

**GENERAL
OSTEOPATHIC
COUNCIL**

**Public
Awareness
Survey 2001**

Results

November 2001

CONTENTS

1. SUMMARY OF RESULTS	3
2. METHODOLOGY AND DEMOGRAPHICS	4
3. AWARENESS OF THERAPIES	6
4. SOURCES OF INFORMATION	9
5. TREATMENT	10
6. PERCEPTIONS OF TREATMENT	12
7. OTHER ISSUES	14
8. 2001 QUESTIONNAIRE	16

RESULTS SUMMARY

The results of the 2001 study show a continued increase in awareness of osteopathy since 1996 and overall, awareness of all three types of treatment are now in excess of 80%. The percentage of people who have heard of osteopathy and have actually received treatment has increased 25% over 1996.

There were several conclusions to be drawn in relation to the profession:

1. Targeted messages can be aimed at specific segments of the population. The use of osteopathy increases with age and, as an individual's needs and requirements change as they grow older. There may be value in tailoring messages about the profession and specific conditions that can be treated to each population segment, e.g. back problems for the over 40s, sports injuries to the under 35s. The method of delivery used can also be chosen to suit the target audience, e.g. television for the 18-24 age group.
2. In general, of those people who had received treatment from an osteopath, nearly half consider it very effective. This was the highest 'very effective' rating of the three therapies.
3. The results illustrate increasing by the medical profession with regard to Osteopathy and the important role played as:
 - an initial referral source;
 - a source of information and guidance;
 - a champion of the appropriateness and effectiveness of the treatment.

More could be done to ensure that GPs are supportive of osteopathy (and from the anecdotal responses it appears that some detrimental stories still circulate which more information and guidance could dispel.

1. Friends and relatives still play the lead part in providing introductions to Osteopathy. Due to the key role they play in generating new business mainly through word of mouth, it is important to encourage the free dissemination of information to ensure that the public possess an accurate and objective knowledge of osteopathy and its benefits.
2. Based upon the results of this survey the media can be considered a 'missed opportunity' with the number of people citing the media as their source of information dropping from 21% to 11%.
3. Some respondents in the study have received more than one type of treatment; it may be useful in the future to examine in more depth the reasons behind this phenomenon.
4. Osteopaths themselves still have the best opportunity to inform the patients they see about the broader spectrum of conditions that they are able to treat. The results show that knowledge of the less well-known treatments (menstrual pain, colic baby, etc.) is on average 6% higher amongst osteopath patients.

5. The main concern about visiting an osteopath was again the competence of the practitioner (29%), but it appears that the appropriateness of the treatment is no longer an issue. It is to be seen if the formal registration has an impact upon these concerns in the future.

1. METHODOLOGY

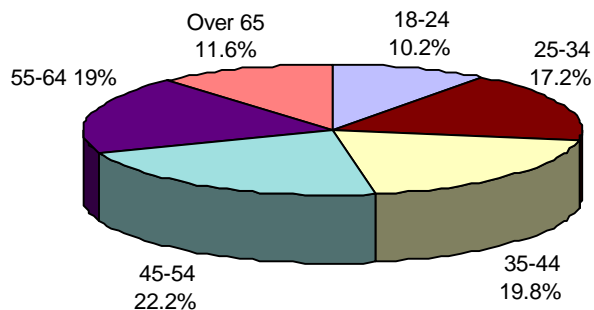
The aim of this survey was to replicate and build upon the survey carried out in 1996 to measure the awareness, opinion and experiences of Osteopathy among members of the British public. In addition it was hoped to quantify the impact, in any, of the formal accreditation of osteopaths upon the perception of the profession.

The research was carried out over a four-week period, from 1st October to 2nd November 2001. In order to maintain consistency of data with the earlier study, the questionnaire and sample construction were developed using the previous research project as a guide. Interviews were carried out by telephone, using the questionnaire that appears in Appendix A to this report. A statistically balanced list of 3,000 names was purchased and contacted randomly, until a sample of 500 members of the public had been contacted.

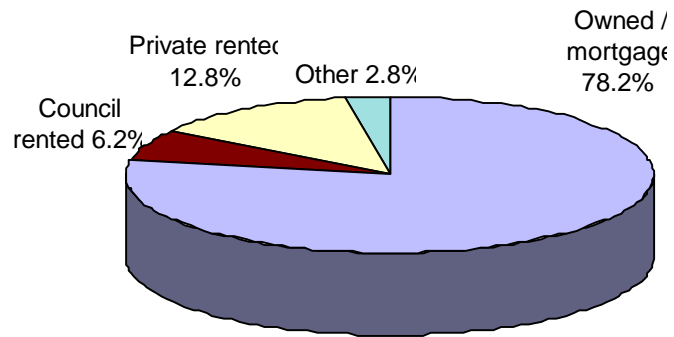
SAMPLE DEMOGRAPHICS

A demographic analysis of the achieved sample follows:

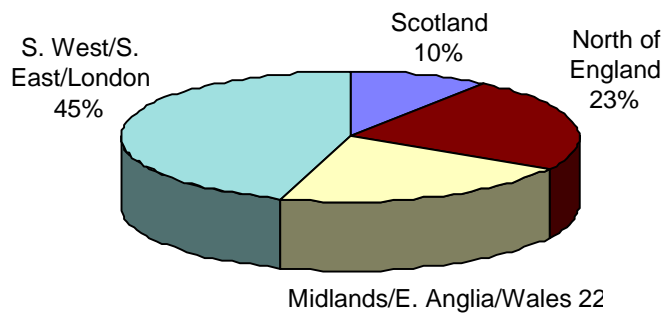
1.1 Age Distribution



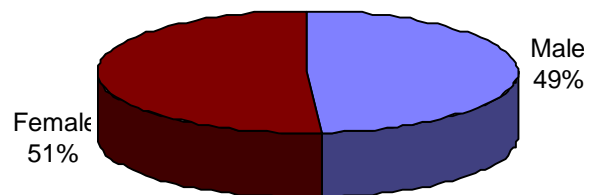
1.2 Home / Accommodation



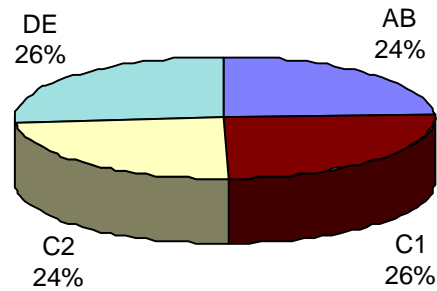
1.3 Regional distribution



1.4 Gender distribution



1.5 Class distribution



The composition of this sample is substantially the same as the 1996 survey:

- ◆ There are slight differences in the age breakdown, with a higher proportion of the 18-24 group (5% in 1996) and a smaller sample of the over 65 group (14% in 1996);
- ◆ The gender distribution is more balanced, more closely resembling the population as a whole;
- ◆ The class distribution had a higher proportion of DE (22% in 1996) and AB (22% in 1996) and a lower number of C1 (33% in 1996).

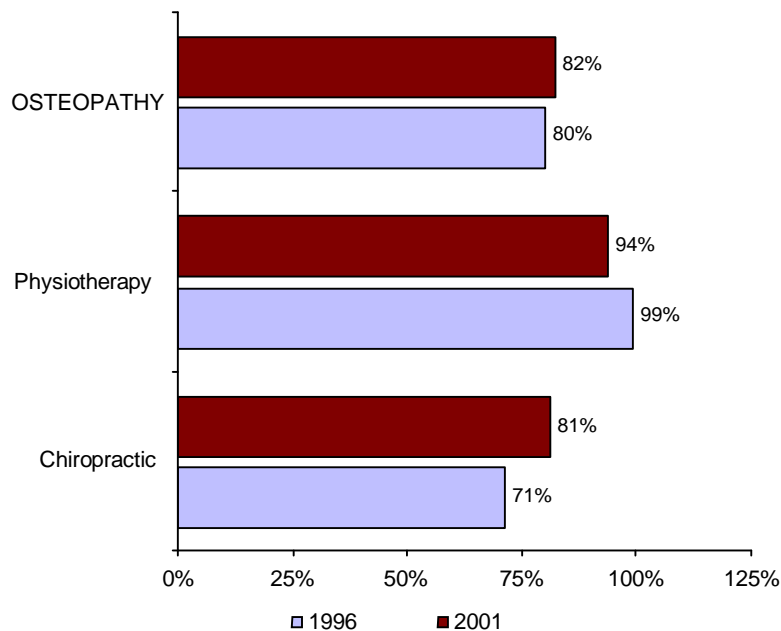
2. AWARENESS OF THERAPIES

The study seeks to identify current levels of awareness among the British population of Osteopathy and the two other therapies (Physiotherapy and Chiropractic) that are often seen by the public as achieving similar health benefits and against which Osteopaths perceive they compete for patients.

In keeping with the 1996 results, the scores for the initial question ('Which of the following have you heard of?') show a high level of awareness with all three therapies scoring in excess of 80%. At 86%, Osteopathy still enjoys the second highest level of awareness, however it was the chiropractic profession that enjoyed the greatest increase over the 1996 results. This may be an indication of the greater knowledge and increasing public acceptance of these types of treatments and therapies.

