Relationship Between Chiropractic Teaching Institutions and Practice Characteristics Among Canadian Doctors of Chiropractic: A Random Sample Survey

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Abstract

Objective: The objectives of this study were to determine if faction membership among Canadian doctors of chiropractic (DCs) is associated with differences in educational program characteristics among English-speaking Canadian and United States chiropractic colleges and to determine if those differences are expressed in terms of surveyed attitudes and behaviors regarding treatment efficacy, radiographic imaging, vaccinations, and interprofessional referrals. This study also aims to identify if educational programs may be a potential source of multiple professional identities.

Methods: A randomly selected sample of Canadian DCs, stratified across the English-speaking provinces, was surveyed by mail. Survey items included school of graduation, self-categorization by chiropractic subgroup, perceptions of condition-specific treatment efficacy, use of plain film radiographic imaging, vaccination attitudes/behaviors, and patient referral patterns. Self-categorization by chiropractic subgroup included: the unorthodox faction (associates the chiropractic subluxation as an encumbrance to the expression of health) and the orthodox perspective (associates with musculoskeletal joint dysfunction, public health, and lifestyle concerns). For data analysis, chiropractic schools were divided into 2 groups according to location: English-speaking Canada and the US. The US was further clustered into liberal ("interested in mixing elements of modern and alternative therapies into the practice of chiropractic") and conservative categories ("chiropractors who believe in continuing the traditions of chiropractic").

Results: Of 740 deliverable questionnaires, 503 were returned for a response rate of 68%. χ^2 Testing revealed significant differences in self-categorized faction membership associated with the clustering of colleges based on ideological viewpoints ($\chi^2 = 27.06$; $P = .000$). Descriptive results revealed a relationship between school of origin and perceived treatment efficacy, use of radiographic imaging, and vaccination attitudes. No significant differences were found relative to interprofessional referral patterns.

Conclusion: Chiropractic program attended is a significant predictor of orthodox vs unorthodox faction membership and professional practice characteristics for Canadian DCs. This suggests that the current chiropractic education system may contribute to multiple professional identities. (J Manipulative Physiol Ther 2014;37:709-718)

Key Indexing Terms: *Chiropractic; Interprofessional Relations; Attitude of Health Personnel; Professional Education*

Doctors of chiropractic (DCs) are commonly sought health care professionals in Canada.[1] People seek out DCs almost exclusively for musculoskeletal conditions, primarily back and neck pain,[2] and are usually treated with a wide range of manual and manipulative therapies, active rehabilitation, and health promotion information.[3,4] Chiropractic is an evolving health care profession; originally based on principles that served to distinguish and isolate the profession from mainstream medicine, research has gradually redefined the nature of the discipline and its educational system. As a result of these changes, chiropractic now sits poised to enter mainstream care.[5] Although still controversial, chiropractic is increasingly viewed as an effective musculoskeletal specialty by those in the medical profession, with 25% to 50% of medical doctors (MDs) claiming to have referred patients to a DC.[6,7] The establishment of direct, formalized referral relationships between MDs and DCs ultimately improves efficiency, quality, and patient safety in the health care system.[8,9]

Interprofessional communication, however, may be hampered by profession-specific identities,[10] and professional

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Which **ONE** of the following best describes the predominant view you have of the conditions you treat?
❑ I treat the broadest spectrum of health concerns and may include lifestyle and wellness issues
❑ I treat musculoskeletal or neuromusculoskeletal problems and may include specific disorders such as low back and neck-related pain
❑ I treat a combination of general problems and biomechanical groups
❑ I treat a combination of biomechanical group and organic/visceral complaints
❑ I treat vertebral subluxation as a somatic joint dysfunction and/or related to functional or musculoskeletal problems
❑ I treat vertebral subluxation as an encumbrance to the expression of health – vertebral subluxation is seen as an entity in and of itself, which is corrected to benefit patient well-being

Fig 1. *Survey item for self-categorization by chiropractic subgroup.*

education has been viewed as a means of creating a uniprofessional identity.[11] Associated with social identity theory,[12,13] Khalili et al[11] suggest that the cognitive maps created or maintained during profession-specific education may result in sufficient cohesiveness to result in discrimination against outside groups.

