

A QUALITATIVE EXPLORATION OF KEY INFORMANT PERSPECTIVES REGARDING THE NATURE AND IMPACT OF CONTEMPORARY LEGISLATION ON PROFESSIONAL DEVELOPMENT: A GROUNDED THEORY STUDY OF CHIROPRACTIC IN DENMARK

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ABSTRACT

Objective: The purpose of this study was to construct a substantive framework of the manner in which the Danish government interacts with the Danish chiropractic profession and influences professional practice.

Methods: An exploratory, qualitative study was performed using a substantive grounded theory (GT) approach. Unstructured, face-to-face, individual interviews were conducted during the years 2012 and 2013 and thematically analyzed. Six people were interviewed for this study including a gatekeeper and witness to legislative history, a previous chiropractic political representative and witness to legislative history, a previous Department of Health negotiator and previous administrator of chiropractic affairs and witness to legislative history, a current administrator of chiropractic affairs, an active chiropractic political representative and witness to legislative history, and a chief negotiator for Danish Regional Health Care Services.

Results: Open and axial coding yielded 2 themes centering on licensing chiropractors in Denmark and the resultant developmental issues encountered. Through further selective coding, the GT core construct, “chiropractic practice in the Danish health care system” emerged. The GT highlights the tension between the strategic political importance of legislation and the restrictive nature of the overly specific act currently regulating chiropractic practice. Moreover, the GT also revealed the perceived negative effect that the National Board of Health may exert on clinical practice due to its conservative interpretation of the act.

Conclusions: The Danish government is perceived to act as a countervailing power related to chiropractic practice. The derived substantive GT suggests that the Danish government’s dualistic action relative to the Danish chiropractic community may inhibit the spontaneous evolution of contemporary Danish chiropractic practice. Although historically narrow legislation may limit chiropractic practice, conservative interpretations by the Danish National Board of Health may also play an important role. (*J Manipulative Physiol Ther* 2014;37:383-395)

Key Indexing Terms: *Chiropractic; Qualitative Research; Sociology*

A legislated partnership with the state provides strong occupational security, as the professional group is granted specific rights and privileges (legitimacy

and status), from which competitors are excluded. The cost, however, is a loss professional autonomy, brought on by state imposed regulations.¹

The health care arena is a good domain to observe this relationship, as both the benefits and drawbacks tend to be amplified. Health care often contains contested practice domains, which makes legislation particularly desirable tool for asserting dominance over competitors.² Furthermore, because of the societal focus placed on health care issues, political policy can shift unexpectedly, and the level of vigilance of regulatory agencies is often heightened.³⁻⁵ Thus, the state both maintains and influences a health profession’s maturation; however, the direction of this influence can be both unanticipated and undesirable to the strategic interests of the profession itself.⁵

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The notion of “countervailing powers,” as described by Light⁶ has developed into an accepted conceptual framework for understanding power dynamics in the domain of health care. A *countervailing power* is defined as a party/actor competing for resources, territory, and control to achieve strategic goals and realize its vision of “how health care should be.”⁶ Three major stakeholders are traditionally encountered in this framework, namely, the medical-industrial complex, comprising of the state, the medical profession, and the pharmaceutical industry. Each acts in its own interest and, depending on the particular circumstance, may resist or support the efforts of the others. Parties/actors can be interchanged without threatening the countervailing powers framework’s integrity, as long as each is inherently independent and possess a set of interests, cultures, and priorities that place them in a state of tension.⁷

As chiropractic and other complementary and alternative medicine (CAM) professions have achieved greater legislative inclusion around the world, focus has begun to shift away from cases where the state acts as the underwriter of legal status (primary legitimacy), to its role in influencing professional practice (secondary legitimacy),^{3,4,8,9} or when viewed from a power perspective, its role as a countervailing power. In this regard, investigations focusing on chiropractic profession attempting to establish a more dominant position in health care suggest that such actions are as likely to be countered by the state,^{3,10} as they are by a competing profession such as medicine or physiotherapy.^{11,12} However, these investigations stem from a North-American context, where chiropractic practice is legislated among the CAM professions. As such, it is currently unclear how the Danish government might react to doctors of chiropractic as a professional group when they are included among the corps of mainstream health care providers.

Denmark is the smallest of the Scandinavian countries with a population of 5.6 million (<http://denmark.dk/en/quick-facts/facts/>, accessed on 19.05.2013). The Danish state is tasked with the responsibility to set out the general legislative framework for health care and then to “initiate, coordinate and advise the 5 regional authorities” (referred to simply as the Danish regions), who decide on the actual performance thereof.¹³ In this regard, the Danish National Board of Health (NBH) grants licenses and regulates the practice of health care professions and provides clinical advice, while the Healthcare Reimbursement Negotiating Committee negotiates agreements with the health personnel trade unions on behalf of the Danish regions.¹³ Organizationally, the NBH and Danish regions stand subordinate to the Ministry of the Interior and Health but function autonomously from one another.

Denmark’s 5 regions are serviced by approximately 550 chiropractors and more than 90% practice in 1 of 250 private clinics. A small number of individuals, around 30, function in private or publicly funded hospitals. Currently, there is 1 Danish health sciences university offering a

master’s level education for chiropractors lasting 5 years.¹⁴ By contrast, there are approximately 8000 physiotherapists in Denmark of which 6500 are in clinical practice. Of these, approximately 5300 (82%) function in the public sector (funded by the tax payer), and 1200 are in private practice. The rest are spread across a variety of settings, such as production and service industries and occupational health services. There are 8 university-colleges in Denmark offering core education for a physiotherapist at the bachelor’s level, which lasts for 3.5 years.¹⁵

Chiropractors and physiotherapists in private practice require practice numbers to qualify for government copayment, which is a function of the NBH. Both professional unions negotiate their individual reimbursement rates with the Healthcare Reimbursement Negotiating Committee. For chiropractic services, government subsidy covers 20% of expenses.¹⁴ Comparatively, physiotherapists receive a 40% subsidy; however, reimbursement is dependent on prior referral from a general practitioner or medical specialist.¹⁵ Since 2007, physiotherapists are authorized to treat without referral, but in these instances, no government reimbursement is paid. Furthermore, besides its profession-specific agreement, reimbursement for physiotherapy services also stems from the so-called Danish Health benefits basket regulated under the Danish Hospital Act. This provides patients and practitioners with much higher (often full) reimbursement, when treatment takes place after a hospital visit.¹³ This stands in contrast to the chiropractic profession, which has no benefit of this nature.

In summary, chiropractic professional activity is squarely anchored in the private health care sector. In relation to physiotherapy, which also stakes a claim in the management of musculoskeletal problems, chiropractors are a small group. When viewed from a government perspective, which prioritizes public health care, the desirability of chiropractic as a partner as its perceived impact on service delivery may be limited.

The legislated “right” to function within a health care setting does not hold an implicit guarantee of comfortable passage.^{3,16} It is expected the Danish chiropractic community would encounter obstacles when navigating the multifaceted world of regulated health care.^{17,18} However, in no other country has the chiropractic profession been included in the mainstream as in Denmark.¹⁹⁻²¹ It is, therefore, imperative for the profession to understand direct and indirect sequelae attributable to legislation, when functioning as a health care service provider.¹ A clear appreciation of the chiropractic political domain is crucial for maintaining a balance between national and international health care policy and desirable strategic professional development.

Therefore, the aim of this study was to reflect on the nature of legislation enacted 2 decades ago and to explore the perceptions of legislative impact on chiropractic practice today. The specific objective of this study was to

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