Research

Why Do We Call Our Patients Names?

Danny Allen, MB, BS, MRCGP, MRCPsych
Consultant, North Wycombe CMHT, 1 Cedar Avenue, Hazlemere, High Wycombe, Buck HP15 7DW.
Alan Kellas, BA, MB, BS, DGM, MRCPsych
Registrar, Blackberry Hill Hospital, Manor Road, Fishponds, Bristol BS16 2EW.
Sue Edgley, MB, BS, MR

Summary

Different professions call the people they treat by different names. Whilst health workers have looked at whether or not people want to be addressed by their first names there is only one study which we know of (Upton et al., 1994), which looks at which title, if any, they prefer. Our study looked at patients' views of what they should be called in a population taken from across the spectrum of mental health care; from the community to a secure unit. The study used a semi-structured questionnaire and concluded that the vast majority of people want to be called by their first name and the largest single group of people wanted to be known as patients. This confirms other work which has been done in this area.

Key Words

First Name, Family Name, Patient, Customer, Client, User, Sufferer.

Introduction

Different professionals call the people they have contact with by different names. Sometimes this is due to tradition, such as doctors and patients. Sometimes it is due to perceived political correctness as in the new term 'customer'. We even call people by different names depending on the situation in which we encounter them, eg a person seen for a report may be a client but when they come to your outpatient clinic they become patient. But who decides what people are called and do people themselves have any choice? Undoubtedly the answer to the former question depends on the profession concerned and the answer to the latter question is 'no' because, apart from one recent study (Upton et al., 1994), no-one seems to have asked them.

The issue of whether we call people by their first names is slightly better researched both in general practice (McKinstry, 1990) and in hospital (Elizabeth, 1989) but not within a psychiatric setting where this form of address is arguably already more widespread. This study looked at people in a wide range of psychiatric settings and asked them what they wanted to be called and why.

Method

A semi-structured questionnaire was administered to people in psychiatric hospital wards, an outpatient department and day hospitals as well as those in the community who had some contact with a member of the psychiatric services. The questionnaire started by pointing out that professionals call people by different names and then asked what they would like to be called if they had the choice. We deliberately avoided suggesting that different names were appropriate to different professions, but left it for the person to decide. A choice of patient, client, user, customer sufferer and other was given and the person was offered the opportunity to choose more than one and to give a reason if they wanted to.

They were then asked whether they would like to be called by their first name or family name if they had a choice, and, once again, they were offered the opportunity to give a reason.

Data about the people were collected under the following headings: Male or female; age within decile groups; whether they were on a locked, secure or open ward; in the outpatient department; or in a day hospital; or in the community; and how long they had been in their current setting (less than 1 month, 1-3 months, 3-6 months or over 6 months).

Results

137 questionnaires were administered.

TABLE 1
The location of the people questioned

Location	Number	Percentage
Secure Ward	20	15
Open Ward	40	29
Day Hospital	41	30
Outpatient	4	3
Community	31	23

TABLE 2
The length of time people had been in this location

Time	Number	Percentage
Less than 1 month	35	26
1 to 3 months	30	22
3to6months	18	13
More than 6 months	54	40

TABLE 3
The gender of the people questioned

Gender	Number	Percentage
Male	70	51
Female	63	46

One person described theirself as a transsexual and 2 forms did not state gender.

TABLE 4
The age groups of the respondents

Age Group	Number	Percentage
Less than 20	3	2
20 - 29	32	23
30 - 39	39	28
40 - 49	28	20
50 - 59	14	10
60 - 69	6	4
More than 70	12	9

Three forms did not state an age.

TABLE 5
The name by which people wanted to be addressed

Name	Number	Percentage
First Name	120	88
Family Name	4	3
Both Names or Some Other Term	13	9

The reasons given for preferring first names were: 'It is more friendly, less formal', 'More individual, less barriers, more natural', 'I am listened-to better' and 'Confidentiality'. One respondent was more ambivalent, remarking that: 'It depends on the situation, it can be intimidating having to call the doctor by their surname if they call me by my first name.'

