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Ethical Decisions Facing Chiropractors
and Reflecting on Patient Care and the Profession

ACA

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special report

Communication and the Chiropractic Profession Part III

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This article examines the impact of communication apprehension and lowered immediacy behavior on the chiropractic practice. The results indicate that practices which have less immediate doctors of chiropractic also serve fewer patients and generate less income. In addition, a negative relationship was found for doctors' of chiropractic number of years in the profession and level of communication apprehension. This research was supported by a grant from the American Chiropractic Association. The ACA also assisted in the administration of the research. The opinions expressed are those of the authors, and not necessarily those of the ACA.

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In the first article in this series, we reported the results of a national survey of doctors of chiropractic and chiropractic assistants which indicated that while doctors of chiropractic report experiencing sub-

stantially lower levels of apprehension about communication than the general population, chiropractic assistants report that their apprehension about communication is virtually identical to national norms for the general population.¹ In the second article based on this research, we reported that for both chiropractic assistants and doctors of chiropractic increased apprehension about communication was associated with reduced nonverbal immediacy both in general and with patients.³ Our attention in this final article will be directed to the probable impact of communication apprehension and lowered immediacy behavior on the chiropractic practice.

Purpose of Study

The existence of high communication apprehension and/or low levels of nonverbal immediacy would be of little consequence to the chiropractic profession if they were unrelated to successful chiropractic practice. While the primary reason for the existence of

chiropractic practice is the improved health of patients, obtaining a direct measure of a practice's success in this area is difficult at best and probably impossible with the survey research approach which we employed in this investigation. Consequently, we chose to focus our attention on a more indirect estimate of the success of a chiropractic practice: the amount of income it generates. Our assumption is that practices which generate higher income levels are those which are received best by patients. If a patient likes the treatment received and/or believes his/her health has been improved as a result of the treatment, it is more likely that the patient will return for additional treatment at another time. Thus, over the years successful practices increase the number of patients served and, as a result, increase the income generated. Less successful practices fail to generate increased patient demand and thus fail to increase income generated by the practice.

While our assumption concerning the relationship between successful chiropractic practice and income may be questioned by some, few doctors of chiropractic would consider matters of financial return an unimportant aspect of their professional lives. Hence, our purpose in this study was to determine the extent to which income generated by a chiropractic practice is related to the communication apprehension and nonverbal immediacy levels of doctors of chiropractic. Our concern in this portion of the research was not directed toward chiropractic assistants. Since most chiropractic assistants are salaried workers, their income would be expected to be less directly associated with their communication behavior. Successful chiropractic practices might be expected to employ more chiropractic assistants, but the salaries of the individual chiropractic assistants would not necessarily be assumed to be higher.

Method

As indicated in previous articles in this series, this research was sponsored and supported by a grant from the American Chiropractic Association. While all members of the ACA were surveyed, 3130 doctors of chiropractic returned our questionnaire and served as respondents in this study.

The doctors of chiropractic were asked to complete the Personal Report of Communication Apprehension-24 (PRCA), the State Communication Apprehension Measure (SCAM),¹ the Generalized Immediacy Measure (GI), and the Patient Immediacy Measure (PI).³

As an indicator of chiropractic success, the doctors of chiropractic in this study were asked to classify their gross income for a year into one of six categories: (1) less than \$25,000; (2) \$26,000-50,000; (3) \$51,000-75,000; (4) \$76,000-100,000; (5) \$101,000-150,000; (6) \$150,000+.

Doctors of chiropractic were also asked to indicate, on the average, how many patients they see per day.

Results

The primary data analyses were a series of analyses of variance based on the income level reported by the doctors of chiropractic. The variables analyzed were the PRCA score, the PRCA subscores, the SCAM score, the GI score, the PI score, and the number of patients seen per day. Table 1 reports the results of these analyses. All of the analyses were statistically significant at the .0001 level.

The most successful chiropractic practices, those generating incomes above \$150,000 a year, generated significantly lower scores for communication apprehension than all other income groups. They also generated higher scores on the Generalized Immediacy Measure and the Patient

Immediacy Measure. The least successful practices, those generating income under \$25,000 a year, generated the highest scores for communication apprehension and the lowest scores on the Generalized Immediacy Measure and Patient Immediacy Measure.

As might be expected, the total number of patients seen per day was the variable most associated with the income of the practice. Each increasing income level saw significantly more patients than all lower income levels and significantly fewer patients than all higher income levels. In a supplementary analysis, it was found that high communication apprehensives served an average of 24.5 patients per day, moderate communication apprehensives served 29.4 patients per day, and low communication apprehensives served 33.7 patients per day. Thus, the low communication apprehensive doctors of chiropractic served approximately 36% more clients per day than did high communication apprehensive doctors of chiropractic.

