ABSTRACT

PROFESSIONAL SPEECH-LANGUAGE PATHOLOGISTS'
PERCEPTIONS OF APPROPRIATE CLINICAL DRESS

By Joanna Cathleen Stegeman

The purpose of the study was to obtain information regarding speech-language pathologists' (SLPs) perceptions of appropriate clinical dress. Two hundred twenty seven participants working in a variety of clinical settings including private practice, acute and rehabilitation hospitals, home health care, long term care and general clinics completed a questionnaire. The questionnaire contained items regarding current work setting including information regarding dress code practices at the participants' place of clinical practice. Four photographs depicting different forms of clinical attire accompanied the questionnaire. Results indicated that business formal attire is most preferred by SLPs and casual dress is least preferred. The second most preferred type of attire was a white lab coat. Results also indicated business formal attire yields the highest ranking for perceived level of interpersonal skills, appropriateness for therapy, perceived level of intelligence, amount of experience in the field and professionalism.

PROFESSIONAL SPEECH-LANGUAGE PATHOLOGISTS' PERCEPTIONS OF

APPROPRIATE CLINICAL DRESS

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PROFESSIONAL SPEECH-LANGUAGE PATHOLOGISTS' PERCEPTIONS

OF APPROPRIATE CLINICAL DRESS

CHAPTER I

Introduction and Review of the Literature

Impression Formation

During an initial meeting, individuals gather information regarding one another and within a short period of time, an initial or first impression is formed. Park (1986) describes an initial impression as a collection of knowledge one person may possess in regard to another. A first impression is formed through direct observation, indirect information from a secondary source or a combination of both. A secondary source refers to information gathered about a person through another individual, the media or literature (Shah, 1987). Research suggests that most people weigh initial information obtained about another person more heavily than information obtained at a later time, and that information gathered during the first meeting may influence how a person processes information obtained later. Following the development of the initial impression, the observer then seeks additional information that is consistent with the first impression (Demarais & White, 2004). First impressions are important, because in a short period of time, a person may develop an initial opinion of another that may or may not be accurate. No matter the accuracy, the impression is formed based on the limited amount of information observed and is considered truthful by the observer. Judd, Bull and Gahagan (1975) note that although a first impression may not be a valid or accurate assessment of another individual, it is resistant to change. Once a person has developed an initial impression, whether positive or negative, the impression may not change based on newly obtained information

Physical Appearance and Impression Formation

During an initial meeting, one may form a first impression based on a limited amount of available information because a person's background may be unknown. Impression formation includes the observation of both verbal and non-verbal information (Morem, 1997). Throughout the development of an initial impression, one may use various types of cues and combine the cues to form an impression. Chia, Allred, Grossnickle & Lee (1998) assert that physical attractiveness is one of the first cues or piece of information one person observes of another. Demarais and White (2004) also state that physical appearance is usually the first observation

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made by others and may play a significant role in impression formation. Physical attractiveness or appearance may include such features as clothing, facial features and overall hygiene. Due to a growing, fast-paced society, it is common to form an impression of another individual in a relatively short period of time (Lennon, 1986). Physical appearance information, especially clothing may be recognized and judged from a distance, unlike facial characteristics (Ryan 1991). Therefore, the development of an initial impression may begin at a distance, with the perceiver analyzing clothing and other personal appearance characteristics prior to engaging in conversation. It is possible that clothing plays such an important role in impression formation that an individual would decide not to engage in conversation after developing an impression at a distance. Physical traits are among the visual stimuli that are perceived by the observer. Such traits include body type, facial expression or characteristics, clothing, hair color and hairstyle. Klion & Leitner, (1991) report that over an extended period of time, physical traits become less important; however physical traits may play an important role in the development of an initial impression. As relationships between people grow and each person learns more about the other, the focus is redirected from the physical characteristics of the person to the personality traits that define that person.

While initially evaluating personal appearance, the observer may pass judgment regarding the personality, level of intelligence or socioeconomic class of the individual (Dion, Berscheid & Walster, 1972). The perception of someone's physical appearance may affect a person's impression of that individual's competency or level of professionalism in a specific field. In a study conducted by Judd, Bull and Gahagan (1975), people were approached outside a transportation station by a person said to be conducting advertising research. A random sample of people were asked to answer a few questions, and based on their willingness to participate, the researcher marked the appropriate data for willingness to participate or refusal. Data was collected on two consecutive days. The first day, the researcher was dressed tidily and on the second day, the researcher dressed shabbily. Factors such as tone of voice and hairstyle were consistent on both evenings. Results of the study indicated more people were willing to participate in short surveys if the researcher was dressed tidily (Judd, Bull and Gahagan (1975), confirming the notion that the type of clothing one wears may influence how an individual is perceived by others.

It is difficult to determine which specific aspects of physical appearance and dress are most noticed by observers during the formation of an impression when diversity and variability of population is considered. However, it is probable that people use a combination of visual cues to develop a first impression. Romano and Bordieri (1989) conducted a study involving high school students to investigate several learning factors; whether the physical attractiveness of college professors impacted students' opinions of competency, ability to help students, ability to teach content and help students learn from the professor. The study revealed that students believed more learning would result from instruction given by attractive professors than unattractive professors. The investigators also found that students were more likely to recommend courses taught by attractive professors than those taught by unattractive professors. Davis (1992) conducted a study to investigate age and dress of professors and the influence of the two on first impressions of college students. Results indicated significant findings relative to type of attire and teacher effectiveness, suggesting that a first impression made by a student about a professor may be impacted by formality of dress (Davis, 1992).

What is considered attractive may vary by geographic region, religion, race or culture, and it may be difficult to determine whether specific physical features such as facial characteristics or body type are important in impression formation for the broader population. It is imperative that one considers the various aspects of personal appearance that may be viewed as important throughout different regions, races or cultures. Evaluating the dress or clothing of individuals may elicit useful information in determining what the public sees as professional and appropriate in the work place, and how a person's appearance may lead others to make judgments based on career competence or professionalism. Kwon and Farber (1992) found that appropriate dress in the workplace may increase perception of certain job traits. Kwon and Farber (1992) also found significant results when surveying individuals regarding ten different job attributes. Professionalism was viewed to be the most important trait which may be enhanced by appropriate dress in the work place. Other traits found to be significantly affected by dress include intelligence, job competency, responsibility, knowledge in the given career field, trustworthiness and reliability (Kwon & Farber, 1992). The results of the above studies are significant in that a person's dress may significantly impact the impression that others may form regarding job attributes such as professionalism and job competence. Another study relating attire and job attributes suggested that different formalities of attire can influence a person's

perception of multiple job traits such as perceived level of power, knowledge and whether the person is viewed as business-like (Kwon & Johnson-Hillery, 1998).

Social Cognition

Analysis of impression formation and perceptions of individuals stem from the field of social psychology. The term *impression* is often paired with the term *social cognition*, described as the study of cognitive processes used in developing judgments about others (Lennon & Davis, 1989).

