

Patient Perspectives Towards Physician Handshakes in the Primary Care Setting

Judy Savageau, MPH

George Ciociolo, BA, MS-IV

Kate Sullivan, BA

Apeksha Tripathi, MD, MPH

University of Massachusetts Medical School

Department of Family Medicine and Community Health

STFM Conference on Medical Student Education, 2020

Portland, OR

Disclosure

- All project team members have no relationships to disclose



Objectives

- Upon completion of this session, participants should be able to:
 - Explain the extent to which patient demographic characteristics are associated with preferences to begin a medical encounter with a handshake
 - Implement more discussions between providers and medical students/residents as to the relationship between patient characteristics and the role of the handshake
 - Integrate specific factors related to patient preference for handshakes into outpatient primary care practice



Relevance to Medical Education

- Students are taught early in their careers how they should address patients (e.g., handshake) and the importance of establishing a healthy clinician-patient relationship
- Healthy clinician-patient relationships leads to: positive health outcomes, medical adherence, understanding of medical regimens, patient satisfaction
- Standardized “OSCE” patient simulation exams often encourage students to begin with a handshake
- USMLE Step 2 CS National Board Exam includes prep materials that suggests students begin each interview with a handshake



Background

- Clinician introduction is a pivotal moment in the doctor/patient relationship
- Traditionally, handshakes have been included during the introduction
- Limited research regarding patient preference
- No previous studies that specifically ask why patients prefer / do not prefer handshakes

Goals

- Learn more about patient attitudes regarding handshakes
- Increase understanding of patient perspectives
- Educate health care providers / medical students regarding patient engagement and its relationship to the patient experience



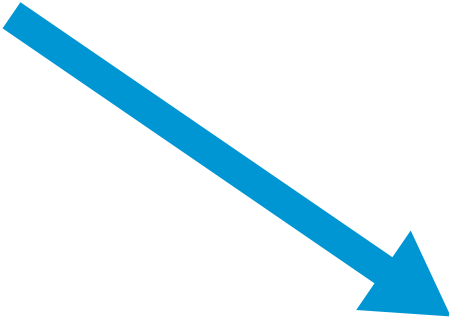
Methods

- Data collection —> anonymous, voluntary questionnaire; QI project: non-human subjects research
- Brief survey offered to all patients ≥ 18 years
- Office staff provided surveys to patients who filled them out in the waiting room
- 4 community-based practices in Central Massachusetts
- 10 total primary care providers:
 - Family Medicine
 - Adult Primary Care



Survey

- Patients were asked to list only their **TOP** reason
- If >1 reason was listed, an automatic randomizer selected 1 reason for data entry



<u>Age:</u> 	<u>Ethnicity:</u> <i>please choose all that apply</i> <input type="checkbox"/> Caucasian / White <input type="checkbox"/> African American / Black <input type="checkbox"/> Latino / Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other: _____	<u>Level of Education:</u> <input type="checkbox"/> < High School <input type="checkbox"/> High School Diploma / GED <input type="checkbox"/> Some College <input type="checkbox"/> College Diploma <input type="checkbox"/> Post-Graduate Education
<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Do you prefer your physician to shake your hand at the beginning of an encounter? <i>(please select 1 option below)</i>		
<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>	<input type="checkbox"/> <u>UNSURE</u>
Select <u>1 TOP REASON</u> for choosing YES:	Select <u>1 TOP REASON</u> for choosing NO:	Select <u>1 TOP REASON</u> for choosing UNSURE:
<input type="checkbox"/> Makes me comfortable <input type="checkbox"/> Lets me know he/she cares <input type="checkbox"/> Helps form a relationship <input type="checkbox"/> Other: <i>(please indicate below)</i> _____	<input type="checkbox"/> Risk of infection / germs <input type="checkbox"/> Makes me uncomfortable <input type="checkbox"/> Cultural reasons <input type="checkbox"/> Other: <i>(please indicate below)</i> _____	<input type="checkbox"/> Does <i>not</i> affect my experience <input type="checkbox"/> Depends on gender of doctor <input type="checkbox"/> Other: <i>(please indicate below)</i> _____



