

# Inpatients' Preference Of Being Greeted By Staff – A Survey

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## Abstract

**Introduction** The initial rapport built between a health professional and patient during their initial meeting can define the success of the rest of the consultation. Despite its importance, the right method of greeting patients is still not clear. **Aim** To explore the views of patients as to how they prefer to be addressed by staff and how they prefer staff to introduce themselves to them; and also to explore the views of staff on how they both address and introduce themselves, to patients. **Methodology** A questionnaire survey was administered to 121 inpatients and 51 members of staff at Ipswich Hospital, Suffolk, UK. The mean age was 69 years. **Results** Most patients preferred to be addressed by first name and preferred a doctor to use their last name when introducing themselves. Most doctors both addressed patients and introduced themselves by last name, whereas most nurses both addressed patients and introduced themselves by first name. **Conclusion** Doctors should consider addressing patients by their first name more often while in hospital.

## INTRODUCTION AND AIM

The initial few moments when a health professional meets a patient for the first time are important in developing a good rapport. Exactly how patients prefer to be addressed and how they prefer staff to introduce themselves during this initial period of acquaintance is still not completely clear. Thus it is possible that health professionals are continuing to greet patients in a way that they dislike and are potentially damaging their chances at developing a good rapport. Patients create perceptions and impressions regarding the quality of medical care they are likely to receive, from how they are greeted by a doctor and from a doctor's appearance. In order to maximise patient confidence and positively influence their perceptions, doctors actions must be in concordance with their patient's perceptions. Anything that doctors can do to put their patients at ease and increase their trust in us will go a long way towards a positive doctor-patient relationship.

One cannot predict reliably how a patient will prefer to be addressed but the literature has shown that during the greeting process, patients like doctors to shake their hand<sup>1,2</sup>, to address them by first name<sup>3,1,4,5,6,7,8</sup> and to introduce themselves by their last name<sup>1,5,7,8</sup>. They prefer this both when meeting a doctor for the first time and when being addressed by a doctor with whom they were already well

acquainted<sup>6</sup> and varies little with age of the patient or sex of the doctor<sup>6</sup>. Junior psychiatrists, during one particular survey, tended to address patients by their first names more often, whilst their consultant colleagues used the patient's title and surname more often.<sup>8</sup> Patients also like the doctor to be wearing a nametag<sup>9,7</sup> and formal attire<sup>7</sup> but white coats create an ambivalent feeling. Several studies have shown that patients prefer a doctors to be wearing a white coat<sup>9,5,8,10</sup>, however, several have shown the exact opposite<sup>2,7,11</sup>. Good eye contact and smiling are the most important aspects of nonverbal communication during the greeting process<sup>12</sup>. Favourable actions during the greeting process which lead to higher patient satisfaction include greeting the patient's family members<sup>2</sup>, taking notes while speaking to the patient<sup>2</sup>, giving more information<sup>13</sup> and listening well<sup>13</sup> but surprisingly, not the level of empathy given, body positioning or the total time spent with the patient.<sup>13</sup>

Many studies have surveyed the views of patients, but few have surveyed doctors to see if they are being concordant with patient's preferences. This study aimed to further explore the views of hospital inpatients and health professionals to see if the way patients liked to be greeted and the way they actually were greeted were the same.

## METHODOLOGY

The design of this study was an administered questionnaire

survey. A total of 121 inpatients and 51 health professionals (comprising doctors and nurses) from 18 different wards filled in the questionnaire, during July 2009 at Ipswich Hospital, Suffolk, UK. Respondents were approached and asked to fill in a paper tick box questionnaire (see Figure 1). Patients were asked how they prefer to be addressed by staff and how they prefer staff to introduce themselves to them; health professionals were asked how they addressed patients and how they introduce themselves to them. Inpatients comprised patients on general medical and surgical wards including emergency assessment units but not A&E. Doctors comprised junior doctors, from F1 to Registrar level in all medical and surgical specialties and nurses included registered nurses on the general medical and surgical wards. Results were stratified by age and sex where appropriate and chi squared tests were used to look for differences.