Davis and Lennon, (1988) indicate that social cognition includes cognitive methods involved in perceptions other individuals which leads to judgments and the formation of an impression. All people interact socially with others and therefore use social cognition to form opinions of one another. Zunin & Zunin (1972) suggest that people form an impression and determine whether to continue conversation in as little as three seconds. Based on this information, individuals may find information regarding physical appearance and dress valuable in determining how others view job competence. Morem (1997) reported that in the area of business, approximately 93% of what is believed of a person is based not on verbal messages, but non-verbal messages such as appearance and body language.

Categorization

Formation of a first impression involves the process of categorization. Categorization occurs when an individual identifies an object which is perceived and then places it into an appropriate group (Lennon & Davis, 1989). Johnson, Schofield and Yurchisin (2002) state that people make inferences regarding other people based on the ability to develop different mental categories. Categories are formed from information obtained through the senses. The categories allow the brain to organize and manage the large amount of information that is perceived by the senses (Johnson, Schofield & Yurchisin, 2002). Demarais and White (2004) describe the development of a first impression as a filter. Information is observed and categorized to form an impression of what the person may be like or how the person may behave. When one person meets another, the information obtained is perceived, identified and grouped then later recalled and reviewed in order to formulate an overall impression of an individual. Lennon and Davis (1989) conducted a study to investigate categorization in first impressions. Participants were given photos of individuals dressed in varying attire and asked to complete a questionnaire with rating statements from five categories: character traits, behaviors, attitudes, demographic traits

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and physical or biological traits. Results indicated that of the five categories, physical and biological traits were used most often (Lennon & Davis, 1989).

Significance of the Problem

The subject of attire within the workplace usually produces various opinions. Some institutions have policies enforcing codes stating specific rules of dress such as business casual, while other institutions may allow casual dress. Furthermore, some institutions may determine no specific dress code necessary; although employees may be expected to dress "appropriately" for the work setting. It is possible that employees may be left questioning what is considered appropriate. Without specific guidelines, employers may see a wide range of work clothing.

In the field of speech-language pathology, there is little objective information regarding what may be considered appropriate dress for the variety of clinical settings serviced by clinicians. Although each organization in which speech-language pathologists (SLPs) are employed may have its own definition of appropriate dress, it is important to assess how clientele interacting with clinicians view specific types of dress as being professional or unprofessional. In recent years, casual dress has been implemented more often within the workplace (Kwon & Johnson-Hillery, 1998), and a shift in employee dress has taken place in many workplaces. Many organizations no longer insist on formal business attire; rather, many sites are setting independent standards for dress.

As clinicians, SLPs are faced with the challenge of remaining professional while being dressed comfortably and appropriately when dealing with specific populations. The use of white lab coats in the field of medicine is most likely familiar to the larger population as historically representative of physician attire. Dunn, Lee, Percelay, Fitz and Goldman (1987) state that nonverbal information relayed by physicians such as attire or physical appearance may affect long-term doctor-patient relationships and patient compliance. Menahem and Shvartzman (1998) state that in the field of medicine, debates regarding appropriate dress have occurred since the 1930s. Some individuals have noted that the typical white lab coat of physicians may be intimidating or threatening to patients and may impact the development of client-physician relationships (Menahem & Shvartzman, 1998). Menahem and Shvartzman (1998) surveyed patients using a questionnaire containing photographs of both male and female physicians in various types of attire. Although results showed that 75% of participants did not believe attire would influence choosing a family doctor, of the participants who stated attire would impact

choice of physician, 76% indicated the white coat was preferred for physician attire. A similar study investigated opinions of both children and parents regarding physician attire (Marino, Rosenfeld, Narula and Karakurum, 1991). When given a set of pictures depicting both male and female physicians dressed in various types of dress, children showed no significant positive reaction to physician attire; however 42 of 50 children showed negative reactions or avoidance to the male physician without a coat or tie (Marino, Rosenfeld, Narula & Karakurum, 1991). Parents' reactions differed from the children in that many parents showed significant positive reactions to physicians in white coats. The parents responded negatively to physicians without a coat or tie, indicating similar responses to the children (Marino, Rosenfeld, Narula & Karakurum, 1991). It is possible that parents showed a greater preference to the physician wearing a white coat due to a stereotype of what has historically been deemed as appropriate attire for physicians. Another similar study reported that 52% of participants believed that physicians wearing jeans was inappropriate, 27% stated that tennis shoes were inappropriate and 65% of participants believed that the white coat should be worn by physicians (Dunn, Lee, Percelay, Fitz & Goldman,1987). The results of the above studies indicate that in a field of client-professional relationships, clients often have opinions or preferences regarding what is the most appropriate or acceptable attire for the medical workplace. Although SLPs work in a variety of clinical settings, the main focus of the field is a client centered service delivery model. Speech-language pathologists often develop somewhat long term relationships with clients and families, depending on the length and intensity of therapy needed. Therefore, it is important for the SLP to make a positive, professional impression in the early stages of the client-professional relationship. The above studies indicate that attire and appearance may have a significant impact on the development of first impressions.

Different clinical settings require different forms of dress; however there is a lack of specific guidelines of dress for clinicians in the field of speech-language pathology. Some work settings have implemented the use of white lab coats, similar to the ones worn by physicians, however in some cases; the use of lab coats may be considered intimidating to clients and families. Hospitals often have dress code requirements for SLPs including close-toed shoes, long pants and shirts with sleeves. Because of the nature of the work in a hospital setting, it is important to consider not only professionalism, but also safety measures when developing a dress code. Differences in dress codes across settings may reflect the risks involved within the

settings. Other clinical settings such as private practices may develop different dress codes based on the population serviced through the office. For example, if the office is primarily pediatric, SLPs may be encouraged to wear more casual, comfortable clothes if therapy is to be conducted while playing on the floor.

Purpose of the Study

Using a questionnaire designed to survey SLPs opinions on the appropriateness of clinical dress, the proposed study seeks to answer the following questions:

1. Is there one type of clinical dress that is most preferred by speech-language pathologists as a group?
2. Does preference of clinical dress depend on clinical work setting?
3. Does the amount of experience in the participant's current work setting and the type of clinical dress worn relate to the perception of the SLP's level of professionalism?
4. Which form of clinical dress is ranked highest for each of the five attributes (wears appropriate dress, knowledgeable about treatment, caring, practices good hygiene, arrives on time) listed?

Because there is a lack of research relating to speech-language pathology and clinical dress and to how clientele view the level of professionalism of the clinician based on their appearance, the present study aims to build a knowledgebase of speech pathologists' views of appropriate dress across different clinical settings.

Research Hypotheses

1. Given four examples of clinical dress, business casual dress will be ranked highest for appropriateness for therapy session.
2. There will be a significant relationship between participants' place of clinical practice and the type of clinical dress each participant ranks highest.
3. There will be a significant relationship between the rank given to perceived level of professionalism and the degree of experience the participant has in their clinical work setting.
4. Given the four photo choices, business formal attire will rank highest for level of professionalism.

