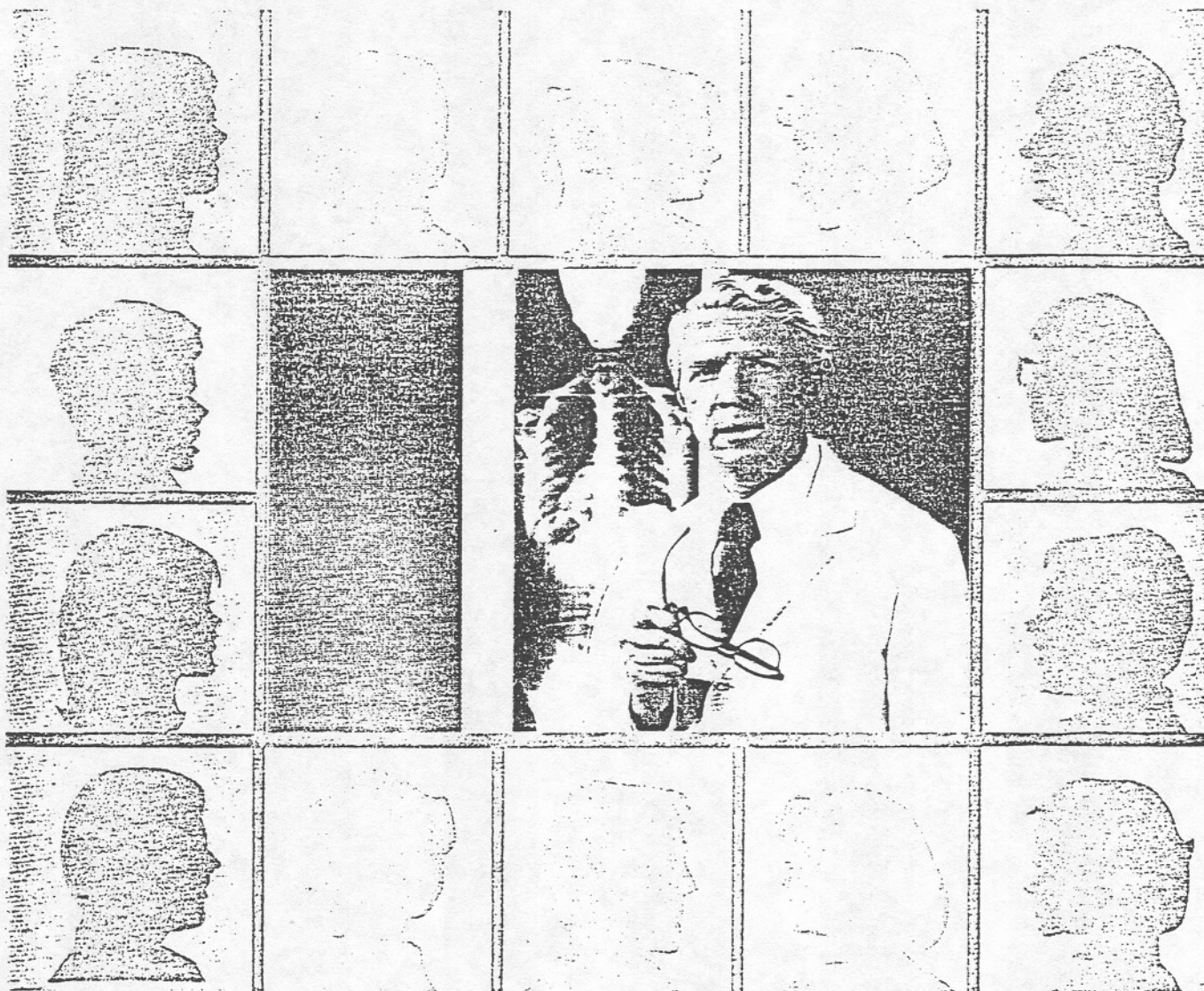


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*COMMUNICATION AND CHIROPRACTIC*

Report on Communication in the Chiropractic Profession
Attempts Within the System to Advance the Cause of Chiropractic



American Chiropractic Association

special report

The following report comprises part one of a three-part series of articles on communication and chiropractic supported by a grant from the American Chiropractic Association, which also assisted in the administration of the research. The findings and conclusions of the series are based on an investigation begun early in 1983 and were drawn from survey responses by doctors of chiropractic and chiropractic assistants. The study was designed to ascertain the extent to which members of these two groups are apprehensive about communicating with others and to indicate how difficulties in interaction can affect the overall treatment of patients and determine the success of a practice.

