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Running Head: THE WHITE COAT EFFECT

The white coat effect: Physician attire and perceived authority, friendliness, and
attractiveness

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Abstract

Although previous studies have evaluated effects of attire on doctor-patient interaction, the common assumption of a trade-off between perceptions of medical authority/status versus trustworthiness/openness has not been established. 38 male and 40 female participants rated their perceptions of same and opposite-sex models who were all identified as doctors but wearing different attires. The results indicate that the above factors are not opposing factors, and that a white coat and formal attire are clearly superior to casual attire. Additionally, perceptions of attractiveness of same- and opposite-sex doctors were rated, finding sex differences in perceptions that are different from, but theoretically similar to, prior findings. For females rating male models, perceptions of authority and attractiveness appear to be related.

Keywords: CLOTHING; GENERAL PRACTITIONERS; DECISION MAKING;
SOCIAL PERCEPTION; PREFERENCES

The white coat effect: Physician attire and perceived authority, friendliness, and attractiveness

Since the time of Hippocrates doctors have been given advice on the way they should dress for functional and hygienic reasons, and because of the supposed influence on the doctor-patient relationship. Hippocrates stated that the physician should ‘be clean in person, well-dressed, and anointed with sweet-smelling unguents’ (Jones, 1923, pp. 311-312). The clean, carefully dressed doctor might give the impression that patient contact is an important event and that it takes time to prepare for it, whereas the unkempt dressed doctor can be perceived as unskilled and uncaring (Gjerdingen, Simpson, & Titus, 1987). The masters of the School of Salerno in Italy (11th –12th centuries) stated that if a physician was dressed poorly he would receive poor fees (Bishop, 1934). The suit was adopted as the physicians uniform in the 19th century and the white coat was added more recently, but the white coat has now become the accepted symbol of the doctor and the medical staff in the western world for almost 100 years (Blumhagen, 1979). The use of the white coat, however, has come under debate, with practitioners questioning whether the white coat had become a threat to patients, and if by dressing differently – without the white coat – a more equal relationship could be achieved rather than a paternalistic one.

Several studies have investigated what influence a physician’s attire has on patient reactions. The overall pattern appears to be that patients prefer physicians to dress formally (e.g., dress shoes, suit and tie for male physicians; dress shoes, blouse and skirt/dress trousers minimal make up and jewellery for female physicians), rather than casually (e.g., jeans, tennis shoes, t-shirt; Gjerdingen, Simpson & Titus, 1987; McKinstry & Wang, 1991; delRey & Paul, 1995; Swift, Zachariah, & Casy, 2000). Formal attire also

increases confidence in the doctor's competence (Hennessy, Harrison & Aitkenhead, 1993; Gledhill, Warner & King, 1997). At the same time, however, formal dress leads patients to view the doctor as less friendly, approachable and understanding (Gledhill, Warner & King, 1997). This is an important concern, because it presumably affects disclosure to the doctor, which is an critical aspect of general practice (e.g., in obtaining case history information in order to make accurate diagnoses).

The physician's white coat would seem to be a good solution to this situation: Distinct enough to inspire confidence and a perception of competence, yet also more casual to promote approachability. The previous research, however, has not borne out this idea; patients primarily use white coats (along with nametags) as a means of identifying someone as a doctor, but still want the formal attire as well (Gjerdingen, Simpson & Titus, 1987; McKinstry & Wang, 1991; Hennessy, Harrison & Aitkenhead, 1993; Gledhill, Warner & King, 1997). Furthermore, there are some discrepancies between what people say and think about physician's white coats and their choices or behaviors. Menahem & Shvartzman (1998) found that 75% of their participants stated that the attire of the doctor had no influence on their decision in choosing a family doctor, but 52% of them preferred the doctor to be dressed in a white coat. Ikusaka, Kamegai, et al. (1999) found that more patients felt tense during a consultation with a doctor in a white coat (42%) than with one in casual clothes (33%), even as 71% of the patients in the white coat condition preferred physicians in a white coat. Finally, McCarthy, McCarthy & Eilert (1999) found that only 35% of parents preferred their child's physician to wear a white coat, but 54% of children preferred a physician to wear a white coat (contrary to the belief that children are afraid of physicians in white coats).

