



# Effectiveness of a Structured Short Intervention Against Stigmatizing Attitudes Towards People with Skin Diseases in Body Care Professions

CARE



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## **BACKGROUND**

HAMBURG

People with visible chronic skin diseases experience stigmatisation in everyday life. These experiences have a negative impact on mental health, quality of life and social interactions. In a survey, many patients reported feelings of stigma and visiting hairdressers, beauticians, nurses and physical therapists. In order to reduce stigmatising attitudes in medical students and teachers in training, an intervention called "ECHT" <sup>1,2</sup>, consisting of self-awareness exercises, education and a patient encounter, was developed within a project funded by the German Ministry of Health. As the results showed an increase in knowledge about and acceptance of people with skin conditions attributable to the intervention, it may hold promise for other professional groups.

Have you experienced being shunned or ostracised by others because of your psoriasis?

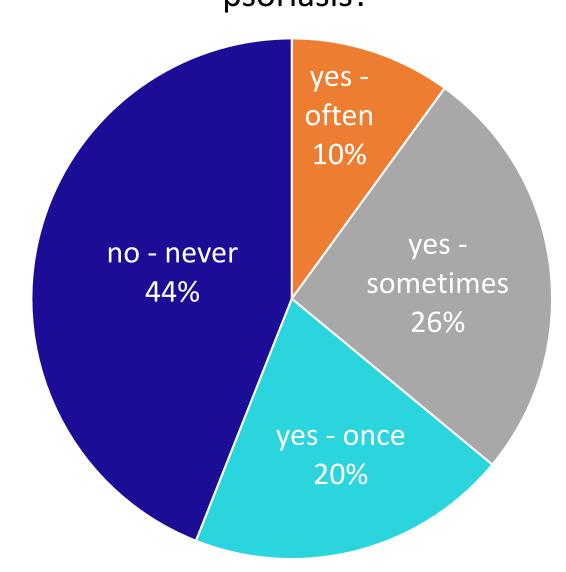


Fig. 1 | Results of a survey on stigmatization by German patient groups among their members.3

### AIMS

The aim of this randomised controlled trial was to adapt the ECHT intervention to people in body care professions and to test its feasibility and effectiveness.

## **METHODS**

### **Participants**

#### Tab. 1 | Number of participants per group by profession

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	Intervention	Control	Total			
Beauty (hairdressers, cosmeticians)	10	8	18			
Nurses	22	19	41			
Physical therapists	23	26	49			
Total	55	53	108			

• 88% female, age:  $M = 32.12 \pm 12.88$  years

#### **Primary Endpoints**



Self-report questionnaires (range: 1-5) on

- Stereotype endorsement<sup>4</sup>
- Disease-related misconceptions<sup>4</sup>
- Desire for social distance<sup>4</sup>
- Behavioral intentions (Reported and Intended Behavior Scale<sup>5</sup>)
- Weinberger et al. (2021). *Health Expectations*, 24(5), 1790-1800.
- 3. Psoriasis-Netz & Deutscher Psoriasis Bund e.V. (2021). PSO Magazin 1-2021

Sommer et al. (2022). Acta Dermato-Venereologica, 102, adv00641-adv00641.

#### Intervention

One-time face-to-face seminar (duration: 2.5 hours), consisting of:

#### Intervention group

- exercises & self-reflection
- education about skin diseases and stigmatization
- encounter with a person with psoriasis