The trend observed in the 1996 survey, where people who had knowledge of or who had received treatment showed a greater awareness of alternative therapies was repeated – those people who had received treatment showed 4-10% greater awareness of other therapies

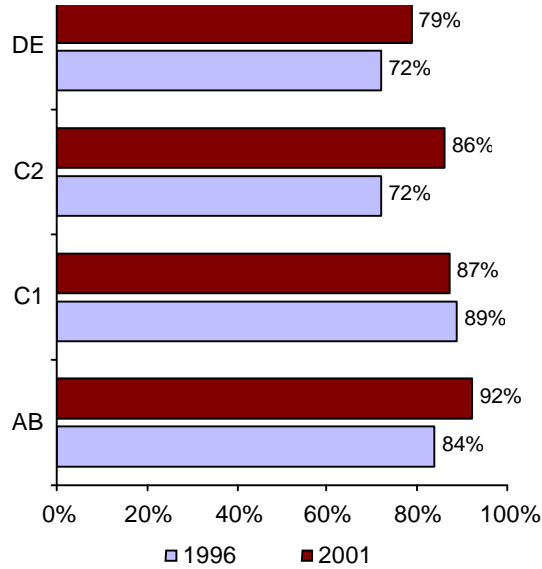
2.1 Which of the following have you heard of?



Sample '01 = 500
Sample '96 = 504

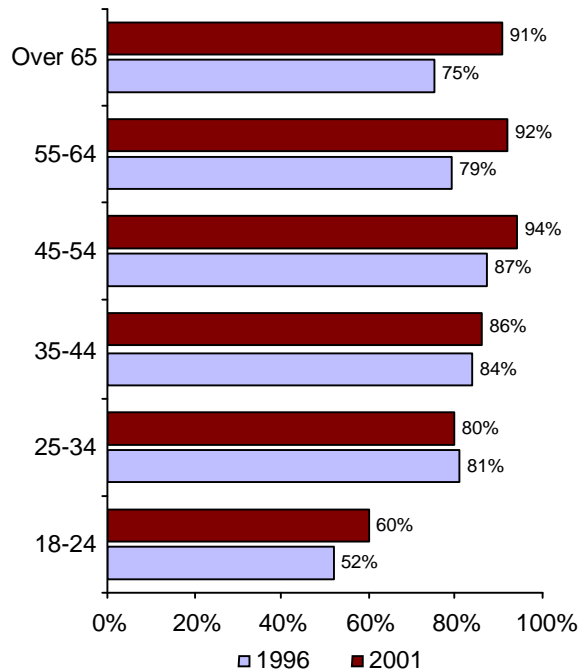
Awareness of Osteopathy is unevenly distributed through socio-economic and age groups with the lower classes and younger people demonstrating the least awareness. The following tables show this pattern clearly, it can also be noted that the increase in awareness is not uniform across all of the groups, with the lower economic groups and the older people showing the greater increases.

2.2 Awareness of Osteopathy by class



Sample '01 = 500
Sample '96 = 501

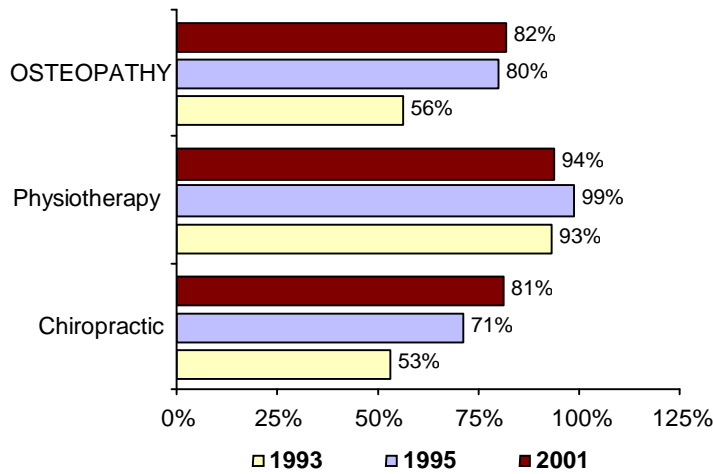
2.3 Awareness of Osteopathy by age range



Sample '01 = 500
Sample '96 = 503

Awareness has continued to increase since the 1996 study, with the exception of physiotherapy that showed a slight decrease to 94%, but which is still the highest profile therapy. The publicity, mentioned in the 1996 report, undertaken by the chiropractic profession seems to have borne fruit as it is now as well known as osteopathy.

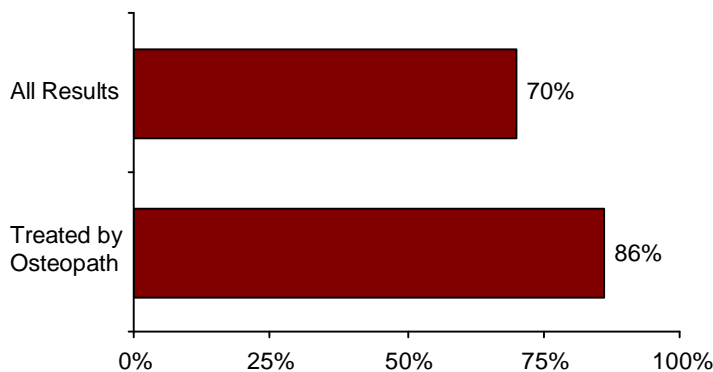
2.4 Changes in awareness



Sample '01 = 500
 Sample '96 = 504
 Sample '93 = 485

The efforts to make people aware of osteopathy appears to have been successful, with 4 out of 5 people indicating that they have heard of osteopathy. The subsequent results in this survey illustrate that this awareness is coupled with an effective understanding of the role osteopathy can play in the treatment of various conditions.