Through all this previous research there runs an implicit assumption that more formal generates greater authority but less patient disclosure, and that more casual attire increases disclosure but undermines authority (i.e., that these are two opposing factors). This is an unexamined assumption this study attempts to investigate. Furthermore, it is also quite possible that doctor's appearances could affect other judgments about their personal and professional traits.

Attire outside the doctor's office

The effects of a person's attire has also been studied outside of the doctor's office as well, and clothing has been claimed to have some influence over numerous factors (e.g., Rubinstein, 2001; Solomon, 1986). Most notably, it is fairly clear across a number of contexts that more formal attire generates an impression of status and power (Fortenberry, MacLean, Morris, & O'Connell, 1978; Kwon & Johnson, 1998), but it is less clear to what extent formal attire influences – positively or negatively – traits such as sociability, friendliness, and approachability (Kwon & Johnson, 1998; Lukavsky, Butler, & Harden, 1995). Other than status, one other trait appears to be clearly influenced by attire: Attractiveness ratings of males by female judges.

Townsend & Levy (1990) found that male models dressed in a way that indicated high socio-economic status (e.g., suit or other formal dress) were rated by females as significantly more attractive and more appealing as potential relationship partners. Similar effects did not occur with male ratings of female models. Their explanation for this result was that clothes are used as a cue of socio-economic status, which is a trait valued more highly by women than by men in evaluating a potential mate (Buss, 1989; Feingold, 1992; Wiederman & Allgeier, 1992; Sadalla, Kenrick & Vershure, 1987).

Previous studies on physician's attire have not used gender as a variable in their ratings, nor have they considered the effects of formal dress on not only perceptions of status and authority but possible attendant –and perhaps confounding – effects on attractiveness. On the other hand, if all the models evaluated are clearly identified as doctors, which would suggest high status in-and-of itself, will formal attire have any effect on attractiveness? Finally, the white coat used by doctors has become a symbol of authority and status itself, and may therefore have the same effects as formal attire on perceptions of authority, status, friendliness, and attractiveness.

In summary, four separate predictions were made:

1. In a factor analysis, discrete factors should emerge for status/authority and disclosure/friendliness, as well as a separate factor for attractiveness
2. Formal dress will increase perceived status/authority (it is not clear if it will decrease disclosure/friendliness)
3. Wearing a white coat will be more closely related to formal attire than casual attire, although it is unclear what relationship will exist between all three
4. Females will rate doctors in formal attire and in white coats as more attractive than doctors in casual clothes, but this difference will be much smaller than those found in previous research (because all the models are identified as doctors and attire is therefore no longer diagnostic of occupation and status).

Method

Participants

78 participants were selected by using an opportunity sample from a university campus in Northern England. 38 heterosexual males and 40 heterosexual females with an age range of 18-30 years were asked to take part.

Materials

Digital photographs were of three male and three female models, each of which were photographed dressed in three different outfits: A white coat with a plain white shirt and black dress trousers, in a suit with a white shirt/blouse (with a tie for the males) and dress shoes, or in casual wear consisting of blue jeans, a plain white T-shirt and trainers. In all conditions the models held a clipboard, wore a stethoscope around their neck, and wore a name badge. Each model was photographed in front of the same neutral backdrop, facing forward, with a neutral expression. The female models used the same amount of cosmetics and wore their hair in the same fashion for each condition.

In addition to basic demographic questions (sex, age, and sexual orientation), two questionnaires were developed for participants to complete. The first questionnaire (a pretest) assessed the general suitability of items of attire worn by male and female doctors. Items were rated on a 1-4 scale, with 1 being “very suitable” and 4 being “not suitable at all.” The list of items can be found in Table 1. The second questionnaire (in two forms) assessed various impressions of the model doctors in the photographs, using a 1-4 scale as in the first questionnaire but with 1 as “strongly agree” and 4 as “strongly disagree.” The two forms of the second questionnaire differed only in that two items for rating an

opposite-sex doctor (about interest in dating and marrying them) were omitted in the form for rating a same-sex doctor (items are shown in Table 2).

