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Research paper

The beliefs and attitudes of chiropractors and their patients utilising an open practice environment

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ABSTRACT

Introduction: Although chiropractic care is known to be provided in different types of environments, patient satisfaction on the use of an open plan/multi bedded environment is unknown. The aim of this study was to examine chiropractic patients' beliefs, experiences and satisfaction with chiropractic care in an open environment and to test the hypothesis that a patient's privacy and dignity may be preserved in open adjusting environments.

Methods: A convenience sample of twenty-seven European chiropractors from 8 European countries was obtained through 2 national association e-mail lists and verbal request at 2 continuing education seminars. They and their patients were asked to complete a Global Wellness and Likert-type survey for the purpose of this study.

Results: One thousand, one hundred and nine patients who received chiropractic care in an open environment participated in this study. They reported to be very highly satisfied with the care they were receiving (average rating = 8.98/10) and expressed significantly improved survey responses in regard to their self-rated Global Wellness at the time of evaluation compared to baseline measures. In terms of their attitudes, beliefs and experiences in this model of chiropractic care, participants indicated positive experiences in that they were comfortable receiving care in such an environment, their dignity was respected, their privacy maintained and they were cared for in a professional manner.

Conclusions: The findings presented here provide valuable insight into patients' perspectives in receiving care in an open adjusting environment. Our results demonstrate that the open adjusting environment is an effective practice model for maintaining a patient's dignity and privacy while providing a high level of patient satisfaction. Open room care may need to be included in future decisions regarding best practice configuration for chiropractic care facilities.

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1. Introduction

Historically, chiropractic care has been provided in a variety of environments including hospitals, operating theaters, private clinics, schools, professional and scholastic change rooms, health clubs, spas, and directly on the sports field [1–4]. Today, it is assumed, the vast majority of chiropractic clinics are modelled after traditional medical practices incorporating a closed room

setting for care. However, there are an unknown number of practitioners who have chosen to provide care in an open room environment.

Chiropractors are not alone in this approach, many primary health care providers have taken a flexible approach to providing patient care with adaptable clinic designs that incorporate single closed rooms and spatial layouts such as “open treatment rooms” to accommodate their patients, their patient's families and staff.

Our definition of the –“open adjusting environment” is where patients are provided care (most usually chiropractic spinal adjustments) within sight of other staff. This environment is used mostly for ongoing care but is not the environment used for taking patient histories, providing examinations or presenting reports of

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findings. Patients are not undressed in this setting but may be asked to wear clothing that facilitates easy movement on the adjusting table.

The motivation for open plan treatment areas or “multi-bed clinics” or “open-bay treatment rooms”, as called in other health professions, has been varied. The concept of open areas for providing care is not simply an issue of efficiency where less space is utilised for multi-use rooms (i.e., spinal adjusting, exercise classes, health classes). Open adjusting areas can provide protection for both doctor and patient, particularly in relation to sexual boundaries. Previous studies and consensus papers demonstrate that waiting times can be reduced and cost of services can be lowered reflecting a practical rationale for considering the open environment [5–10]. Conversely, we should acknowledge that in the hospital setting some patients treated in single rooms may be more satisfied with their medical care than those treated in multiple-bed wards [11]. This shift in practice model however, has created questions within the profession as to whether this environment can maintain an adequate level of patient privacy, dignity and satisfaction. Parrott for example, identified various reasons why a patients’ privacy might feel violated in a closed room environment such as having to undress in front of a doctor or nurse [12].

Patient satisfaction surveys have proven to be a valid and useful assessment tool in regards to examining healthcare services in relation to respect for privacy, treatment with dignity, sensitivity to feelings and treatment as an individual [13,14]. This type of dynamic, informative, real time feedback is considered an ideal tool for gathering data in developing an evidence-based practice [15]. To examine the use of open plan environments in chiropractic practice, we surveyed doctors of Chiropractic and their patients on their attitudes, beliefs and experiences on the use of this model of care.

2. Methods

This study received ethics approval by the Institutional Review Board of the Foundation for Vertebral Subluxation (Kennesaw, Georgia, USA). Chiropractors practicing in Europe volunteered to participate in this study. Recruitment was via email contact of two national associations and verbal request at 2 chiropractic continuing education seminars seeking volunteers who used the open environment. Local ethics approval was not required for this type of investigation [16,17] Inclusion criteria for chiropractor participation were (a) the chiropractor must be in good standing with the regulatory board in their domain of practice and (b) utilize an open environment in patient care. The chiropractor questionnaire was created for the purpose of this study and pilot tested with

3 chiropractic offices and modified accordingly for use. In addition to their socio-demographic information (i.e., age, gender, years in practice), we created a questionnaire in English that asked the Chiropractor about practice activity such as primary and secondary chiropractic techniques used, if they have private rooms available, number of treatment tables in the open and closed environment, percentage of patients utilising the open environment and other practice characteristics in the context of the open environment.

The participating chiropractors invited patients in their individual practices to consent to participate in this study. We selected a non-probability volunteer sampling method asking all consecutive patients coming into each office during a one-week period of time (max. 6 consecutive days). Inclusion criteria for patient participation were: (1) the patient was currently undergoing chiropractic care (i.e., spinal adjustment and/or adjunctive therapies), (2) chiropractic care was provided in an open environment setting and (3) was provided informed consent. The patients were assured that their participation was strictly voluntary and anonymous and that non-participation did not affect the quality of their care. The patient questionnaire was developed in English then translated to the first target language. The questionnaires were translated by a multicultural, multilingual team (practitioners and translators) with expertise in the studied construct and the culture in which the questions were asked to help reduce construct bias [18–21]. The patient questionnaire was pilot tested by 40 patient responders in two languages, English (N=20) and Italian (N=20). Patients were interviewed to clarify potentially ambiguous questions or statements to improve the clarity of the survey. Based on their responses, the questionnaire was modified accordingly for use. Participating chiropractors in Belgium, Denmark, Finland, France, Greece, Hungary, Ireland, Italy, Norway, Portugal, Spain, Sweden, and the United Kingdom were also sent the questionnaire in English. Using the method of back translation [18–21], the patient questionnaires were translated involving individuals fully fluent in English and the target language, again understanding the target language and culture.

After back translation was performed (with the patient feedback) the questionnaires were given to the research team and approved. In our case we found it to be the best method for this study in relation to time and cost factors. [22,23] No further modifications to the questionnaire were required in the aforementioned countries. The patient responders numbered 1109 from 27 offices, reflecting a range of practices from urban, suburban and rural settings. This convenience sample, drawn from of a variety of European countries was desirable for our study to improve cross-cultural validity.

In addition to patient socio-demographics (i.e., age and gender), the patients completed a Global Wellness Survey. The Global

Table 1
Patient Likert questions.

Likert questions	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I am comfortable receiving a chiropractic adjustment in an open room environment. (2 missed freq.)	464	452	161	27	3
My chiropractor has maintained my privacy in an open adjusting environment. (1 missed freq.)	551	465	69	23	0
I feel that my dignity is respected in an open adjusting environment. (3 missed freq.)	616	439	44	7	0
My chiropractor is available for individual private consultation with me. (8 missed freq.)	600	436	57	7	1
I feel like my chiropractic care in this environment is performed in a professional manner (1 missed freq.)	775	321	10	2	0
I feel that an open adjusting environment has benefitted me greatly. (2 missed freq.)	382	399	297	27	2
I would refer friends and family to my chiropractor. (1 missed freq.)	628	451	27	2	0

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