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How patients choose osteopaths: A mixed methods study☆

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Summary
Objectives: To explore how patients choose individual osteopaths to consult; to test whether patients' preferences for osteopaths depend on gender, the osteopath's qualifications, and the cost of treatment; to explore patients' perspectives.
Design: An explanatory mixed methods design incorporating a quasi-experimental study administered by postal survey and a qualitative interview study.
Setting: One sample of patients at a private-sector complementary therapy clinic in the UK completed a survey; a second sample of patients recruited from osteopathy clinics took part in qualitative interviews.
Main outcome measures: In the survey, male and female respondents ($n = 176$) rated the likelihood of consulting each of 8 fictional osteopaths, representing all possible combinations of 3 factors (practitioner gender, biomedically qualified or not, working in a public sector or private clinic). Semi-structured qualitative interviews ($n = 19$) about patients' experiences of osteopathy were analysed deductively and inductively.
Results: Survey respondents preferred osteopaths who were also biomedical doctors, $F(1,174) = 67.21$, $p < 0.001$, $\eta^2 = 0.28$. Qualitative data showed that, when choosing an osteopath, patients valued personal recommendations from a trusted source and such recommendations overrode other considerations. First impressions were important and were based on patients' perceptions of an osteopath's competence, interpersonal fit, and immediate treatment effect.
Conclusions: Word of mouth appears to be the primary mechanism by which patients choose individual osteopaths; in the absence of personal recommendations, some patients

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prefer biomedically qualified practitioners. Trustworthy and appropriate information about practitioners (e.g. from professional regulatory bodies) could empower patients to make confident choices when seeking individual complementary practitioners to consult.

Introduction

Policy makers in the UK and elsewhere emphasise the importance of patient choice in health care with initiatives such as ''Choose and Book'' which allows patients to choose specific hospitals and clinics. The choice of individual clinician is of particular interest as it forms the starting point of the therapeutic relationship which is central to all patient outcomes.

Research on patient decision-making demonstrates that the patient's social context influences their decisions to use CAM.[1] For example, patients might be more likely to use CAM if their family members do so[2]; some seek information from and discuss their options with friends and family members[3–5]; some are inspired to choose CAM therapies by testimonials from other patients[6]; and some are pushed towards CAM practitioners by the poor availability of accessible conventional doctors.[7] While patients particularly value the empowering empathetic therapeutic relationships they experience with CAM practitioners[8–12] few studies have focused on the related specific question of how patients initially select an individual CAM practitioner to consult. Participants in one Canadian study selected a CAM practitioner based on personal recommendations, referrals from trusted others (rarely biomedical doctors) and a practitioner's reputation as evidenced in publications or other patients' testimonials.[13] In the UK, a small sample of predominantly female participants preferred female acupuncturists and those who were also biomedically qualified.[14] Choice of individual practitioner has been studied more extensively in relation to conventional biomedicine: many studies find a gender concordance effect (where patients prefer doctors of the same gender as themselves) which is stronger in the context of intimate health problems and might be driven by patients' beliefs that doctors of a particular sex are easier to talk to.[15–21]

In this study, we focused on how patients with low back pain (LBP) choose UK osteopaths. Osteopathy is a holistic, patient-centred manipulative therapy which emphasises preventative care[22–24] and is subject to statutory regulation in the UK.[25] We focused on osteopathy for LBP as osteopathy is one of the most established CAM therapies in the UK,[26] is included in primary care guidelines for managing LBP,[27] and is popular among patients with LBP.[28,29] We conducted a quantitative survey to test hypotheses derived from the quantitative literature. This was followed by a qualitative analysis to elucidate how people currently or recently undergoing osteopathy chose their osteopath. The hypotheses for the quantitative study were:

1. Female patients will prefer female osteopaths while male patients will prefer male osteopaths (i.e. as has been found in conventional medicine there will be a gender concordance effect).
2. Patients will prefer osteopaths who are dual-qualified as both biomedical doctors and osteopaths (as was found for acupuncturists[14]).
3. Patients' choice of osteopath will be influenced by whether the osteopath works in the NHS or the private sector. This hypothesis is two-tailed, because while osteopaths predominantly work in the private sector[30,31] some patients see the NHS as a safe environment to try CAM.[5,32,33]

Methods

Mixed methods design

The quantitative study preceded the qualitative analysis, which was undertaken in order to generate explanations for the quantitative findings and explore patients' experiences in more depth; this constitutes an explanatory mixed methods design.[34] Distinct samples of participants were recruited for each study. We have integrated the findings to convey how the qualitative data were used to explain and expand on the quantitative results. Ethics approvals were obtained from the host institution.

Quantitative study

Design

Following Furnham et al.[35] a mixed $2 \times 2 \times 2 \times 2$ factorial design was used to test the impact of four factors on patients' choice of osteopaths. Three within-subjects factors each had two levels: practitioner gender (male vs. female); practitioner qualification (additionally qualified as a biomedical doctor or not); and sector (NHS or private practice). One between-subjects factor had two levels: participant gender (male vs. female). The dependent variable was self-reported likelihood of consulting each osteopath.

The questionnaire

The questionnaire was adapted from a previous study.[14] Respondents were asked to imagine they have back pain and that osteopathy has been recommended to them, but no-one has recommended a particular osteopath (see Appendix A). Three multiple-choice questions assessed comprehension. Respondents rated 8 fictional osteopaths, representing each combination of the within-subjects factors (e.g. a male osteopath who is also a biomedical doctor working in the NHS), on a 10-point Likert scale (1 = ''would never make an appointment''; 10 = ''would certainly make an appointment''). We fixed osteopaths' nationality (British, born and raised in UK) and first language (English). Some respondents