Those who preferred the use of their family name remarked: 'It is my proper name'. 'It is more professional.'

The total number of answers received for the second part was slightly higher than the number of questionnaires because people were allowed to give more than one answer. 145 answers were received.

TABLE 6
The titles people preferred

Title	Number	Percentage
Patient	64	44
Client	32	22
Customer	2	1
User	10	7
Sufferer	2	1
Indifferent	11	7
Other Preference	20	15

Four people expressed two options. Many different reasons were put forward for the use of some titles. Those who wanted to be known as patients said: 'I am supposed to be ill'; 'I have got depression'; 'I am in a hospital'; 'It feels as though I belong';

'Doctors have patients' and 'Because that is what we are'. Others felt that: 'People would understand this better'; 'It has always been this way'; 'I get fussed by these newer names'; '... traditional, it implies need and a relationship with someone who is going to help me'; 'I am getting treatment'; 'It makes me feel better and puts what I am doing into perspective'. However, one respondent was more ambivalent: 'You are a patient, but you do not want to think of yourself as a patient as it is a problem not a disease ... it is coming to terms with it'.

Those who chose to be called clients said: '... most friendly, as the others are very clinical and do not consider the person as an individual'; 'Patient makes me feel an underclass, as a client you are making the best of the system'; ' I use it with the outside world where people do not know what it is all about'; 'you could be a client of a dentist or a solicitor, so it does not imply that now I am sick or ill' and 'Patient sounds like you must have something seriously wrong and you are helpless... client sounds like there is more responsibility to yourself' (sic).

People who wanted to be referred to as users said: 'there is no ,stigma with it'; 'It is neutral'; 'It fits the notion of a service'; 'Patient is too clinical, and client too controversial'. Two people who wanted to be called a sufferer said: 'It is most accurate' and 'I suffer indignities'.

There were a number of suggestions for other titles. These included: 'Attender'; 'Person'; 'A person here to rest'; 'An atom in the universe' and 'An invertebrate, because I am a stick insect'! Two people who thought that people should just be referred to by their own names said: 'If we are trying to become individuals, then we should be referred to as such' and 'It is the best compromise'.

Because of previous research suggesting that people over 65 were more likely to want to be called by their first names (McKinstry, 1990), which was not replicated by our results, we wondered if people of 60 and over were more likely to want to be called patients than our overall sample.

TABLE 7
The titles preferred by the 18 people of 60 and over

Title	Number	Percentage
Patient	13	72
Client	1	6
Customer	0	0
User	1	6
Sufferer	0	0
Indifferent	2	11
Other Preference	1	6

To see if there was any difference in people's preference depending on location we analysed the data under three locations: Hospital; Day Hospital; and Community (including 'out-patients'). Percentages for the latter two were identical and therefore are summarised below as 'Community'. Responses are summarised as 'patient', 'client', or 'other' for 142 responses.

TABLE 8
Results with percentages in brackets

Location	Patient	Client	Other
Hospital	33 (54)	8 (13)	20 (33)
Community	31 (34)	24 (26)	36 (40)

In order to see whether there was any difference between females' and males' preference we analysed the data by gender.

TABLE 9
Results with percentages in brackets

Gender	Patient	Other
Female	33 (48)	36 (52)
Male	31 (42)	42 (58)

Discussion and Conclusions

The literature on the use of first names amongst medical and general practice patients is quite large and ranges from comments from individuals (Conant, 1983) and philosophers (Lavin, 1988) who feel that unequal use of first names is patronising, through a doctor who feels that we should at least give people a choice (Elizabeth, 1989), to a general practice study which found that the majority of individuals either liked or did not mind being called by their first names (McKinstry, 1990). Most of those who disliked it were aged over 65.

