

Dress for success

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What you wear in the surgery can communicate to your patients a lot about you. Kate Murphy reports.

WHEN Brisbane GP Dr Beres Wenck dresses for work, her aim is to appear “clean, tidy, comfortable and reasonably covered”.

But she saw the impact of clothing when she turned up in her usual attire to a case conference she had organised at a specialist’s rooms. The message was clear before one word was spoken.

“The specialist was sitting behind the desk wearing a starched, long white coat. A look of power and superiority,” Dr Wenck says.

While there are plenty of white-coat-wearing GPs, they generally dress more casually than their specialist colleagues. A straw poll of division staffers around Australia found GPs are decked out in every style from formal business to “almost feral”.

The way GPs dress has nothing to do with their standing in the medical profession, says Dr Wenck, chairwoman of the RACGP’s national standing committee on general practice advocacy and support.

“GPs usually have a loyal patient base who choose us because of our knowledge, communication skills, personality and empathy — we don’t need to use dress to exude a look of importance or authority,” she says.

Professor Cindy Gallois, professor of psychology at the University of Queensland, says it is true that dress, as part of a package of non-verbal behaviours including gesture, posture, and tone and pitch of voice, is an important signifier of power.

The perception that specialists tend to dress more formally than GPs could be because they try to set themselves apart by dressing to convey higher status and more power, Professor Gallois says.

“The more formally you dress, the more powerful you appear,” she says.

“Generally speaking, doctors have more power than their patients — they might not feel they do, but they do. They have expertise and knowledge and the patients are coming to them for help.”

Her research into communication between patients and health professionals has found patients most appreciate doctors who are friendly — showing interest in them as people — but who balance that with authority: using their expertise to hold the more powerful role in the relationship.

So can dress help GPs get the balance right?

Image coach and adviser Jon-Michail, founder of Image Group International, says while societal changes have undermined some of the paternalistic-style power and status held by doctors of old, GPs still need to present with some level of authority and should dress accordingly.

He says modern GPs are in the "real world" of having to run successful businesses, so it is important they take care of their image and personal presentation.

On the other hand, they don't want to overwhelm the patient who has come seeking help.

"When I go to the GP I'm not expecting him to be in a three-piece suit — I would feel insecure if he was, because he needs to be able to build up a rapport with his patients," Jon-Michail says.

"If the GP is pompous in communication, presentation or body language, that limits patients from expressing themselves. If the patient is not really feeling comfortable, they don't tell the doctor the whole story."

He says appearance is very much part of a person's "message" to others.

"If the doctor has a beard covering his whole face and is shabbily dressed with crumbs from breakfast and stains on his Donald Duck tie, that's not an image you want to portray.

"We have a verbal message and a visual message. At times, people underestimate the visual message, but it does play a big part in the interaction. It's about power and it's about respect. If you respect your patients then for goodness' sake put some effort into your personal presentation."

Just for the record, in case any readers have Donald Duck ties, Jon-Michail says doctors who treat only children can probably get away with novelty accessories, but others should steer clear of them. "Some might try to justify comic book ties as a bit quirky, but you are also coming across as a clown and I don't want my health in the hands of a clown."

Jon-Michail says GPs can wear smart casual dress to work because they generally have more wardrobe freedom than many other professional groups such as lawyers, who need to wear suits.

He advises GPs to avoid wearing too much black and tend towards soft pastels and lighter colours to help put their patients at ease.

Dr Peter Cronin, founding director of medical recruitment agency Loci Medical, says in his experience GPs tend to be more informal dressers than other doctors.

He says this could simply be that the sort of doctors attracted to work in general practice are those who are more likely to express their personality.

His theory could have some merit. General Practice Registrars Australia chairwoman Dr Jennifer Lonergan says medical undergraduates, often renowned for their personal presentation, tend to abandon their wilder hairstyles, outfits and accessories once they enter the hospital system, where there is a strong expectation of neat and conservative dress.

"As medical students, people are probably at their most expressive. It tends to get beaten out of you," Dr Lonergan says.

"[But in general practice] there is some latitude for individual expression because we're dealing with such a wide cross-section of the community. Still, most of us are aware of presentation and that that's important: neat and relatively conservative."

She says in the registrar ranks, personal style is probably most dependent on age. "Every decade has its own particular fashion style so a registrar in their 50s would dress differently from one in their 30s," Dr Lonergan says.

Generational differences, as well as surgery location, patient base and type of workload, seem to account for the variations in working attire for GPs.

