

Brief Original Article

Should male doctors in Sri Lanka wear a necktie to be recognized and respected?

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Abstract

Introduction: European cultural norms have influenced physicians' attire in Sri Lanka. The necktie is one such item of clothing which is worn to be recognized and respected as professionals. This study was carried out to assess the perceptions of doctors and patients towards male doctors wearing neckties while providing patient care.

Methodology: A descriptive cross-sectional study was carried out at the National Hospital of Sri Lanka. An interviewer-administered questionnaire was used to collect data from doctors and patients.

Results: The study included 105 doctors (57% males) and 333 patients (54% males). Mean ages of the doctors and patients were 37 years (95% C.I. 36-39) and 47 years (95% C.I. 45-49) respectively. Sixty-nine percent of the patients had completed secondary education or above. None of the patients were aware of the risk of spreading infections by wearing a necktie. Of the 41% of doctors who thought it was unnecessary to wear a necktie, 95% believed the necktie can spread infections. Ninety-five percent of patients believed doctors should wear neckties to be identified and respected and to maintain trustworthiness.

Conclusions: None of the patients were aware of the possible risk of spreading infections by wearing a necktie, while most of the doctors who thought neckties were unnecessary also believed neckties can spread infections. Almost all patients thought that doctors should wear a necktie to be recognized and respected. Therefore, implementing a change in dress policy for doctors is a challenging task in Sri Lanka.

Key words: doctors; neckties; hospital infections.

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Introduction

Clothing is a form of non-verbal communication that also represents a systematic way of conscious or unconscious information transmission. Clothing can influence our first impression of a person, create stereotypes, and influence our behavior towards that person [1]. The same principles may have led to the practice of wearing a necktie by professionals. During the French revolution, black ties were worn as a sign of protest against reactionary ideas, and the tie soon became a symbol of culture and elegance. In England, after King Charles II reclaimed the throne in 1660, the necktie became a fashion which also spread to English colonies including Sri Lanka [2]. Medical doctors in Sri

Lanka have worn neckties for decades since it has become a social custom and a tradition. Sri Lanka's civil service is largely based on systems inherited from the British. In fact, in 1991, a decree made it mandatory for Sri Lankan bureaucrats to wear neckties. This decree was overturned after 26 years paving the way for clothing which suits the tropical climate [3].

The patient-physician relationship influences the overall patient experience, and this, in turn, is associated with higher patient satisfaction, adherence to treatment and clinical outcomes. Physicians' attire has been shown to affect the patient experience. The expectations and perceptions of physicians' attire differ by region and by context. A tight necktie causes an

insignificant change in cerebrovascular reactivity and increases the intraocular pressure when too tight [4,5]. Tight neckties reduce the neck range of motion and caused strain on the trapezius muscles [6]. Neckties have been implicated in spreading of infections like Methicillin-Resistant *Staphylococcus aureus* as they may carry infection from one patient to another. Wearing a necktie may reduce the quality of cardiopulmonary resuscitation, neonatal examination, and obstetric and gynecological examination. These concerns have caused some to call for doctors to desist from wearing a necktie while some argue against this dress policy as the available evidence is weak and heterogeneous [7]. However, the theoretical risks do exist [8].

The British Medical Association’s Board of Science guidance on healthcare-associated infections recommends that doctors refrain from wearing functionless pieces of clothing such as ties [9]. However, guidelines to implement such recommendations in a local setting have not been developed by regulatory and professional bodies such as the Ministry of Health, Sri Lanka Medical Council or Sri Lanka Medical Association. Therefore, to match the improving trends in preventing nosocomial infections, governing professional bodies in Sri Lanka must develop a dress code which carries a minimal risk of transmitting infections. Abandoning the practice of wearing the necktie by male doctors is a potential cheap

intervention which may be the first step towards developing a dress code. But whether can we simply abandon the necktie, since patients expect to see their doctor in a tie and view it as a sign of authority and a marker of professionalism, is a matter of concern.

Methodology

This study was carried out to assess perceptions among doctors and patients towards male doctors wearing neckties while providing patient care. A descriptive cross-sectional study was carried out in the National Hospital of Sri Lanka in January 2016. Doctors and warded patients were enrolled using systematic sampling and multistage sampling methods respectively. An interviewer-administered questionnaire was used to collect demographic characteristics, insight, and attitudes towards male doctors wearing neckties while providing patient care. Investigators were directly involved in data collection. Descriptive statistics with 95% confidence intervals were calculated.

Results

There were 105 doctors (57% males) and 333 patients (54% males). Mean age of the doctors and patients were 37 years (95% C.I. 36-39) and 47 years (95% C.I. 45-49) respectively. Among doctors, there were 28 intern medical officers, 8 relief house officers, 28-grade medical officers, 30 postgraduate trainees and

Table 1. Perceptions, insight and attitudes of doctors and patients towards the practice of wearing neckties.

| | Doctors (N = 105) | Patients (N = 333) |
|--|-----------------------------|-----------------------------|
| Doctors should wear neckties | 41% (95% C.I. 32-50) | 95% (95% C.I. 93-97) |
| To be identified as a doctor | 63% (95% C.I. 48-76) | 32% (95% C.I. 27-38) |
| To be respected as a doctor | 51% (95% C.I. 37-65) | 62% (95% C.I. 56-67) |
| To maintain trustworthiness among patients | 9% (95% C.I. 4 -22) | 9% (95% C.I. 5-10) |
| Doctors should not wear neck ties | 41% (95% C.I. 32-50) | 2% (95% C.I. 1-3) |
| It can spread infections | 95% (95% C.I. 84-99) | 0 |
| Uncomfortable or inappropriate | 27.6% | 1% |
| I do not mind whether it is worn or not | 18% (95% C.I. 15-20) | 3% (95% C.I. 1-5) |