Theoretically, although both lowered immediacy and increased communication apprehension are expected to be associated with reduced income and number of patients served per day, it is assumed that increased communication apprehension causes reduced immediacy, not the reverse. In order to test this theory, the relationship between income and immediacy (both GI and PI) was tested by analysis of covariance with the PRCA score serving as the covariate. When the variance on immediacy attributable to communication apprehension level was removed, the relationship between income and immediacy (both GI and PI) disappeared. Thus, the theoretical relationship between communication apprehension and income — with immediacy serving as the communicative behavioral link between the two — was supported.

Table 1 — Mean communication apprehension scores, immediacy scores, and number of patients served by income level

MEASURE	INCOME LEVEL						F-RATIO
	UNDER \$25,000	\$26,000- 50,000	\$51,000- 75,000	\$76,000- 100,000	\$101,000- 150,000	OVER \$150,000	
PRCA	61.9	58.2 _a	55.6 _{bc}	56.8 _{ab}	54.4 _c	49.3	35.14
Group	14.3 _a	13.8 _{ab}	13.1 _c	13.4 _{bc}	12.9 _c	11.7	21.74
Dyad	13.8	12.9 _a	12.6 _{ab}	12.7 _{ab}	12.3 _b	11.2	24.57
Meeting	16.1	15.0 _a	14.3 _b	14.5 _{ab}	13.9 _b	12.4	32.74
Public	17.8	16.6 _a	15.8 _{bc}	16.2 _{ab}	15.5 _c	14.2	26.12
State CA	40.9 _a	39.3 _a	37.1	36.8 _b	36.1 _b	34.4	8.11
Generalized immediacy	5.5	5.7 _a	5.8 _a	5.7 _a	5.8 _a	6.0	8.79
Patient immediacy	5.8	6.0 _a	6.1 _a	6.1 _a	6.1 _a	6.3	10.57
Total patients	13.5	19.3	24.4	31.3	37.3	50.1	318.94
	370	558	500	500	570	632	

a-c: Means that with same subscript in same row, are not significantly different ($p < .05$).

Implications for the Chiropractic Profession

We believe that the results of this research have important implications for the chiropractic profession. Nonverbal immediacy in communication behavior has been shown to have an important impact on the affective or emotional responses of people in a wide variety of communication settings, including doctor-patient relationships. Thus, nonimmediate doctors of chiropractic and chiropractic assistants can be expected to generate less satisfactory responses from the patients with whom they come in contact. Less satisfied patients translates into fewer patients in the long run. The results of this research indicate that practices which have less immediate doctors of chiropractic also serve fewer patients and generate less income.

This research also indicates that doctors of chiropractic and chiropractic assistants who report higher levels of apprehension about communication tend to be less nonverbally immediate in their communication. It should not come as a surprise then that we found far fewer DCs with higher communication apprehension than would have been expected had our sample been drawn from a random group of people in the general population. While it may be that high communication

apprehensives are less drawn to this profession, it seems even more likely that high communication apprehensives have a greater tendency to leave the profession because they are less successful than other DCs. This conclusion is supported by our results, which indicate a negative relationship between number of years in the profession and level of communication apprehension. In no other population have we observed such a negative correlation. Hence, communication apprehension does not normally decrease with age or experience. Thus, since our sample of DCs reflected such a negative relationship, it most likely did so because of the absence of a higher proportion of DCs with high communication apprehension levels in the older members of the population of DCs.

The results of this research should receive attention from our schools of chiropractic. Prospective DCs should be screened for their level of communication apprehension. Those with high levels need to be provided with programs which will help them to overcome this problem. Such programs have been developed, are highly effective, and are relatively inexpensive to implement.² The failure of schools to provide such programs may well doom some of their students to failure in the profession, regardless of the quality of

the remainder of their program.

These results should also be considered by the DC when he or she is selecting individuals to employ as CAs. The highly apprehensive CA is likely to be working at cross-purposes with the DC in their contact with patients. It is often said that a restaurant is judged primarily by its waiters and waitresses, not its manager. The analogy is clear: A chiropractic practice may be judged more by its CAs than its DC. Highly apprehensive CAs can be expected to make the DCs' job just that much more difficult. When the DC has a choice, CAs with lower levels of communication apprehension should be selected.

References

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