

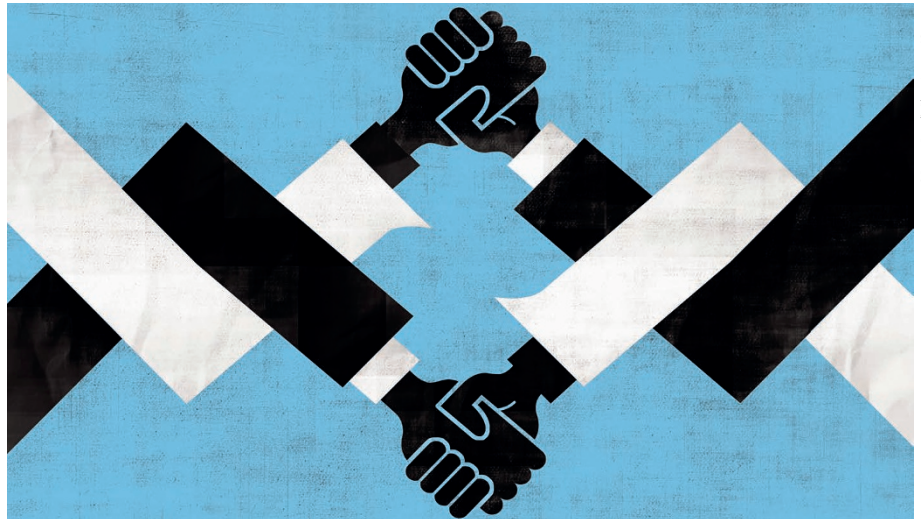
First impressions

Meeting and greeting in the clinical setting – are we doing what patients want?

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First impressions mean a lot. Those first few seconds can make a huge difference in how people perceive each other and this can ultimately shape future relationships. So how would you introduce yourself in a professional setting? Would you shake hands? Hug? Fistbump? And how do you prefer to be addressed? Do you prefer the formality of titles or does a first name basis put you at ease? There is very little research on patient preferences regarding first appointments with dentists, and so to determine what patients want author Ayisha Davies-House and her colleagues have carried out a survey of 450 patients attending Liverpool University Dental Hospital.

The authors point out that the generations have collective attitudes due to the society in which they grew up and so have arranged the patients' answers into generational cohorts. It is widely accepted that younger generations, for example Generation X and in particular millennials, are more informal, so it was unsurprising to see that more older patients preferred to shake hands with their clinician than younger patients. However, across the board the majority of respondents preferred to be addressed by their first name. This may be because by removing formalities patients feel more at ease, thus reducing anxiety. The majority were also indifferent to how the



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clinician introduced themselves and many others preferred the clinician to introduce themselves by their first name. This supports the argument that a more informal greeting approach tends to put the patient at ease. The authors suggest that a more formal introduction (such as 'Doctor') could lead to a paternalistic relationship causing the patient to view the relationship as unequal. This may lead to problems if the clinician requires the patient to make decisions.

The majority of respondents were also unaware of what the titles and grades of staff

meant but they believed it would be helpful to know. Differentiation between members of staff can be helped by wearing uniforms, and previous studies suggest that this also ensures the patient is confident in the clinician's skills and more relaxed.

The authors conclude that clinicians should consider first name introductions and handshakes with older patients, but they must also consider each patient's body language and demeanour before choosing their approach.

By Jonathan Coe

Author Q&A

with Ayisha Davies-House
Liverpool University
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What made you study how patients wish to be greeted?

The incentive to undertake this research project all stems from a disagreement! My consultant and I differed in our approach to greeting patients at initial encounters, and following discussion with our colleagues, we soon realised that there was a great deal of variation in how patients were being greeted within the hospital. After undertaking a literature review to settle the argument, we

concluded that there was very little research available to reach a consensus, and so we decided to undertake the research ourselves to establish the facts.

What were the clinicians' responses to the outcome of the study?

The findings were presented at the hospital's annual study day, and have sparked a fair amount of discussion. The Generational Theory is a fascinating concept, and although not all staff have agreed with the theory, it has resulted in an opportunity to learn, not only from the study's findings, but also from each other as healthcare professionals. Ultimately, we undertook the project not only to establish patient preferences but also to make readers question how they greet their patients on a daily basis, and to consider if they could adapt their

approach to benefit dentist-patient relationships and ultimately improve patient care.

What would you like to do next?

The next step will be to present these findings to the Trust with the hope of implementing some changes, such as installing signs in waiting areas detailing different training grades and introducing colour coded uniforms to enable these training grades to be identified. As we are an undergraduate teaching hospital, our students will also be informed of the results to ensure that their approach to patient greetings complies with our recommendations and continues during their future careers. Ultimately, I hope is that clinicians, in both primary and secondary care, will have a better understanding of the importance of making a good first impression. ■