

Dressing the part: Physician attire in the post-pandemic world

by Perrin Michalyszyn MD CCFP

Some professions are synonymous with their attire: lawyers wear robes, engineers wear iron rings, and doctors wear white coats. In the eye of much of the public, and certainly in the eye of medical schools if the 'White coat ceremonies' occurring across the country are any indication, white coats remain a symbol inseparable from the physician role. Yet, to walk around a hospital in 2025, white coats may seem like a thing of the past.

The white coat, and formal attire in general, took a beating during the COVID-19 pandemic. Scrubs saw a resurgence on the wards and in clinics as providers considered ways to limit virus transmission. For community providers with the fortune of working remotely from home offices, casual clothing was the obvious choice. While much of the pandemic is now in the rear-view mirror, these clothing trends have not followed suit. Outside of medicine, the persistent shift in attire has even made national headlines.¹

When it comes to attire, the question that physicians should be asking is, as usual: what is best for our patients? Are a physician's clothing choices consequential to patient safety and patient care? This article seeks to answer that question. First, it will discuss the reliability of the infection prevention and control considerations that drew many providers towards more casual clothing during the COVID-19 pandemic. It will then look more generally at the pre- and post-COVID evidence on patient perceptions of physician clothing, and the larger question: does attire matter? Finally, it will offer some suggestions to help inform attire choices and research going forward.

Attire as Infection Protection and Control (IP&C)

Much of the COVID-era departure from formal clothing in health care settings was due to concerns about clothing as a vector of virus transmission. However, the case for white coats and formal clothing being independent risk factors for transmission is vulnerable to criticism. There are no national or international consensus statements or guidelines on appropriate physician attire, largely because there is a lack of direct evidence implicating attire in infection transmission². For example, while increased levels of bacteria are often found on white coats, the evidence has not established a link between bacterial contamination and horizontal transmission from clothing^{2,3}. Additionally, collateral factors such as home laundering and infrequent laundering are associated with higher levels of bacteria on clothing, which suggests the choice of clothing itself may not be the crux of the issue. Where institutional guidelines exist, such as in the United Kingdom's National Health Service (NHS), IP&C is often used as a rationale for institutional physician attire policies, but some physicians are skeptical of these policies as bureaucratically-led culture reform initiatives rather than purely patient-centered interventions^{4,5}. The reactive approach during the pandemic was reasonable in the face of uncertainty. Nevertheless, the evidence for this approach appears to have been somewhat lacking.

Patient perspectives on physician attire

On the whole, despite some conflicting results, pre-COVID studies tend to show a patient preference for physicians wearing white coats or business attire rather than scrubs and casual attire.^{3,6-8} Contextual differences matter, with scrubs in particular being more accepted, if not preferred, in surgical and emergency department settings. However, in primary care and hospital settings, white coats and business attire prevail. Older patients tend to show the strongest preference towards white coats and business attire. Patients younger than 65 show more openness to casual wear. One study showed that younger patients prefer physicians in scrubs, but others continue to show a majority of younger patients preferring white coats or formal attire, just at lower levels than for older patients.^{8,9} Interestingly, female patients appear to place more importance on the attire of female physicians than male physicians, whereas male patients do not show an equivalent preference.¹⁰

There are only a handful of post-COVID studies on physician attire, and they have similarly conflicting results. One 2021 study found essentially no change from pre-COVID attitudes¹¹. However, this study's survey data was gathered in May and June 2020, which may have been too early to identify a pandemic-related attitude change. A more relevant 2023 study showed an ongoing preference for formal attire, including in primary care, but with a growing minority preference for casual wear.¹²

Why the potential change in attitude since the COVID pandemic? Two hypotheses jump out. First, given the known pre-COVID openness to casual clothing among younger generations of patients, the possible post-COVID trend may be a logical continuation of demographic change over time. Alternatively, some studies suggest that when given the choice, patients will prioritize hygienic clothing over formal attire. The increased scrutiny of uniform laundering and wearing 'outside' clothing in clinical settings during the pandemic may have contributed to some patient bias against formal clothing. Though, as earlier outlined, this hygiene-informed preference is more based on perception than settled evidence. A conclusive explanation will hopefully become clear as future studies show whether these changing attitudes persist or fade as more time passes since the height of the pandemic.

Does attire matter?

Many of the above studies were based on surveys using pictures of models. Therefore, it is difficult to generalize their findings to real-life impacts on patients, physicians, and clinical care. In fact, one systematic review suggests that if patients are asked after a clinical encounter, most studies show no link between physician attire and patient perceptions.⁷ Reassuringly, this suggests that despite whatever first impressions patients form of their physician's attire, these impressions are outweighed by those formed during the clinical encounter itself.

That said, role recognition appears to be influenced by attire. Models in white coats and formal attire were overwhelmingly identified as physicians in one study, whereas models in scrubs and other more casual wear were more often identified as surgeons, nurses, medical technicians, and physician assistants.¹¹ Female models were less often identified as a physician regardless of attire, however, and this finding unfortunately holds in other studies as well.⁹

Physicians themselves tend to prefer that their colleagues wear more formal clothing.⁹ However, this preference is not consistently reflected in institutional guidelines in Canada, particularly in the medical education context. For example, for licensing exams, the Canadian College of Family Physicians states that trainees are expected to wear "business casual" clothing, and the Royal College of Physicians and Surgeons of Canada states that the "unofficial norm" is for business casual attire in written exams and business attire in oral exams.^{13,14} However, a review of Canadian medical school attire guidelines reveals much larger discrepancies in expectations of students and trainees. Some schools provide comprehensive recommendations, whereas others provide more generic standards of "appropriate" clothing or requests that "students shall be dressed professionally" without any further guidance.¹⁵⁻²² This suggests that among medical education leaders, a willingness to provide flexible rather than prescriptive clothing choices to the new generation of physicians outweighs any preexisting preferences for formally dressed colleagues.

Looking at other professions such as dentistry and law, while research is quite limited, patients and clients appear to prefer more formal clothing and associate formal clothing with professionalism.^{23,24} Lab coats and formal clothing are often associated with greater perceptions of credibility and capability, but like in medicine, the research presents conflicting results.²³⁻²⁵ That said, one legal study found that while more casual lawyer attire negatively impacted participant perceptions of the lawyer addressing a jury, this did not impact substantive content retention from the jury address.²⁶ This provides further reassurance that professionals' interactions with patients or clients can offset attire-based first impressions. Unfortunately, there is little formal research on how the COVID-19 pandemic impacted professional dress in these other professions. One study suggests there is a

greater openness to informal clothing in dentistry among younger patients, aligning with medicine-related findings, but the study did not provide a pre- and post-COVID comparison.²⁴

Conclusion

While the symbolism of the white coat remains, in practice it seems that its power and influence is waning, especially given the potential post-COVID trend towards a greater acceptance of more casually dressed physicians. The evidence does not bear out a single preferred physician dress code from a patient safety or satisfaction standpoint, nor does it point to clothing as influencing patient perceptions significantly enough to warrant widespread attire changes. However, despite these limitations, we can still distill some general suggestions to consider implementing. Infection prevention and control resources are likely better spent focusing on established evidence-based measures such as hand hygiene and proper laundering, rather than targeting specific garments such as white coats. Physicians may wish to err on the side of more formal clothing, but should be attuned to their practice context and patient demographics, such as considering scrubs when working in emergency room settings or with younger patient populations. Finally, future research should explore attire preferences and impacts using live models or actual patient encounters to better assess whether stated preferences translate into real-life impacts on patient care.

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