65% of the patients said designer wear and ornaments are for parties and personal get together, and not meant for wearing while consulting with the patient.

Some responses:

"If I see a doctor wearing a designer dress, I get a feeling that after consultation, the doctor has to leave for a party/social gathering; and in the hurry, may not give me a patient listening."

"Theirs is a noble profession. They should be sensitive enough to understand what to wear at the workplace."

"A small ring on the finger and tiny earrings (for female doctors) is enough. What is the need of doctors to wear bangles and necklaces and dangling earrings? I get distracted. I lose trust in the doctor. I keep thinking of how much time the doctor would have spent in getting ready before reaching the consulting room."

"When I go to see a doctor, I feel that the doctor should understand my anguish and make efforts to bring me relief. And the first glimpse of the doctor makes me understand whether my expectations will be met. After all, I am visiting a doctor, not a model."

While responding to why they did not approve of the doctors using different cell phones and different watches on every visit, 70% patients said they visit the doctor to consult, get treatment and recover, not to see how many cell phones he has or how many different watches he possesses.

Some responses:

"I am a keen observer. Whenever I see my doctor flaunting a different cell phone or a watch, I doubt her/his credibility. I feel like he is more concerned in showing off his cell phones and watches than in my well-being."

"The consulting room is not the place for pompousness. There are other places where this can be done."

"I prefer my doctor to be modest: first in appearance, then in behavior. Otherwise, I start disliking the person."

While responding to the question what kind of shoes they feel the doctor should wear, as results indicated 55% said they prefer doctors wearing formal shoes because sandals, slippers and sports shoes make them perceive the doctor as casual.

Some responses:

"The moment I see my doctor in formal shoes, I perceive the respect she/he has for the profession."

"I associate formal shoes with credibility."

"How can a doctor wear slippers and casual footwear during consulting?"

"Sports shoes are to be worn on the playground or during a fitness regime. Why consultation?"

This is the first study conducted in India, and one of a few in Asia, regarding the doctors' use of artifactics during consultation with the patient. It confirmed results of previous studies performed in other countries with respect to doctors' attire: respondents prefer doctors with a formal attire (>35% of the target sample),[36-43] they form positive first impression of doctors who take due care of their appearance, who do not wear designer wear, [37,44] and do not use ornaments.[45]

Talking about the significance of physician dress on the patient-physician relationship Hippocrates[29] stated that the physician "must be clean in person, well dressed, and anointed

with sweet-smelling unguents…." Another study[46] has revealed that acumens of intellect, cordiality, friendliness and social assurance are largely affected by the appearance of the physician. The statement stands true even today since a neat and clean doctor affects the patients favorably. The physical appearance of a doctor is a dominant nonverbal symbol that has an impact on doctor-patient communication. Department of Internal Medicine, The University of Iowa College of Medicine. Orientation Syllabus 2000-2001: Policies and Procedures[47] clearly stated that patients have an adverse reaction to jeans, sporty shoes and socks, noticeable trinkets, hanging earrings, and too much aftershave lotion or perfume.

Nonverbal behavior is that component of communication that symbolizes an idea, or a quality and it can create an association between a real thing and a mental perception. Generally, such an affiliation is subjective and time-oriented. Hence if patients link professionalism, expertise and credibility with a blueprint of doctors' artifactics, it is absolutely normal. Mutual trust and confidence in addition to respect are the building blocks of a positive patient-physician relationship. Such relationships have shown to have positive patient outcomes, especially in chronic problems such as diabetes, mental health issues or cancer. [48-51]

As evident from the table and the responses, even today the perceived image of a trustworthy doctor is conventional: formal attire, formal shoes, well-groomed, neat and clean, no (or limited) ornaments, no designer wear, no pompous display of cell phones and watches. Casual wear, lot of ornaments, sports shoes/slippers, pompous display of possessions, all indicate the characteristics that patients do not appreciate in their doctor. One more study has also confirmed this. [52]

Conclusion

This work clearly specifies patients' preference for a decent persona of their doctor, originating from a conventional dress code and due diligence to personal grooming, which includes, absence of ornaments, formal shoes, neatness and aloofness to pompousness. In spite of the modern technology and well-equipped medical facilities, patients still prefer and trust doctors who convey modesty and credibility through their use of artifactics.

Medicine is more a vocation than a profession. Doctors should therefore understand the psyche of the patients, and patient preferences and maintain their demeanor accordingly. By doing so, they will not only be building trust for themselves in their patients but also be fortifying empathetic relationships with the patients, which is so much the need of the hour.