2.5 Awareness of registration requirement for osteopaths



Sample '01 = 479
 Sample '95 = 504

The registration of osteopaths appears to be widely appreciated, especially where they have had direct contact with an osteopath.

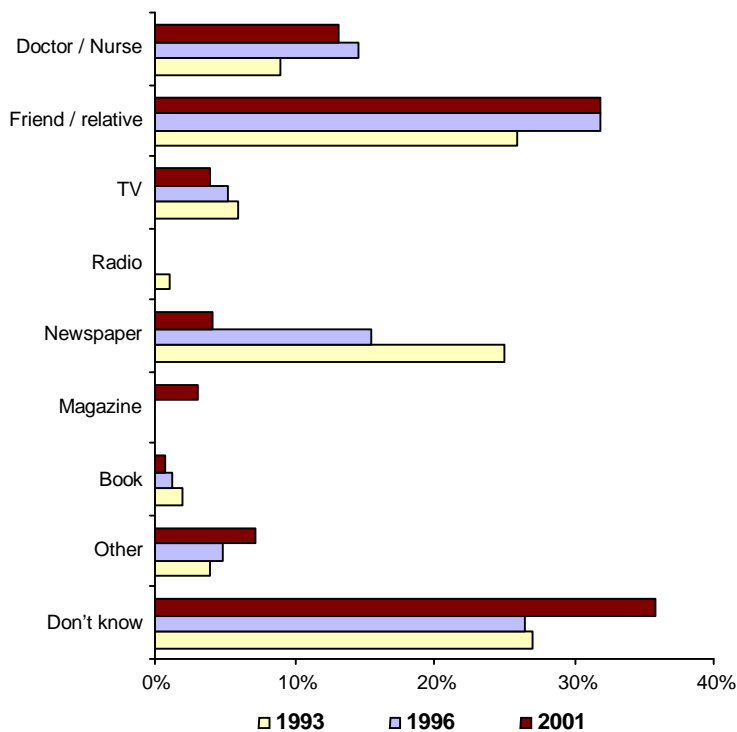
3. SOURCES OF INFORMATION

Those members of the public who indicated an awareness of Osteopathy were then asked a series of questions to determine the source of their awareness and their perceptions of the treatment and its practice.

In the first question, participants were asked to identify the source of their original knowledge of Osteopathy, if they could remember it. These results are compared in the table below with results from the same question from the 1996 and 1993 studies.

Personal recommendation and information from the medical profession remains the main point of origin (45% of all respondents). All other sources were relatively minor except for certain groups, for example, the 18-24 age group made more use of television (10%) and those in rented Council accommodation made more use of magazines (18%) and newspapers (6%). The main source within the 'Other' category was through social or work contact with osteopaths, illustrating the value of networking to individual practices.

3.1 Can you remember how you first came to hear about Osteopathy?



NOTE: 1996 Survey combined Newspaper/magazine into one category

Sample '01 = 413
 Sample '96 = 405
 Sample '93 = 272

Just as in the 1996 survey, an analysis of those respondents who had been treated by an Osteopath show that a higher percentage first heard about the therapy from their doctor or nurse than in the overall sample (21% vs. 13%) or were recommended by a friend or relative (47% vs. 32%). Further probing of the 'Don't knows' suggested that first knowledge of osteopathy was too long ago to remember the exact source.

The following table looks at how recipients of treatment from any one of the three therapies first came to hear about Osteopathy. Although there are only slight variations among the three, it is interesting to note that a higher proportion of Chiropractic patients learned about Osteopathy through a medical practitioner, whilst a higher percentage of Physiotherapy patients learned from media sources.

