



What you wear does not affect the credibility of your treatment: A blinded randomized controlled study



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ABSTRACT

Objective: Professional appearance is easily modifiable, and might alter the effects of a clinical encounter. We aimed to determine whether professional attire influences a patient's perception of treatment credibility.

Methods: We performed a single-blind randomized controlled study on 128 patients with acute non-specific low back pain who were about to receive treatment in primary care. The treating clinician was randomly allocated to wear formal attire (experimental condition) or casual attire (control condition) to the consultation. Clinicians provided a standardized briefing on the rationale behind the patient's forthcoming treatment. Treatment credibility (Credibility and Expectancy Questionnaire) was assessed immediately after this briefing.

Results: All patients received the experimental or control condition as allocated and provided complete primary outcome data. Formal attire had no effect on perceived treatment credibility (Mean difference between groups 1.2 [95%CI -1.1 to 3.5]). Age was the only significant predictor of treatment credibility; older patients rated treatment credibility higher (Beta = 0.16 [95%CI 0.08 to 0.24]).

Conclusion: In a trial setting, whether or not a clinician is formally dressed has no effect on perceptions of treatment credibility in patients with acute low back pain.

Practice implication: Clinicians should dress comfortably without fear of losing credibility.

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1. Introduction

Credibility refers to the quality of being trusted or believed in [1]. Clinicians place high value on their credibility—some junior clinicians make dangerous decisions, such as not asking for clinical support when patients are in life-threatening situations (e.g. a prolonged seizure), because they fear losing credibility in front of their patients and peers [2]. Clinicians who are considered credible are likely to elicit changes in health attitudes and behaviors [3] that are critical for effective first contact care [4]. The credibility of the treatment is also important – treatment adherence [5], patient satisfaction [6] and physical function [7] all increase in line with

treatment credibility. Even inert treatments can affect health outcomes if patients perceive them to be credible [8,9].

The success or failure of many primary care treatments might therefore depend, at least in part, on credibility. However, maintaining credibility can be a challenge for some clinicians, particularly those working in hierarchical, multidisciplinary settings. A recent systematic review, for example, found that doctors produced better outcomes from patient education treatments than physiotherapists or nurses [10]. In this review, while professional background of the clinician did affect treatment outcomes, other aspects of the education such as content (traditional biomedical vs. biosychosocial) did not. Jackson [11] also found that boosting the credentials of the provider improved the outcomes of educational materials containing identical content. It is therefore conceivable that the differences observed in outcomes from patient education interventions could be explained by differences in the credibility of the provider.

Simple changes to professional appearance might be one way for clinicians to enhance credibility. Wearing formal attire (suit,

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Table 1

Attire requirements in the experimental and control groups.

Experimental – Formal attire	Control – Casual attire
Neck-tie	Collared polo shirt
Suit jacket and trousers	Non-tailored trousers (excl. jeans)
Neuroscience Research Australia ID badge ^a	No ID badge

^a The ID badge contained a name, affiliation and photo.

tie), for example, communicates status, authority and expertise [12–14]. Most physicians prefer formal attire [6] whereas allied health clinicians, such as physiotherapists, tend to dress casually or in uniforms [15]. However, many clinicians might reconsider their dress code if the evidence suggested that formal attire affected the credibility, and therefore outcomes, of their treatment. A recent systematic review found conflicting evidence that formal attire can improve trust in physicians [6]. Of the 30 studies included, only two studies [16,17] used a randomised design involving a clinical encounter and neither of these studies measured treatment credibility.

There are no high quality empirical data on the effect of professional attire on patient perceptions of treatment credibility [6]. In light of this lack of evidence to inform current practice, we aimed to investigate the following research questions:

- (1.) Does the professional attire of a clinician influence a patient's perception of treatment credibility?
- (2.) Which are the factors that either predict treatment credibility or moderate the effects of professional attire?

2. Methods

2.1. Design

We performed a randomized, parallel-group study nested within a larger trial, the PREVENT Trial. The PREVENT Trial, details of which are published elsewhere [18], investigates the effects of two clinical education consultations for acute low back pain (LBP). In the PREVENT Trial, patients receive two, 1-h consultations of either pain education or sham education. The sham education is based on a reflective, non-directive counseling approach. Because both interventions in the PREVENT Trial involve talking, and contain elements of counseling, to ensure blinding the treatment rationale provided to patients was identical for both study arms. One of two male physiotherapists provided the intervention. In Australia, physiotherapists are first contact primary care clinicians who commonly treat LBP.

The present 'nested' study took place prior to the PREVENT Trial consultation. Patients were randomly allocated to receive a standardized briefing on the forthcoming treatment with a study physiotherapist wearing either formal attire (experimental condition) or casual attire (control condition) (Table 1, Fig. 1). In the experimental condition, in addition to formal attire, clinicians wore an ID badge to emphasize their affiliation with an academic institution. In the control condition, clinicians did not wear the ID badge.

An independent researcher, who was not involved in any other aspect of the trial, generated a random number list using Microsoft Excel to determine group allocation. Patients completed baseline questionnaires online prior to their study consultation. Allocation to group (clinician in formal or casual attire) was via concealed randomization – study physiotherapists opened the sealed, opaque envelope containing group allocation before meeting with their patient. Outcome assessment was performed blind to group allocation.

2.2. Participants, therapists, and centers

Patients aged 18–75 years with acute non-specific LBP (<4 weeks' duration) were recruited from general practices and physiotherapy clinics in the Sydney metropolitan area between October 2013 and June 2015. Patients were excluded if they had serious spinal pathology or chronic spinal pain. Treatments took place at one of 21 primary care practices or at a medical research institute. Two postgraduate trained physiotherapists with more than 5 years clinical experience provided patients with the treatment rationale under experimental conditions.

2.3. Experimental procedure

Study clinicians greeted the patient wearing the allocated attire and gave a briefing on the treatment rationale accompanied with a written description of the treatment. The patient remained naïve to the attire manipulation throughout. The treatment rationale was standardized and identical for all patients. The briefing described the background to the PREVENT Trial, the rationale behind counseling therapies, and likely efficacy of these therapies for LBP (Appendix A and B).



Fig. 1. Attire characteristics in the experimental (left) and control (right) groups.

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