The researchers involved in the study were Dr. Jerry Allen, nationally recognized teacher, researcher, author, and communication consultant; Dr. Virginia P. Richmond, teacher, researcher, and author in the areas of communication apprehension, shyness, and organizational com-

munication and development; and Dr. James C. McCroskey, researcher, author, editor, teacher, and popular lecturer.

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She recently completed two articles on communication apprehension in pharmacy students. Dr. Richmond has researched communication apprehension for approximately 10 years.

Dr. McCroskey is a full professor and chairperson of the Department of Speech Communication at West Virginia University and has an educational background in speech communication and educational psychology. He is the author of 12 books, numerous book chapters, and two articles on communication apprehension in pharmacy students, and has edited several professional publications. Dr. McCroskey has also lectured extensively both in the United States and abroad. He has researched communication apprehension for the past 16 years.

The opinions expressed in the following paper — as well as in subsequent articles in this series appearing in the next two issues of the *ACA Journal* — are those of the authors and not necessarily those of the American Chiropractic Association.



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Communication and the Chiropractic Profession

Part I

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This article examines the mean trait-like communication apprehension scores for doctors of chiropractic and chiropractic assistants and the normative means for the general population. Results indicated that doctors of chiropractic are substantially lower on trait-like communication apprehension than the general population, while chiropractic assistants are very close to the national norms. Doctors of chiropractic who reported low communication apprehension had more years of experience in the profession. The doctors' of chiropractic and chiropractic assistants' state apprehension with patients was also examined. Results indicated that both doctors of chiropractic and chiropractic assistants generally do not experience much state apprehension in this context.

Contemporary health-care professionals realize that a more personalized doctor-patient relationship is essential to the health, both mental and physical, of the patient. Research clearly indicates that ineffective communication behavior of health-care professionals is a major cause of patient dissatisfaction and lack of compliance.^{1, 3, 5, 6, 8, 9} However, it is not clear why much doctor-patient communication is so ineffective. Researchers speculate that some health-care professionals simply do not know how to communicate effectively (they may never have received needed training) and some simply do not care. Regardless of the reason, the fact is that many patients may not be receiving a high level of care because of ineffective doctor-patient communication.

This is the first report of a series of studies that addresses the issue of communication in the chiropractic profession. This article will review the number one communication problem in society and discuss its potential impact on the chiropractic profession.

In this society, perhaps more so than any other, communication is

considered a highly valued commodity.^{7, 12} Those who communicate a lot are rewarded in this culture; those who do not are rewarded far less. You have probably encountered the person who is very quiet, rarely speaks except when forced to, never volunteers information about her/himself, never joins in on group activities and often will avoid communication with others. That is one way to describe an individual who receives few rewards in this society. Often, such people are perceived by others as being snobbish, quiet, and not very friendly or outgoing. In reality, most such people simply are afraid of communicating.

A surprisingly large number of people in the American culture are afraid of communicating. In a nationwide survey it was learned that the primary fear of Americans is the fear of speaking in public.² Even the fear of death came in a poor third! Others have found that as many as three of every four students have a fear of speaking in this context.¹⁵ While many people may have the fear of public speaking, most who have the fear will never have to give a public speech. They can simply avoid such situations.

There is a fear of communication which is far more serious than the fear of speaking in public. This problem is known as "communication apprehension." Communication apprehension is an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons.¹² While stage fright or fear of public speaking is a very normal fear, communication apprehension impacts on an individual in every facet of her/his life and is not normal. Many people desire to communicate with others and recognize the importance of communicating but are prevented from doing so by their fear or anxiety. Most people who are highly communication apprehensive have neither substandard communication skills nor deep-seated psychological problems. They are normal people who are afraid to communicate.

