

AN EXPLORATORY, DESCRIPTIVE STUDY OF CONSUMER OPINIONS AND BEHAVIORS REGARDING HEALTH PRODUCTS SALES AT 4 CHIROPRACTIC PRACTICES IN A LARGE, WESTERN CANADIAN URBAN CENTER

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Abstract

Objective: This study describes the opinions and behaviors of chiropractic patients in a large, western Canadian urban center regarding the sale of health products by doctors of chiropractic.

Methods: A brief, descriptive survey consisting of both fixed-choice and open-ended questions was distributed by clinic reception staff at 4 chiropractic offices in Calgary, Alberta, Canada. Each practice sold a range of health products, including those relating to musculoskeletal care and nutrition, and served between 275 and 320 clients per week.

Results: After a 10-week recruitment interval between January and March 2013, a convenience sample of 103 chiropractic patients was obtained. Most patients supported the sale of health products by doctors of chiropractic (n = 101; 98.1%), and most had made health product purchases from a doctor of chiropractic at some point (n = 73; 70.9%). Products relating to muscular care, exercise/rehabilitation products, and pillows were purchased most often (>40%). Consumers were most supportive of doctors of chiropractic selling products they perceived to be directly related to musculoskeletal care. Some participants believed that there should be limits placed on the range of products sold including the products had to be consistent with the practitioner's area of expertise and had to have some demonstrated level of effectiveness. Primary reasons for health product purchase included the doctor's recommendations, convenience, and perception that the product would improve well-being (>50%).

Conclusions: This study found that chiropractic patients were supportive of health product sales by doctors of chiropractic, assuming certain conditions were met. Consumers believed that product sales should be undertaken with integrity and should be consistent with the doctor's area of expertise. Consumer beliefs appeared to impact their purchasing behaviors. (J Manipulative Physiol Ther 2015;38:59-64.e2)

Key Indexing Terms: Chiropractic; Ethics; Professional; Codes of Ethics; Marketing; Patients

he integration of the chiropractic profession into the medical mainstream has been demonstrated by the public's demand for, and satisfaction with, its services; by its inclusion in private insurance plans; and by

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Copyright © 2015 by National University of Health Sciences. http://dx.doi.org/10.1016/j.jmpt.2014.10.015 referrals its practitioners receive from physicians. ^{1–4} Despite this endorsement and integration into the conventional health care system, chiropractic as a business enterprise faces several challenges such as an increasing number of qualified practitioners, reduced/removed provincial health care coverage, and increases in the number of other conventional (eg, physiotherapists) and complementary therapy providers (eg, massage therapists) who may be targeting the same consumer base. ^{4,5} A job futures report from the Government of Canada illustrates that the demand for chiropractic care is rising. The report also states that as the number of chiropractic graduates is exceeding the number of retirements and deaths, the number of practitioners may increase faster than the demand for care, resulting in a plateau, or possibly drop, in income for practitioners.⁴

One response to this revenue challenge is for practitioners to broaden the range of goods or services

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 Table 1. Sociodemographic Characteristics of Patient Participants

Patient Characteristics	n (%)
Sex	
Male	34 (33%)
Female	69 (67%)
Median age (IQR), y	61.5 (56.5-73.0)
Education	· · · · · ·
Less than high school	5 (4.9%)
High school diploma	12 (11.7%)
Some postsecondary	14 (13.6%)
Technical school/college diploma complete	27 (26.2%)
Postsecondary degree complete	41 (39.8%)
Prefer not to answer	4 (3.9%)
Income range	
\$0-<\$20000	4 (3.9%)
\$20000-<\$40000	8 (7.8%)
\$40000-<\$60000	17 (16.5%)
\$60000-<\$80000	16 (15.5%)
\$80000-<\$100000	14 (13.6%)
>\$100000	19 (18.4%)
Prefer not to answer	25 (24.3%)
Patient of practice	
1	18 (17.5)
2	24 (23.3)
3	34 (33.0)
4	27 (26.2)
Seeking care for	
Chronic injury	80 (77.7%)
Acute injury	7 (6.8%)
Both acute and chronic injury	6 (5.8%)
Other (noninjury)	10 (9.7%)
Health care providers used for general heath	
Physician	76 (73.8%)
Acupuncturist	33 (32.0%)
Physiotherapist	32 (31.1%)
Massage therapist	29 (28.2)
Homeopaths/naturopaths	12 (11.7%)
Traditional Chinese medical practitioners	8 (7.8%)