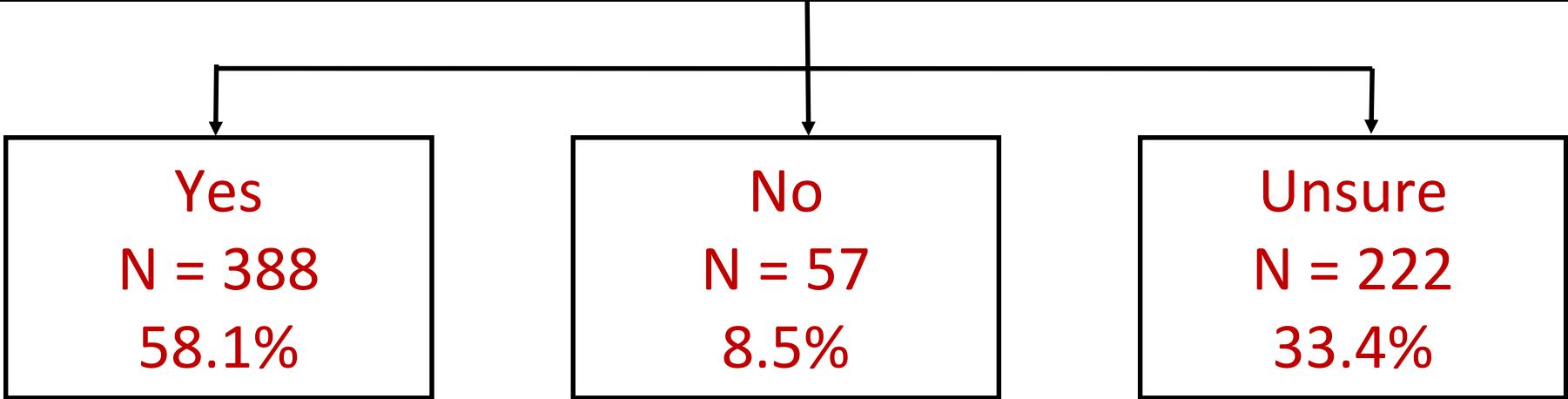
Results: Patient Demographics (N=668)

Join the conversation on Twitter #MSE20

Demographics	N (%)
<u>Gender</u>	
Male	307 (46.8)
Female	349 (53.2)
<u>Age</u>	
Mean (SD)	52.1 (16.2)
Range	18 – 89 years
<u>Level of Education</u>	
< High School	73 (11.1)
High School/GED	70 (10.6)
Some College	161 (24.4)
Completed College	186 (28.2)
Post-grad Education	170 (25.8)
<u>Ethnicity</u>	
Caucasian/White	513 (77.6)
African Amer/Black	22 (3.3)
Asian	72 (10.9)
Hispanic/LatinX	39 (5.9)
Middle Eastern	8 (1.2)
Multi-racial	7 (1.1)

Results: Handshake Preference

Do you prefer a handshake at the beginning of an encounter?
(N = 668)



Reason	%
Helps form a relationship	38.3
Makes me comfortable	33.6
Lets me know he/she cares	23.4
Other	4.7

Reason	%
Risk of infection	52.5
Cultural reasons	14.2
Makes me uncomfortable	17.5
Other	15.8

Reason	%
Does not affect my experience	95.0
Depends on gender of MD	2.3
Other	2.7

Results: Handshake Preference by Demographics

Join the conversation on Twitter #MSE20

Males reported an **increased preference** for a **handshake** compared to females