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CHAPTER II

Methods and Procedures

Participants

Participants involved in the study included registered SLPs employed in the state of Ohio. Participants were chosen based on type of clinical work setting and were randomly selected from a mailing list provided by the Ohio Speech-Language-Hearing Association (OSLHA). Mailing lists provided by OSLHA were filtered by clinical work setting, specifically including acute and outpatient rehabilitation hospitals, private practices, home health care, long term care settings and general clinical settings. School settings were deliberately omitted from the mailing due to high numbers of registered SLPs in the school systems and an inability to reach such a large pool of participants due to research funding.

Inclusion Criteria

Inclusion criteria specified that participants must be practicing as an SLP in the state of Ohio at the time of participation. Participants must also be members of the Ohio Speech-Language-Hearing Association (OSLHA) and have the clinical setting in which the participant worked on record with OSLHA.

Exclusion Criteria

Participants were excluded from the study if they were not currently practicing as an SLP in the state of Ohio. Participants were also excluded from the study if they did not indicate a current work setting on the participant survey or if they did not completely rank order the attributes listed on page one of the participant surveys. Finally, subjects were excluded from the study if they did not adequately complete pages two and three of the survey.

Survey

The present study used a descriptive survey (Appendix A) to obtain the opinions of SLPs regarding appropriate clinical dress. A mailing list of SLPs was purchased from OSLHA. Each possible participant was sent a letter (Appendix B) introducing the study along with a survey both of which were created specifically for this project.

The survey was created to gain both demographic information as well as the participants' opinions on clinical dress. The subjects were asked to consider the viewpoint of a client when initially meeting the SLP. Subjects were then asked to rank order a list of attributes involving information such as arriving to therapy on time, dressing appropriately, practicing good hygiene

and appearing caring and knowledgeable about treatment. After taking on the viewpoint of the client, the participants were then asked to rank order the same five attributes using their own opinion as a professional SLP and what they viewed as most and least important. Participants were asked to state whether a dress code was in place and enforced at the primary work setting selected at the beginning of the survey. If a dress code was enforced, participants were asked to briefly describe the dress code policy.

The survey also sought information regarding the process of impression formation and attributes of appearance, which may impact the development of an impression relating to the importance of professional dress in the given setting. Four photographs were included with the written survey (Appendix A). The photographs contained the same model dressed in four types of clinical attire. The model's face was deliberately muted so as not to have participants' impressions influenced by facial features or level of attractiveness. The model represented a female SLP dressed in several types of clinical attire often found in SLP work settings. These included formal business attire, business casual attire, casual attire and business casual with a white lab coat.

Using a Likert scale of 1 (least) to 5 (most), the participant was asked observe the pictures, make judgments and rate the individual shown regarding the following characteristics: perceived level of interpersonal skills, appropriateness of attire for therapy session, level of intelligence, amount of experience in the field of speech-language pathology and level of professionalism.

Procedures

A participant survey (Appendixes A and B) was distributed by mail to approximately 500 SLPs in the aforementioned clinical settings in the state of Ohio. The survey was designed to take approximately 10 minutes to complete. Participants were asked to complete the survey and return it to the researcher for data collection. Data was collected and entered into a database for further analysis.

Participation was strictly on an anonymous basis and no personal identifying information was included. Participants were informed that consent to be included in the study was given by the participant if the survey was completed and returned.

Statistical Analyses

Data analysis involved the use of descriptive statistics including frequencies, means and standard deviations to examine the responses of participants. Means procedures were performed to determine the mean ranking of importance for the two groups of five attributes listed on page one of the survey (client and professional views). One-way analysis of variance (ANOVA) was used to further investigate the mean ranking of importance.

Repeated measures analyses of variance were also used to compare participants' work settings, level of experience in the current work setting and the ranking of each of the five attributes listed next to the photographs, as well as to compare the mean ranking of photos and the five attributes listed in the survey. All significant findings were further investigated by using the Tukey multiple comparison procedure.

CHAPTER III

Results

Participants

Participants were recruited based on membership with the Ohio Speech-Language-Hearing Association (OSLHA). A total number of 500 surveys were mailed to SLPs throughout the state of Ohio with a return rate of 227 (45%) surveys. The majority (220) of the returned surveys were completed by female SLPs, and only seven (3%) were completed by male SLPs. The mean age of participants was 41 years, with a minimum age of 22 and a maximum age of 70 years. Participants were employed as follows: (a) 87 (38%) in a hospital; (b) 49 (22%) in a long term care facility; (c) 50 (22%) in a private practice; (d) four (2%) in home health care; and (e) 37 (16%) in other settings. The alpha level for all statistical analyses was .05.

Client and SLP perspectives:

Participants were asked to use a five-point Likert scale to rank the order of importance for five listed attributes from both a client and SLP perspective. The five attributes ranked included: (a) SLP wears appropriate attire; (b) appears knowledgeable about treatment; (c) appears caring; (d) practices good hygiene; and (e) arrives on time.

A means procedure was conducted to determine which attribute was considered most important. Results indicated that mean rankings did not significantly differ between the viewpoint of a client and the SLP opinion. In both cases, appearing knowledgeable about treatment was ranked as the most important, followed by appearing caring, practicing good hygiene, arriving on time and finally, wearing appropriate attire (Figures 1 and 2). Figures 1 and 2 depict the mean rankings of attributes from both the client and SLP perspective. Participants were asked to rank order preference, therefore lower numbers indicate higher levels of importance.

Following the means procedure, a one-way analysis of variance (ANOVA) was performed to investigate relationships between the mean rankings of each of the five attributes. The ANOVA test indicated a significant (p=.0001) difference in the mean ranking of at least one of the five attributes. To further investigate significance, a Tukey multiple comparison analysis was performed. Results of that test indicated that each of the five attributes was ranked significantly different for the client perspective, whereas the SLP perspectives only showed significant differences between three of the five attributes (appropriate dress, appears caring,

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appears knowledgeable about treatment). No significance was found between arrives on time and practices good hygiene. As stated previously, the highest ranked attribute was appearing knowledgeable regarding treatment, and the lowest ranked attribute was appropriateness of clinical attire.

Dress Code

Of the 227 respondents, 172 (75.77%) reported having a dress code policy at their place of clinical practice, 49 (21.59%) reported they worked without a dress code, and 6 (2.64%) did not respond to the question. If the participant indicated that a dress code was in place, a brief description of the dress code was requested.

Research Question 1:

Is there one type of clinical dress that is preferred by speech-language pathologists as a group?

A repeated measures analysis of variance was completed to determine the relationships between the average rankings of each of the four examples of clinical dress. Results indicated no significant difference between the mean rankings of business formal attire and lab coat; however both business formal and lab coat held the highest mean rankings. However, a significantly higher difference ($p = .05$) was found between business formal, business casual and casual, as well as lab coat, business casual and casual. A significant difference was also found between business casual and casual (Figure 3). Significance was further verified by using the Tukey multiple comparison procedure.