Table 2. Distribution of patients’ perceptions, insights and attitudes by gender.

| | Males (N = 180) | Females (N = 153) |
|--|-----------------------------|-----------------------------|
| Doctors should wear neckties | 94% (95% C.I. 92-98) | 95% (95% C.I. 92-99) |
| To be identified as a doctor | 31% (95% C.I. 24-38) | 37% (95% C.I. 29-45) |
| To be respected as a doctor | 59% (95% C.I. 52-66) | 72% (95% C.I. 64-80) |
| To maintain trustworthiness among patients | 10% (95% C.I. 6-15) | 8% (95% C.I. 4-12) |
| Doctors should not wear neck ties | 2% (95% C.I. 0.1-4) | 2% (95% C.I. 0.2-4) |
| It can spread infections | 0 | 0 |
| Uncomfortable or inappropriate | 33% (95% C.I. 13-80) | 66% (95% C.I. 12-120) |
| I do not mind whether it is worn or not | 4% (95% C.I. 1-7) | 3% (95% C.I. 0.3-6) |

11 board certified consultants. Sixty-nine percent of the patients had completed secondary education or above.

Table 1 provides details regarding patients' perceptions of doctors wearing a necktie with explanations for the opinions expressed. There was no statistically significant difference in the perceptions of male and female patients (Table 2). On qualitative assessment, only one out of 333 patients and none of the doctors had the idea that a doctor must adhere to a dress code. None of the patients were aware of the fact that there is a risk of spreading infections by wearing a necktie.

Among doctors who believed they should not wear neckties (41%), 95% believed a tie can spread infections and 27.6% perceived the necktie as an uncomfortable and inappropriate item of clothing. But only 1% of patients who believed that neckties should not be worn perceived it is uncomfortable and inappropriate. Ninety-five percent of patients believed doctors should wear neckties to be identified and respected and to maintain trustworthiness.

Discussion

The effects of colonization for several centuries have influenced Sri Lankan culture. European cultural norms have affected the behavioral patterns of physicians in Sri Lanka. The necktie is worn by doctors probably to be recognized and respected as professionals by their clients. This study was conducted among patients and doctors at the National Hospital of Sri Lanka (NHSL) which has a 3404-bed capacity. The NHSL provides patient care for 240,000 in-ward patients and 2 million outpatients annually [10].

In our study, 95% of patients and 41% of doctors thought male doctors should wear a necktie to be recognized and respected. A similar study on the attire of healthcare personnel in the United States showed that patients were more comfortable being treated by doctors wearing neckties and older population preferred more formal attire than the younger generation. This study also noted that attire should differ according to the setting, and should balance professional appearance, comfort, and practicality [11]. Another study in the United Kingdom also showed that the traditional shirt and tie is the most professional and chosen form of dress for male doctors by patients [12]. A guide published in 2014 for acute care hospitals made certain recommendations for the use of white coats, neckties, footwear, bare-below-the-elbows strategy, and laundering. This document also revealed that a formal dress is perceived as the most professional attire by patients in clinical, non-surgical areas. However, when

informed of potential risks associated with certain types of attire, patients were willing to change their preferences for physician attire [13]. Therefore, both health care personnel and patients should be educated that appropriate attire for the setting may improve the quality of patient care. But the optimal choice of health care personal attire for inpatient care remains undefined. Considering these measures, a dress code should be implemented using a well-organized strategic plan.

In the current study, most of the doctors who believed that neckties should not be worn were aware of possible risks of nosocomial infections. But none of the patients were aware of this threat. Only a few studies have shown that it is possible to culture microorganisms from neckties and white coats, which signifies a risk of spreading infections [14,15]. Although larger trials have not been conducted microbiologists believe the risk of cross-contamination is greater than what has been shown by clinical studies so far. Therefore, most health care institutions and health care authorities of developed countries have adopted formal wear without a necktie. It is also a practical and cost-effective intervention, which can be easily carried out in our setting.

Our study revealed that 27.6% of doctors and 1% of patients among participants who believed the necktie should not be worn, perceived it as uncomfortable and inappropriate. At the same time, none of the doctors believed that they should adhere to a dress code. Wearing neckties in a hot climate may be a reason for the perceived discomfort by doctors. Working in a hostile environment invariably affects decision making while providing patient care. At the same time, a necktie may interfere with day-to-day clinical practices such as cardiopulmonary resuscitation, obstetric and gynecological examination, neonatal examination and minor surgical procedures.

This study highlights that consideration should be given to patient factors including acceptance and satisfaction as well as cultural and traditional norms in implementing a tie-less dress policy for doctors. Conclusions derived from this study may be useful in developing a strategic plan to implement a dress code for doctors in Sri Lanka. Participants of this study represented an urban population of Sri Lanka. Therefore, inferences cannot be generalized to the country and it is the perceived limitation of the study.

Conclusions

Most of the doctors who believed that they should not wear neckties perceived neckties can spread

infections while none of the patients were aware of this fact. Almost all patients thought that doctors should wear a necktie to be recognized and respected. None of the doctors believed that they should adhere to a dress code. Therefore, implementation of a change in dress policy for doctors is a challenging task in Sri Lanka.

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