Research indicates that one of five persons in the general American population has high communication apprehension. Some cultures (i.e., Israeli, Puerto Rican) have less, and some may have more (i.e., Japanese). However, in general, 20 percent of the population in most cultures are highly communication apprehensive.¹²

The size of this problem actually is greater than might be suggested by the 20 percent estimate. This estimate is based on only those people who are generally apprehensive about all oral communication. This is a broad, trait-like personality orientation toward communication. Many other people, while not broadly apprehensive about communication, experience high communication apprehension in only some type of communication context. As we noted, about 75 percent of us are very anxious about public speaking. Many others are highly anxious about talking in meetings or classes. We estimate that over 40 percent of the population fall into this category. Others are troubled about talking

in a small group, either a business conference or a social gathering. We estimate that approximately 25 percent of us have a problem in this area. Finally, and this may be most important in the health-care professions, some people are very apprehensive about dyadic (two-person) communication. Our research suggests that about 10 percent of the population experience a problem in this communication context.^{4, 12, 14}

"... the highly apprehensive doctor of chiropractic or communication apprehensive may fail to establish a good communicative relationship with the patient, even if the patient is not apprehensive."

For the health-care professional, both trait-like communication apprehension and apprehension in the two-person context of doctor-patient communication are causes for concern. If the patient is apprehensive, he/she may not volunteer needed information to the doctor or may not request needed information from the doctor. Similarly, the highly apprehensive doctor of chiropractic or communication apprehensive may fail to establish a good communicative relationship with the patient, even if the patient is not apprehensive.

Effects of Communication Apprehension

Before we turn our attention to our research relating to communication apprehension in the chiropractic profession, let us take just a few moments to provide an overview of the effects that communication apprehension has been

found to have in people's lives. We will consider three important aspects of everyone's life: (1) school, (2) work, and (3) social relations.

School. Most of the impact of communication apprehension on schoolchildren is very negative. Perhaps the only positive impact is that quiet children are less likely to get into trouble with the teacher. Overall, quiet children are perceived by both teachers and peers at all grade levels as less intelligent, less competent, and less sociable.^{10, 12, 14}

Even though there is no meaningful difference in intelligence, quiet children on average score lower on precollege achievement tests than do their talkative peers. The ultimate effect of quietness, then, is less learning. While quiet children ultimately achieve less than their aptitudes would justify, talkative children achieve at a level above what their aptitudes would justify. This is primarily because of their willingness to engage in communication with the teacher and peers. Quiet children are less likely to be called on to respond in class and thus have less opportunity to correct mistakes in their learning. They also receive less attention and less reinforcement from the teacher and ask for help less frequently and volunteer to participate less frequently in class. In the elementary grades, quiet children are often thought to be slow, lazy, or disinterested and are sometimes placed in the "slow" groups.^{10, 12}

Because many courses are graded at least partially on "participation," quiet people often receive poorer marks than their more talkative counterparts. In a very real sense, quiet children are discriminated against in the school environment. Peers even perceive the quiet child as less intelligent and, maybe more important, less sociable.

The quiet child is seen as unsociable and not outgoing and is often ignored by his/her peers. This in

itself impacts on the child's growth and development in the school. The quiet child cannot go to the teacher; nor can he/she go to his/her peers for assistance — hence the perception by both teachers and peers that the quiet child is not as intelligent as the talkative child.

We can summarize the impact of communication apprehension in the school environment in the following way: the school environment requires and expects effective

communication on the part of the individual. The person who is quiet is less likely to fare well in school than the person who is verbal.^{10, 12}

Work. As with the school environment, most of the impact of communication apprehension on an individual in the work environment is negative. The quiet individual in the work environment is usually perceived by both supervisors and peers as being less com-

petent, less likely to be a leader, less assertive, less responsive, and generally less attractive as a work partner than more talkative individuals. The impact of these perceptions may be felt in three areas in the work environment: interviewing, type of job, and satisfaction.^{11, 12, 14}

Quiet people are less likely to be offered an interview for a position than are talkative people. To be referred to as "quiet" or "reticent" in a recommendation for a job is the "kiss of death." With other qualifications being equal, another applicant will be given the interview. In fact, even if other qualifications are not equal, this is likely to be the outcome.

Since quiet people tend to choose occupations with lower communication requirements and talkative people tend to choose occupations with higher communication requirements, we might assume the high apprehensive would fare well. This is not necessarily true. The positions the high apprehensives obtain typically provide lower status and pay than positions obtained by more talkative persons. This is partly a function of the quiet person's seeking a position with low communication demands, and such positions generally are lower status, lower pay positions. However, this is also partly a function of the employer's unwillingness to hire a quiet person for a better position.