IQR, interquartile range; y, years.

offered. In terms of service, chiropractic's scope of practice is defined in legislation and focuses on care of the spine and extremity articulations. Within their professional regulations, doctors of chiropractic (DCs) are permitted to examine, diagnose, and treat through chiropractic adjustment and other natural means; to maintain and promote health and wellness; to teach, manage, and conduct research in the science, techniques, and practice of chiropractic; and to provide restricted activities (ie, spinal manipulation) authorized by the regulations. The Canadian Chiropractic Association (CCA) describes the practice of chiropractic as consisting of the "examination, assessment, diagnosis, treatment, management and prevention of spinal, joint and related neuromusculoskeletal disorders."6 Some provincial colleges explicitly recognize a broader scope of practice, for example, nutritional, dietary, and lifestyle counseling.⁷ Training standards and resulting competencies relative to these latter services vary. 1,7-9

Considering goods, previous research has suggested that the majority of DCs engage in the sale of health-related

Table 2. Respondents' Perspectives on Products They Believed

 DCs Should Sell

Product	n (%) ^a
Supports (eg, back supports, wrist braces, knee braces)	92 (89.3%)
Products related to muscular care (hot packs, cold packs, muscle creams)	89 (86.4%)
Exercise/rehabilitation products (tubing, bands, fit balls, weights)	87 (84.5%)
Pillows	82 (79.6%)
Orthotics	68 (66.0%)
Products related to nutritional needs (dietary supplement vitamins, minerals)	28 (27.2%)
Herbal and botanical remedies	21 (20.3%)
Homeopathic remedies	14 (13.6%)
None at all	2 (1.9%)
Other	6 (5.8%)

^a Participants could select more than 1 response.

products to greater or lesser extents. Products most often sold include exercise/rehabilitation products, supports, orthotics, pillows, and muscular care product, whereas dietary supplements and herbal/botanical and homeopathic remedies are offered less frequently.^{10,11} The CCA and the regulatory associations of other health disciplines (eg, American Medical Association, American Dental Association) permit the practice contingent on certain standards being met.^{12,13} Opinion in both the scientific and lay literature has varied on the ethical integrity of products sales by health care practitioners including dermatologists, dentists, and DCs. Some condone health product sales as a service enhancement, but others perceive it to be a conflict of interest that potentially compromises the primary obligation of health care professionals to serve the interests of their patients before their own.^{1,14-18} The opinions of health care consumers have not been widely investigated, leaving a gap in knowledge about this practice. The purpose of this study is to explore the opinions and behaviors of chiropractic patients relating to office-based health-related product sales in a large western Canadian urban center.

Methods

Descriptive survey methods were used for this exploratory study. A convenience sample of 4 chiropractic practices in Calgary, Alberta, Canada, was identified. These practices included 3 colleagues of the co-investigator (GM), as well as his own practice. Clinic leads were approached and agreed to assist with participant recruitment. Each practice sold a range of health products, including those relating to musculoskeletal care and nutrition. The 4 chiropractic clinics served between 275 and 320 clients per week. The practices were geographically separated within the city, 1 from each of the 4 quadrants.

Survey development was informed by the instrument used previously in a survey of practitioners' opinions.¹⁹ Questions were specific to the research aims. The survey was reviewed for face and content validity by all members Download English Version:

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