

# What's in a Name? How Patient Perceptions Are Impacted by How They Address Their Psychiatrists

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Studies have shown that patients are more willing to share with a doctor perceived as professional, competent, empathic, and trustworthy. One of the first lessons taught to first-year medical students in clinical medicine is the importance of empathy. A systematic review found that a patient's perception of their clinician showing empathy was associated with higher patient satisfaction, better psychological adjustment, and less psychological distress among cancer patients.<sup>1</sup> In psychiatry, the alliance between the doctor and patient was shown through a recent meta-analysis to be correlated with outcomes in psychotherapy.<sup>2</sup> Several studies have shown that a patient's perception of the doctor affects the relationship. Patients were shown to perceive physicians as more trustworthy and competent when the physician was professionally dressed,<sup>3</sup> and were more willing to report symptoms to a physician described as high in technical and social competence.<sup>4</sup> Patients also experience physicians who sit as more empathic and competent than those who stand during the encounter.<sup>5</sup>

There is little research on how the way a patient addresses their doctor (using their first name or "Doctor" followed by their first or last name) affects the patient-physician relationship. In one study, patients were found to prefer calling doctors by first name,<sup>6</sup> but it is unclear whether they typically do, and whether this matters in developing empathy and trust. Most psychologists and other psychotherapists allow patients to address them by their first names,<sup>7</sup> sometimes prefaced by doctor (eg, Dr. Mike). The apparent difference between how patients address psychiatrists and therapists prompted the question of whether this discrepancy influences patient perceptions of their providers.

We were interested in learning how the different titles doctors use to introduce themselves are related to

patients' perceived competence and empathy. We performed an experiment that involved children and their parents reading a vignette that varied in how doctors introduced themselves, and filling out rating scales indicating their perceptions of those doctors. We predicted that subjects would give higher ratings to psychiatrists who introduced themselves by their first names.

## Method

Subjects were 27 patients (ages 10-18) from an outpatient psychiatry clinic and their parents or guardians (total N = 54). Subjects were patients who saw a psychiatrist in addition to seeing a therapist (either a social worker or a psychologist), and were eligible to participate if between the ages of 10 and 18 and able to read at a sixth-grade level. Subjects were invited to participate by their psychiatrist, their psychologist, or by a student volunteer at the clinic prior to or at the end of their outpatient appointment. This study was approved by the State University of New York at Buffalo School of Medicine Internal Review Board. IRB consents were signed by the parents and assent was obtained from the child prior to beginning the study. Approximately half of the subjects (parent and child pair) who were invited participated.

Parents or guardians completed a demographic questionnaire (data available by request), and were randomly assigned to 1 of 3 groups. The demographic data is included in Table 1. Each subject read clinical vignettes, which only varied in how the psychiatrist introduced himself to the patient (Dr. Jones, Dr. Bob, and Bob). Below is an example of a vignette.

*Dr. Robert Jones is a psychiatrist who was recently hired to work in a clinic for children. He graduated from medical school in New York State and completed his training through a well-known university. He has relo-*

**Table 1. Demographics of Subjects**

<b>GENDER</b>		
	<b>Child</b>	<b>Parent</b>
Sex, male	15	6
Sex, female	12	21
<b>RACE</b>		
	<b>Child</b>	<b>Parent</b>
White (non-Hispanic) (n)	20	22
African American (n)	3	2
Biracial (n)	2	1
Hispanic (n)	2	2
<b>AGE</b>		
	<b>Child</b>	<b>Parent</b>
Mean	14.25	47.96
SD	2.18	8.79
<b>ANNUAL HOUSEHOLD INCOME (n)</b>		
Less than \$10,000	1	
\$10, 000 to \$19,999	2	
\$20, 000 to \$29,999	4	
\$30, 000 to \$39,999	2	
\$40, 000 to \$49,999	5	
\$50,000 to \$74,999	5	
\$75,000 to \$99,999	1	
\$100,000 to \$150,000	5	
More than \$150,000	1	

**Note:** Total child N = 27; total parent N = 27.

cated back to Buffalo, which is his hometown. You are meeting with the psychiatrist for your first appointment. When he approaches you in the waiting room, he is wearing a shirt and tie, and appears friendly in walking up to you. When you arrive in his office, you notice that it is comfortable and quiet. The psychiatrist then introduces himself to you. "Hello, I'm Dr. Jones. It's nice to meet you. Can you tell me why you are here today?"

After reading the vignettes, the parent and child separately rated the doctor using the Jefferson Scale of Patient Perceptions of Physician Empathy, a validated measure.<sup>8</sup> The parent and child also rated the doctor's competence using selected items from the Medical Interview Satisfaction Scale (MISS).<sup>9</sup>

At the end of the study, the subjects were asked about their preferences and practices in addressing their providers. Specifically, the subjects were asked how they would prefer to address their psychiatrist, how they actually address their psychiatrist, how they prefer to address their therapist, and how they actually address their therapist. The possible answers included 1) by their first name, 2) by their last name, or 3) by doctor followed by their first name.

We examined the subject's preference for addressing their psychiatrist and their therapist and the subject's ratings of the doctor's competence and empathy in the vignette to determine if patient perceptions varied as a function of the doctor's introduction. A one-way between subjects' ANOVA was conducted to compare the means of the 3 groups with regard to their total Jefferson Scale score and scores on the 2 MISS items. Post-hoc comparisons using Tukey Honestly Significant Difference (HSD) tests were performed.