Once employed, quiet people and talkative people are not equally successful. Research in a wide variety of occupations has indicated that quiet people report less job satisfaction than the average employee. Job performance may differ. Talkative people are far more successful in sales and supervisory-administrative positions than quiet people. Research indicates that quiet people are not promoted frequently. However, research also indicates that the high apprehensives usually do not

Table 1 — Personal Report of Communication Apprehension (PRCA-24)

Directions: This instrument is composed of 24 statements concerning your feelings about communication with other people. Please indicate in the space provided the degree to which each statement applies to you by marking whether you (1) Strongly Agree, (2) Agree, (3) Are Undecided, (4) Disagree, or (5) Strongly Disagree with each statement. There are no right or wrong answers. Many of the statements are similar to other statements. Do not be concerned about this. Work quickly; just record your first impression.

- ___ 1. I dislike participating in group discussions.
- ___ 2. Generally, I am comfortable while participating in a group discussion.
- ___ 3. I am tense and nervous while participating in group discussions.
- ___ 4. I like to get involved in group discussions.
- ___ 5. Engaging in a group discussion with new people makes me tense and nervous.
- ___ 6. I am calm and relaxed while participating in group discussions.
- ___ 7. Generally, I am nervous when I have to participate in a meeting.
- ___ 8. Usually I am calm and relaxed while participating in meetings.
- ___ 9. I am very calm and relaxed when I am called upon to express an opinion at a meeting.
- ___ 10. I am afraid to express myself at meetings.
- ___ 11. Communicating at meetings usually makes me uncomfortable.
- ___ 12. I am very relaxed when answering questions at a meeting.
- ___ 13. While participating in a conversation with a new acquaintance, I feel very nervous.
- ___ 14. I have no fear of speaking up in conversations.
- ___ 15. Ordinarily I am very tense and nervous in conversations.
- ___ 16. Ordinarily I am very calm and relaxed in conversations.
- ___ 17. While conversing with a new acquaintance, I feel very relaxed.
- ___ 18. I'm afraid to speak up in conversations.
- ___ 19. I have no fear of giving a speech.
- ___ 20. Certain parts of my body feel very tense and rigid while giving a speech.
- ___ 21. I feel relaxed while giving a speech.
- ___ 22. My thoughts become confused and jumbled when I am giving a speech.
- ___ 23. I face the prospect of giving a speech with confidence.
- ___ 24. While giving a speech I get so nervous, I forget facts I really know.

SCORING:

Group = 18 - (1) + (2) - (3) + (4) - (5) + (6)
 Meeting = 18 - (7) + (8) + (9) - (10) - (11) + (12)
 Dyadic = 18 - (13) + (14) - (15) + (16) + (17) - (18)
 Public = 18 + (19) - (20) + (21) - (22) + (23) - (24)
 Overall CA = Group + Meeting + Dyadic + Public

For subscores High CA = > 23
 For subscores Low CA = < 13

For total PRCA High CA = > 79
 For total PRCA Low CA = < 52

anticipate being promoted or even want to be promoted. Most promotions require increased communication responsibilities and supervision of others. Hence, most quiet people do not want this. On the other hand, talkative persons are prime candidates for such promotions.¹²

Lastly, it has been found that quiet persons tend to retain positions with the same organization for shorter periods than more talkative persons. In one investigation, for example, after controlling for age, talkative people were found to have 50 percent more seniority than quiet people. It would seem that once a quiet individual obtained a position, he/she would hang onto it. However, such is not the case. Quiet people are generally more dissatisfied with their positions, and many times their supervisors and coworkers become dissatisfied with them. Hence, they leave the position.¹²

Overall, the work environment is not a positive place for the highly communication apprehensive individual. Most work environments require and expect effective communication to obtain and maintain employment. Quiet people tend to fall into a "last to be hired, last to be promoted, first to be fired" syndrome, whereas talkative persons tend to be successful in their work and are likely to be retained and considered for promotion.^{11, 12, 14}

Social Relations. Given the impact communication apprehension has on the school and work environments, it is not surprising to find that quiet people tend to have problems in the social environment. In the social realm, quiet people are perceived as less friendly, less attractive and less sociable. They also have far fewer dates and fewer people they can call friends than their talkative counterparts.¹²⁻¹⁴

The primary reason for the above is the lack of communication on the part of the highly apprehensive

Table 2 — State Communication Apprehension Measure (SCAM)

Directions: A number of statements which people have used to describe their feelings while talking to another person are given below. Please indicate how accurately these statements describe *how you felt while talking to the last patient with whom you interacted before filling out this form*. Mark 7 (in the space before the statement) if the statement describes how you felt extremely accurately; 6 if moderately accurate; 5 if somewhat accurate; 4 if neither accurate nor inaccurate; 3 if somewhat inaccurate; 2 if moderately inaccurate; 1 if extremely inaccurate. There are no right or wrong answers. Just respond to the items quickly to describe as accurately as you can how you felt while talking to the other person.