The means procedure was performed to determine the mean ranking for each of the four examples of clinical dress (Table 4). Business formal attire ranked highest with an average ranking of 3.94 (SD 0.67), closely followed by business casual attire (mean 3.38, SD 0.80), lab coat (mean 3.72, SD 0.72) and finally casual dress (mean 2.27, SD 0.79).

Research Question 2:

Does preference of clinical dress depend on clinical work setting?

The following three clinical settings were used for the analysis of work setting and preferred type of dress; hospital, long term care facility and private practice. Home health care was left out of the analysis based on the low number of respondents working in home health care (n=4). The "other" category (n=37) was also left out of the analysis due to the high variability of settings in the category and the lack of information regarding the participant's place of work.

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Table 1

Summary of Participants' Work Settings

Work Setting	Frequency	Percent
Hospital	*87*	*38.33*
Acute	21	9.25
Rehabilitation	32	14.10
Non-Specific	34	14.98
Long Term Care Facility	*49*	*21.59*
Private Practice	*50*	*22.03*
Other	*41*	*23.79*

Table 2

Summary of Participant Information

Variable	N	Average	Standard Deviation	Range
Age	227	41.33	11.73	22 to 70
Years at current job	224	10.57	9.38	0 to 46

Table 3

Summary of Participants' Gender

Gender	Frequency	Percent
Male	7	3.08
Female	220	96.92

Figure 1. Mean ranking of importance of attributes from client perspective
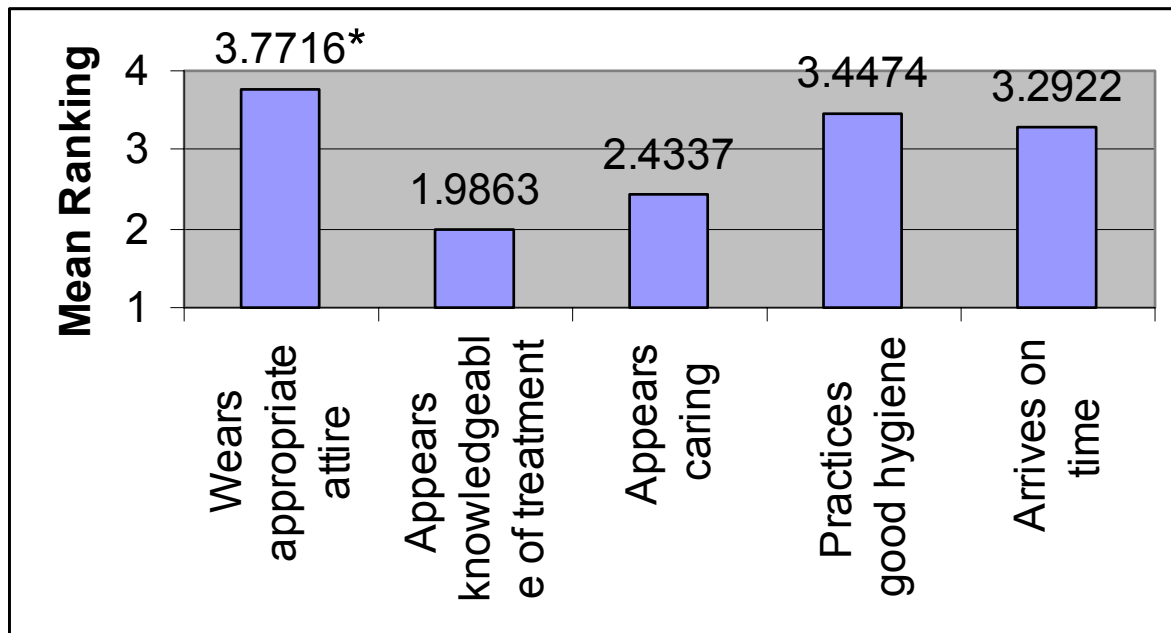
*p < .05

Figure 2. Mean ranking of importance of attributes from SLP perspective
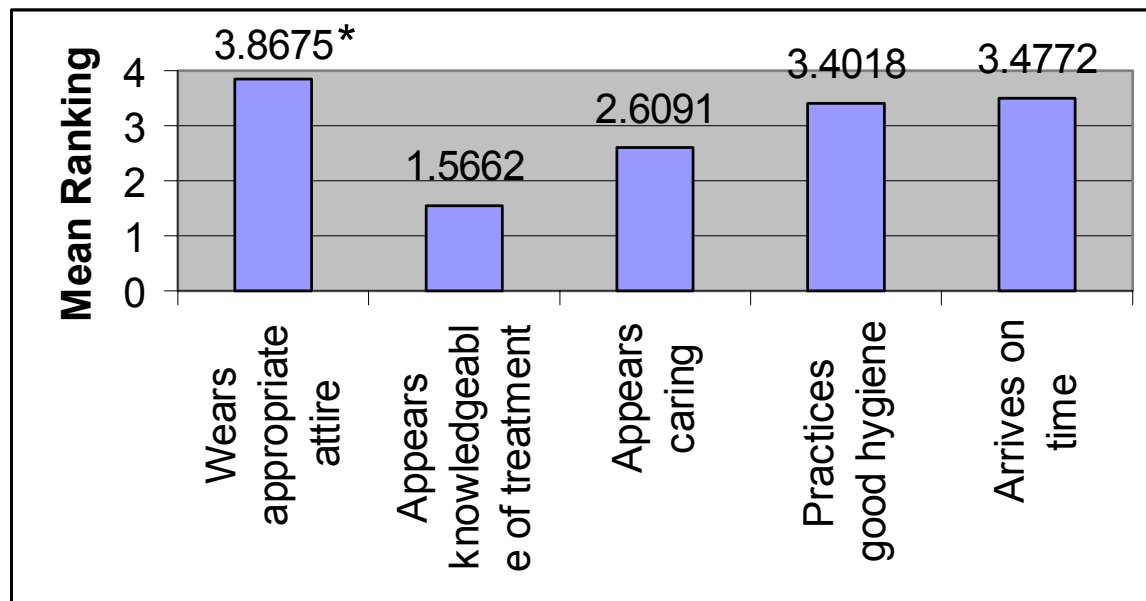
*p < .05

Table 4

Mean rankings of clinical dress

Type of Dress	N	Mean Ranking	Standard Deviation
Business Formal	207	3.94*	0.67
Lab Coat	206	3.72	0.72
Business Casual	205	3.38	0.80
Casual	207	2.26	0.79