"Different people have different philosophies and some of it is generational," Dr Cronin says.

"You have to look at the culture of where you are going to, [but] dressing reasonably conservatively is a sensible thing to do.

"Some people never wear a tie to work. Others say their patients deserve them to look smart so that's the reason they always wear a tie."

Dr Wenck thinks most GPs like to look "reasonably with the times and not too outdated or too miserable to buy new clothes".

"We want to look clean and tidy, and be comfortable and reasonably covered. Other than that it depends on the climate, the patient profile, the day of the week and other activities. For instance, if I am going to a meeting with bureaucrats I will need to look official. If I am doing house calls to elderly patients on a Saturday morning I like to dress in a more relaxed style."

ADGP chairman Dr Rob Walters agrees that GP dress alters depending on context.

"Today [a Saturday] I'm sitting at the surgery in corduroy pants, an open-neck shirt and a jumper, which is different to what I normally wear: trousers and a shirt and tie.

"I don't get too fussed about what GPs wear as long as it's clean and reasonably laundered: neat and clean is much more important than a lot of people seem to think it is.

“I have had comments from patients on this: if a doctor presents in a grubby way with dirty fingernails or unkempt hair, it really does matter to some patients.”

As well as clean clothing, Dr Walters says GPs need functional garments, allowing for ease of mobility and washing. And they must take care not to wear tight-fitting, low-cut or suggestive outfits, he says.

“Patients can get the wrong message. We know, sadly, that some GPs have had to endure unwanted attention from their patients from time to time. We have to be mindful of that.”

Dr Cronin says when sending doctor applicants to job interviews his agency advises them to dress tidily.

“We would say dress appropriately and then leave it up to the individual doctors.”

As to what exactly is appropriate, Professor Gallois says context is the key.

“If I walk into church wearing a bikini, that’s a really inappropriate thing to do and conveys a lot of negative messages to people, but on the beach it doesn’t do anything,” Professor Gallois says.

She says dress style depends on where the doctor is practising (inner metropolitan or seaside community), when (weekdays, weekends or after hours) and the nature of the relationship with the patients (long established with members of a tight-knit local community or otherwise).

“What’s considered appropriate is about the social rules in the situation: there’s a shared knowledge about what we think is appropriate behaviour and a doctor who goes too far outside those rules is taking a risk.”

So should the rules be set down in practice dress codes?

Dr Wenck thinks so. She says a written code of conduct is useful for all practices, with a small section on dress code included. Dr Walters agrees some policy is a good idea.

“One would like to think that with professionals you don’t have to actually mention [a dress code] — that, as professionals, we know how to dress and be neatly attired, but I have known instances where it has had to come up for discussion,” he says.

Employers are entitled to expect reasonable dress standards but enforcing a code can be legally difficult due to equal opportunity legislation. However, Jon-Michail recommends customer-oriented businesses do adopt “professional appearance codes” to set guidelines for all workers.

“If you don’t have some rules, people will make their own,” he says.

FULL OF CHEER

THERE'S never a dull day at Dr Charles Ovadia's surgery in the inner-Sydney suburb of Leichhardt.

Renowned for his colourful shirts and bow ties, Dr Ovadia says GPs should dress neatly and professionally but need not appear drab.

"My style is to wear colourful shirts and ties because my patients find that cheery and positive," he says.

"On the darkest days I will wear the brightest colours. Patients comment all the time — they come up to me and say 'I love the way you dress'.

"It's something I enjoy doing: choosing the colours and styles takes a moment's reflection in the morning and it gives people a certain lift."

Dr Ovadia does caution that a GP's outfit should not overwhelm the patient, who — it must be remembered — has come seeking help.

"You don't know if the patient is suicidal. They don't need to be met by a GP wearing a red clown nose," he says.

But a nice sense of style can help a GP establish a rapport with patients.

"There are so many things we can no longer make jokes about, but dress is one way of breaking down barriers," Dr Ovadia says.

"[Medicine] can be a very conservative profession. This is one of the very few areas where doctors are allowed to express themselves."

CAMOUFLAGE COUTURE

HEAVY lace-up boots and camouflage gear isn't the first choice in work clothes for most female GPs, but for Dr Jo Grey they are the only choice.

As a captain in the Australian Army, she is required to turn up in uniform to her surgery at the Gallipoli barracks in Enoggera, near Brisbane.

She says she is mindful that what she wears does have an effect on her relationship with patients.

