

Original Article

## Assessing the impact of the doctor's attire on the patient's preference in a tertiary care health Institute

Ranjana Rohilla<sup>1</sup>, Sulekha Nautiyal<sup>2</sup>, Malvika Singh<sup>3</sup>, Kxitzita Pandey<sup>2</sup>

<sup>1</sup>Department of Microbiology, All India Institute of Medical Sciences, Rishikesh, <sup>2</sup>Department of Microbiology, Shri Guru Ram Rai Institute of Medical & Health Sciences, Dehradun, <sup>3</sup>Department of Microbiology, Himalayan Institute of Medical Sciences, Dehradun, Uttarakhand, India.

**\*Corresponding author:**

Ranjana Rohilla,  
Department of Microbiology,  
All India Institute of  
Medical Sciences, Rishikesh,  
Uttarakhand, India.  
[ranjana86choudhary@gmail.com](mailto:ranjana86choudhary@gmail.com)

Received: 21 May 2025  
Accepted: 16 November 2025  
Epub Ahead of Print: 14 January 2026  
Published:

DOI  
[10.25259/JLP\\_162\\_2025](https://doi.org/10.25259/JLP_162_2025)

Quick Response Code:



### ABSTRACT

**Objectives:** This study aims to explore patients' perception of the treating doctor based on their attire.

**Materials and Methods:** This was a survey-based observational study conducted among patients and their attendants visiting a tertiary-level healthcare facility. After showing respondents the photograph of doctors in different attire, a questionnaire on their various aspects was given.

**Statistical analysis:** All the data were entered in IBM Statistical Package for the Social Sciences Statistics version 25.0, and descriptive analysis was done.

**Results:** In this study, 1615 participants voluntarily submitted their responses to the survey. The maximum responses (60%) were collected from outpatient departments (OPDs), and the remaining (40%) from wards/intensive care units or high dependency units. The maximum number of participants (47.10%) preferred treating doctors wearing scrub suits with white coats, 29.50% voted for formals with white coats as the preferred attire, 10.70% preferred doctors wearing only formals, and 10.30% preferred doctors in only a scrub suit. Additionally, 91.1% of the participants preferred that a doctor should wear a distinct name tag that mentions their name and designation clearly.

**Conclusions:** An overwhelming response was in favor of doctors wearing professional attire, especially traditional white coats. The study reinforces that a physician's attire is a cardinal and modifiable factor that impacts a patient's satisfaction and comfort while being treated. Although attire cannot be a replacement for good clinical care, it still plays a crucial role in establishing a patient-doctor relationship by nurturing a sense of trust and confidence in a doctor's capability.

**Keywords:** Apron, Doctor's attire, Formals, Scrub suits, White coat

### INTRODUCTION

Patient's perception of the treating doctor and patient-doctor relationship is based on multiple variables, which together make room for mutual regard, confidence, and care. The strength of this relation directly impacts important health outcomes such as adherence to doctors' recommendations and prescriptions, and consequently, better health. The attire worn by a doctor plays a significant role in building this patient-doctor relationship. It is an important component in establishing a patient's confidence and comfort, which, if established, he/she can discuss their health problems with the clinician in depth, illustrating important histories.<sup>[1,2]</sup> A physician's attire is significant as a professionally dressed and well-groomed physician reflects his/her image as an organized and careful professional, whereas,

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2026 Published by Indian Association of Laboratory Physicians

in contrast, an ill-dressed physician may be perceived as a disorganized individual.<sup>[3,4]</sup>

This questionnaire-based study aims to evaluate the preference of patients for a particular doctor's attire in a tertiary care health institute located in Uttarakhand. Few insights have also been drawn toward the patient's/attendant's opinion about medical clothing and if it differs according to their age, gender, education, or profession, and if they prefer the doctors wearing traditional white aprons.