*p < .05

Figure 3. Mean rankings for photos of clinical dress
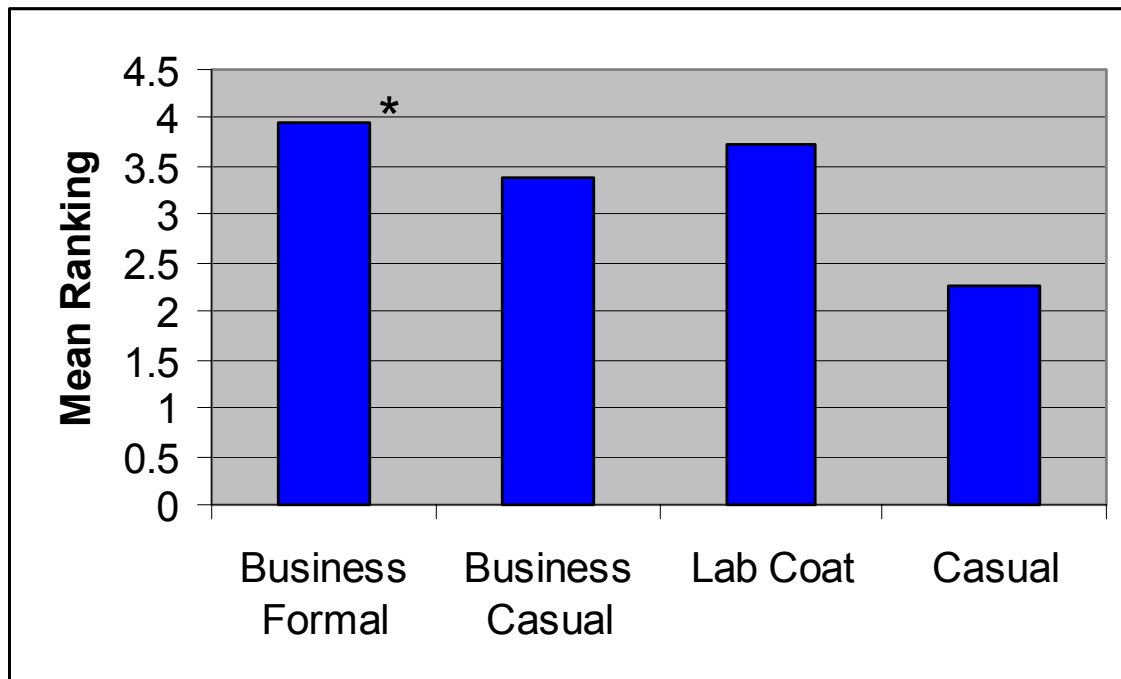
*p < .05

For each of the four examples of clinical dress, a one-way analysis of variance (ANOVA) was completed to determine the presence or absence of a significant relationship between place of work and preference of clinical dress (Table 5). Of the 227 survey responses, 187 were included in the analysis of work setting and dress preference.

No significant difference was found between work setting and business formal attire, business casual attire or casual attire; however results indicated a marginal significant difference (p=.04) between work setting and the lab coat. A Tukey multiple comparison analysis confirmed a significant difference (α = .05) between respondents working in long term care facilities and private practices. Participants in long term care settings expressed a significantly higher preference for lab coats than participants in private practices. No significant difference was present between long term care facilities and hospitals, or between hospitals and private practices.

Research Question 3:

Does the amount of experience in the participant's current work setting and the type of clinical dress worn relate to the participant's perception of the SLP's level of professionalism?

Participants were asked to report the number of years worked at their current clinical work setting. Responses were then grouped into four work experience categories; 0-2 years, 3-8 years, 9-14 years and 15+ years (Table 6). The participants' mean level of experience in the current clinical work setting was 10.6 years (SD 9.4 years) with the minimum of zero years and a maximum of 46 years. Of the 227 responses, 187 were used in the analysis of the relationship between amount of work experience in the current clinical setting and perceived level of professionalism.

A repeated measures analysis of variance was conducted to determine the relationship between experience in current work setting and perceived level of professionalism for each type of clinical dress. Results indicated no significant relationship between work experience and level of professionalism for business formal or casual attire, however a significant relationship (p=.01) was found between work experience and level of professionalism for business casual attire. A Tukey multiple comparison analysis confirmed significance and further indicated that the difference was found between the group of individuals who worked in the clinical setting for 9 to 14 years and the group of 15+ years. A significant relationship (p=.03) was also found between

work experience and level of professionalism for the SLP wearing the lab coat. The Tukey multiple comparison analysis indicated the significant difference existed between the least experienced group (0-2 years) and the most experienced group (15+ years). Overall, there is a marginally significant difference in ranking of clinical dress depending on the participants' level of experience in their current work setting. Business casual attire was ranked significantly higher by those individuals having worked in their current clinical setting 9-14 years (mean=4.36) than those with 15+ years of experience (mean=3.84). The lab coat was ranked significantly higher by those in their current work setting 0-2 years (mean=4.36) than those with 15+ years of experience (mean=3.84).

Research Question 4:

Which form of clinical dress is ranked highest for each of the five attributes listed?

A means procedure was performed to determine the mean composite scores for each of the five attributes relating to the four photos depicting types of clinical dress (Table 7). Multiple repeated measures analyses of variance were conducted to determine the relationship between mean ranking of photos and the five attributes listed for each photo.

Interpersonal Skills

Results of the repeated measures analysis of variance indicated a significant relationship (p=.001) between interpersonal skills and type of clinical dress. The Tukey multiple comparison analysis revealed a significant difference between business formal attire (3.66), lab coat (3.18) and casual dress (2.80). Business formal attire was ranked significantly higher than lab coat, business casual and casual dress. The least preferred was the casual category of dress. There was no significant relationship between business casual and business formal, or between business casual and lab coat.

Appropriateness for Therapy Session

A significant relationship (p=.001) was found between the appropriateness for therapy attribute and the type of clinical dress. Results indicated no significant difference between the mean rankings of business formal and lab coat or between lab coat and business casual. However, a significant relationship was found between lab coat and casual, business casual and business formal, and business formal and casual. Lab coat and business formal attire were ranked highest with mean rankings of 3.72 and 3.90 respectively. These rankings differed significantly from casual dress which had a mean ranking of 1.86. No significant difference was found

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between lab coat and business casual (3.54), however business casual significantly differed from formal business attire (3.90).

Perceived Level of Intelligence

Results of the repeated measures analysis of variance indicated a significant relationship (p=.0001) was found between perceived level of intelligence and type of clinical dress. The Tukey multiple comparison analysis revealed no significant higher ranking of business formal and lab coat, compared to business casual and casual dress which were ranked significantly lower than business formal and lab coat attire in relation to intelligence.

Amount of Experience in the Field of Speech Pathology

As in the previous analyses, a repeated measures analysis of variance was conducted, yielding results which indicate a significant relationship (p=.0001) between the mean ranking of attire and the perceived level of experience in the field of speech pathology. The Tukey multiple comparison analysis again revealed no significant difference in the mean rankings of business formal and lab coat attire, however a significant difference was found between business casual and casual. Again, business formal and lab coat were ranked highest with mean ranks of 3.78 and 3.77 respectively. These rankings were significantly higher than business casual (3.22) and casual (2.22) dress, indicating that individuals dressed in business formal and lab coat attire may be viewed as being more experienced in the field of speech pathology.