	Yes (%)	No (%)	Unsure (%)	p-value
<u>Gender</u>				
Male	64.2	4.9	30.9	0.003
Female	53.3	10.9	35.8	
<u>Education</u>				
HS or less	65.7	5.6	28.7	NS
At least some college	56.3	8.9	34.8	
<u>Race/ethnicity</u>				
White	58.3	7.8	33.9	NS
Non-white	57.4	11.5	31.1	
<u>Age Group</u>				
18-44 years	47.1	10.2	42.7	0.001
45-64 years	59.4	9.6	31.0	
65+ years	68.4	5.2	26.5	

Older patients were more likely to **prefer a handshake**

Younger patients were more likely to be **unsure**

Results: Reasons for Preference (Yes) by Gender

	Makes me feel comfortable (%)	Lets me know he/she cares (%)	Helps form a relationship (%)	p-value
Gender				
Male	33.5	17.8	48.6	0.001
Female	36.2	31.6	32.2	

Females cited “**physician caring**” more often than males

Males cited “**helps form a relationship**” more often than females



Results: Reasons for Preference (Yes) by Education

	Makes me feel comfortable (%)	Lets me know he/she cares (%)	Helps form a relationship (%)	p-value
Education				
HS or less	48.4	27.5	24.2	< 0.001
At least some college	29.4	23.9	46.7	

Patients with high school education or less preferred handshakes because it made them **feel comfortable**

Patients with at least some college education preferred handshakes because they helped **form a relationship**



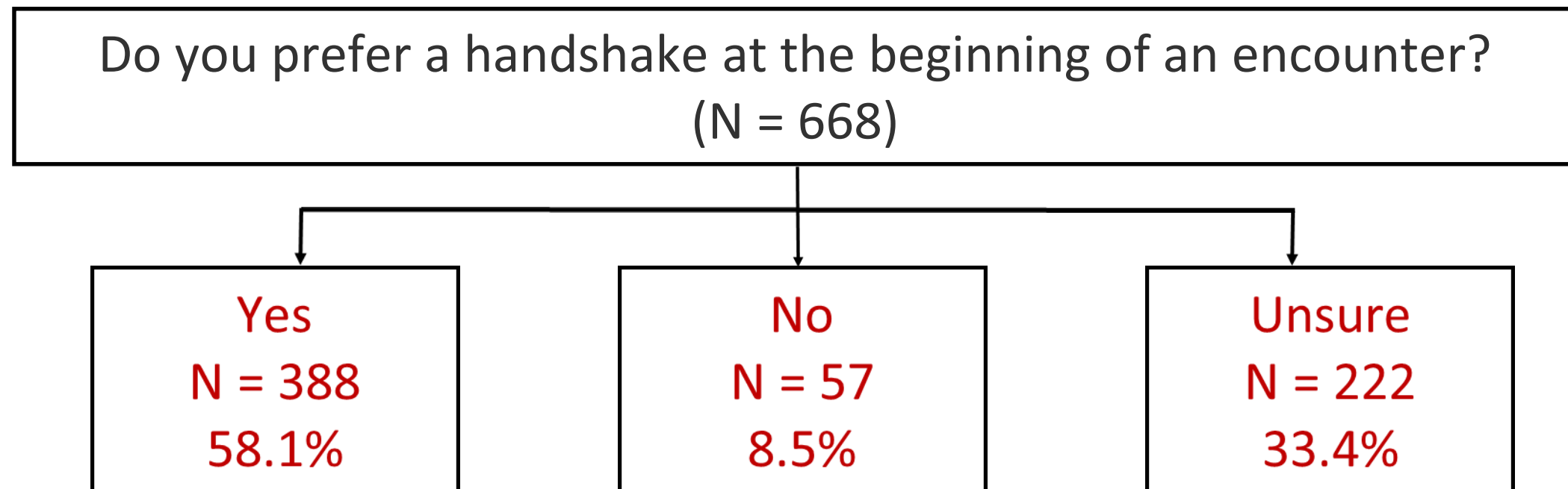
Results: Reason for Preference (No) by Demographics