Procedure

Prior to viewing any pictures, participants completed the demographic information and the first questionnaire. Copies of the photographs were used alongside the second questionnaire and each participant was shown pictures of one male and one female model, both wearing the same attire. Attire was varied between participants and the presentation order of the models, as well as the use of the different male and female models, were counterbalanced to control for order effects and individual differences amongst the models.

Results and Discussion

Results are presented and discussed in three sections, corresponding to the pretest for suitability of specific items of attire, factor analyses of ratings made of target doctors, and analyses of between-group differences in the ratings of those factors.

Pretest

Omnibus ANOVAs found significant or near-significant Attire item x Gender interactions for suitability ratings for both male and female physicians (for male physicians: $F(9, 711) = 2.361, p = 0.012, \eta^2 = .029$; for female physicians: $F(9, 711) = 1.853, p = 0.056, \eta^2 = .023$). Subsequent t-tests found that this effect was due in both cases to a gender difference in the rated suitability of wearing a name tag (for both genders of physicians: $t(79) = 2.072, p = 0.042$). Overall, then, there seems to be little difference in how men and women rate the abstract suitability of various aspects of doctors' attire (with the exception of the use of name tags; see Table 1).

Insert Tables 1 and 2 about here

Factor analyses

Reactions to the statements from the second questionnaire were subjected to factor analyses to extract the underlying factors and determine if they corresponded to the factors considered in previous research on physician attire (i.e., Authority and Friendliness/Disclosure) and to the factor of attractiveness. The factor analyses used principal component analysis for extraction and varimax rotation with Kaiser normalization to reach orthogonal factors. Male and female participant ratings of same-sex physicians produced very similar factor analysis results, so a collapsed analysis is presented here (Table 2; separate within-sex factor analyses, as well as the specific loading values for all factor analyses may be obtained from the first author). Table 2 also presents factor analysis results for female and male ratings of opposite-sex physicians.

In all three cases, three factors emerged that can be labeled as perceptions of “Authority,” “Friendliness,” and “Attractiveness.” For same-sex physicians and for male physicians rated by female participants these were the only three factors identified. For female physicians rated by male participants, however, a fourth factor (“Trustworthiness”) and fifth factor (“Non-veterinary”) were identified. Whereas the Non-veterinarian factor appears to be due to a single item not loading on any other factors (it is a negative item within factors in the other analyses), the fourth factor of Trustworthiness raises an interesting issue: The items that form trustworthiness are generally found in the other analyses under the factor of Authority.

One of the more intriguing results from the factor analyses is that the items that would seem to react to perceptions of trust and willingness to confide (“I feel as though I

would be able to confide in and put my trust in this person if they were my doctor” and “I would feel comfortable having this person as my doctor”) load under the factor of Authority in all situations except males evaluating female physicians. In this later case these same perceptions of trust and willingness to confide do not load under authority, but they instead form their own factor rather than loading under friendliness. It appears that, contrary to much speculation in the prior literature, perceptions of status and authority tend to be *positively* related to trust and disclosure in most situations, rather than negatively related.

Another interesting result within the factor analysis can be gleaned from the secondary loadings. Specifically, female ratings of male physicians show a number of secondary loadings for attractiveness on items that primarily load on authority, as well as vice versa. This indicates that, consonant with prior research (Buss, 1989; Feingold, 1992; Wiederman & Allgeier, 1992; Townsend & Levy, 1990), status/authority and attractiveness are relatively closely related constructs for women’s evaluations of men. Certain items, in fact, make the case for this relationship particularly compelling. “I think this person is attractive” loads only secondarily under the factor of attractiveness, falling first under the Authority factor. The item “I would be happy to date this person” loads primarily under the Attractiveness factor, but it also has a secondary loading under the factor of Authority.