Level of Professionalism

Analysis of level of professionalism and type of clinical dress yielded results which indicate that a significant difference (p=.0001) exists between the mean rankings of level of professionalism and all four types of clinical dress. The Tukey multiple comparison analysis revealed that business formal attire was significantly ranked higher (mean =4.4) than any of the other types of clinical dress. Business formal attire was closely followed by lab coat (mean=4.1), then business casual (mean=3.27). The lowest mean rank was found to be casual attire (mean=1.74).

Table 5

Analysis of Variance (ANOVA) Results for the Relationship between Clinical Work Setting and Mean Ranking of Clinical Dress

Variable	DF	F Value	P Value
Business Formal	2,167	0.33	0.72
Lab Coat	2,167	3.24	0.04*
Business Casual	2,167	0.97	0.38
Casual	2,167	1.18	0.31

*p < .05

Table 6

Participants' Level of Experience in Current Clinical Work Setting

Amount of Experience	Frequency	Percent
0-2 years	47	21
3-8 years	62	28
9-14 years	54	24
15+ years	61	27

Table 7

Mean Ranks of Attributes for Each Example of Clinical Dress

Variable	N	Mean	Standard Deviation
Business Formal			
Interpersonal Skills	205	3.66	0.96
Appropriateness	215	3.91	1.05
Intelligence	206	3.96	0.81
Amount of Experience	206	3.78	0.89
Level of Professionalism	217	4.44	1.01
Lab Coat			
Interpersonal Skills	205	3.19	0.99
Appropriateness	212	3.72	1.06
Intelligence	206	3.85	0.87
Amount of Experience	204	3.77	0.87
Level of Professionalism	217	4.12	0.84
Business Casual			
Interpersonal Skills	203	3.47	0.89
Appropriateness	211	3.55	1.01
Intelligence	204	3.41	0.86
Amount of Experience	203	3.22	0.93
Level of Professionalism	214	3.27	1.01
Casual			
Interpersonal Skills	204	2.80	0.97
Appropriateness	215	1.87	1.02
Intelligence	205	2.67	0.95
Amount of Experience	205	2.22	0.99
Level of Professionalism	215	1.74	0.91

CHAPTER IV

Discussion

This study examined the perceptions of clinical dress for speech-language pathologists (SLPs). The primary objectives of this study were (a) to determine what type of clinical dress is ranked highest by SLPs, (b) to determine whether clinical setting and amount of experience in the work setting of the SLP impacts the choice of attire and (c) to examine the perception of five attributes of an SLP dressed in various types of clothing. The average participant was a 41 year old female SLP who has 10 years experience in her current place of employment. The most common work environment of respondents was the hospital setting (38%), followed by private practice (22%), long term care facility (21.5%) and other settings (18%).

Of the total 500 surveys mailed, 227 were returned. Potential participants were given the contact information of the researcher and encouraged to communicate any questions regarding the questionnaire. One participant contacted the researcher regarding directions on how to fill out the photograph section of the survey. The participant was concerned that each of the five numbers on the Likert scale should be used once in the ranking of the five attributes listed next to each photograph. An electronic message was sent to the participant stating that the object of the scale was to rank each attribute separately, allowing for multiple uses of each number if necessary.

Observation of the returned surveys indicated that multiple respondents added comments to the surveys. Comments ranged from statements negating the importance of the topic to other responses affirming the importance of the investigation of the topic. Many respondents also included comments regarding the photos and what they deemed would be the most appropriate setting for each type of dress. For example, one respondent noted that the business formal attire would be best for private practice, whereas casual attire may be most appropriate in a school or special education setting. Many respondents had opinions of the photo depicting casual dress, stating that jeans were completely inappropriate for any therapy setting. This response may have been indicative of the feeling that SLPs should be seen as professionals at all times in all clinical settings, and therefore jeans may not emit a strong sense of professionalism.

It is possible that some respondents held negative opinions of the current study based on limited information on the topic. Some respondents may have deemed the study inappropriate or unimportant because they believe that one's physical appearance should be insignificant to the

way they are perceived in a work setting. However, previous research as well as results of this study has shown that physical appearance and attire may significantly impact the development of a first impression and consequently the relationships that SLPs develop with clients and families. Romano and Bordieri (1989) found that participants of a survey involving teachers believed that more effective learning would result from teaching given by an attractive person other than an unattractive person. Although the current study did not assess physical attractiveness, attractiveness relates to physical appearance as does clothing. The results of this study indicate that perception of dress may impact others' ideas regarding certain job traits. Another study (Kwon & Farber, 1992) revealed that wearing appropriate attire within the workplace can increase perception of traits such as professionalism, intelligence and job competency (Kwon & Farber, 1992). The above studies indicate that attire and appearance do impact impression formation, and therefore participants with negative opinions to the current study may have been lacking information regarding the topic and therefore deemed it unimportant. It is also possible that some of the participants have been asked by their employer to change their style of dress while at their place of employment. In some cases such individuals may have felt resentment toward what they perceive as unfair or unnecessary job related changes due to personal appearance.

The section of the survey that requested dress code information for the participant's work setting yielded a variety of responses. Participants were asked to briefly describe the dress code of their place of employment if a dress code was enforced. Most participants responded with simple statements such as, "no jeans, close-toed shoes, no cropped pants". Some participants photocopied the dress code policy for their place of employment showing specific regulations for dress. The responses to this section of the survey demonstrated the wide range in types of dress codes in work settings throughout the state of Ohio. Some individuals responded that their work setting has limited dress codes while other settings have highly specific codes which employees are expected to follow.

Results of the current study indicate that when given a list of attributes including appropriate dress, knowledge regarding treatment, appearing caring, practicing good hygiene and arriving on time, participants ranked appearing knowledgeable regarding treatment to be most important. The attribute found to be least important was attire of the SLP. These findings were true for both the perceived client's opinion and the actual opinion of the participant as an SLP. A

previous study examining first impressions and character traits, behaviors, attitudes, demographic traits and physical/biological traits revealed that of the five categories, physical and biological traits were used most often in describing a person's first impression of another (Lennon & Davis, 1989). The results of the study by Lennon and Davis (1989) differ from the results of the current study in that physical traits such as dress and hygiene were ranked lower by participants than behavioral traits. It is possible that the difference lies in the types of methods used in each study to examine the formation of first impressions. Lennon and Davis (1989) used photographs of individuals dressed in various types of dress along with multiple category traits. Although the current study used photographs for a portion of the questionnaire, the section dedicated to rank ordering importance of traits used only written descriptions. It is possible that a photograph along with a list of traits may have impacted the participants' choices and biological traits may have ranked higher in importance.

The study sought to determine which type of clinical dress was most preferred by SLPs. To determine this finding, the mean ranking for each photo was calculated. Results indicated that out of 207 possible responses, business formal dress was ranked highest among the four choices of dress, with a mean ranking of 3.94 on a five point scale. This finding is interesting because out of the 227 total responses, none of the participants reported formal business attire as being part of a dress code policy at their place of work. It is possible that although SLPs believe business formal attire is most appropriate, they choose not to dress in this manner because it is not required or enforced in their work setting.