"First of all, I'm an officer and most of my patients aren't and then I'm also a doctor, which they are not. So if you are not careful, it [the uniform] can tend to overemphasise the power imbalance," Captain Grey says.

"That's something you don't want because then patients won't tell you things. I always introduce myself as Jo Grey rather than as Captain Grey."

On the other hand, her uniform-wearing patients may be more likely to open up to her than to a civilian doctor because they perceive her as more able to understand their needs in the military setting.

And uniform does have some advantages over practising in civilian dress.

"It's really easy to get dressed in the morning because I don't have a choice," Captain Grey says. "Although sometimes I get a bit sick of clumping around in boots."

GREAT WHITE DEBATE

THE white coat provokes debate among doctors of any age or specialty.

When Sydney GP Dr Celina Rappaport appeared in *Australian Doctor* earlier this year extolling the advantages of the traditional but now not-so-popular doctor's uniform, opinions strongly in favour and against the garment rained down upon the editor's desk.

Some praised the white coat as "armour" in the GP's battle for professional identity, while others labelled doctors who wore them as "arrogant prats".

Dr Rappaport — who still consults in the coat — was amazed at the response she received in letters and even on e-mail chatlines and talkback radio segments.

"Every time I go to a meeting it's: 'Oh, you're the white-coat doctor'," she says.

Her arguments for donning the coat were that it helped her reclaim her rights as a respectable professional, get back in charge of consultations and be treated with greater respect by her patients.

Others in the pro-white coat camp say it makes for easy identification of doctors, provides pockets and is a recognisable icon of professionalism, competence, hygiene, authority, healing and discipline, which inspires patient confidence and trust.

The anti-white-coat arguments include that it is a potential infection risk (if not regularly cleaned), can be hot to wear and can act as an intimidating signal of power and superiority, inhibiting communication with patients.

Image consultant Jon-Michail says white coats aren't a particularly good look and are "too clinical" to put patients at ease.

"And, purely from the point of view of getting dirty, it's not the best colour. I would tend more towards blues and softer pastels for GPs: that's more relaxed," he says.

ADGP chairman Dr Rob Walters simply dismisses white coats as “passe”.

Dr Rappaport says, diplomatically, it’s up to the doctor. “Doctor be thyself — if they love you, they will love you whatever you wear.”

COOL AND COMFORTABLE

THE young GP registrar from Melbourne who turned up for his first day of work in Mareeba, 70km north of Cairns, wearing a long-sleeved white shirt, tie and long trousers was in for a “dressing down”.

“He had no jacket ... thank goodness,” recalls Dr Grant Manypeney, one of the practice partners.

“We managed to get him out of that stuff and into tropical shirts within a week.”

The surgery’s five GPs regularly wear tropical shirts on Fridays, although smart casual is the usual garb for the rest of the week.

“It’s hot up here so we wear short-sleeved shirts and shorts a lot of the year: not tailored but clean and knee-length. And usually something like socks and boat-shoes or loafer-style shoes,” Dr Manypeney says.

“Of course, when you’re on-call or on weekends, the dress code drops back a couple of notches and something like a polo or golf shirt, shorts and maybe sandals would be de rigour.”

He says the practice has no written dress code, but an informal style is understood.

“We don’t want to dress down too much: it’s not like you’re sitting around someone’s swimming pool, but we try to keep things casual.

“Far North Queensland is a different country and we pride ourselves on that. If you wear a tie or suit or something like that it’s just a barrier between you and the patients, who dress in a relaxed fashion.”

THE IMPORTANCE OF APPEARANCE:

WHAT the academic literature says about doctors ’ dress:

Formal doctor attire (white coat, tie, dress shirt and pants) in a hospital setting correlates with higher patient confidence and trust than informal dress (flared jeans, Hawaiian shirt and nose ring).

MJA 2002; 177(11/12):681-82.

Child hospital patients regard formally dressed doctors (white coat) as competent but not friendly and see casually dressed doctors (tee-shirt and slacks) as friendly but not as competent.

BMJ 1994; 309:1710-12.

Most hospital patients want their doctors to wear white coats for easy identification, because it makes the doctor look professional and because it is perceived to be hygienic.

Journal of Evaluation of Clinical Practice 2001; 7(3):343-45.

Hospital doctors' ties can carry dangerous pathogens and should be abolished from clinical practice.

Presentation to the American Society for Microbiology, 24 May 2004.