	Risk of Infection %	Makes me Uncomfortable %	Cultural Reasons (%)	p-value
Gender				
Male	71.4	21.4	7.1	NS
Female	60.0	16.7	23.3	
Education				
HS or less	71.4	14.3	14.3	NS
At least some college	63.2	21.1	15.8	
Race/ethnicity				
White	77.4	22.6	0.0	< 0.001
Non-white	35.3	17.6	47.1	

- White patients were more likely to cite “**risk of infection**”
- Non-white patients were more likely to cite “**cultural reasons**”

****CAUTION****
low 'N'

Results: Why are Some Patients Citing 'Unsure'



- 33% of patients were 'Unsure' about a preference for a handshake
- 95% of patients citing 'Unsure' noted **does not affect my experience**
- There were **no differences** in gender, education level, or ethnicity for patients citing uncertainty about a handshake

Discussion

- While perceived positively, handshakes evoke different emotions:
 - For women, it represents caring
 - For men, it is the marker of the beginning of a relationship
 - For younger patients, the indifference about a handshake might reflect a different perspective of the PCP, a shift away from the family figure to a more transactional figure
- Given increasingly diverse demographics in primary care, questions often arise re:
 - Does the opposite gender feel discomfort with a handshake?
 - Is it acceptable in all cultures and ethnicities?
- Results reinforce importance of greeting patients; a warm and friendly greeting is the start of establishing a therapeutic relationship
- Results land firmly on the side of the friendly handshake across gender, education, and age
- AAMC promotes addressing clinical skills curriculum and performance outcomes for pre-clerkship students; highlights importance of engaging and communicating with patients to build a physician-patient relationship



Next Steps

- **Data collection continues** in the outpatient setting
- Discuss with hospitalists about **expanding study to the inpatient setting**
- **Add curriculum content** aimed at medical students within 'Patient Introduction' teaching sessions (consider whether patients should be addressed on a first or last name basis, along with a handshake)
- Identify **what constitutes an appropriate greeting**
- Thoughts? Questions? Suggestions?



References

- Bedell SE, Graboyes TB. Hand to Hand. J Gen Intern Med. 2002;17(8):653–655. doi:10.1046/j.1525-1497.2002.11054.x
- Chipidza FE, Wallwork RS, Stern TA. Impact of the Doctor-Patient Relationship. Prim Care Companion CNS Disord. 2015;15(5). Doi 10.4088/PCC.15f01840. eCollection 2015.
- Gillen P, Sharifuddin SF, O’Sullivan M, Gordon A, Doherty EM. How Good are Doctors at Introducing Themselves? Postgrad Med J. 2018;94(1110):204-206.
- Kollhoff M, Owings CS, Cathcart-Rake W. Preparing Medical Students for the Medical Interview. Kans J Med. 2017;10(1): 22-24.
- Makoul G, Zick A, Green M. An Evidence-Based Perspective on Greetings in Medical Encounters. Arch Intern Med. 2007;167(11):1172-1176.
- Mermel LA. Ban the Handshake in Winter? Infect Control Hosp Epidemiol. 2019;40(6):699-700.
- Pensieri C, Delle Chiale G, Vincenzi B, Nobile L, DeBenedictis A, D’Aprile M, Aloni R. Doctor-patient Communication Tricks: Oncological Study at Campus Bio-Medico University of Rome. Clin Ter. 2018;169(5):e224-e230.
- Schroeder J, Risen JL, Gino F, Norton MI. Handshaking Promotes Deal-making by Signaling Cooperative Intent. J Pers Soc Psychol. 2019;116(5):743-768.
- Simmenroth-Nayda A, Weiss C, Rischer T, Himmel W. Do Communication Training Programs Improve Students’ Community Skills? A Follow-up Study. BMC Res Notes. 2012;5:486. doi: 10.1186/1756-0500-5-486.

