

# Chapter One

## Introduction

### 1.1 Introduction

This chapter introduces the topic of referral patterns between chiropractors and homeopaths in the greater Durban Metro area.

In the present day where health consumers are faced with several choices when it comes to selecting providers, it is essential that these consumers are educated about their choices. However there are many uninformed health consumers that have a decreased ability to source appropriate care for their respective conditions.

As a result, they are often subjected to high costs, and inappropriate levels of care. Thus their recovery rate may be hampered, which results in decreased confidence in the practitioner, and in the allopathic or complementary alternative health care fraternities.

To counteract this uninformed consumer syndrome, referrals between practitioners play a role in accommodating this potentially self-imposed compromised patient care. Several studies (Ullman, 1991; Assendelft et al., 1995; White et al., 1997; Finne and Viksveen, 1999; Mainous, 2000; Langworthy et al, 2001) in this field have been completed that deal with referral within the allopathic fraternity, and between the complementary alternative health care fraternity and the allopathic fraternity. However no study has been done, internationally or in South Africa to assess the referral rates and patterns between chiropractors and homeopaths (both complementary alternative health care professions), so as to shed some light on this aspect of patient care.

Therefore the aim of the study was to assess if cross referrals between chiropractors and homoeopaths exist in the management of musculoskeletal and non musculoskeletal conditions and to assess the demographic factors or indicators of chiropractors and homeopaths to establish whether these factors

influence referrals.

## 1.2 Aims and Objectives

The aim of the study was to assess if cross referrals between chiropractors and homoeopaths exist in the management of musculoskeletal and non musculoskeletal conditions and to assess the demographic factors of chiropractors and homeopaths and their practices to establish whether these factors influence referrals.

The first objective

Was to assess if cross referrals between chiropractors and homoeopaths exist in the management of musculoskeletal and non musculoskeletal conditions.

Hypothesis One

Referrals do not exist between chiropractors and homeopaths in the management of non musculoskeletal conditions.

Hypothesis Two

Referrals do not exist between chiropractors and homeopaths in the management of musculoskeletal conditions.

Hypothesis Three

Referrals between chiropractors and homeopaths are not congruent with the literature with respect to the management of non musculoskeletal conditions.

Hypothesis Four

Referrals between chiropractors and homeopaths are not congruent with the literature with respect to the management of musculoskeletal conditions.

The second objective

Was to assess the demographic characteristics of practitioners and characteristics of the related practices and how these factors influence referrals.

Hypothesis Five

Demographics of the practitioners are not factors that influence referrals.

Hypothesis Six

Demographic characteristics of the practice are not factors that influence referrals.

### 1.3 Rationale

- This study will enable the differentiation in referral patterns between allopathic practitioners and chiropractors versus homeopaths and chiropractors and suggest factors for this differentiation, if existent. Therefore these factors will assist us in modifying the latter relationships by educating the practitioners so as to improve communication between chiropractors, homeopaths and allopathic practitioners.
- This study can possibly indicate communication levels between practitioners, care integration at different levels for specific conditions, management and holistic care of musculoskeletal and non musculoskeletal conditions by the practitioners. This would mean that these factors can be modified and thus be used to further educate health care providers.

### 1.4 Limitations of the Study

It was expected that the respondents complete the questionnaire openly and honestly, reflecting the reality of their practice at that point in time when they completed the questionnaire. But certain factors (e.g. not wanting to reveal their actual turnover of patients) may have lead to a biased response to the completion of the questionnaire.

### 1.5 **Benefits of the Study**

The study will enable one to differentiate referral patterns between allopathic practitioners and chiropractors versus homeopaths and chiropractors and suggestions can be made for any observed differentiation. The study also will be beneficial because by identifying certain factors, one can modify these factors so as to educate the practitioners concerned, and eventually affect effective communication between chiropractors and homeopaths.

Although not directly, this study can possibly reflect communication levels between practitioners, care integration of different conditions, management and holistic care of musculoskeletal conditions by practitioners. This will be beneficial because patients will now receive a holistic form of treatment after practitioners have been educated about each other's scope of practice.

### 1.6 **Conclusion**

This chapter therefore provided an introduction to the study, presenting the problem and its setting, the objectives and their related hypotheses as well as the limitations of the study. Chapter Two will provide an expansion of the literature discussed thus far in order to expand the reader's understanding of the available literature. Chapter Three will detail the study design, including the materials and methods. The results achieved as well as the discussion of these results in the context of the current literature will be presented in Chapter Four, which will be followed by the conclusions and subsequent recommendations for future studies.