## MATERIALS AND METHODS

This was a survey-based prospective observational study conducted for a period of 15 consecutive days (February 01, 2025–February 15, 2025) by six field investigators, among patients and their attendants visiting a tertiary-level healthcare facility. The study had been approved by the Institutional Ethical Committee (Shri Guru Ram Rai [SGRR]/IEC/07/25), and the STROBE statement checklist was followed in the study planning. Each investigator was instructed to collect data from a minimum of 15–20 participants per day. Multiple volunteer patients/attendants of patients of both genders and age above 18 years, from all intensive care units (ICUs), high dependency units (HDUs), wards, and the outpatient department (OPD), were invited to participate in the study and answer the questionnaire. Only one individual from a family having multiple volunteers was asked to participate, possibly the eldest of all. The exclusion criteria was: participants unwilling to respond, participants who were distressed due to sick health and whose general condition did not allow them to respond. No hospital staff were surveyed. The primary investigator instructed and trained the field investigators to ensure uniformity was maintained during data collection. To reduce selection bias, probability sampling with a sampling interval of two was applied.

Volunteers were greeted by the researchers, followed by an inquiry about their purpose to visit the facility and if they were willing to participate in the survey. The information bias was minimized using a standardized, pre-tested questionnaire in the form of a “GOOGLE FORM” administered uniformly by trained investigators, using their own gadgets, and responses were also filled in by the investigators. Furthermore, they were instructed not to influence or interpret participant responses. Participants were assured of confidentiality, and it was emphasized that there were no right or wrong answers.

Demographic data were collected from all participants in the form of their age, gender, residence (rural/urban), level of education, profession, and frequency of visits to the hospital. Assessment of the impact of the doctor's attire on the patient's preference in a tertiary care health institute. A questionnaire was administered asking which attire was

preferable after showing the respondents photographs of doctors in: (i) scrub suits with white coats, (ii) only scrub suits, (iii) formals with white coats, (iv) only formals, and (v) informal clothing. Incomplete questionnaires were excluded. The primary outcome was the participants' preference for a doctor's attire and whether attire influences their confidence and trust in the treating physician. Secondary outcomes included preferences regarding the presence of name tags and opinions on grooming and accessories. All the data were entered in IBM Statistical Package for the Social Sciences Statistics version 25.0, and descriptive analysis was conducted to summarize demographic characteristics and questionnaire responses. Categorical variables were expressed as frequencies and percentages, and continuous variables (such as age) were summarized using mean and standard deviation. Bivariate associations between the dependent variable (preference for doctor's attire) and independent variables (age, gender, education, occupation, and hospital visit frequency) were evaluated using the Chi-square test of independence ( $\chi^2$ ). Variables with  $p < 0.05$  were considered statistically significant. Incomplete questionnaires were excluded from analysis to avoid distortion of response patterns.

## RESULTS

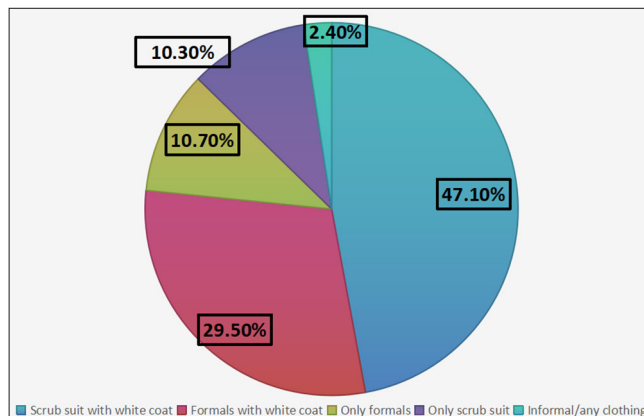
Of the 1615 respondents in the survey, 49.4% (798/1615) were males and 50.6% (817/1615) were females. The maximum number of participants belonged to the age group 36–45, i.e., 34.1%, followed by the age group 26–35, i.e., 29.2%; almost 60% of the patients belonged to urban localities. Out of all, 36.3% of the respondents were educated up to graduation level, 31% up to intermediate level, 17.4% up to matric level, 8.4% were post-graduates, and 7.1% up to primary level. The maximum responses (60%) were collected from OPDs, and rest 40% from wards/ICUs or HDUs. All, 60% of the respondents were either unemployed, homemakers, retired, or were doing elementary occupations, service/market sales workers [Table 1].