The research hypothesis stating that work setting and preference of dress would be significantly related must be rejected based on results found through statistical analyses. Results indicated no significant relationship between participants' current work setting and the highest ranked form of SLP attire.

The analysis of number of years experience in the current work setting and the highest ranked form of dress yielded interesting results. Although the hypothesis cannot be rejected, there was little significance relating work experience to type of dress ranked highest. The only significant finding was between the groups of participants in the 9 to 14 years experience and the group with 15 or more years of experience. Tukey multiple comparison testing showed significance between the two groups, however it is difficult to determine the true impact of experience and preference of dress due to the close parameters of the two groups. The group

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listed as 15 or more years of experience had a range of 15 to 47 years, which indicates a much wider range of experience than the group of 9 to 14 years. Therefore, although results showed significance, it is not possible to determine the true impact of these findings.

Kwon and Farber (1992) found that of ten job attributes, perceived level of professionalism is most impacted by type of attire worn in the workplace. Other job attributes that may have been affected by dress included perceived level of intelligence, job competency, responsibility, knowledge in the given career field, trustworthiness and reliability (Kwon & Farber, 1992). Similarly to Kwon and Farber (1992), the results of the current study indicate that when given five attributes and a photo, perceptions of intelligence, experience in the field and level of professionalism are all significantly related to the type of attire worn by the SLP. Another study found that when asked to participate in a brief survey, people were more willing to participate if they were approached by a tidily dressed individual than one dressed untidily (Judd, Bull & Gahagan, 1975). Although the current study did not investigate tidy and untidy dress, results indicated that casual clothing was ranked significantly lower than the three other options.

Conclusions

Results of the study conclude that overall, an SLP dressed in business formal attire is perceived as being most appropriately dressed for therapy, the most intelligent, as displaying high levels of professionalism and interpersonal skills and is perceived to have a high degree of experience in the field. An informal observation of the seven questionnaires returned by males indicated that the majority of these participants ranked business formal highest, followed by lab coat and business casual attire. Casual dress was ranked lowest. These observations are consistent with the overall response of participants. Results also indicate that although an SLP's attire may not be the most important observation in an initial meeting, type of clothing may impact the impression of the SLP with regards to multiple attributes.

Limitations of the Study

This study presents with limitations to its design and target population. Subjects were restricted to a specific geographic location. If the questionnaire had been distributed to a more geographically diverse population, it is possible that results would differ. Different geographic areas may have varying styles of dress and therefore opinions may change based on the participant's location. If typical attire for women in a specific region included dresses,

participants may have ranked the photos in the current study lower, as a dress was not used in the stimulus photographs. The questionnaire was also distributed to a limited number of work environments (hospital, private practice, long term care and home health care). SLPs in the school setting were omitted based on a large number of possible participants and limited resources with which to deliver the survey to such a large group. The sample of participants in the current study is not a full representation of SLPs and therefore opinions found in the study may not be an accurate portrayal of SLPs in other work areas such as schools.

Other limitations of the study include the lack of color stimulus photographs and no male SLP representation in the photographs. Although the photos used in the participant questionnaire were clear, a lack of color may have impacted the perceptions of some participants. The questionnaire also included photos of only a female SLP. Although the participant population was largely female, it is important to consider the importance of attire for male SLPs as well.

In recent years, the U.S. population has grown and changed to become more diverse. The current study lacks diverse representation in the stimulus photographs. The photographs used represented a Caucasian female SLP. It is possible that due to a changing population, participants may have different opinions of what is considered appropriate for a woman speech pathologist. Some races, religions and cultures have standards of dress that differ from the dress depicted in the study. For example, the Muslim religion upholds traditions including hair coverings for women. For some people, a lack of headwear may be seen as inappropriate, whereas other individuals may be put off by the presence of headwear for a professional woman. Due to the differences of opinions between people, the results of this study may not fully represent the population.

Future Research

Further information is needed regarding the perception of appropriate attire for speech-language pathologists. Targeting a larger population of SLPs in all clinical settings would be beneficial in determining the overall perception of what attire is appropriate for therapy as well as what may be seen as most professional for SLPs. It is imperative that future research include SLPs in school settings, as this group likely represents a large percentage of working SLPs.

A key component to further research lies in the opinions of clients and families coming into contact with the SLP. It is necessary to survey those individuals receiving therapy services as well as their families to determine what is considered most appropriate for therapy, as well as

what is considered most professional. Gaining knowledge of the opinions of clients and families may lead to powerful information from which SLPs could benefit. The opinions of clients and families should be highly considered by the SLP, and obtaining information regarding the formation of impressions of clients and families may help SLPs make decisions regarding attire that will improve rapport with clients. It is possible that if clients were surveyed, results would show varying opinions on the appropriateness of certain attire. For example, older clients may view one type of attire as being most appropriate, whereas a younger client population may have different views of clothing style and appropriateness for a work setting. As previously stated, the current study does not take into account the diverse population; therefore it would be beneficial if further research investigated opinions of dress using multiple races and cultures.

It may also be necessary to consider the viewpoints of the SLP in relation to their amount of experience in the field of speech pathology. In the current study, participants were asked to indicate the number of years experience in their current clinical setting. Although this information was beneficial in determining the relationship between experience at work setting and preference for clinical dress, determining the relationship between dress preference and overall experience in the field may yield interesting results. As the field of speech pathology grows and changes, new professionals in the field may have different views of what is appropriate and professional. Results of this study showed significance between experience in a current work setting and choice of attire, with the lab coat being significantly ranked higher by professionals with less experience at their job than those with greater experience. This may be a result of new preferences of dress for professionals beginning practice; however this may be further researched if participants are asked the total number of years experience in the field of speech pathology. Initial impressions may also be affected by other factors such as facial appearance, cosmetics, hair color, jewelry or tattoos. It is possible that opinions of professionalism and job competence would be impacted by the presence or absence of such factors in a stimulus photograph. The current study did not take such factors into account on the basis that physical attractiveness was not intended to be evaluated.

Future research in the area of impression formation and appropriate clinical attire for SLPs may also include a live or video recorded sample where participants view people in various attire and situations. A live representation of the SLP may lead to more accurate information regarding how clients view the SLP in an initial meeting. Knowledge regarding how clients and

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families view the SLP in an initial meeting has the potential to add valuable information to the field of speech-language pathology. An important part of a client-professional relationship is rapport. If the SLP makes a positive first impression and is able to establish rapport easily, the relationship between the SLP and the client has a strong foundation and can continue to grow throughout the progression of therapy.

References

Chia, R.C., Allred, L.J., Grossnickle, W.F., & Lee, G.W. (1998). Effects of attractiveness and gender on the perception of achievement-related variables. *The Journal of Social Psychology, 138*(4), 471-477.

Davis, L.L., & Lennon, S.J. (1988). Social cognition and the study of clothing and human behavior. *Social Behavior and Personality, 16*(2), 175-186.

Davis, M.A.S. (1992). Age and dress of professors: influence on students' first impressions of teaching effectiveness. *Dissertation Abstracts International*, *53* (02), 806B. (Publication No. AAT 9220629)

Demarais, A., & White, V. (2004). *First Impressions: What you don't know about how others see you.* New York: Bantam Dell.

