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Patient preferences of how they wish to be addressed in a medical consultation – Study from Sri Lanka

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Abstract

Introduction: Multiple factors influence doctor-patient communication. A good consultation starts with an introduction of him or herself by the doctor to the patient. The next step is to address patients in a manner they prefer. There is a paucity of data about how best to address patients in an Asian country. This study investigates how patients prefer to be addressed by doctors.

Methods: This is a cross-sectional study conducted from July 1st to August 31st, 2020 at a single Centre: Colombo South Teaching Hospital in Sri Lanka.

Results: Of 1200 patients, 63.25% reported that doctors never introduced themselves and 97.91% of patients reported, doctors never inquired how to address them. 49.9% preferred to be addressed informally (as mother, father, sister) than by the name (first name, last name, title). The older female patients, married patients, patients of lower education, and lower monthly income preferred to be addressed informally.

Conclusion: Most doctors did not introduce themselves to patients during medical consultations and did not inquire how patients wish to be addressed.

Keywords: *Doctor-Patient Relationship, Medical Consultation, Professionalism, Introduction, Doctor's Name Badge, South Asian, Sri Lanka*

I. INTRODUCTION

Professionalism plays an important role in the practice of medicine. The Charter on Medical Professionalism has a set of 10 commitments. Commitment to professional responsibilities is one of them. It includes the way doctors dress and conduct themselves during a consultation (Blank et al., 2003). Abiding by these principles, doctors can improve their interaction with patients resulting in a better outcome (Gillen et al., 2018). A good introduction will facilitate a positive attitude from the patient towards the doctor. “#hellomynameis” campaign in the UK was initiated to create awareness about the importance of an introduction (Egener et al., 2017).

Professionalism is impacted by social, cultural, and economic factors. It is believed that the translation of professionalism concepts across the world should consider national cultural difference. Studies from western populations have shown that most patients prefer being addressed by their first name and for the doctor to be introduced by their full name and title (Egener et al., 2017). There is a paucity of data on how Asian patients wish to be addressed.

The Sri Lankan society is hierarchical based on age, caste, wealth, educational qualifications, and profession. Respect for doctors comes naturally in this system. Doctors are treated with great respect in rural communities. It is quite common to find doctors not

introducing themselves to the patient and expecting them to know who you are. In Sri Lanka, doctors tend to address the patients mostly informally addressing the patient as a family member- ‘father, mother, uncle, sister, etc.’, in the local language assuming it would connect with the patient better. This study explores the way doctors address patients in an Asian cultural setting and the patient’s expectations.

II. METHODS

A cross-sectional study was conducted from 1st July to 31st August 2020 at the Colombo South Teaching Hospital. A total of 1200 patients were selected from the wards in a sequential, systematic manner with a skip interval of one. Informed verbal consent was obtained from the participants. The first part of the questionnaire contained demographics. Some questions asked the participants about how they wish to be addressed and how doctors addressed them and how they would like

their doctor to introduce themselves. Informal methods of address were mother, father, sister, etc. Formal methods were the use of the first name, last name, or titles.

Statistical analysis including the statistical significance tests was performed using SPSS IBM SPSS Statistics Version 20 IBM Corp. (2017), IBM SPSS Statistics for Windows. Armonk, NY: IBM Corp. Pearson Chi-Square Association Test was used to identify the statistically significant associations between the categorical variables at a confidence level of 95%.

III. RESULTS

A. Demographics

(See Table 1)

Of the 1200 participants, 868 (72.33%) were female. Of the sample, 1022 (85.16%) were from urban areas.

Characteristics		Number of participants (%)			
		Informal method	First name	Last name	No preference
Total		599	427	77	79
Age	Below 40 (< 40) (664)	253 (38.10%)	312 (46.99%)	33 (4.97%)	49 (7.38%)
	Above 40 (> = 40) (536)	346 (64.55%)	115 (21.46%)	44 (8.21%)	30 (5.60%)
Education Level	Post Graduate & Graduate (147)	54 (36.73%)	56 (38.1%)	10 (6.8%)	9 (6.12%)
	Grade 6-A/L (986)	501 (50.81%)	359 (36.41%)	60 (6.09%)	66 (6.69%)
	Grade 1-5 & Not educated (67)	44 (65.67%)	12 (17.91%)	7 (10.44%)	4 (5.97%)
Income	>100,000 (61)	15 (24.6%)	23 (37.7%)	4 (6.56%)	6 (9.84%)
	20,000-100,000 (982)	490 (49.9%)	357 (36.35%)	66 (6.72%)	64 (6.52%)
	<20000 (157)	94 (59.87%)	47 (29.93%)	7 (4.45%)	9 (0.75%)
Occupation	Skilled Occupations (581)	251 (43.2%)	230 (39.59%)	40 (6.88%)	84 (14.46%)
	Unskilled occupations (591)	339 (57.36%)	178 (30.11%)	37 (6.26%)	37 (6.36%)
	A/L & Uni students (28)	9 (32.14%)	19 (67.86%)	-	-

Table 1. Difference between how patients wish to be addressed and vice versa

B. How Doctors Addressed Patients

Of the 1200 patients, 1175 (97.91%) reported that doctors never inquired how to address them at the beginning of the consultation (Matthias, 2021). A large proportion, 1124 (93.66%) reported that doctors have addressed them informally and 599 (49.9%) preferred being addressed informally, 427 (35.58%) preferred to be addressed by their first name, and 77 (6.41%) by their last name. Only 18, preferred to be addressed by their title (Dr/Rev).