- | | |
|---|--|
| <input type="checkbox"/> I felt apprehensive. | <input type="checkbox"/> I felt bothered. |
| <input type="checkbox"/> I felt disturbed. | <input type="checkbox"/> I felt satisfied. |
| <input type="checkbox"/> I felt peaceful. | <input type="checkbox"/> I felt safe. |
| <input type="checkbox"/> I felt loose. | <input type="checkbox"/> I felt flustered. |
| <input type="checkbox"/> I felt uneasy. | <input type="checkbox"/> I was cheerful. |
| <input type="checkbox"/> I felt self-assured. | <input type="checkbox"/> I felt happy. |
| <input type="checkbox"/> I was fearful. | <input type="checkbox"/> I felt dejected. |
| <input type="checkbox"/> I felt ruffled. | <input type="checkbox"/> I felt pleased. |
| <input type="checkbox"/> I felt jumpy. | <input type="checkbox"/> I felt good. |
| <input type="checkbox"/> I felt composed. | <input type="checkbox"/> I felt unhappy. |

person. Social relationships require a certain degree of communication between people in order for relationships to be established, uncertainty reduced and the relationship maintained. High communication apprehensive persons are not capable of giving that degree of communication. In a study of over 400 college students, quiet and talkative students were asked to indicate how many people they knew that they could classify as "good friends." Responses ranged from none to over 20. Of particular interest was that over a third of the high communication apprehensive students reported having no good friends at all, while not a single talkative person reported having no good friends. When asked to list the names of their good friends, over half of those named by the high communication apprehensives were relatives — parents, siblings, or cousins. Less than five percent of the low communication apprehensives mentioned any relatives as "good friends."

As with the school and work environments, quiet persons tend to fare poorly, and talkative persons tend to fare well. Most social relationships require effective com-

munication for the establishment and maintenance of the relationship, and the quiet individual cannot deliver the communication needed.¹²⁻¹⁴

Purpose of Study

The survey reported here sought to determine the general level of communication apprehension experienced by doctors of chiropractic and chiropractic assistants. The survey also sought to examine the level of state or situational communication which doctors of chiropractic and chiropractic assistants experience with patients.

Method

The national office of the ACA, both sponsored and assisted in the administration of this research. A members of the ACA were sent questionnaire to complete as well as one for their assistant to complete. They were asked to duplicate the questionnaire if they had more assistants. Returns included responses from 3130 doctors of chiropractic and 1809 chiropractic assistants. Responses were received from every state in the United States. Ninety-eight percent of the responding doctors of chiropractic were male, while 98 percent of the responding chiropractic assistants were female. The aver-

age age of responding doctors of chiropractic was 40.1 years, while that of responding chiropractic assistants was 33.9 years. Doctors of chiropractic reported an average of 12.33 years of experience, while chiropractic assistants reported 4.4 years.

The two measures included in the questionnaire which are central to this report were the Personal Report of Communication Apprehension (PRCA — see Table 1) and the State Communication Apprehension Measure (SCAM — see Table 2). Both these instruments have been widely used in previous research and are highly reliable.^{4, 12} In this study the estimated reliability for the PRCA was .94 and that for the SCAM was .92.

The PRCA yields an overall score which is an estimate of an individual's apprehension about communication in general. In addition, four subscores can be obtained from this measure (see Table 1 for scoring procedure) which are estimates of communication apprehension in four communication contexts: public speaking, speaking in meetings, speaking in small groups, and speaking in dyads. The SCAM yields an overall score, which in this case is an estimate of the level of communication apprehension the respondents experienced while interacting with their most recent patient.

Results

Table 3 reports the mean communication apprehension scores for doctors of chiropractic and chiropractic assistants and the normative means for the general population for the PRCA based on data from over 50,000 people. Because of its nature, there are no norms on the SCAM.