These views are interesting given our results which showed and overwhelming desire by people of all ages to be addressed by their first names. This probably reflects the more informal atmosphere which exists in psychiatric practice in this country as compared to our colleagues in general practice and the medical specialties.

Interestingly it is mirrored more closely by research done by nurses on what people wanted to be called. For example in Ohio one study (Settimio & Lindow, 1991) found that 90% of people wanted nursing students to call them by their first names and of

those who preferred surnames 50% were under 55. The reasons given in this study were that it made people feel warm and welcome.

In this country a study in an A & E Department (McGirr et al., 1990) showed slightly less enthusiasm with 64% of people wanting nurses to call them by their first names. The amount of enthusiasm may be related to our own willingness, as therapists, to reciprocate by allowing ourselves to be called by our first names as seen in McGirr et al.'s study (1990) where 52% of people wanted to call nurses by their first names.

There is far less literature on what titles people want to be known by. Dudley and Baker (1988) make a point about how we should refer to people in the third person, eg calling them a 'bloke', or 'chap', or a 'lad' or 'lass' and Shore (1988) thinks that people are patients during the acute phase of their illness and clients thereafter, though no research evidence is offered to underpin this. The only study which has asked what titles people want to be called by was Upton et al.'s (1994) which looked at in-patients and asked them whether they wanted to be called patients, service users, customers, consumers or clients by different professionals. Eighty three percent and 85% respectively wanted to be called patients by psychiatrists and general practitioners, and 77% by psychiatric nurses. This•compares with our overall figure of 54% for inpatients.

We did not differentiate between the attitude to different professionals but we did look at people in settings other than as in-patients. It is interesting that in this regard people in hospital were much more likely than those in the community to want to be called 'patient' and perhaps this was predictable. One factor which our study did not address was the length of time people had spent in the 'system' and it may be that those people in hospital included more of those who had been 'around psychiatry' longer.

When each title is looked at separately 'patient' is still the most popular across the board with 44% preferring it as opposed to 22% for the runner up: 'client'. However, more than half the people questioned did not want to be called 'patient', so there cannot be said to be any consensus in favour of this title.

A larger percentage of people over 60 in our study wanted to be called patients but we had quite a small sample; nevertheless, this is similar to Upton et al.'s (1994) finding that 'everyone over the age of 61' in hospital preferred the term 'patient'.

Finally we did not find much difference between female and male preferences as compared with Upton et al. (1994) who found that females were much more likely to prefer the term 'client' than men.

In summary then, our study would seem to support the practice of calling people of both genders and all ages by their first names but the question of what title to refer to them by is more controversial and it may be that the only safe practice is to ask people for their preference. In referring to people in general it is probably still best, on balance, to call them patients as no consensus yet exists for the use of the term 'client' or, indeed, any alternative title.

References

Conant, E.B. (1983) Addressing patients by their first names. New England Journal of Medicine 308, 226.

Dudley, H., Baker, L. (1988) How's your form of address going matey! Orright? British Medical Journal 297, 1699 Elizabeth, J.E. (1989) Form of address: an addition to history taking? British Medical Journal 298, 257.

Lavin, M. (1988) What doctors should call their patients. Journal of Medical Ethics 14, 129-131.

McGirr, S., Lawless, J., Hepworth, C. (1990) Nurses' use of first names. Nursing 4 (7), 19-22.

McKinstry, B. (1990) Should general practitioners call patients by their first names? British Medical Journal 301, 795-796. Settimio, A., Lindow, K. (1991) Names/titles preferred by patients when addressed by nursing students. Nurse Educator 16(3),4.

Sullivan, F. (1992) Patient or consumer? British Journal of General Practice 358, 213

Shore, M.F. (1988) Patient or client? Hospital and Community Psychiatry 39, 1247.

Upton, M.W.M., Boer, G.H., Neale, A.J. (1994) Psychiatric Bulletin 18, 142-143.

Acknowledgement

We would like to thank all those people who answered our questions for their co-operation.