Most participants (84.8%) declared that a doctor's attire matters, whereas only a minimal (15.2%) stated that attire does not impact their confidence in the treating physician. The maximum (47.10%) preferred treating doctors wearing a scrub suit with a white coat, 29.50% voted for formals with a white coat, 10.70% preferred doctors wearing only formals, 10.30% preferred doctors in only a scrub suit, and only 2.4% preferred informal/any clothing [Figure 1]. About 91.1% of the participants voted in favor of doctors wearing a distinct name tag that mentions their name and designation clearly, and 8.9% expressed that a name tag is not necessary.

A Chi-square test was conducted to examine the relationship between age/gender/source of data collection (i.e., OPDs/ICUs/HDUs) and the choice of attire of the treating physician.

Table 1: Demography of the survey respondents (n=1615).	
Demography parameters	n (%)
Gender	
Men	798 (49.4)
Women	817 (50.6)
Age groups (years)	
18–25	237 (14.7)
26–35	472 (29.2)
36–45	550 (34.1)
46–55	261 (16.2)
56 and above	95 (5.9)
Residence	
Rural	663 (41.1)
Urban	952 (58.9)
Data collected from	
OPD	966 (59.8)
Wards/ICUs/HDUs	649 (40.2)
Level of education	
Up to 5 <sup>th</sup>	114 (7.1)
Up to matriculation	281 (17.4)
Intermediate	498 (30.8)
Graduation	586 (36.3)
Post-graduation	136 (8.4)
Profession	
Legislators, senior officials, and managers,	27 (1.6)
Professionals, technicians, and associate professionals	132 (8.13)
Clerks	62 (3.83)
Service workers and shop and market sales workers	294 (18.02)
Skilled agricultural and fishery workers	156 (9.6)
Craft and related trades workers	19 (1.1)
Plant and machinery operators and assemblers	14 (0.8)
Elementary occupations	253 (15.6)
Armed forces	30 (1.85)
Students	203 (12.56)
Unemployed, home maker, retired	425 (25.91)
OPD: Outpatient department, ICU: Intensive care unit, HDU: High dependency units	

The test yielded a Chi-square value of  $\chi^2 = 8.40$ , with a  $p = 0.08$ . This suggests that there is no statistically significant association between age/gender/source of data collection and choice of physician at the 5% significance level. A Chi-square test of independence was performed to examine the relationship between the number of doctor consultations in the past year and the perception that doctors' attire influences care. The association was found to be statistically significant,



**Figure 1:** Overall preferences of the respondents from the attire images shown in percentage (n = 1615).

with a  $\chi^2 = 21.1$ , with a  $p < 0.001$ .

A Chi-square test was conducted to examine the relationship between five different questions regarding physicians' attire and five categories of Likert scale responses. The test yielded a Chi-square value of  $\chi^2 = 598.38$ , with a  $p = 0.00001$ . There are notable differences in how people responded to each statement, supporting the statistical finding that these distributions are significantly different [Table 2].

## DISCUSSION

This cross-sectional survey establishes that a physician's attire does impact patient perceptions and preferences in a tertiary care health facility and is a potential deciding factor in building the dynamics of a doctor-patient relationship. The majority of respondents (84.8%) stated that the attire of a doctor mattered to them. A systematic review of literature done by Petrilli *et al.* in 2015<sup>[5]</sup> based on centers of 30 similar relevant studies supports the same finding that the physician's attire significantly impacts the patient's psychology.