The results indicate that doctors of chiropractic are substantially lower on trait-like communication apprehension than the general population. Because of the highly interactive nature of the chiroprac-

tic profession, this result was expected. Based on the national norms, approximately nine percent of the doctors of chiropractic would be classified as high communication apprehensives (about half the national average). In contrast, approximately 42 percent would be classified as low communication apprehensives (more than double the national average). If our sample is representative of the profession as a whole, these results indicate that doctors of chiropractic as a group are much less apprehensive about communication than people in the society in general.

The results relating to chiropractic assistants stand in stark contrast to the doctor of chiropractic results. The means for trait-like communication apprehension in chiropractic assistants are very close to the national norms. In addition, approximately 21 percent of the chiropractic assistants would be classified as high communication apprehensives, and 21 percent would be classified as low communication apprehensives. This result also is very similar to the national norms. These results suggest that approximately one chiropractic assistant in five is a high communication apprehensive.

The results relating to communication apprehension with patients indicate that both doctors of chiropractic and chiropractic assistants generally do not experience

much apprehension in this important context. However, significant numbers of both doctors of chiropractic and chiropractic assistants reported very high apprehension with their most recent patient. Thus, while experiencing high communication apprehension with patients does not appear to be extremely common in the profession, it is far from rare. Not surprisingly, it was found that doctors of chiropractic with higher trait-like communication apprehension were more likely to report higher apprehension with their most recent patient. The mean SCAM score for high communication apprehensives was 46.4, that for moderate communication apprehensives was 38.4, and that for low communication apprehensives was 33.8. Thus, high communication apprehensive doctors of chiropractic reported 48 percent higher apprehension with their patients than low communication apprehensives and 30 percent higher apprehension than moderates. An almost identical pattern was found for the chiropractic assistants.

The demographic data obtained were also examined to see if they were related to communication apprehension. No differences were found with regard to the region of the United States in which the respondents worked. Similarly, there were no differences attributable to sex on communication apprehension for either doctors of chiropractic or chiropractic assis-

Table 3 — Mean communication apprehension scores for doctors of chiropractic, chiropractic assistants, and general population

MEASURE	DOCTORS OF CHIROPRACTIC	CHIROPRACTIC ASSISTANTS	GENERAL POPULATION
PRCA	55.5	65.39	65.6
Group	13.1	14.70	15.4
Dyad	12.4	14.24	14.5
Meeting	14.2	16.52	16.4
Public	15.9	19.88	19.3

tants. In addition, there was no correlation between age of respondent and communication apprehension for either group of respondents.

An important result relating to years of experience was observed. Low communication apprehensive doctors of chiropractic averaged 13.9 years, moderates averaged 11.2 years, and highs averaged 10.5 years. The lower the communication apprehension level, the longer the doctor of chiropractic is likely to stay in the profession. In fact, low apprehensives in this study had 32 percent more years of experience than high apprehensives. No similar pattern was observed for chiropractic assistants.

Implications for the Chiropractic Profession

1. The results of this study indicate that comparatively fewer doctors of chiropractic are high communication apprehensives than are found in the population as a whole. This does not, however, necessarily indicate that fewer high communication apprehensives enter this profession. The substantial relationship between communication apprehension and years of experience indicates that many high communication apprehensives enter the profession but do not remain. This suggests that schools of chiropractic either should attempt to screen out highly apprehensive students or provide programs which can help those students reduce their apprehension about communication. It should be noted, however, that normal courses in speech or communication will not accomplish that objective.

2. Chiropractic assistants appear to be a cross section of the general population. Thus, many chiropractic assistants are high communication apprehensives. This presents a significant problem for the profession. Since chiropractic assistants have regular communicative

contact with patients (as well as with the doctor of chiropractic), all the negative communicative impacts found in previous research may be expected to occur for these chiropractic assistants. Doctors of chiropractic should be concerned about employing high communication apprehensive chiropractic assistants. They may generate negative communication with patients which could not only reduce the quality of care provided but also have a negative impact on income generated.

Communication Apprehension and Communication Behavior

In the second article in this series, we will look at communication behaviors of doctors of chiropractic and chiropractic assistants with patients and the link between those behaviors and communication apprehension. In the final article in the series, we will examine the impact of both communication apprehension and communication behavior on the "bottom line": income of doctors of chiropractic. ■

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