Dion, K.K., Berscheid, E., & Walster, E. (1972). What is beautiful is good. *Journal of Personality and Social Psychology*, *24*(3), 285-290.

Dunn, J.J., Lee, T.H., Percelay, J.M., Fitz, J.G., & Goldman, L. (1987). Patient and house officer attitudes on physician attire and etiquette. *JAMA, 257*(1), 65-68.

Johnson, K.K., Schofield, N.A., & Yurchisin, J. (2002). Appearance and dress as a source of information: a qualitative approach to data collection. *Clothing and Textiles Research Journal, 20*(3), 125-137.

Judd, N., Bull, R.H.C., & Gahagan, D. (1975). The effects of clothing style upon the reactions of a stranger. *Social Behavior and Personality, 3*(2), 225-227.

Klion, R.E., & Leitner, L.M. (1991). Impression formation and construct system organization. *Social Behavior and Personality, 19*(2), 87-98.

Kwon, Y.H., & Farber, A. (1992). Attitudes toward appropriate clothing in perception of occupational attributes. *Perceptual and Motor Skills, 74*, 163-168.

Kwon, Y.H., & Johnson-Hillery, J. (1998). College students' perceptions of occupational attributes based on formality of business attire. *Perceptual and Motor Skills, 87*, 987-994.

Lennon, S.J. (1986). Additivity of clothing cues in first impressions. *Social Behavior and Personality*, *14*(6), 15-21.

Lennon, S.J., & Davis, L.L. (1989). Categorization in first impressions. *The Journal of Psychology, 123*(5), 439-446.

Marino, R.V., Rosenfeld, W., Narula, P., & Karakurum, M. (1991). Impact of pediatricians' attire on children and parents. *Developmental and Behavioral Pediatrics, 12*(2), 98-101.

Menahem, S., & Shvartzman, P. (1998). Is our appearance important to our patients? *Family Practice, 15*(5), 391-397.

Morem, S. (1997). *How to gain the professional edge: Achieve the personal and professional image you want.* West Midlands, England: Better Books.

Park, B. (1986). A method for studying the development of impressions of real people. *Journal of Personality and Social Psychology, 51*(5), 907-917.

Romano, S.T., & Bordieri, J.E. (1989). Physical attractiveness stereotypes and students' perceptions of college professors. *Psychological Reports, 64,* 1099-1102.

Ryan, M.S. (1991). Clothing: a study in human behavior. *Human Ecology, 19*(3), 28-32.

Shah, A.A. (1987). *The role of impression formation, social cognition, and priming in the development of stereotypes*. Frankfurt am Main, Germany: Peter Lang.

Zunin, L. & Zunin, N. (1972). *Contact: the first four minutes*. New York: Ballatine.

Participant Survey

1. **Gender:** _____ Male _____ Female   2. **Age:** _____ years

3. **What is your <u>primary</u> clinical setting?** (Check One Only):
_____ Hospital (Acute/Rehab)   _____ Private Practice   _____ Long-Term Care

_____ Home Health   _____ School   Other_____

4. **How long have you been working in the above clinical setting?** _____ years

5. **Consider the <u>viewpoint of a client</u> meeting you (the SLP) for the initial therapy session. From the <u>client's perspective</u>, please rank the *order of importance* of each of the following 5 attributes** (1=most important, 5=least important).

_____ Speech-Language Pathologist wears appropriate dress/attire
_____ Speech-Language Pathologist appears knowledgeable about treatment
_____ Speech-Language Pathologist appears caring
_____ Speech-Language Pathologist practices good hygiene
_____ Speech-Language Pathologist arrives on time

6. **Consider <u>your viewpoint</u> as a practicing SLP meeting a client for an initial therapy session. From <u>your perspective</u>, please rank the *order of importance* of each of the following 5 attributes** (1=most important, 5=least important).

_____ Speech-Language Pathologist wears appropriate dress/attire
_____ Speech-Language Pathologist appears knowledgeable about treatment
_____ Speech-Language Pathologist appears caring
_____ Speech-Language Pathologist practices good hygiene
_____ Speech-Language Pathologist arrives on time

7. **Does your primary work setting** (checked above) **have a dress code?** If so, please briefly describe below:

Please rate the individual in the accompanying photo on each of the following attributes. Please circle ONE number for each response.

	Least				Most
1. Level of interpersonal skills	1	2	3	4	5
2. Level of appropriateness for therapy session	1	2	3	4	5
3. Level of intelligence	1	2	3	4	5
4. Amount of experience in the field of Speech Pathology	1	2	3	4	5
5. Level of professionalism	1	2	3	4	5

Please rate the individual in the accompanying photo on each of the following attributes. Please circle ONE number for each response.

	Least				Most
1. Level of interpersonal skills	1	2	3	4	5
2. Level of appropriateness for therapy session	1	2	3	4	5
3. Level of intelligence	1	2	3	4	5
4. Amount of experience in the field of Speech Pathology	1	2	3	4	5
5. Level of professionalism	1	2	3	4	5

Please rate the individual in the accompanying photo on each of the following attributes. Please circle ONE number for each response.

	Least				Most
1. Level of interpersonal skills	1	2	3	4	5
2. Level of appropriateness for therapy session	1	2	3	4	5
3. Level of intelligence	1	2	3	4	5
4. Amount of experience in the field of Speech Pathology	1	2	3	4	5
5. Level of professionalism	1	2	3	4	5

Please rate the individual in the accompanying photo on each of the following attributes. Please circle ONE number for each response.

	Least				Most
1. Level of interpersonal skills	1	2	3	4	5
2. Level of appropriateness for therapy session	1	2	3	4	5
3. Level of intelligence	1	2	3	4	5
4. Amount of experience in the field of Speech Pathology	1	2	3	4	5
5. Level of professionalism	1	2	3	4	5

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APPENDIX B

December 2006

Dear Professional,

Have you ever wondered how your client's first impression of your appearance affects rapport and progression of treatment? I am Joanna Stegeman, a second year graduate student at Miami University in the department of Speech Pathology & Audiology. I am studying the relationship between therapists' appearance and clients' perceptions of the therapist. The information obtained from this survey will aid in my completion of my Master's Thesis titled Speech Pathologists' Perceptions of Appropriate Clinical Dress.

Completion of the survey should take approximately 10 minutes. All information obtained will be anonymous and your participation is strictly voluntary. If you choose to participate, please take the next few minutes to complete the attached survey and place it in the enclosed self-addressed, stamped envelope and return.

Your input will provide data that will be beneficial in analyzing information regarding speech pathologists' perceptions about clinical dress. I sincerely appreciate your participation and would be pleased to share the findings of my thesis upon completion if you so desire. If you have any questions regarding my study or participation, you can contact me at stegemjc@muohio.edu or 513-529-2500 or the Office for the Advancement of Research and Scholarship at 513-529-3734.

Sincerely,

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