The study indicates the following blueprint as a ready reckoner for doctors, based on the findings:

1. Clean and professional attire influences trust and building of confidence with the patient. Be formally dressed (clothes and footwear) during consultation. It enhances patient confidence in you and makes you appear more serious and committed to your vocation.
2. Take due care of your physical appearance which comprises hygiene and grooming.
3. Keep the designer wear for get together, socializing and parties; avoid these during consultation.
4. Avoid ornaments in the consulting room/chamber. Even if using, keep those minimal.

Disclosure

The author reports no conflicts of interest in this work.

Ethical Statement

Research Ethics Approval (No. 19-01/2018-IIMK.RES) has been taken from the Research Committee (Indian Institute of Management, Kozhikode, Kerala, India). The study does not disclose the identity of the subjects in any form. Subjects were informed of the objective of the study beforehand.

Funding Statement

There are no funders to report for this submission.

Data Sharing Statement

Subjects were asked to fill a questionnaire which contained their views and perception (yes/no/don't know), and the responses were anonymous. They were informed beforehand of the objective of the study. The study does not disclose the identity of the subjects in any form.

Contributorship Statement

I am the sole author of the contribution.

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Table 1: Respondents' demographic characteristics (n=100)

Characteristics	**N**	**Characteristics**	**n**
Sex, n		**Educational qualification, n**	
Female	51	SSC/Matriculation	7
Male	49	HSC	8
		Graduate	50
		Postgraduate	32
		Other	3
Marital Status, n		**Occupation, n**	
Married	51	Private job	48
Unmarried	49	Government job	4
		Businessman	5
		Professional	7
		Student	19
		Home maker	9

		Other	8
Age group, n			
20-30 years	61		
30-40 years	22		
40-50 years	7		
Above 50 years	10		

Table 2: Responses on agreement or disagreement on given statements

	YES (%)			NO (%)			DON'T KNOW (%)		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
Doctor to be formally dressed	**68**	57.1	78.4	18	22.4	13.7	14	20.4	7.8
Doctor to take due care of physical appearance	**69**	75.5	62.7	24	18.4	29.4	7	6.1	7.8
Doctor to wear designer wear	17	24.5	9.8	**47**	28.6	64.7	36	46.9	25.5
Doctor to wear ornaments	8	4.1	11.8	**50**	46.9	52.9	42	49	35.3
Doctor with a different cell phone/watch on every visit	7	8.2	5.9	**63**	61.2	64.7	30	30.6	29.4

Table 3: Asymptomatic significance (significance level) crosstabs/chi square

Statements	Artifactics (Appearance & clothing)	Gender (P value)	Marital status (P value)	Age (P value)	Educational qualification (P value)	Occupation /profession (P value)
1.	Doctor to be formally dressed during consultation	.063	.250	**.042**	.137	**.015**
2.	Doctor to take due care of physical appearance (hygiene & grooming)	.374	.314	.132	.351	.238
3.	Doctor to wear designer wear/branded clothes	**.001**	.718	.330	.261	.093
4.	Doctor to wear ornaments (gold chain, gold/ diamond /platinum finger rings etc)	.208	.168	.284	.377	**.027**
5.	Doctor with a different cell phone/watch on every visit	.884	**.050**	.357	.796	**.050**
6.	Shoes you prefer the doctor to wear	.122	**.017**	.151	**.034**	**.015**

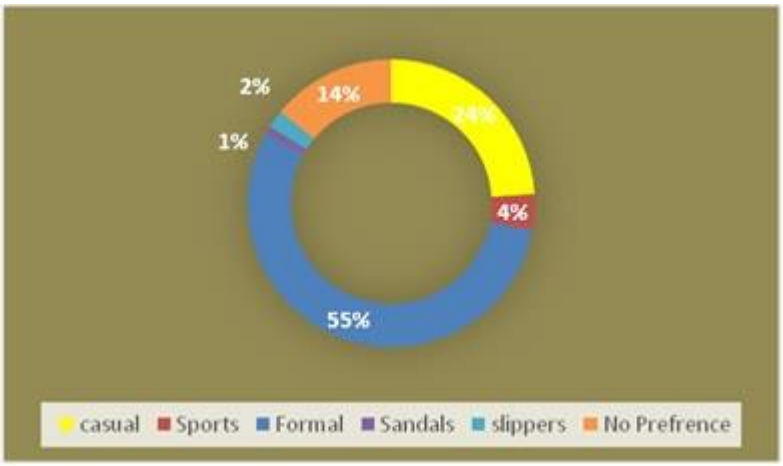

Figure 1. Preference of shoes