It is well understood that every profession contains factions,[14–19] subgroups within the whole that have different ideas and opinions than the rest of the group. Factions have also been found to exist within the chiropractic profession.[20] Historically, most practitioners were thought of as “straights”; they were educated consistent with Langworthy’s original premise of the supremacy of the nerves in maintaining health and perceived subluxation as an impediment to general health, with its only remedy being manipulation/adjustment.[21] However, recent work has shown that DCs in Canada who continue to define themselves in accordance with this more traditional premise currently represent a minority faction.[20] Moreover, Canadian DCs who self-identify with this group can be predicted based on specific professional characteristics related to perceived treatment efficacy, use of radiographic imaging, and vaccinations, which would be seen as unorthodox by those in mainstream health care professions.[20] Amplification of the unorthodox practice attributes that are associated with this minority chiropractic faction have been observed to impede patient-centered communication between chiropractic and medicine.[7]

A recent examination of chiropractic education programs has suggested that there may exist significant differences between them, based on philosophical underpinnings that lie along a spectrum of “conservative” (maintaining historically “straight” traditions, such as those of Langworthy’s notion of the supremacy of the nerves in maintaining health)[21] to “liberal” (more inclined toward current scientific models).[22] Based on this previous work, questions regarding the impact of chiropractic education on factions and, therefore, on interprofessional dynamics can now be asked.

A nationwide survey in 1997 found that 99.7% of DCs in Canada graduated from either the Canadian Memorial Chiropractic College (CMCC; 74.8%) or a chiropractic school in the United States (US; 24.9%).[4] The CMCC currently represents Canada’s only English-language chiropractic program and declares an evidence-based approach to the role of chiropractic in health care and a focus on treatment of neuromusculoskeletal disorders, differential diagnosis, patient-centered care, and research.[23] The US currently has 15 chiropractic colleges that span the ideological spectrum[24]; as of 2005, two-thirds of schools were associated with a liberal focus and one-third of schools with a conservative focus.[22] Professional education is one means of creating a uniprofessional identity, but different factions exist within chiropractic, and this has been suggested to interfere with interprofessional relationships.

To understand the potential impact of differing factions in chiropractic on interprofessional dynamics, it is important to understand the extent to which chiropractic institutions might be inspiriting unorthodox attitudes and behaviors and thus facilitating multiple professional identities. The purpose of this analysis was 2-fold: (1) to determine if previously defined[20] intraprofessional factions in chiropractic are associated with differences in educational program characteristics among English-speaking US and Canadian chiropractic colleges and (2) to determine if these differences are also expressed in terms of surveyed attitudes toward treatment efficacy, use of radiographic imaging, vaccinations, and interprofessional referral patterns.

Methods

Survey development and administration have been detailed in previous work.[20] A survey instrument was developed by the authors that contained 16 items, both qualitative and quantitative in nature, ranging in topics from professional behaviors to practice philosophy. The survey instrument was tested by 10 practicing DCs. A list of all currently licensed DCs for each of the 9 English-speaking Canadian provinces was developed from the online directories of the provincial chiropractic licensing bodies. A random sample was then selected from each provincial list, 749 DCs (12%), stratified proportionally across the English-speaking Canadian provinces. The survey was administered by mail from August 2010 to December 2010. The CMCC Research Ethics Board approved the study protocol (REB approval no. 1006X02), and the CMCC Research Division provided all funding.

Survey items pertinent to this investigation included school of graduation, self-categorization by chiropractic subgroup, perceptions of condition-specific treatment efficacy, use of plain film radiographic imaging, vaccination attitudes/behaviors, and patient referral patterns. The self-categorization by chiropractic subgroup question (Fig 1) has been detailed in

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