



University of Brighton

The OPEn project **investigating patients'**
expectations of osteopathic care

SUMMARY REPORT

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May 2011

The study was funded by the General Osteopathic Council

Study web site: <http://www.patientexpectationstudy.org.uk/>

More detailed reports are available from the [GOsC web site](#). Titles are:

- The OPEn project **investigating patients' expectations of osteopathic care:**
Full Research Report
- The OPEn project **investigating patients' expectations of osteopathic care:**
Report for osteopaths and the public
- The OPEn project **investigating patients' expectations of osteopathic care:**
Supplement for NHS participants

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Introduction

The General Osteopathic Council commissioned this research as part of a wider programme of work to enhance knowledge of the attitudes, needs and concerns of the public and patients who seek the care of osteopaths. The GOsC envisages that the findings the study will inform GOsC policy development, the provision of information to patients and the public, and guidance to osteopaths.

The main aim of this study was to gain an understanding of the expectations of patients receiving osteopathic care, and to quantify the extent to which their expectations are being met.

The research team was awarded the commission to conduct the research in open competition. The study comprised several complementary phases designed to gain knowledge about the expectations of osteopathic patients, using mixed methods including both qualitative and quantitative methodologies.

Existing evidence about patients' expectations of osteopathic care

In the first phase of the study, a comprehensive literature review was conducted to establish what was already known about patients' expectations within osteopathy and related areas of health care. Over 1000 relevant scientific papers were reviewed; they provided evidence about how patients perceive their healthcare and identified the factors that influence their expectations.

When there is a "gap" between patients' expectations of a service and the service they perceive they have been given, the unmet expectations in this gap have a direct influence on outcomes such as satisfaction and effectiveness of treatment, and are therefore very relevant to practice. Patients' expectations of healthcare differ widely, depending for example on culture, beliefs, vulnerability and socio-demographic factors.

The distinctive characteristics of osteopathic patients appeared to be that their health conditions were most often musculoskeletal problem, and often chronic; they were less worried about side effects of allopathic medicines than the generality of patients seeking complementary medical treatment; and as private patients they may bench-mark the quality of the osteopathic service against NHS and other services they have experienced.

Patients' perceptions of the healthcare that they receive are influenced by the way the service is organised; the quality of the personal consultation (therapeutic relationship) with the practitioner; and the technical quality of the delivery of care. The service aspects include whether it is private or NHS funded, waiting times for appointments, ease of access, and continuity of care, efficiency of referral, privacy and chaperones. The therapeutic relationship include aspects such as respect, trust, communication and empathy, confidence, feeling understood, and shared decision-making between patient and practitioner which is tailored to the individual patient. The technical aspects of delivery of care include skill in information-giving and diagnosis, effective manual treatment and positive outcomes such as reduction of pain or improved quality of life.

Focus groups and individual interviews with osteopathic patients

In the second phase of the study, focus group discussions and individual interviews were conducted with a diverse range of osteopathic patients in order to gain understanding of their expectations of osteopathic care.

The sample of patients was deliberately diverse with respect to factors that might influence expectation such as age, gender, ethnicity, socio-economic background and health condition. A sample of 45 osteopathic patients, drawn from 12 private osteopathic practices, 2 osteopathic training clinics and 2 NHS osteopathic services, took part in 8 focus groups and 11 individual interviews, conducted in 11 locations across England, Wales, Scotland and Northern Ireland. The data collected comprised rich, in-depth text from over 20 hours of discussion.

The data suggested that seeking osteopathic care is a five-stage process for patients. Firstly, the patient has chosen to take steps to gain control over their symptoms, and secondly they need to find a suitable practitioner. These stages were detailed as:

- (1) Individual agency represented the patient's initial decision to take control of their own condition; they wanted the practitioner to support them in making an informed choice about their treatment/management and to help them to understand their problem, manage it and prevent further problems; the private patients had made the decision to pay for care even if financial sacrifice might be involved;
- (2) Professional expertise represented the patient's desire to access an osteopath with specialist knowledge of their problem and of the treatment options open to them; they expected the osteopath to maintain clear professional-patient boundaries; and they expected the osteopath to have a wide knowledge of treatment options and routes of referral.