Gender and Attire effects on Factors

Subsequent to the factor analyses, the individual item responses for each participant were collapsed into average scores for each factor. The only exception to this procedure was the item “I think this person is suitably dressed to be a veterinarian,” which was

deleted (as it did not appear to clearly contribute to any factor other than one defined essentially in terms of this one item, for males rating female physicians). Table 3 shows the means of the resulting factor scores for same-sex evaluations, females evaluating male physicians, and males evaluating female physicians, with the scores segregated according to the attire of the physician that was viewed by participants.

Insert Table 3 about here

Three ANOVAs all found significant main effects of differences in the ratings for different factors (within-sex ratings: $F(2, 74)=15.48$, $p<0.001$, $\eta^2=0.171$; Females rating male doctors (with Greenhouse-Geisser correction due to significance in Mauchly's Test of Sphericity: $X^2=6.633$ $df=2$, $p=0.036$): $F(1.88, 63.341)=8.759$, $p=0.001$, $\eta^2=0.191$; Males rating female doctors: $F(3, 105)=7.634$, $p<0.001$, $\eta^2=0.179$). Similarly, all three analyses found significant main effects for style of dress (within-sex ratings: $F(2, 74)=17.046$, $p<0.001$, $\eta^2=0.313$; Females rating male doctors: $F(2, 37)=3.285$, $p=.049$, $\eta^2=0.151$; Males rating female doctors: $F(2, 35)=5.086$, $p=0.012$, $\eta^2=0.225$). Scheffe Post hoc analyses found that casual attire was rated lower than either formal attire or white coat attire, depending on the sex of the rater (casual versus formal attire: $p<0.001$ for same-sex; not significant [$p=0.421$] for females rating male doctors; $p=0.014$ for males rating female doctors, casual versus white coat attire: $p<0.001$ for same-sex; $p=0.049$ for females rating male doctors; not significant [$p=0.148$] for males rating female doctors). Finally, there were interactions for these two factors in all three analyses (within-sex ratings: $F(4,$

150)=6.50, $p<0.001$, $\eta^2=0.148$; Females rating male doctors: $F(4, 74)=8.277$, $p<0.001$, $\eta^2=0.309$; Males rating female doctors $F(6, 105)=5.301$, $p<0.001$, $\eta^2=0.232$)

In summary, casual attire appears to be of little benefit for physicians. Although casual attire particularly had a negative impact on ratings of authority, ratings of friendliness, attractiveness, and trust were all negatively influenced as well by casual dress. There is a more complicated relationship between the perceptions of formal attire and white coats. Doctors wearing white coats are actually perceived as more authoritative than doctors just in formal attire, whereas doctors in formal attire are perceived as more friendly than those in white coats. There may also be some small increase in trustworthiness for doctors in white coats, as compared to those in formal attire.

To specifically evaluate the predictions about perceived attractiveness, planned comparison t-tests were conducted on sex-specific patterns in attractiveness ratings. Females found male doctors wearing white coats to be more attractive than either formal or casual attire (White coat/Formal: $t(25)=2.325$, $p=0.028$; White coat/Casual: $t(24)=2.491$, $p=0.020$; Casual/Formal: $t(25)=0.103$, $p=0.919$). On the other hand, males found female doctors wearing formal attire to be more attractive than either white coats or casual attire (White coat/Formal: $t(25)=2.703$, $p=0.012$; Casual/Formal: $t(25)=0.150$, $p=0.882$; White coat/Casual: $t(24)=2.811$, $p=0.010$). These results partially support our predictions, in that formal attire and white coats were, for males and female respectively, seen as more attractive than casual attire, but the interaction with the sex of the rater was not predicted. The effects were, as predicted, much smaller than in previous research (e.g., Townsend & Levy, 1990), presumably because all the models were identified as doctors and their attire was therefore less diagnostic of different levels of social status.