## RESULTS

### DEMOGRAPHICS

Out of the 121 patients, 66 were male and 55 were female. Their mean age was 69 years and 67% were over 65 years of age. The health professionals comprised of 25 junior doctors and 26 nurses, 31 were female and 20 were male and 63% were under 30 years of age.

### PATIENTS' PREFERENCE

An overwhelming 96% (n=116, see Graph 1.) of patients preferred to be addressed by their first name (e.g. John). Just three patients said they would rather be addressed by their last name (e.g. Mr Smith) and one patient had either no preference or preferred a nickname. There were no differences between different age groups or the sex of the patient.

The majority (49%, n=59, see Graph 2.) of patients preferred a doctor to use his or her last name (e.g. Dr Brown) when introducing themselves. This was followed by a further 40% who said they had no preference on how doctors introduced themselves, as long as they knew that they were doctors. Only 11% preferred doctors to use their first name alone. There were no differences between different age groups or the sex of the patient.

### STAFF BEHAVIOUR IN GENERAL

Overall, 53% (n=27) of health professionals addressed patients by their last names. This was followed by 35% who addressed patients by their first names. 12% (who were all nurses) said they would first ask the patient what they preferred and use that. The majority of health professionals

(53%) introduced themselves by their last name followed by 47% who introduced themselves by first name alone.

### DOCTORS

Most doctors (84%, n=21, see Graph 3.) addressed patients by their last name. Only four doctors addressed patients by first name and none said they would routinely ask the patient what they preferred and use that. Most doctors (84%) also introduced themselves by their last name, the remaining four using their first name alone. There were no differences between different age groups or the sex of the doctor.

### NURSES

Most nurses (58%, n=15, see Graph 3.) addressed patients by their first name followed by 23% who addressed patients by last name. 19% said they would routinely ask the patient what they preferred and use that. Most nurses (81%, n=21) introduced themselves by first name; the remaining nurses using their last name to introduce themselves. There were no differences between different age groups or the sex of the nurse.

### Figure 1

Figure 1. Questionnaire

Staff Questionnaire

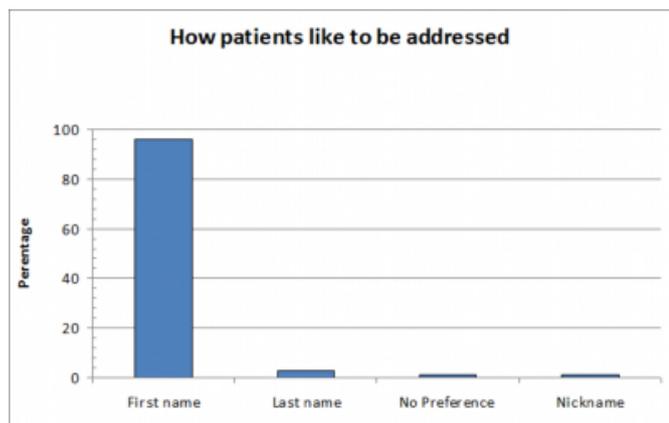
1. Profession a) Doctor b) Nurse
2. Sex a) male b) female
3. Age \_\_\_\_\_
4. How do you address patients usually? a) First name b) Title and last name c) other
5. How do you introduce yourself to patients usually? a) First name b) Title and last name c) other

Patient Questionnaire

1. Sex a) male b) female
2. Age \_\_\_\_\_
3. How do you liked to be addressed by staff? a) First name b) Last name c) No preference e) other
4. How do you like staff to introduce themselves to you? a) First name b) Title and last name c) no preference