## Results

In our analyses, we intended to examine parents and children separately, but due to limited statistical power and what we judged to be sufficiently overlapping patterns of response, we elected to combine parent and child responses into a single, larger dataset. We looked at the data for children and parents separately and found nearly identical results. The omnibus ANOVA revealed a significant effect across groups of doctor introduction on perceived empathy [ $F = 5.34, p = .01$ ] and on one of two items from the MISS [ $F = 3.15, p = .05$ ]. Post hoc comparisons using the Tukey HSD test indicated that the mean empathy score on the Jefferson Scale for "Dr. Bob" ( $M = 29.50, SD = 4.09$ ) was significantly higher than for "Bob" ( $M = 23.83, SD = 6.53$ ), a large effect size ( $d = 1.04$ ). The mean score for the MISS item assessing perceived knowledge and skills was significantly higher for "Dr. Bob" ( $M = 6.11, SD = 0.96$ ) than for "Bob" ( $M = 5.06, SD = 1.66$ ), a moderate effect size ( $d = .49$ ). Notably, the scores for "Dr. Jones" did not vary significantly from the scores for "Bob" or "Dr. Bob.". The results are shown in Table 2.

**Table 2. Perceived Empathy and Perceived Competence (Rating Scores)****PERCEIVED EMPATHY**

	<b>Dr. Jones</b>	<b>Dr. Bob</b>	<b>Bob</b>
Mean score	27.11	29.50	23.83
SD	4.74	4.09	6.53

**PERCEIVED COMPETENCE: FIRST ITEM**

	<b>Dr. Jones</b>	<b>Dr. Bob</b>	<b>Bob</b>
Mean score	5.56	6.17	5.61
SD	1.20	0.99	1.29

**PERCEIVED COMPETENCE: SECOND ITEM**

	<b>Dr. Jones</b>	<b>Dr. Bob</b>	<b>Bob</b>
Mean score	5.28	6.11	5.06
SD	1.27	0.96	1.66

**Note:** Range for perceived empathy: 7 to 35. Range for perceived competence: first item: 1 to 7. Range for perceived competence: second item: 1 to 7.

Overall, children and parents preferred to call the psychiatrist Dr. Jones, but a sizable minority preferred Dr. Bob. The preferences of the subjects are shown in Table 3. Subjects largely preferred to call therapists by their first names. In most cases, preferences matched how subjects actually address the therapist. Interestingly, there was a discrepancy between what parents preferred to call their psychiatrist and what these parents actually called the psychiatrist. For example, 81.5% of the parents reported that they address the psychiatrist by his or her last name while only 51.9% of the parents reported that this was the title they preferred to use when addressing their psychiatrist.

## Discussion

Our data show a clear trend that children and parents viewed a psychiatrist who introduced himself using doctor followed by his first name as being more empathic and higher in competence when compared to a psychiatrist who introduced himself by first name. This is not surprising given that both children and parents prefer to address the psychiatrist using this title as compared to addressing the psychiatrist by first name. Our findings comparing “Dr. Jones” and “Dr. Bob” did not reach

**Table 3. Child and Parent Preferences for Addressing Clinicians****CHILD PREFERENCES FOR THERAPIST**

	<b>Dr. Jones (n)</b>	<b>Dr. Bob (n)</b>	<b>Bob (n)</b>
Preference	11	4	12
Actual	13	2	12

**PARENT PREFERENCES FOR THERAPIST**

	<b>Dr. Jones (n)</b>	<b>Dr. Bob (n)</b>	<b>Bob (n)</b>
Preference	7	8	12
Actual	9	5	13

**CHILD PREFERENCES FOR PSYCHIATRIST**

	<b>Dr. Jones (n)</b>	<b>Dr. Bob (n)</b>	<b>Bob (n)</b>
Preference	18	6	3
Actual	19	5	3

**PARENT PREFERENCES FOR PSYCHIATRIST**

	<b>Dr. Jones (n)</b>	<b>Dr. Bob (n)</b>	<b>Bob (n)</b>
Preference	14	8	5
Actual	22	3	2

**Note:** Total child N = 27; total parent N = 27.

statistical significance. However, given the consistent pattern of Dr. Bob being preferable and the moderate effect sizes, it is likely that these findings would rise to significance with a larger sample. The preference to address a psychiatrist as “Dr. Jones” is likely due to the tradition of addressing a physician by their title doctor followed by their last name. “Dr. Bob” being viewed as more empathic might be because this title presented the doctor as more relatable than “Dr. Jones.”

The limitations of our study include a small sample size, which prompted us to analyze children and their parents together and not as separate groups. When we analyzed children and their parents separately, we lost our statistical power. We also recognize that a written vignette is not an optimal way to confer empathy, which relies upon many interpersonal factors that we could not convey in text, and it would be useful for future research to compare our findings with studies using other methods such as video recordings or face-to-face interactions.

In our study, more children and parents addressed the therapist by their first name as compared to addressing

the psychiatrist by their first name, which is what we had expected based on clinical experience and previous studies. It is worth noting that 29.6% of parents preferred to call the psychiatrist using the title Dr. First Name, but only 11.1% actually addressed the psychiatrist using this title.

Combining our finding that parents and children gave the highest ratings to the psychiatrist who used the Dr. First Name format with our finding that a higher percentage of parents prefer to address the psychiatrist using this title than actually do suggests that child psychiatrists might consider introducing themselves as “Dr. Bob” or “Dr. Sue.” In the same way that professional attire and sitting during a patient encounter help to create a positive perception of the physician, using Dr. First Name may help optimize a patient’s perception that the psychiatrist is empathic and competent. Because the Dr. Last Name title has been used for many generations, it is unlikely that established doctors will change their practice. However, doctors in training may consider using Dr. First Name as a title, particularly in psychiatry, where the use of Dr. First Name could help improve the therapeutic alliance and possibly patient outcomes.

## Take Home Summary

Children and parents viewed a psychiatrist who introduced himself using the title doctor followed by his first name as being more empathic and higher in competence compared to a psychiatrist who introduced himself by his first name.

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