After these initial stages, the patients' expectations centred round the perceived delivery of care. The main aspects of care that patients considered were their experience as a customer/client, the process of treatment, and the therapeutic relationship:

- (3) Customer experience reflected expectations of good service delivery as well as customer care appropriate to the commercial or NHS nature of the practice: a pleasant environment, appropriate and patient-centred attitudes of staff, flexible appointment times and value for money; there was also the expectation of staff enabling rapport to be built and of a "healing" therapeutic environment within the practice engendering hope, peace, calm and relaxation;
- (4) Therapeutic process reflected the technical aspects of delivery of osteopathic care: there was expectation that the consultation would allow sufficient time for manual treatment; demonstrate specialist manual and information-giving skills; that treatment would impact on symptoms; offer on-going care if required; and some patients wished to be involved in their own care, in decision-making about treatment and undertaking self-management;

- (5) Interpersonal relationship was emphasised by osteopathic patients; they stressed the importance of being believed that their symptoms were real; there was a desire to develop a trusting relationship with their osteopath, with respect for confidentiality, safety and efficacy; and a sense of longer-term connection with their osteopath.

Development of a questionnaire on the aspects of osteopathic care about which patients have expectations

In the third phase of the study, a survey was conducted to ask osteopathic patients about their expectations. A standard questionnaire to measure expectations did not exist prior to this project; therefore an osteopathy-specific questionnaire was developed. Many aspects of patients' expectations about their care had been identified in the focus groups, interviews and the literature review. All these aspects/topics became candidate questions for inclusion in the questionnaire.

The questionnaire was rigorously tested, piloted and refined. To evaluate their expectations, patients were asked to indicate how much they agreed or disagreed with 51 statements about different aspects of expectation. To evaluate the extent to which their expectations were met or unmet for the same 51 aspects of expectation, they were then asked to indicate whether it "actually happened" when they saw the osteopath. A few final questions allowed patients to add in their own words any issues they felt were not covered by the questionnaire.

A national survey of private osteopathic patients

The questionnaire was used in the survey to quantify the importance of the different aspects of expectation, and to measure the extent of unmet expectations. For a number of reasons, the survey evaluated the extent of unmet expectation within private osteopathic practices only.

A large representative sample of osteopathic patients was recruited through 800 osteopaths in private practice. The osteopaths were randomly sampled from the UK Statutory Register of Osteopaths. The findings of the survey, based on responses from 1649 patients' responses, are summarised below.

Patient satisfaction

The level of patient satisfaction was very high, with over 96% of the patients satisfied or very satisfied with their osteopathic care, and only 0.3% unsatisfied.

Expectation and delivery of osteopathic care

There were 35 (69%) of the 51 aspects of expectation in the questionnaire that were positively expected by most patients ("most" meaning over 75%). Of these 35 different aspects, 22 (69%) were delivered well by osteopaths in private practice, with low levels of unmet expectation. The other 11 aspects that were expected by most patients had higher levels of unmet expectation, considered as unacceptable and disappointing.

Strengths and gaps in osteopathic service delivery

The specific aspects of expectation that were well or poorly met were considered in relation to the patient-centred model of expectations of osteopathic care that was developed in the focus groups and interviews.

Individual agency

Osteopaths provided good support to patients in terms of helping them take control through open discussion, explanation about the cause of their problem and a clear osteopathic diagnosis. Osteopaths were not meeting patients' expectations of advice on how to prevent the problem recurring. Some additional question may be valuable in future surveys to find out whether patients expect the osteopath to discuss what the treatment might be able to achieve.

Professional expertise

Osteopaths were meeting patients' expectations of provision of specialist knowledge; osteopathic clinics provided a professional, hygienic environment and evidence of the practitioner's qualifications. Osteopaths need to make more explicit to patients how and when they communicate with the appropriate wider network of health professionals in their area, including the patient's GP; and they could make it more explicit to patients that they conduct an effective process of triage at first appointment, with onward referral if required.

