

# CONSUMER CHARACTERISTICS AND PERCEPTIONS OF CHIROPRACTIC AND CHIROPRACTIC SERVICES IN AUSTRALIA: RESULTS FROM A CROSS-SECTIONAL SURVEY

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## ABSTRACT

**Objective:** The purpose of this study was to describe patient characteristics and summarize their perceptions of chiropractic in Australia.

**Methods:** This study is part of a broader study aiming to extend the knowledge of the role of chiropractic within the current health care environment. A 33-item, paper-based, cross-sectional survey of a sample of patients from 100 systematically sampled chiropractic clinics from all the states and territories of Australia was conducted. The survey focused on patient demographics, socioeconomic status, perceived health status, and perceptions of chiropractic and chiropractic services.

**Results:** A total of 486 responses were received (24.3% response rate). Respondents were predominantly female patients (67.1%) of the 45- to 64-year age group. Approximately half of the respondents reported a pretax annual income exceeding \$40 000. Most patients sought chiropractic services because of musculoskeletal disorders (68.7%) and for general health (21.2%), and personal beliefs motivated most respondents (70.2%) to visit a chiropractor. Most respondents would seek the chiropractic services again (97.5%) and were satisfied with the service received.

**Conclusions:** The results of this study show that the typical chiropractic patient in Australia is a middle-aged woman with a moderate to high income. Although only a small proportion of the Australian population sees a chiropractor, this group seems to be satisfied with the service. (*J Manipulative Physiol Ther* 2014;xx:1-11)

**Key Indexing Terms:** *Chiropractic; Patients; Social Perception; Health Services*

Australia is a country made up of 6 states and 2 mainland territories and is home to more than 22 million people.<sup>1</sup> The health care system in

Australia is funded by both public and private sources, with each level of government providing an array of health services.<sup>2</sup> Chiropractic is an example of a health service that is covered primarily by the private sector, with only minor provision for public funding under the Medical Benefits Scheme.<sup>3</sup> The chiropractic profession has enjoyed a steady growth in Australia over the last few decades. Recent data from the Australian Bureau of Statistics (ABS) highlights a growth of 45.4% in the number of chiropractors from 1996 to 2006.<sup>4</sup> As of March 2012, there were 4432 registered chiropractors in Australia, representing a 78% increase from figures reported in 2006.<sup>5</sup> This expansion has also been mirrored in the other professions that fall under the umbrella term *complementary and alternative medicine* (CAM), such as osteopaths, naturopaths, acupuncturists, traditional Chinese medicine practitioners, and homeopaths.<sup>4</sup> This increase has, in part, been attributed to perceived positive aspects (eg, “natural” remedies) associated with CAM therapies and perceived negative aspects (eg, adverse effects of medications) associated with orthodox medical treatments.<sup>6</sup> According to the recent analyses of

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Paper submitted July 5, 2013; in revised form January 8, 2014; accepted January 9, 2014.

0161-4754/\$36.00

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<http://dx.doi.org/10.1016/j.jmpt.2014.01.001>

complementary therapies, between 52.2% and 68.9% of Australians visit some type of CAM therapist each year.<sup>7,8</sup>

Australian data regarding the distribution of health services between metropolitan and rural areas place approximately 75% of health services in capital city and suburban regions.<sup>9</sup> It is known that there is a higher distribution of CAM practitioners in rural area compared with urban areas in Australia.<sup>10,11</sup> Using rural New South Wales (NSW) as an example, CAM practitioners make up a significant portion of the health care system, to the extent that the number of CAM practitioners is almost equal to that of general practitioners (GPs) in rural NSW.<sup>10</sup> A recent study of 1427 Australian women highlighted that chiropractors were the most commonly consulted CAM practitioner after massage therapists.<sup>12</sup>

Although these studies in conjunction with ABS data regarding the chiropractic profession have been useful, there is a need for more detailed studies about chiropractic in Australia. Much of the recent research that has been conducted in this area has focused on single gender groups or groups from small geographic areas. Samples derived from all states and territories, which include both male and female respondents, are required for a more comprehensive understanding of the patients who visit chiropractors in Australia. The purpose of this study was to describe the characteristics of chiropractic patients in Australia and their perceptions of chiropractic and chiropractic services based on data from a paper-based survey questionnaire.

## METHODS

This study is part of a larger study aiming to inform decisions regarding supply and demand, and accessibility to chiropractic services in Australia. This document uses the suggestions of Bennet et al<sup>13</sup> regarding the reporting of results from survey-based research.

A novel, paper-based, 33-item, survey questionnaire (Work Force Study Survey Questionnaire: <http://chiro.mq.edu.au/Research/projects>) was issued to individual adult patients under chiropractic care during the period of December 2010 to January 2011. Ethics approval for this study was granted by the Macquarie University human ethics committee on August 2, 2010 (Approval Number: 5201000729).

To obtain a representative sample of chiropractic patients, with 95% confidence and a margin of error of  $\pm 5\%$ , a sample of 384 was required. This calculation was based on the conservative estimate that approximately 5% of the Australian population use chiropractic services, which equates to 1 117 100 individuals based on the 2010 census data.<sup>14</sup> Selection of 100 chiropractic clinics was determined from a national membership list from the Chiropractors' Association of Australia National (CAAN). Using the membership list, geographical areas were defined by the research team so that the areas contained a similar number of

chiropractic clinics. Queensland was treated as single geographic area; NSW and the Australian Capital Territory were grouped together. Victoria (VIC) and Tasmania were grouped together, as were South Australia, Western Australia, and the Northern Territory. Systematic sampling was then used to select clinics for inclusion in the study. The method used is described as follows. The size of the sequence was defined by dividing the number of practitioners in the relevant geographical area by 25. For example, if a geographical area contained 100 practitioners, dividing this list by 25 would result in a figure of 4. In this example, every fourth clinic location would have been selected from the list and invited to participate. All consenting patients, up to a total of 20, within the participating clinics were surveyed. To be included in the study, the chiropractic clinics had to be located within Australia and to be open for consultation during the study period. A survey packet was prepared by the research team and mailed out by administrative staff at CAAN to participating clinics. The survey packet contained information regarding the study, consent forms, and 20 survey questionnaires. No further contact was made with the participants or the associated clinics after the initial mail-out. Each completed survey was mailed back directly to the researchers by the respondent using a postage-paid envelope that was supplied by the research team.

Response rate calculations were based on the number of survey questionnaires that were completed ( $> 80\%$  completion) and returned during the data capture period divided by the number of potential responses ( $n = 2000$ ). These recommendations are provided by the American Association for Public Opinion Research.<sup>15</sup>

Potential respondents (patrons of the chiropractic clinics) were introduced to the anonymous survey questionnaire by either administrative staff or notices placed at the relevant clinics. Patients were eligible to take part in the survey if they were at least 18 years of age, had a chiropractic appointment during the study period, and were proficient with the reading, writing, and comprehension of English. Questionnaires were not made available in other languages. Patients were excluded if they were younger than 18 years or did not seek chiropractic care during the data collection period. After consenting to participate in the study, each participant completed one single survey and then forwarded it to administrative staff for collection and return to the research team using postage-paid envelopes. There were no incentives offered to participants or clinics for participation in the study.

The research tool was designed to capture information on a variety of categories: participant demographics, participant perceptions regarding accessibility of chiropractic services, participant perceptions regarding their personal health, participant perceptions of chiropractic health care, and participant perceptions of their current chiropractic care (Appendix 1; online only, available at [www.jmptonline.org](http://www.jmptonline.org)). Several steps

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