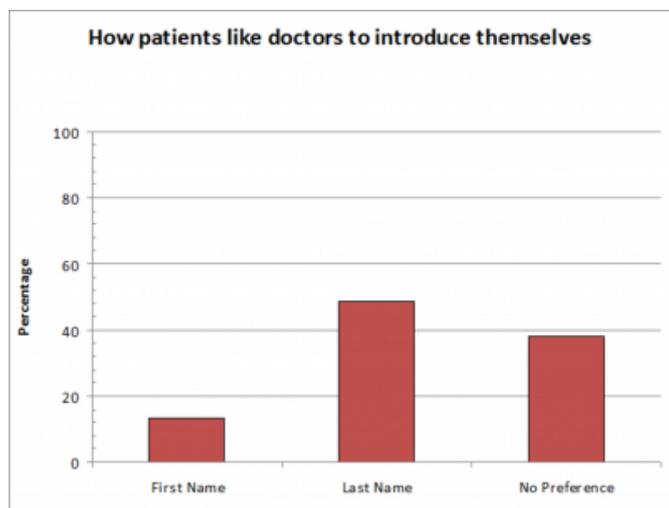
**Figure 2**

Graph 1. How patients like to be addressed



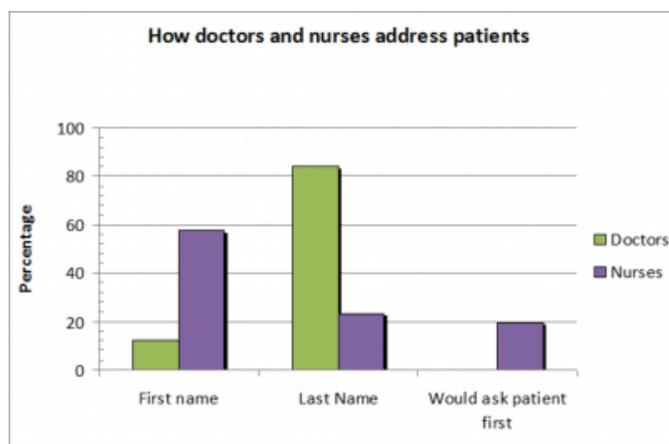
**Figure 3**

Graph 2. How patients like doctors to introduce themselves



**Figure 4**

Graph 3. How Doctors & Nurses address patients



**DISCUSSION**

This survey showed that most elderly patients preferred to be addressed by their first name but preferred their doctor to introduce themselves by last name. Most doctors both introduce themselves and address patients using last names. Nurses however are more likely to both introduce themselves and address patients using first names.

Being in hospital can be an anxious period of time for a patient. In this survey, almost all patients preferred to be addressed by their first name. Some argue that doctors should not address patients by their first names because it is patronising and reduces the status of patients when they already feel vulnerable. Others add that using the patient's first name but not the doctors maintains an unequal relationship which can be damaging in the long term, although there is no real evidence to suggest this. Using a patient's first name, however, can instil into them a sense of familiarity, which during a stressful period can help alleviate their fears and put them at ease. These actions can help increase patient trust in doctors and is important to improve concordance and will also go a long way towards a positive doctor-patient relationship

In this survey, most patients preferred their doctor to introduce themselves by last name. Most patients in hospital are of elderly age, and in this group of patients, there still seems to be a mark of respect for doctors which displays itself through the expectation that doctors should be addressed by their last names. A limitation of this survey is that patients were not asked how they prefer nurses to introduce themselves and it would be interesting to see their responses tend to differ from how they prefer doctors to do so.

This survey showed that doctors like to introduce themselves by their last names and also like to address patients by theirs. There seems to still be a professional barrier which prevents most doctors from getting to first name terms with their patients, and this tends to keep their relationship more formal and distant. However, the opposite is true for nurses who are nearly always on first name terms with their patients. Many commented to the authors that this helps them to be on a more friendly and personal level with their patients. One other notable difference between doctors and nurses was that nurses were more likely to ask the patient what they prefer to be known as on their first meeting, but doctors never did this. Taking the time to do so, could give patients a chance to share their opinions about how they

prefer to be addressed.

The limited numbers of participants in this survey make the results far from generalisable. However, the results can help in identifying certain trends. It would interesting to see, and these can be taken as ideas for future research, whether or not opinion changes with differences in location of the patient (e.g. outpatients compared to A&E patients), differences in doctor or nurse designation or doctor specialty.

### **CONCLUSION**

Doctors should consider addressing elderly inpatients by their first names more often – this may be aided by asking patients about their preference at the initial meeting.

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