

“Don’t Call Me ‘Mom’”: How Parents Want to Be Greeted by Their Pediatrician

Ahdi Amer, MD, and Howard Fischer, MD

Background. Physician–patient interaction during the medical interview is essential in establishing the rapport necessary for a successful relationship. Physicians are generally encouraged to shake hands with patients, address patients by name, and identify themselves. **Objective.** To define parents expectations for greetings by pediatricians and to determine the frequency with which these expectations are met. **Design and methods.** A total of 100 parents visiting the General Pediatric Clinic at Childrens Hospital of Michigan were recruited. Parents were interviewed at the end of their medical encounter to determine expectations for greeting by their doctor. They were questioned about preferences for shaking hands, the doctors’ use of their names, and the way doctors should introduce themselves. They were then asked if the experience at this visit conformed to these expectations. **Results.** Overall, 81% of the parents

were the childrens mother and 86% were African-American. Over 80% of parents expected physicians to shake hands; 70% of residents and 66% of attendings did. 88% of parents wanted to be addressed by their names; only 14% of residents and 24% of attending physicians did so. All of the parents wanted the physicians to introduce themselves; 84% of residents and 93% of attendings did so. **Conclusions.** Physicians neither shook hands with many parents who expected it, nor did they address parents by their last names. About 90% of physicians introduced themselves. These disappointingly low results may predispose to parent dissatisfaction. Attending physicians need to teach these small, but important features, and to model them as well.

Keywords: parents’ greetings; parents’ expectations; parent–pediatrician interactions; parent satisfaction

Pediatricians and parents are usually “on the same side.” They share the goals of preventing disease and injury, as well as providing safe and effective treatment for illness. Getting the trust and confidence of parents requires the formation of a relationship. The first contact with a parent, and the first moments of that contact, may be important in setting the tone of future parent–pediatrician interactions.

At a patient (or parent) encounter, physicians and medical students are advised to shake hands, introduce

themselves, and greet the patient by name. There is some research on the use of these “good manners” in adult patient–physician interactions,¹ but we could find nothing in the pediatric literature describing how the parents of patients wish to be greeted, or how well their expectations are met. It was our objective to gain some insight on this topic.

Methods

A total of 100 parents or caretakers visiting the General Pediatric Clinic of Children’s Hospital of Michigan were recruited. Recruitment took place when a researcher (AA) was available, between December 1, 2007 and February 1, 2008. Only English-speaking parents were recruited. Each parent was interviewed at the end of their medical encounter to determine expectations for greeting by their doctor. They were asked about preferences for

From The Carman and Ann Adams Department of Pediatrics, Wayne State University School of Medicine, Children’s Hospital of Michigan, Detroit, Michigan.

Address correspondence to: Ahdi Amer, MD, The Carman and Ann Adams Department of Pediatrics, Wayne State University School of Medicine, Children’s Hospital of Michigan, 3901 Beaubien Boulevard, Detroit, MI 48201; e-mail: aamer@med.wayne.edu.

shaking hands, the doctor's use of their names (first, last, or both), and the way doctors should introduce themselves. They were also asked whether their experience at this visit conformed to these expectations. We did not collect data on encounters in the continuity clinic, where residents and parents are often already known to each other. Data were recorded on collection forms devised by the authors. Some parent encounters took place only with a resident physician. When an encounter happened with a resident followed by an attending physician, 2 encounter evaluation forms were generated from the same visit. The physicians in the clinic were unaware that a study was being performed. Results were analyzed using Fisher's exact test. This study was approved by the Wayne State University Human Investigation Committee. Informed consent was obtained from the parent accompanying the child.

Results

Of the 100 visits, the child's mother was the parent present in 81; in 1 visit each, a grandmother or a female legal guardian brought the child. Fathers (15), a grandfather, and a male legal guardian were the caretakers present for the remainder. Thus, 83% of the sample consisted of adult women. Overall, 86% of the sample was African American, which is representative of our patient population. Three fourths of the parents were high school graduates and 43% had a least some college education (Table 1).

In all, 83% of the adults wanted the doctor to shake hands; 8% did not (Table 2). We observed that only 70% ($P < .05$ when compared with parental preference) of residents and 65% ($P < .05$) of attending physicians shook hands. The great majority of parents, 87%, wanted to be addressed by name; 13% by first name, 53% by last name, and 21% by both. Residents greeted parents by name in a scant 14% ($P < .001$); 1% by first name, 13% by last name, and none by both names. Attending physicians did not do any better ($P < .001$), as seen in Table 2. Some of the mothers of patients in our clinic have last names that are different from their child's last name. Physicians incorrectly addressed the mother by the child's last name in 9% of encounters.