Among the various attire images shown to participants, the most preferred one is scrub suits paired with white coats (47.1%), followed by formals with white coats (29.5%). This preference highlights the imperishable symbolic significance of the traditional white coats, which have long stood as an epitome of a noble profession, authority of a physician as a treating person, and cleanliness. Despite the apprehension that white coats sometimes induce anxiety, fear, or can be a source of infection, a majority of respondents in the survey still associated the white coat with competence and trustworthiness of a doctor.<sup>[3,6,7]</sup> The least preferred attire was informal clothing (2.4%), suggesting that deviations from the traditional dress codes in healthcare facilities may negatively impact patient confidence in their treating doctor. The professional appearance of an individual is often linked

**Table 2:** Heat map analysis for preferences of the respondents regarding other aspects of a physician's attire/overall appearance ( $p=0.00001$ ).

	1. White coat is important component of a doctor's attire?	2. In emergency situations, doctor's attire does not matter.	3. A doctor can definitely be stylish in their dress sense.	4. A doctor can wear accessories such as watches, rings, fancy earrings, and jewelry.	5. A doctor should always be carrying well-groomed hair.
Agree (%)	74.30	56.72	47.80	47.05	47.61
Disagree (%)	5.38	14.86	17.77	16.09	15.54
Neither agree nor disagree (%)	11.76	17.89	28.11	29.34	29.34
Strongly agree (%)	7.67	8.98	4.33	3.22	3.22
Strongly disagree (%)	0.86	1.55	1.98	4.27	4.27

$p=0.00001$

100% 1%

to their capability. Notably, the attire (scrubs or formals) with a symbolic white coat appears to strike a balance of reliability, accessibility, and professionalism, making it the most widely accepted choice.<sup>[8-10]</sup>

The study explored that the participants' preferences did not vary significantly across age groups, gender, or location of data collection (OPD vs. ICU/HDU), remaining relatively uniform. However, a statistically significant relationship was found between the number of doctor consultations in the past year and the belief that attire impacts the care provided. Patients with more frequent consultations from different doctors in a facility may develop more formed opinions regarding professional appearance, possibly due to accumulated experiences or multiple opportunities to compare among practitioners. Over 50% of the participants agreed or strongly agreed that doctors should have well-groomed hair; the reason behind this might be a predilection for neatness and hygiene beyond clothing. Similarly, many (44%) agreed that doctors can appear stylish and can wear accessories such as watches and earrings, though these views were more mixed. Interestingly, over half of the respondents stated that in emergency situations, attire is not much relevant, suggesting context-specific flexibility in patient expectations; moreover, availability of timed emergency treatment for them or their family members might be their utmost preference. An overwhelming response (91.1%) was in favor of doctors wearing name tags clearly stating their name and designation. This finding emphasizes the importance of identity transparency in a healthcare facility. This is even more apt in tertiary care centers where multiple healthcare providers engage with a single patient on a routine basis; name tags serve as a vital anchor for patient communication, satisfaction, and accountability. Many studies support the fact that a doctor wearing a name and designation tag is preferred by most patients, and it

builds confidence in the patient.<sup>[11]</sup>

These findings can be applied in a hospital policy; institutions can also benefit by applying certain dress codes that align with patient expectations, without compromising their comfort or safety. Standardizing the use of white coats, along with distinct name and designation tags, could enhance patient trust and satisfaction. Further, regular grooming sessions can be conducted for new doctors, which should include orientation on attire, appearance, hygiene, and grooming. Ongoing assessment of patient preferences for a particular attire choice is crucial as it plays a complementary role in reinforcing values of trust, confidence, and comfort.

Although the study was confined to a single health care center, the sample size ( $n = 1615$ ) is robust; regional and institutional biases may limit generalization. Second, the use of photographs to depict attire options, while helpful in standardizing responses, may not fully capture the dynamics of real-world clinical encounters where personality, verbal cues, and context also shape impressions. In addition, self-reported preferences may differ from actual behavior or comfort levels of the participants.