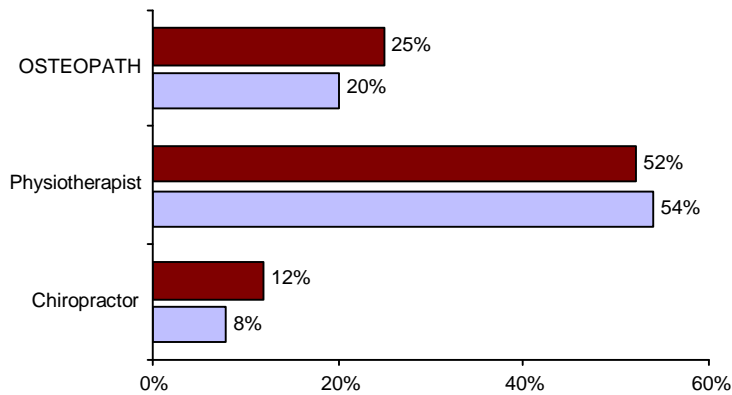
How those indicating treatment of any type first came to hear about osteopathy (Percentage results)

TREATED BY	ALL RESULTS	OSTEOPATH	PHYSIOTHERAPIST	CHIROPRACTOR
Doctor/Nurse/ other medic	13	21	15	29
Friend/Relative/ Colleague	32	47	34	44
All Media	11	3	9	2
Books	1	1	0	2
Other	7	9	8	4
Don't know/ Can't remember	36	20	34	19
Sample size	413	116	242	55

4. TREATMENT

The following chart shows of those who have heard of osteopathy, what percentages have received treatment in any of the three therapies.

4.1 Have you ever been treated by...?



Sample '01 = 463
Sample '96 = 405

The use of osteopathy, unlike the other two treatment types, is sensitive to the age of the subject – the younger the age the lower the number indicating treatment. A cross-tabulation of the data shows that there is a tendency for people to seek treatment from more than one of the therapies. This phenomenon is less pronounced amongst physiotherapist patients than the other two disciplines.

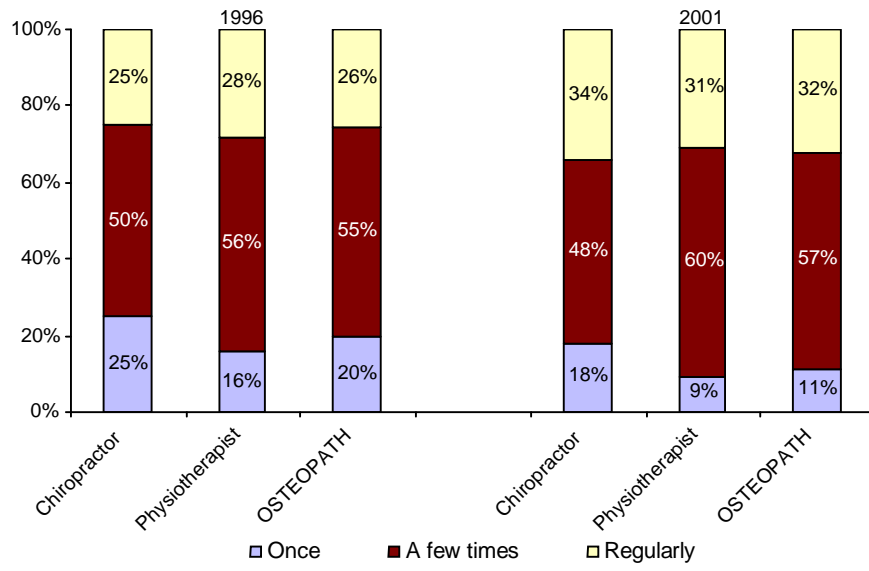
4.2 Cross exposure - percentage treatment rates for respondents indicating more than one treatment type (Percentage results)

ALSO TREATED BY	OSTEOPATH	PHYSIOTHERAPIST	CHIROPRACTOR
Osteopath patient	–	66%	28%
Physiotherapist patient	31%	–	14%
Chiropractor patient	58%	60%	–

Sample '01 = 463

Those who indicated treatment by any of the therapies were asked to give an indication of approximate frequency, to identify whether there are different patterns in how people approach each one. As the graph below shows, the patterns of treatment were very similar for all treatment types and the trend, across the board, was for more regular treatment.

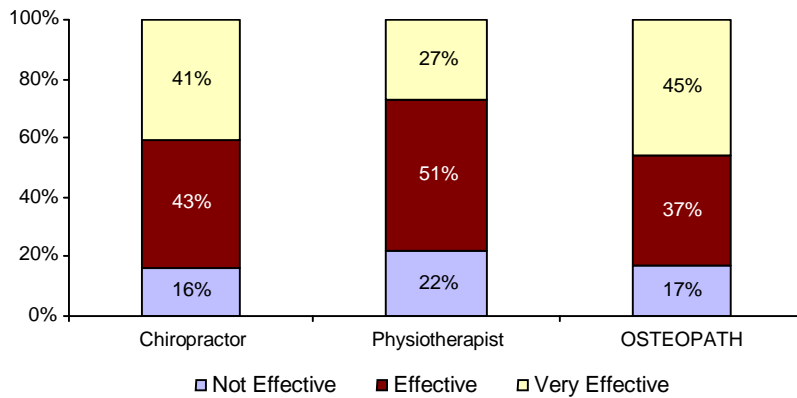
4.2 Frequency of treatment



5. PERCEPTIONS OF TREATMENT

This question was changed from a simple 'yes/no' response to a likert response scale to elicit a measure of satisfaction. The overall satisfaction level ('Effective' and 'Very Effective' response) of 83% compares with the 84% gained in the 1996 survey.