Conclusions

The idea that there are different factors, such as authority and friendliness, that are affected by doctors' style of dress was supported by factor analyses. Contrary to previous assumptions that doctors' casual dress would promote disclosure from patients, however, items that indicated willingness to disclose loaded more on the factor of authority rather than on the factor of friendliness. Overall this research indicates that casual dress is not likely to be an effective tactic for doctors to increase patient comfort or disclosure. Instead, it is clear that casual dress decreases perceptions of authority, regardless of the sex of the doctor or the patient. Casual dress also decreases perceptions of friendliness (compared to formal attire), trust (for male patients), and attractiveness. What would appear to be the most reasonable sartorial advice for doctors is to both dress formally and wear a white coat, but perhaps remove the white coat in more socially delicate contexts.

The present research used a sample of undergraduate participants, who may be more homogeneous than the patients typically found in a doctor's waiting room. Although the university from which the participants were drawn is socioeconomically diverse (34% of students come from working class families, defined as social classes III_m-V: skilled manual, semi-skilled, and unskilled employees [HEFCE, 2002]), it still represent a restricted age range. Some previous research (e.g., McKinstry & Wang, 1991) has found that preferences for doctor's formal dress increases with both older age and higher social class, and this suggests that the preferences found here for formal attire may actually become more pronounced in some samples.

In terms of perceived attractiveness, there were clear sex differences, with women perceiving a white coat more positively than either formal or casual attire, but men

perceiving formal attire more positively than either a white coat or casual attire. At first, these findings may seem to conflict with those of Townsend and Levy (1990), which established that male models in formal attire were rated as more desirable by females and female models' attire had no effect on male ratings. The underlying thesis of Townsend and Levy, however, was that formal attire was used by women as a cue of higher socio-economic status, and that this was the critical factor affecting attractiveness ratings. Given that women (along with men) associated white coats with authority to a greater extent than they did for formal or casual attire, the present results are actually entirely in agreement with the underlying thesis of Townsend and Levy (1990; note also the secondary loadings between attractiveness and authority in the factor analysis of female ratings of male doctors).

What about the attractiveness ratings of women, by men? Unlike previous research, there was a significant effect of female model attire on men's perceptions of attractiveness. Specifically, formal attire was rated as more attractive than either a white coat or casual attire. One explanation for this effect is that both the casual attire (jeans and t-shirt) and the white coat are effectively gender-neutral styles of dress. In contrast, the formal attire (dress and blouse) is specifically feminine. This differential perception of models in the formal attire condition as being more clearly "female" could account for their greater perceived attractiveness. Another way of viewing this is that female models in blouses and dresses were seen as behaving in a role-appropriate fashion relative to gender norms, and this in turn led them to be perceived as more attractive (Costrich, Feinstein, Kidder, & Pascale, 1975).

Doctors in general practice today typically do not wear a white coat any longer. Instead, doctors usually wear a shirt and tie, with dress trousers and dress shoes (Rothschild, Mora, & Plotkin, 1989). The addition of a jacket to give a full suit and/or a white coat may be advised for these doctors, at least in situations where it is important to authoritatively provide information or instructions (e.g., with recalcitrant patients). In hospitals doctors typically wear trousers, a casual top, and an identity badge down by their waist, unless wearing scrubs. (Rothschild, Mora, & Plotkin, 1989). Again, a more formal style of dress may under some circumstances be advisable.

There are various research issues raised by the present results. Further options exist regarding style of dress (e.g., surgical scrubs) and types of models (e.g., physicians are typically older [30s-50s; McKinstry & Yang, 1994], than were the current models [20s]). It should also be kept in mind that the present study is based on ratings of single photographs of models – in the real world there are many other indicators (e.g., behavior, speech, etc.) that may be used to infer traits such as authority, friendliness, and attractiveness.

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Table 1: Mean ratings of suitability for physicians to wear specific items of attire. Each item was rated on a 1-4 scale, with 1 being “very suitable” and 4 being “not suitable at all.”