## CONCLUSIONS

A doctor's attire plays an epochal role in building the patient-doctor relationship. Future studies should explore whether attire influences specific clinical outcomes such as patient compliance, follow-up rates, or satisfaction scores. Focus group discussions or in-depth interviews could uncover deeper insights into the emotional and psychological dimensions of patient preferences.

**Author's Contribution:** RR, SN, MS were responsible for study design, study implementation, analysis and interpretation of data, writing, reading and approval of final version. KP was responsible for interpretation of data.

**Acknowledgment:** We acknowledge the efforts of Ricky Kharb, Rishita Ramola, Sahej Pratap Singh, Harsh Kumar Singh, Manya Sharma, and Akshita Dhankar as investigators to collect

**Ethical approval:** The research/study was approved by the Institutional Review Board at Shri Guru Ram Rai Institute of Medical and Health Sciences, approval number SGRR/IEC/07/25, dated 15th January 2025.

**Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent.

**Financial support and sponsorship:** Nil.

**Conflicts of interest:** There are no conflicts of interest.

**Use of artificial intelligence (AI)-assisted technology for manuscript preparation:** The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript, and no images were manipulated using AI.

## REFERENCES

- Houchens N, Saint S, Petrilli C, Kuhn L, Ratz D, De Lott *et al.* International patient preferences for physician attire: Results from cross-sectional studies in four countries across three continents. *BMJ Open* 2022;12:e061092.
- Marques Caetano Carreira L, Dinis S, Correia A, Pereira A, Belo R, Madanelo I, *et al.* Does the white coat influence satisfaction, trust and empathy in the doctor-patient relationship in the General and Family Medicine consultation? Interventional study. *BMJ Open* 2021;11:e031887.
- Budny AM, Rogers LC, Mandracchia VJ, Lascher S. The physician's attire and its influence on patient confidence. *J Am Podiatr Med Assoc* 2006;96:132-8.
- Seah A, Ng K, Ang T, Ho SW. Patient perspectives regarding healthcare professional attire. *Cureus* 2024;16:e57157.
- Petrilli CM, Mack M, Petrilli JJ, Hickner A, Saint S, Chopra V. Understanding the role of physician attire on patient perceptions: A systematic review of the literature--targeting attire to improve likelihood of rapport (TAILOR) investigators. *BMJ Open* 2015;5:e006578.
- De Lott LB, Panarelli JF, Samimi D, Petrilli C, Snyder A, Kuhn L, *et al.* Patient preferences for physician attire in ophthalmology practices. *J Acad Ophthalmol* (2017) 2019;11:e36-42.
- Lyford WH. What's in a white coat? The changing trends in physician attire and what it means for dermatology. *Cutis* 2022;109:E20-3.
- Landry M, Dornelles AC, Hayek G, Deichmann RE. Patient preferences for doctor attire: The white coat's place in the medical profession. *Ochsner J* 2013;13:334-42.
- Xun H, Chen J, Sun AH, Jenny HE, Liang F, Steinberg JP. Public perceptions of physician attire and professionalism in the US. *JAMA Netw Open* 2021;4:e2117779.
- Zahrina AZ, Haymond P, Rosanna P, Ho R, Rajini AR, Low BT, *et al.* Does the attire of a primary care physician affect patients' perceptions and their levels of trust in the doctor? *Malays Fam Physician* 2018;13:3-11.
- Bungert AD, Ramspott JP, Szardenings C, Knipping A, Struecker B, Pascher A, *et al.* The power of the (first) name: Do name tags for operating room staff improve effective communication and patient safety? A proof-of-concept study from an academic medical center in Germany. *Patient Saf Surg* 2024;18:35.

**How to cite this article:** Rohilla R, Nautiyal S, Singh M, Pandey K. Assessing the impact of the doctor's attire on the patient's preference in a tertiary care health Institute. *J Lab Physicians*. doi: 10.25259/JLP\_162\_2025