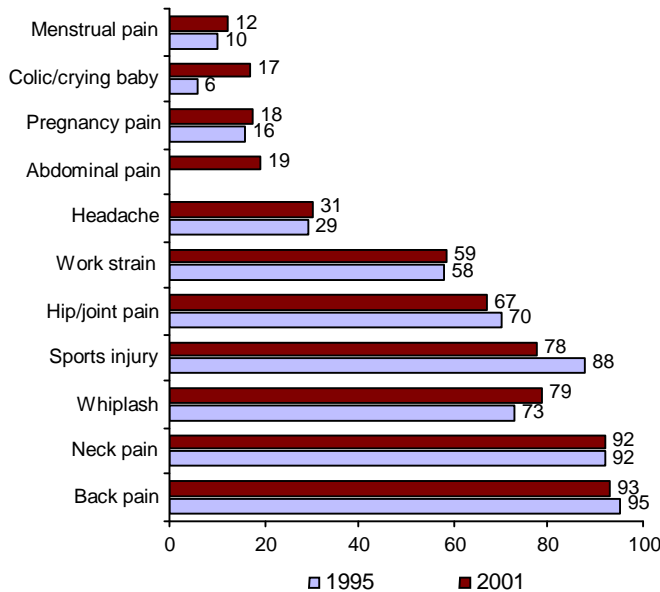
5.1 How effective was the treatment?



Sample '01 = 413

The next question was asked to identify how much people understand about what conditions Osteopaths treat. The results match closely the results observed in 1996, that Osteopaths are perceived to work almost exclusively with conditions or injuries of the muscular/skeletal system. Interestingly, the results were uniform across all of the demographic groupings.

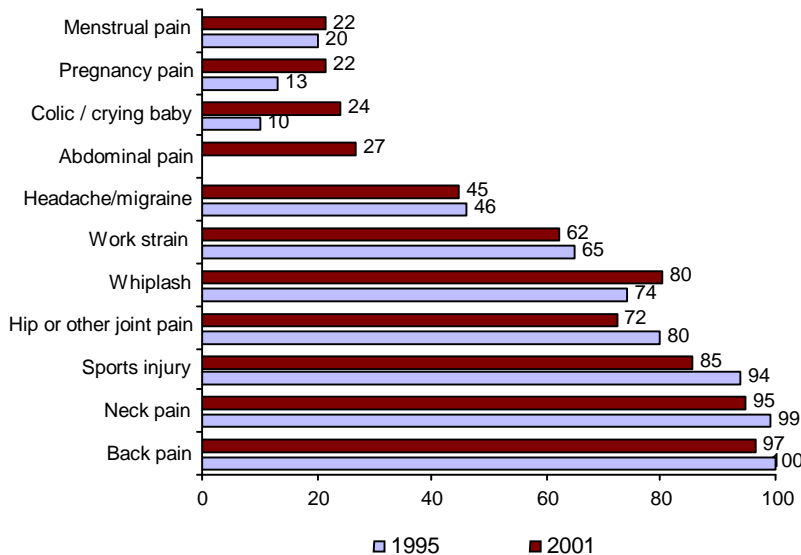
5.2 For which of the following do you think someone might go to see an Osteopath?



Sample '01 = 412
Sample '96 = 404

An analysis of this question (in 5.3 below) using only the responses of people who had indicated that an osteopath had treated them shows a very similar set of results. There is evidence of a greater knowledge, however, of the less obvious conditions that are suitable for treatment by an osteopath.

5.3 Those treated by an Osteopath... what might someone go to see an Osteopath for?

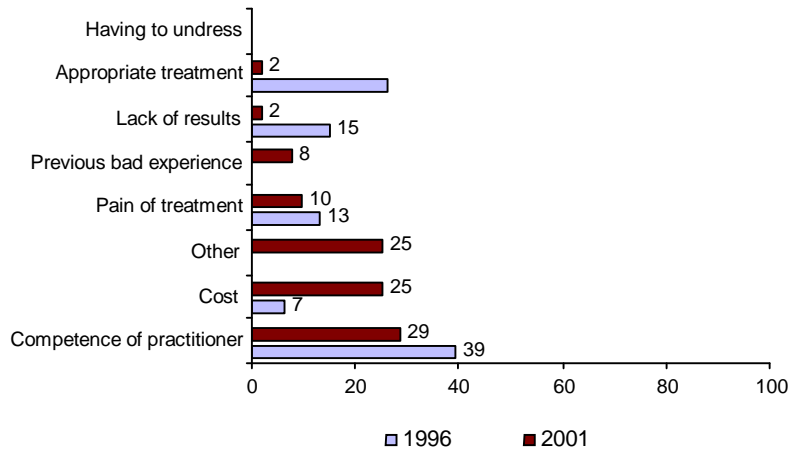


Sample '01 = 116
Sample '96 = 82

Eleven percent of those who have heard of Osteopathy indicated that they would have concerns about seeing one; this is on a par with the 1996 figure of 10%. Their specific concerns are shown on the table below, in order of

frequency of mention. Competence of the practitioner was again perceived as the most significant concern, whilst the appropriateness of the treatment was no longer a factor. Cost was more of an issue, especially among the low waged (social class DE – 45%) and the main ‘Other’ reason was a lack of information.