Suitability for a doctor to wear:	Male physicians		Female physicians	
	<i>Male ratings</i>	<i>Female ratings</i>	<i>Male ratings</i>	<i>Female ratings</i>
A name tag	3.46	3.03	3.46	3.03
a shirt/ a blouse	3.33	3.40	3.31	3.33
a tie / jewelry	3.28	3.13	1.82	1.83
Dress shoes	3.15	3.33	3.13	3.28
a suit	3.13	3.38	3.13	3.35
a white coat	3.03	3.08	3.03	3.15
a stethoscope	2.69	2.80	2.74	2.85
a t-shirt	2.13	1.85	1.85	1.73
jeans	2.10	1.88	1.79	1.75
trainers	2.00	1.78	1.79	1.70

Table 2: summaries of factor analyses of participants' ratings, by sex of participant and sex of model. Primary factor labels are in bold and secondary loadings are in italics.

	<u>Viewing same-sex physician</u>	<u>Females viewing male physician</u>	<u>Males viewing female physician</u>
I think this person is suitably dressed to be a doctor.	Authority	Authority	Authority
I feel that if this person were my doctor, (s)he would be in an authority position.	Authority	Authority	Authority
I feel as though I would be able to confide in and put my trust in this person if they were my doctor.	Authority	Authority <i>Attractive</i>	Trust
I think this person is of a high socio-economic status.	Authority	Authority	Authority
I think that this person looks smart and presentable in these clothes.	Authority	Authority	Authority
I would feel comfortable having this person as my doctor.	Authority	Authority	Trust
I would be happy to have a conversation with this person.	Friendly	Friendly	Friendly
I would feel comfortable around this person.	Friendly	Friendly	Friendly
I would be happy to go for a coffee and a conversation with this person.	Friendly	Attractive	Attractive <i>Friendly</i>
I would like to make friends with this person.	Friendly <i>Attractive</i>	Attractive	Attractive
I think that this person is attractive regarding the way they are dressed.	Attractive	Authority	Trust
I think this person is attractive.	Attractive	Authority <i>Attractive</i>	Attractive <i>Trust</i>
I would like it if this person were my neighbour.	Attractive <i>Authority</i>	Authority <i>Attractive</i>	Attractive <i>Authority</i>
I think this person is suitably dressed to be a veterinarian.	Attractive (neg.)	Authority (neg.) <i>Friendly (neg.)</i>	Non-Vet (neg.)
I would be happy to date this person.	*	Attractive <i>Authority</i>	Attractive
I would like to settle down and/or marry a person like this.	*	Attractive <i>Authority</i>	Attractive

Table 3: Mean Ratings of same-sex physician evaluations, females evaluating male physicians, and males evaluating female physicians on factors of Authority, Friendliness, and Attractiveness (and Trust, for males ratings of female physicians), across different conditions of attire. Ratings are on a 1-4 scale, with higher numbers indicated greater perception of that factor (agreement with item statements).

		<u>Attire</u>			
		<i>White coat</i>	<i>Formal</i>	<i>Casual</i>	
<u>Ratings of same-sex physicians</u>	<i>Authority</i>	3.02	2.86	2.1	<u>2.65</u>
	<i>Friendly</i>	2.41	2.55	2.19	<u>2.38</u>
	<i>Attractive</i>	2.53	2.44	2.11	<u>2.35</u>
		<u>2.6516</u>	<u>2.6163</u>	<u>2.1317</u>	
<u>Female ratings of male physicians</u>	<i>Authority</i>	3.03	2.71	2.21	<u>2.66</u>
	<i>Friendly</i>	2.58	2.79	2.65	<u>2.68</u>
	<i>Attractive</i>	2.71	2.23	2.25	<u>2.39</u>
		<u>2.7742</u>	<u>2.5774</u>	<u>2.3725</u>	
<u>Male ratings of female physicians</u>	<i>Authority</i>	3	2.96	1.96	<u>2.61</u>
	<i>Friendly</i>	2.64	2.88	2.79	<u>2.78</u>
	<i>Attractive</i>	2.24	2.62	2.15	<u>2.34</u>
	<i>Trustworthy</i>	2.79	2.82	2.5	<u>2.69</u>
	<u>2.67</u>	<u>2.82</u>	<u>2.35</u>		