Customer experience

The organisation of the private osteopathic services emerged as a weak area. While the service was flexible, set in a pleasant environment and offered good value for money, there were a number of aspects of the service that did not meet expectations: provision of pre-treatment information, telephone advice, disabled access, and the provision of information about the practice complaints procedures (the latter being the worst met of all expectations).

These results suggested a need to ensure that appropriate information is provided to patients, before, during and after their visit. Patients need to know what to expect in relation to the nature of treatment, reassurance about the level of pain or discomfort that might be experienced during treatment; the likely after-effects of treatment; and about how to complain

if they are unsatisfied. They may benefit from some of this information being provided pre-attendance and reinforced during treatment.

The expectation that the osteopath should treat only one patient at a time was the highest of all patients' expectations but delivery of this aspect of care was only just at an acceptable level. Busy practices operating several patient rooms in parallel, and even answering the telephone during a treatment session, may contravene this expectation of personal care.

Therapeutic process

The patients' expectations about the process of care were well met. The consultation with the osteopath met expectations of case-history taking, diagnosis, information and explanation, duration of the session and monitoring reactions to treatment. Patients considered that they had been involved in decisions about their care, and that they were given advice on how to manage symptoms at home. Osteopaths may need to consider giving home exercises more often, as provision was only just acceptable. There appeared to be mixed, possibly polarised, views on whether osteopathy would be or should be gentle or vigorous. Some additional questions may be valuable in future surveys to find out how much symptom improvement patients expect, and how quickly.

Interpersonal relationship

Osteopaths appear to be proficient at empathetic therapeutic relationships, which patients identified as highly important. Patients expected to be respected, listened to and believed and these expectations were well met by osteopaths. Similarly, continuity of care and a sympathetic caring manner were provided well. Two expectations related to trust within the therapeutic relationship were not well met: patients perceived that they did not receive information about risks and side-effects, nor reassurance of confidentiality. Osteopaths must recognise that information about risks and side effects of treatment and reassurance of confidentiality are of great importance to patients, and can enhance trust and improve the therapeutic relationship.

The implications for osteopaths

The overall message from the study was highly positive for the osteopathic profession; in private practices, over 96% patients were satisfied, and 69% of the most widely held expectations were being delivered well, many extremely well. Osteopaths appeared to be proficient in providing clear explanation and specialist expertise, an empathetic relationship and shared decision-making, as well as a flexible service and good value for money.

The study has identified the gaps between expectations and delivery of care, which have a negative effect on outcomes of care. These findings can be used to improve the quality of care provided by osteopaths. The osteopathic profession can set priorities for improving care: through the regulator via the standards, through educators via training, and within osteopathic practices as part of service delivery.

Conclusions

The findings of the study represent a preliminary model and elucidation of the aspects of osteopathic care about which patients have expectations. The model of expectations appeared to apply across all the service models (private practice, training clinics and NHS services) and was derived from a very diverse sample of osteopathic patients. The extent to which patients expectations were met or unmet was evaluated in private osteopathic practices. The findings should help to guide patients about what is reasonable to expect when they seek private osteopathic care. The findings also indicate to osteopaths the type of information that patients consider as important and relevant to the patient's perception of the quality of their care.

Patients can confidently expect that they will be treated professionally and with respect, listened to, and provided with a good explanation of their problem. They can expect private osteopathic services to be flexible, good value for money, and deliver a professional and skilled therapeutic process. Patients may need to understand that certain expectations are hard to meet, such as an immediate perceptible improvement in symptoms. Patients should not necessarily expect treatment to be completely painless or to be provided with electrotherapy within their osteopathic treatment. Patients can however expect that most of their expectations will be met when they seek osteopathic care.

Further research was recommended to validate the findings and to evaluate the extent to which expectations are met in other settings such as NHS services or osteopathic training clinics.