More females preferred to be addressed informally when compared to the males (451/868 (51.96%) vs 148/332 (44.58%) (*Pearson Chi-Square* = 4.345, $p = 0.037$). Married patients preferred to be addressed informally when compared to the unmarried/divorced/separated (578/1089 (53.1%) vs 21/111 (18.9%), *Pearson Chi-Square* = 54.339, $p < 0.001$). The ethnicity of the patients and the area they are from (Urban/Rural) had no significant impact on how they desired to be addressed.

Over 65% of the patients (44/67) with a lower level of education preferred being addressed in an informal way whereas only 36.7% (54/147) of the graduates/post graduates preferred the informal way (*Pearson Chi-Square* = 23.264, $p < 0.001$). Monthly family income was a statistically significant variable and patients with a higher family income (Over LKR 100,000) preferred to be addressed more formally when compared to patients with an income below LKR 20,000 (40/61 = 65.57% Vs 54/157 = 34.39%, *Pearson Chi-Square* = 23.928, $p < 0.001$). The occupations of the patients are also a significant factor which affected their preference in the way being addressed with 57.4% of the patients with unskilled occupations (UN) and 43.2% of the ones with skilled occupations preferring the informal way (339/591 = 57.36% vs 251/581 = 43.20%, *Pearson Chi-Square* = 34.771, $p < 0.001$). Older patients (40 and above) preferred to be addressed informally when compared to others. (346/536 = 64.6% Vs 253/664 = 38.1%, $p < 0.001$).

Of 1059 patients, 495 (46.7%) preferred being addressed the informal way as they felt it made the doctor-patient relationship more personal and 627 (59.2%) patients felt the doctor treated them as their relative. Of the Doctors, 759 (63.25%) did not introduce themselves to the patients and 865 patients (72.08%) prefer doctors to wear a name badge. 718(59.8%) wanted doctors to introduce themselves with the title, doctor's designation and specialty. 246(20.5%) wanted doctors to tell their title and first name. Only 4(0.3%) didn't want doctors to introduce themselves.

IV. DISCUSSION

One important finding from our study was that doctors did not introduce themselves to patients. In most state sector hospitals in Sri Lanka, doctors do not wear a white coat or a name badge at present. A study done in the UK showed that 59.1% of patients and in our study 72% felt that doctors should wear name badges as a form of identification (Van Der Merwe et al., 2016). In our study, 98% of patients reported that doctors never inquired how to address them at the beginning of the consultation. To improve this aspect, these areas should be included in the objectives of the medical curriculum and continuous medical education programs of young doctors. The "Personal and professional development stream" which is taught in the medical faculty at Sri Jayewardenepura in Sri Lanka is an avenue that can be used for this purpose.

Social, cultural, ethnic, and other demographic factors can influence preferred modes of address. In our study, 50% prefer to be addressed in the informal way. There are several possible reasons for this. Sri Lankan people have long-standing cultural and religious beliefs. Sri Lankan traditions revolve around two dominant religions Buddhism & Hinduism. Filial piety, respect for one's parents and elders, is a concept that is present in Asian countries. Addressing a person as a mother, father, son, etc. is considered as showing respect. The patients feel the doctors treat them as their own family or relative when they are addressed this way.

In studies done in most western countries, patients wish to be addressed by their first name. The higher the income and higher the education level of the patient, the lower is their preference for being addressed the informal way as they might perceive it as less professional. To solve the dilemma of whether to call the patient formally or informally and to make sure the patient is addressed according to their preference, the best approach would be to question the patient about their preferred name during their initial consultation and to record that in the patient's records.

A. Strengths and Limitations

The large number of participants and recruiting from different wards; medical, surgical, paediatric, gynecology, and obstetrics to cover patients who were in the hospital for different illnesses are strengths. Not only did the study examine the patients' preferred method of address, it examined the reasons behind the preference.

V. CONCLUSION

Our findings support a patient preference for informal greetings from their doctors in half the study population. It is not safe to assume that the patient can be addressed anyway the doctor deems right and it is good practice to ask patients how they prefer to be called at the beginning of the consultation. Doctors should introduce themselves clearly to patients and the current rates of introduction are inadequate. Majority of the patients prefer doctors to wear a name badge. In order to address patients in a culturally appropriate and patient preferred method it is always useful to ask the patient how they wish to be addressed.

Notes on Contributors

Anne Thushara Matthias was involved in conceptualisation, Methodology, Validation, Writing - Review & Editing, Supervision, Gam Aacharige Navoda Dharani was involved in investigation and data Curation, Gayasha Kavindi Somathilake was involved in formal analysis and Saman B Gunatilake was involved in writing final draft and review.

Ethical Approval

Ethical approval was from the Ethics Review Committee of the Colombo South Teaching Hospital(ERC 873/2020). There were no ethical issues. Informed consent was taken from the participants.

Data Availability

The datasets used during the current study are available from the corresponding author on reasonable request <https://figshare.com/s/e6db9a7246f9ef08474a10.6084/m9.figshare.13633949> (Matthias, 2021).

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Declaration of Interest

The authors declare that they have no competing interests.

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