#### Control group

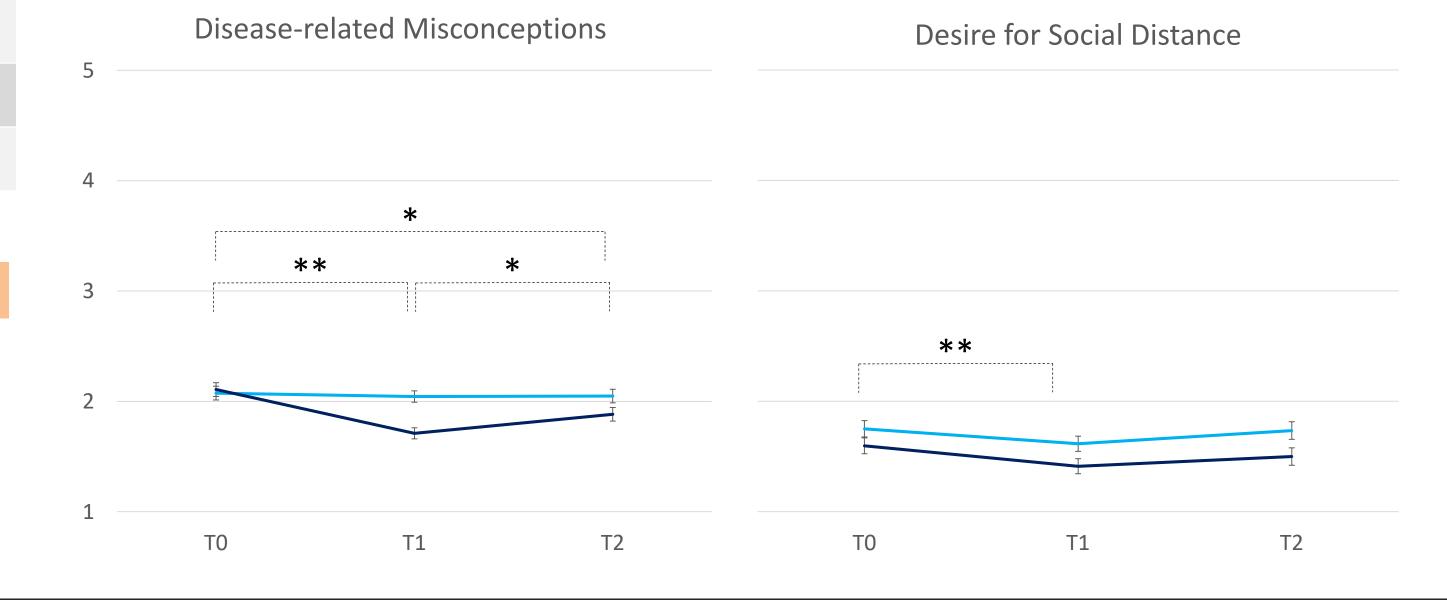
- exercises & self-reflection
- education about health at work
- e-learning about work-related mental health

# Procedure **INTERVENTION CONTROL** N = 129 T2 (3 months) T0 (pre) T1 (post) Measurements

Fig. 2 | Procedure of the RCT.

### **RESULTS**

Agreement with negative stereotypes and disease-related misconceptions decreased significantly more from T0 to T1 and T2 in the intervention group than in the control group (all p's  $\leq$  .002; Fig. 3). Both groups showed a comparable decrease in the desire for social distance from people with psoriasis (p < .001) but no change in behavioural intentions. No systematic differences in the changes of the primary endpoints between the different occupational groups were observed.



<sup>4.</sup> Pearl et al. (2019). J Am Acad Dermatol, 80, 1556-1563.

