

## CHAPTER FIVE

### Conclusions and Recommendations

#### 5.1 Conclusions

It has become apparent as a result of this research that in terms of the referrals between chiropractors and homeopaths that:

- There is a differential in the referral of musculoskeletal and non musculoskeletal conditions.
- The gender of the chiropractor affects the referral of patients to homeopaths.
- Chiropractors seem to constitute 68% of their patient referrals to homeopaths and referred to a greater extent to GP's than did the homeopaths.

From the perspective of the homeopaths, they tended to refer more patients to the chiropractors (96.7%) than to GPs and physiotherapists.

Even in view of the two divergent pathways these professions seem to be taking, based on the referral patterns observed, there are still modifiers that can change or skew the pattern of referral. These include practice characteristics, personal characteristics of the practitioner, the patient's conditions as well as the interrelatedness of these factors to the reference paradigms at large. It is therefore suggested that a future study include a greater number of practitioners in order to validate these modifiers in the context of the chiropractic and homeopathic professions.

Notwithstanding the limitations of this study it would seem that a trend supports chiropractors and GPs having a good / mutually beneficial referral. This is also evident from the decreased chiropractic – homeopathic referrals, which are in contrast to the homeopathic-chiropractic referrals, where it would seem that the homeopaths have a

better referral relationship with chiropractors than to the exclusion of the allopathic professions, where the referral relationships seem weaker.

## 5.2 Recommendations

The following recommendations are made for future studies with regard to the methodology.

- In respect of the questionnaire used, it is suggested that questions that contained a zero, be modified so that there is a separate column for zero with regards to questions 11, 16, 18 and 19. This may give a clearer picture with respect to the results that can be obtained.
- In respect of the questionnaire used, it is suggested that questions which contained range (e.g. questions 1,5, 7, 11, 16, 18, 19) be modified so that the range does not overlap), but rather be clear and distinct, (e.g. change question 1 to read 20-30, 30-40, to now read 0, 1-10, 11-20, 21-30, 31-40). This may give a clearer picture with respect to the results that can be obtained.
- In respect of the questionnaire used, it is suggested that a question regarding race be included to show a demographical racial representation of the practitioners in the greater Durban Metro area and its effect on referral patterns.
- It is suggested that in future research that the phrase “sharing a practice” be further/clearly defined to obtain a more accurate representation and possible normalisation of the responses that should be similar or at the very least not significantly different from one another.
- It is suggested to carry out a study in the greater South Africa to increase the total number of participants, so that a better picture regarding referrals between the two CAM professions can be ascertained.

The following recommendations are made for future studies in general.

- It is suggested that future studies delve into aspects of why practitioners refer in certain patterns to assist in elucidating the reasons for referral in support or negation of particular modifiers or alternatively referral patterns themselves.
- It is suggested that a qualitative study be carried out to get the opinions of the participants about referrals and other factors between the two CAM professions.
- To assess referral patterns over time (yearly or five yearly intervals) in order to allow comparability of these studies, thus allowing changes with respect to the chiropractic profession and its position in health care to be tracked and monitored.