All of the 100 parents or caretakers wanted the physician to introduce herself or himself, most with a last name. In 84% of encounters, residents introduced themselves as against 93% of attending physicians

Table 1. Characteristics of the Survey Sample

Characteristic	Survey Sample (N = 100)
Adults accompanying patient	
Mother	81
Father	15
Grandparents	2
Legal guardian	2
Female gender	83
Education level	
<High school diploma	23
High school graduate	34
Some college	33
College graduate	7
Postgraduate	3
Race/ethnic background	
Black	86
White	6
Hispanic	6
Arab American	1
Asian	1

($P < .001$). Residents used their last name in two-thirds of these encounters and attending physicians in 86%. There were no differences in resident greeting behavior (shaking hands, using parent name, introducing themselves) by year of training. There were 52 first-year resident (PL-1) encounters, 11 PL-2 encounters, and 28 PL-3 encounters. There were no differences in attending physician greeting behavior when they were stratified by age (28 to 35, 36 to 45, 56 to 65, and >65 years).

Comment

In our clinic, parent expectations of being called by their names and of shaking hands with their child's physician were largely unmet. Only in introducing themselves did physicians meet expectations about $90\% \pm 4\%$ of the time. Most of our patients are African American. Makoul et al² found that more black adult patients wanted to be addressed by their last name than did white patients. We did that, deplorably, fewer than 25% of the time.

By omitting these "simple" courtesies, we may lose an opportunity for forging a bond between parent and physician. Kahn¹ states that "it's simpler to change behavior than attitudes," and stresses that trainees learn by modeling the behavior of their teachers. What then, one might ask, if the models are inadequate? Additionally, "greetings are one way to

Table 2. Preferred Greeting Behavior Versus Actual Response^a

Behavior	Parent Preferred Response (N = 100)	Actual Response	
		Resident Physicians' Encounters ^b ; N = 91 (%)	Attending Physicians' Encounters ^b ; N = 29 (%)
Shake hands			
Yes	83	64 (70), <i>P</i> < .05	19 (65), <i>P</i> < .05
No	8	27 (30)	10 (34)
Parents don't know	9	0	0
Parent names			
Yes	87	13 (14), <i>P</i> < .001	6 (21), <i>P</i> < .001
First	13	1 (1)	1 (3)
Last	53	12 (13)	5 (17)
Both	21	0	0
Don't know	3	0	0
Not mentioned by physician	0	68 (75)	20 (69)
Used child's last name	0	9 (10)	2 (7)
Physician names			
Yes	100	76 (84), <i>P</i> < .001	27 (93), <i>P</i> < .062 (not significant)
First	3	0	0
Last	59	61 (67)	25 (86)
Both	38	15 (16)	2 (7)
No	0	0	0
Not mentioned by physician	0	14 (15)	1 (3)

a. *P* values represent resident or attending behavior compared with parental preference.

b. Attending physician behaviors versus resident physician behaviors showed no statistical differences.

ensure proper identification of patients, a fundamental component of patient safety."² Professionalism is a "core competency" of the Residency Review Committee and must be a part of physician training. A recent study demonstrated that physicians who scored poorly in patient-physician communication on a national licensing examination went on to be subject of more complaints to medical regulatory authorities.³

We readily recognize the limitations of our study: Only 120 encounters (with 100 patients) were studied, and it was performed at one Midwestern inner-city teaching hospital resident clinic. We hope that others do not find the same results. Finally, we must state that we were inspired to do this study after seeing the report by Makoul et al,² and freely admit that we used their paper as a model for our own.

Acknowledgment

We thank Xiaoming Li, PhD, for help with statistical analysis.

References

1. Kahn M. Etiquette-based medicine. *N Engl J Med*. 2008;358:1988-1989.
2. Makoul G, Zick A, Green M. An evidence-based perspective on greeting in medical encounters. *Arch Intern Med*. 2007;167:1172-1176.
3. Tamblyn R, Abrahamowicz M, Dauphinee D, et al. Physician scores on a national clinical skills examination as predictors of complaints to medical regulatory authorities. *JAMA*. 2007;298:993-1001.