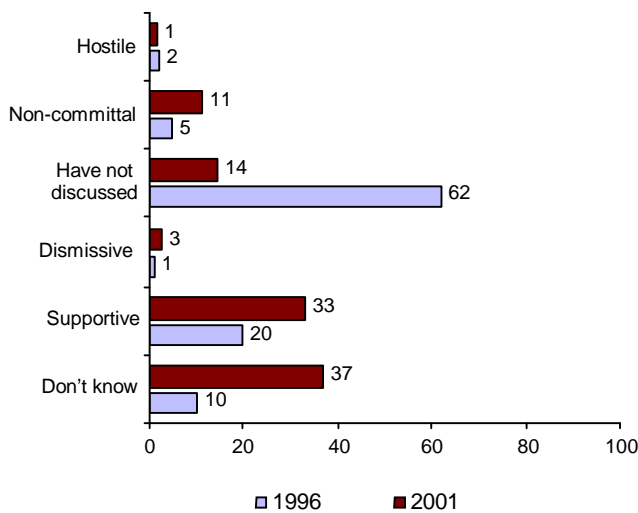
5.4 Concerns about seeing an Osteopath



Sample '01 = 46
Sample '96 = 41

The 1996 survey showed that an increasing number of people are learning about Osteopathy from their doctor or other medical practitioner. Respondents were probed to identify what they believed to be their GP’s attitudes to Osteopathy. The majority did not know or had not discussed the subject with their GP’s, but of those who had, 33% felt that he or she is supportive. Only 4% felt that their GP was either hostile or dismissive compared with 10% in 1996.

5.5 GP attitudes



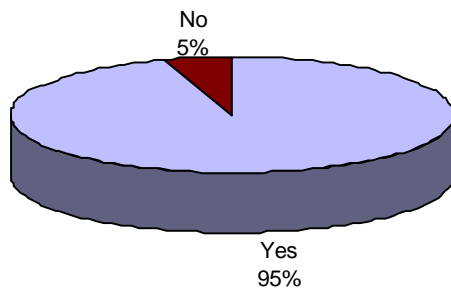
Sample '01 = 412
Sample '96 = 404

6. OTHER ISSUES

Finally, respondents' attitudes to the funding of Osteopathic treatment were explored, in addition to whether the individual possessed private medical insurance.

When asked if the NHS should support Osteopathic treatment, 95% said 'Yes' – an increase of 1% from the 1996 survey. While 84% indicated that they would be prepared to pay a contribution towards the cost of Osteopathic treatment in 1996, 91% of the current survey indicated that they would be willing to pay for osteopathic treatment. This figure does drop slightly for the low waged – Socio-economic group DE (85%), Council rented (69%).

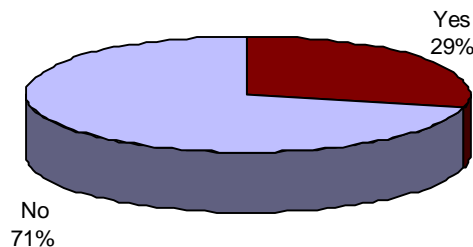
6.1 Do you believe that the NHS should support Osteopathic treatment?



Sample '01 = 406

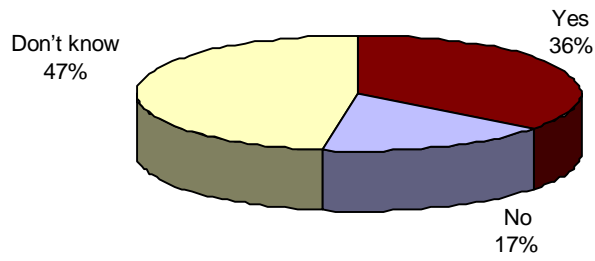
Less than 1 in 3 people surveyed possessed private health insurance although the economic group and region of the individual significantly influenced this figure: – AB category (49%); DE category (12%); London/S. East/S. West (37%); North (19%). Only half of those asked knew if their policy covered osteopathic treatment; a more productive set of data about this issue could be obtained direct from the health insurance providers.