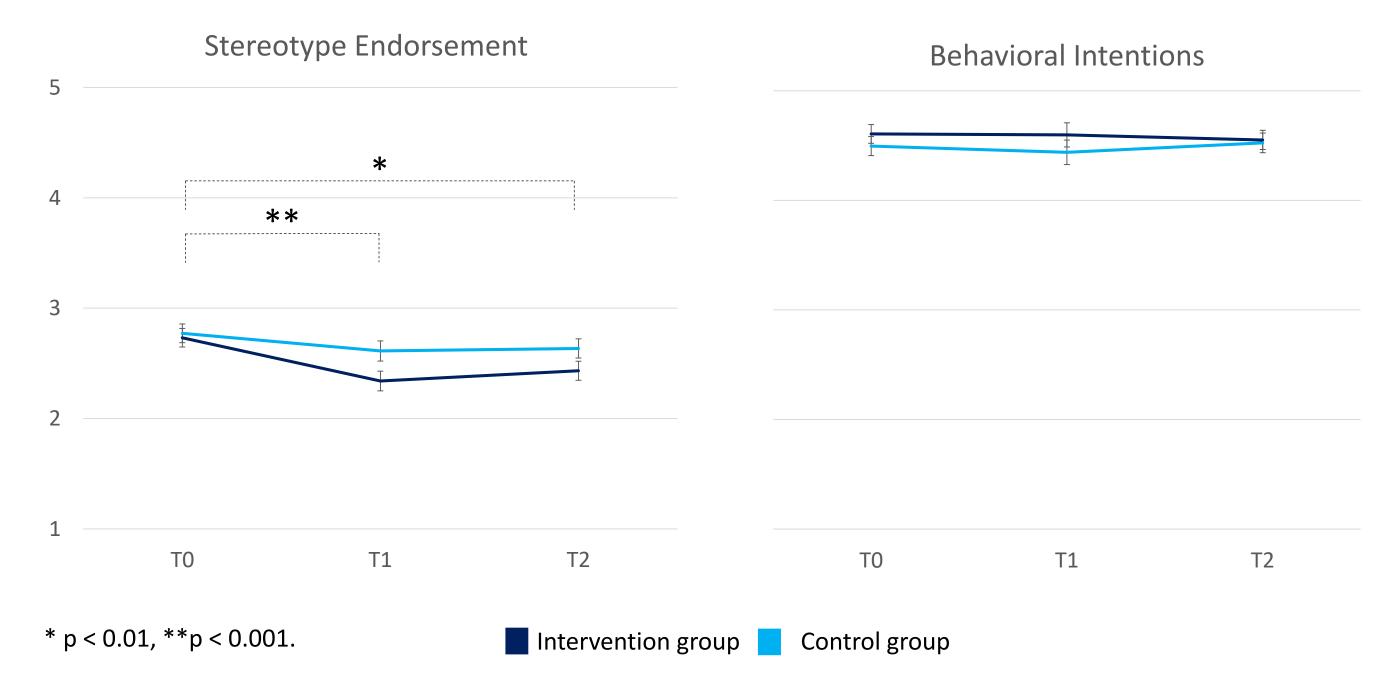


Fig. 3 | Comparison of changes in primary endpoints between intervention and control group from pre- (T0) to post-test (T1) and 3 months follow-up (T2).

### Satisfaction with the seminar

Both groups indicated a high level of satisfaction with the scope of the seminar and its professional and private relevance. However, the intervention group felt better prepared for similar situations in practice and would be more likely to recommend the event to colleagues than the control group (Tab. 2).

<b>Tab. 2</b>	Satisfaction with the seminar as rated on numeric rating scales

	intervention	control	р
Personal relevance	1.91	1.64	0.157
Occupational relevance	1.67	1.57	0.547
Satisfaction with seminar	1.22	1.55	0.015*
The scope of the seminar was appropriate	1.29	1.45	0.252
I feel better prepared for similar situations in practice	1.71	2.21	0.007**
I would recommend this seminar to my colleagues	1.16	1.40	0.026*

<sup>\*</sup> p < 0.05, \*\*p < .001; range: 1-5, lower values indicate greater agreement.

### DISCUSSION

The structured brief intervention increases awareness and acceptance of skin diseases. The intervention is suitable for use in different professional groups in the field of body care - a context that many patients struggle with in their daily lives. Its integration into vocational training or delivery in workshops could increase knowledge about chronic skin diseases and reduce prejudices in various professional groups at a larger scale, thus helping to improve the psychosocial wellbeing of people with skin diseases.



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<sup>5.</sup> Evans-Lacko et al (2011). Epidemiol Psychiatr Sci, 20, 263–271.