



CHARACTERISTICS OF US ADULTS WHO HAVE POSITIVE AND NEGATIVE PERCEPTIONS OF DOCTORS OF CHIROPRACTIC AND CHIROPRACTIC CARE

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ABSTRACT

Objective: The purpose of this study was to compare characteristics, likelihood to use, and actual use of chiropractic care for US survey respondents with positive and negative perceptions of doctors of chiropractic (DCs) and chiropractic care.

Methods: From a 2015 nationally representative survey of 5422 adults (response rate, 29%), we used respondents' answers to identify those with positive and negative perceptions of DCs or chiropractic care. We used the χ^2 test to compare other survey responses for these groups.

Results: Positive perceptions of DCs were more common than those for chiropractic care, whereas negative perceptions of chiropractic care were more common than those for DCs. Respondents with negative perceptions of DCs or chiropractic care were less likely to know whether chiropractic care was covered by their insurance, more likely to want to see a medical doctor first if they were experiencing neck or back pain, less likely to indicate that they would see a DC for neck or back pain, and less likely to have ever seen a DC as a patient, particularly in the recent past. Positive perceptions of chiropractic care and negative perceptions of DCs appear to have greater influence on DC utilization rates than their converses.

Conclusion: We found that US adults generally perceive DCs in a positive manner but that a relatively high proportion has negative perceptions of chiropractic care, particularly the costs and number of visits required by such care.

Characteristics of respondents with positive and negative perceptions were similar, but those with positive perceptions were more likely to plan to use—and to have already received—chiropractic care. (*J Manipulative Physiol Ther* 2016;39:150-157)

Key Indexing Terms: *Chiropractic; Health Services Research; Public Opinion; Social Perception*

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Back pain is the leading cause of disability in the world, with global prevalence and burden increasing overall and particularly with age.¹ In the United States in 2013, 27.5% of the adult population reported low back pain in the prior 3 months,² and musculoskeletal conditions such as back pain were the most common Social Security Disability Insurance program qualifying diagnoses.³ In 2010, US citizens who had low back pain consumed \$34 billion in direct care costs⁴ and lost an estimated 149 million days of work, costing businesses up to \$200 billion in lost productivity.⁵

Most chronic low back pain complaints in older adults can be managed effectively without surgery.⁶⁻⁸ Spinal manipulation is an effective and inexpensive conservative treatment^{9,10} that is recommended as a first-line intervention for certain spinal pain conditions^{11,12} and that does not

have the potential for harm that many widely used treatments do.¹³⁻¹⁶ Yet, most patients with back pain do not use practitioners who provide spinal manipulation services.¹⁷⁻²⁰ Doctors of chiropractic (DCs) are the most common providers of such services,²⁰⁻²² an estimated 4% to 14% of the US population uses such care in a given year over the past 3 decades.^{18,20,22-30}

We wondered whether public perceptions of spinal manipulation providers might explain the limited use of spinal manipulation services. To gain better understanding of such perceptions, we evaluated data from a national Gallup survey of US adults conducted in the spring of 2015. The purpose of this evaluation was to compare characteristics, likelihood to use, and actual use of chiropractic care for survey respondents with positive and negative perceptions of DCs and chiropractic care.

METHODS

Design, Conduct, and Content of the Survey

As previously described,³⁰ Palmer College of Chiropractic (Palmer) contracted with The Gallup Organization (Gallup) to conduct a survey of US adults aged 18 years and older on their perceptions of and experiences with DCs. Informed by in-depth stakeholder interviews that Gallup conducted with 15 chiropractic professionals, participants from both organizations developed a 26-item survey to elicit those perceptions and experiences. Survey items were pretested to ensure items could be well understood by different types of respondents.

To conduct the survey, Gallup randomly selected a sample of members from The Gallup Panel, a probability-based longitudinal, representative panel of more than 60 000 US adults whom Gallup has selected using a combination of random-digit-dial telephone interviews that cover landline and cellphone users and address-based sampling methods. Members of The Gallup Panel do not receive incentives for participation; their participation in any particular survey is voluntary. When becoming a member of The Gallup Panel, respondents are provided a packet of information discussing how results of the surveys will be used; included in that packet is the statement “results from Gallup research are featured in major news publications around the world and used to inform businesses, media, and government about Americans’ opinions and preferences.”

Between February 16 and May 6, 2015, 18 992 members of The Gallup Panel were invited to participate in the survey using e-mail invitations or mail surveys, according to the members’ communications preference. A total of 5422 (28.7% response rate) members completed the survey using either a Web-based portal (95.1% of total completed surveys; 30.1% response rate) or mail-in survey (4.9% of total completed surveys; 14.8% response rate); there were no follow-up efforts to get mail respondents to complete the survey, but e-mail reminders were sent to Web respondents.

As is typical in Gallup Panel surveys, the survey was designed so that respondents did not know that it was specifically about chiropractic until they were several questions into the survey; this is done to reduce nonresponse bias.

Once the survey was completed, Gallup provided Palmer with a data set that included coded responses to the survey questions and the following demographic information for each respondent: age, sex, educational level, annual income level, and employment status.

Classification of Respondents Into Analytic Groups

We sought to compare characteristics, likelihood to use a DC for back or neck pain, and actual experience using a DC for respondents who had positive and negative perceptions of DCs and chiropractic care. Toward that end, we used responses to survey questions to define analytic groups for comparison purposes.

The survey asked 5 questions of respondents that sought their perceptions on DCs and chiropractic. This series of 6 questions was preceded by the introduction: “Based on what you know, please indicate your level of agreement with each of the following statements.” Using a 5-point Likert scale (strongly disagree, disagree, neutral, agree, or strongly agree), respondents were asked to answer 3 positively worded statements regarding their perceptions of DCs:

1. Chiropractors are effective at treating neck and back pain.
2. Most chiropractors have their patient’s best interest in mind.
3. Most chiropractors are trustworthy.

Immediately after those questions, respondents were asked to answer 3 statements regarding their perception of chiropractic care, with these questions worded negatively.

1. Chiropractic care is expensive.
2. Chiropractic care requires too many visits.
3. Chiropractic care is dangerous.

Respondents could also respond that they “did not know,” and a small proportion did not answer the questions.

Collapsing agree with strongly agree and disagree with strongly disagree and using the inverse for negatively worded questions, we used responses to these questions to generate 2 groups for comparison purposes: respondents who had positive perceptions and those who had negative perceptions of DCs or chiropractic care (Table 1).

Statistics

This was a descriptive study. We used SPSS version 23 (released 2013; IBM Corporation, Armonk, NY) to conduct all analyses. We analyzed categorical data using the χ^2 test

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