6.2 Do you have Private Health Insurance?



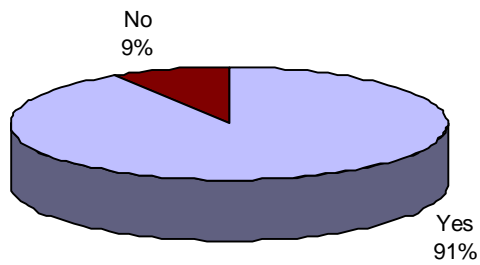
Sample '01 = 412

6.3 Does your plan cover the cost of osteopathic treatment?



Sample '01 = 120

6.4 If not, would you be prepared to pay for Osteopathic treatment?



Sample '01 = 295

APPENDIX A: OPEN RESPONSES

Q3. Can you remember how you first came to hear about Osteopathy?

1. Through work training – I am a medical receptionist.
2. Worked for one.
3. In the business – I am a physiotherapist.
4. Works as a doctor's receptionist so heard through work.
5. School.
6. When I was aged 16 at school.
7. Through work (Crystal Palace).
8. Introduced to an osteopath at a party.
9. News about Stephen Ward (Profumo affair).
10. A ballet teacher recommended an Osteopath to me as I have a scoliosis of the spine.
11. When I was at school about 40 years ago.
12. At work – I am a nurse.
13. Heard of chiropractors through school careers but not osteopaths!
14. I had an injury.
15. Sport.
16. Through work.
17. Motor accident.
18. I deliver to one.
19. Through my work.

Q6. Would you have any concerns about seeing an Osteopath?

1. If a physiotherapist can't improve the situation, then others similar wouldn't work.
2. First check on qualifications.
3. Been informed not to go by a friend.
4. My husband is a GP and he would not let me go – he is very anti osteopathy.
5. Skills of osteopathy vary – a visit to a 'bad osteopath' can do more harm than good.
6. Had a friend who was treated by an osteopath who ended up unable to walk.
7. Need to know more about it.
8. Don't like things like this.
9. Depends on circumstances.

APPENDIX B: SURVEY SCHEDULE

Q5. For which of the following do you think someone might go to see an Osteopath? (READ AND TICK ALL AFFIRMATIVES)

Back pain	n 01
Neck pain	n 02
Whiplash	n 03
Hip or other joint pain	n 04
Head ache/migraine	n 05
Abdominal pain	n 06
Aches and pains during pregnancy	n 07
Menstrual pain	n 08
Work strain	n 09
Sports injury	n 10
Colic/crying baby	n 11

Q6. Would you have any concerns about seeing an Osteopath?

No n 01 (GOTO Q7) Yes n 02

If YES, what might they be? (DO NOT READ LIST – CODE ALL THAT APPLY)

Cost	n 01	Competence of practitioner	n 05
Having to undress	n 02	Appropriate treatment	n 06
Pain of treatment	n 03	Previous bad experience	n 07
Lack of results	n 04	Other	n 08

Q7. If you have discussed osteopathy with your GP, what do you believe is his/her attitude to it?

Has not been asked	n 01	Dismissive	n 04
Supportive/enthusiastic	n 02	Hostile/very negative	n 05
Generally non-committal	n 03	Don't know	n 06

Q8. Do you believe that the NHS should support Osteopathic treatment?

Yes n 01 No n 02

Q9. Do you have Private Health Insurance?

Yes n 01 No n 02

Q10. Does your plan cover the cost of osteopathic treatment?

Yes n 01 GOTO Q12 No n 02 Don't Know n 03

Q12. And now just one final question and I would stress that your answer will be treated confidentially and not be used for any other purpose.

- a. Is your home: (READ OUT)
- | | |
|---|------|
| Owned outright/being bought on a mortgage | n 01 |
| Council rented | n 02 |
| Private rented | n 03 |
| Other | n 04 |

Thank you on behalf of the General Osteopathic Council for your cooperation

The following demographics can be completed from your list of names:

- b. **Region**
- | | |
|------------------------------|------|
| Scotland | n 01 |
| North of England | n 02 |
| Midlands / E. Anglia / Wales | n 03 |
| S. West / S. East / London | n 04 |
- c. **Gender**
- | | |
|--------|------|
| Male | n 01 |
| Female | n 02 |
- d. **Class code** What is the occupation of the head of the household (or chief wage earner)?
- | | | |
|----|------|--|
| AB | n 01 | AB = Professional, Senior or Middle Management |
| C1 | n 02 | C1 = Non-manual, Junior Management |
| C2 | n 03 | C2 = Skilled manual, Supervisors |
| DE | n 04 | DE = Semi and unskilled manual, casual workers and unemployed
If retired take classification from what they used to do. |

If unable to classify, please note their specific occupation and any additional information you may get. For example, did they have management responsibilities, how many staff reported to them, did the job require professional qualifications, etc.

- e. **Age Group**
- | | |
|---------|------|
| 18 - 24 | n 01 |
| 25 - 34 | n 02 |
| 35 - 44 | n 03 |
| 45 - 54 | n 04 |