

Awareness and Perceptions of Chiropractors

Research Study Conducted for
General Chiropractic Council

October 2004

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Introduction

This report presents the findings of a survey among the general public. The research was conducted by MORI (Market & Opinion Research International) on behalf of the General Chiropractic Council.

The objectives of the research were to ascertain the level of awareness of chiropractors and perceptions of what chiropractors do.

Methodology: questions were placed on the MORI Omnibus, the regular MORI survey among the general public. A nationally representative quota sample of 2,037 adults (aged 15 and over) was interviewed throughout Great Britain by MORI in 186 different sampling points.

Interviews were conducted face to face, in respondents' homes, using CAPI (Computer Assisted Personal Interviewing) between 21 and 27 October, 2004.

Reporting: in the graphs and tables, the figures quoted are percentages. The size of the sample base from which the percentage is derived is indicated. Note that the base may vary – the percentage is not always based on the total sample. Caution is advised when comparing responses between small sample sizes.

As a rough guide, please note that the percentage figures for the various sub-samples or groups generally need to differ by a certain number of percentage points for the difference to be statistically significant. This number will depend on the size of the sub-group sample and the % finding itself - as noted in the appendix.

Where an asterisk (*) appears it indicates a percentage of less than one, but greater than zero. Where percentages do not add up to 100% this is due to a variety of factors – such as the exclusion of 'Don't know' or 'Other' responses, multiple responses or computer rounding.

Publication of Data: our standard Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing of any copy or data for publication, web-siting or press release which contains any data derived from MORI research is necessary. This is to protect our client's reputation and integrity as much as our own. We recognise that it is in no one's best interests to have survey findings published which could be misinterpreted, or could appear to be inaccurately, or misleadingly, presented.

Summary of Findings

Unprompted and prompted awareness of chiropractic

There is broad awareness of chiropractic in Britain. Without prompting, more than half (56%) of British adults know what chiropractors do, with the most common mentions being manipulation of the back or spine (29%), and treating back or spine pain/problems (18%).

Those living in the South West or South East of England and Scotland are more likely to know without prompting what chiropractors do (72%, 65% and 62% respectively). Only one in seven (14%) spontaneously say they have never heard of chiropractors, with Londoners being most likely to say so (24%).

There are other significant differences between social and demographic subgroups in spontaneous understanding of what chiropractors do. Understanding is much higher among the following groups:

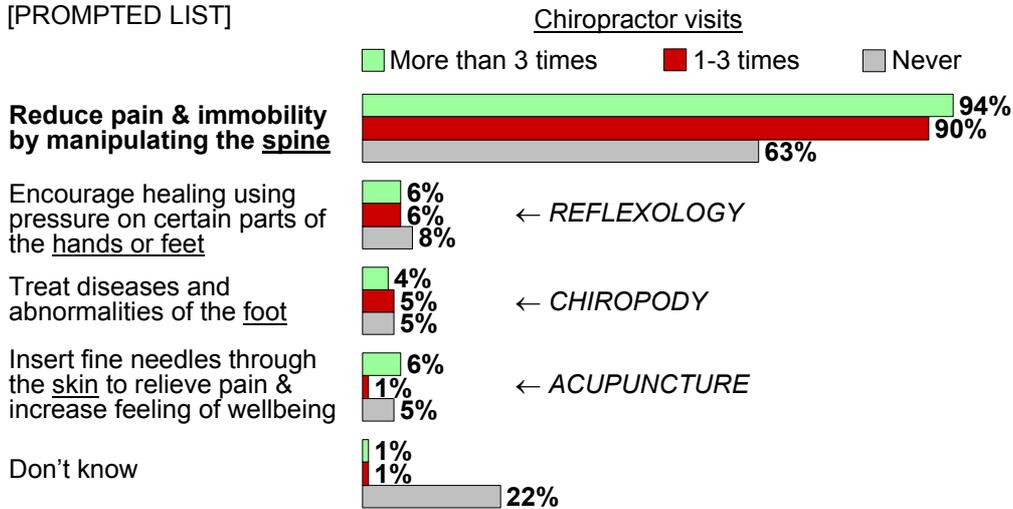
- Those working in professional or managerial occupations (75% of ABs spontaneously give a correct description of what chiropractors do, compared with 39% of those in unskilled manual occupations and those reliant on state benefits, or DEs);
- Those aged 35-44 years (69% give a correct description without prompting, compared with 40% of 15-24s, and 56% of 25-34s);
- The highly qualified (76% for those with higher educational qualifications, compared with 33% for those without formal qualifications).

When people are shown a list with descriptions of acupuncture, chiropractic, reflexology and chiropody, two-thirds correctly identify the description of chiropractic. There is a strong relationship between awareness of chiropractic and personal experience of treatment. Whilst more than nine in ten of those who have received treatment describe chiropractic as the reduction of pain and immobility by manipulating the spine, this drops to 63% for those who have no personal experience of treatment. Those who have no personal experience are also more likely not to know what best describes chiropractors. (See chart overleaf).

Awareness of Chiropractic

Q Which, if any, of the following statements best describe what chiropractors do?

[PROMPTED LIST]



Base: 2,037 GB Adults aged 15+

Source: MORI

Those living in the South East and South West are more likely to identify the description of chiropractic (75% and 85% respectively). Londoners are most likely to say they do *not* know what best describes what chiropractors do (28%).

Awareness of what chiropractors do

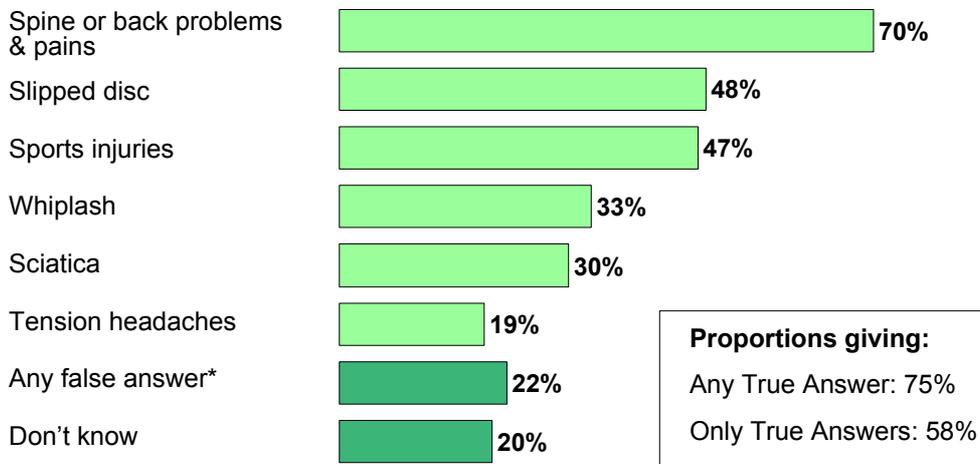
Chiropractic is most commonly associated with spine or back problems and pains, slipped disc and sports injuries. (See chart overleaf).

One in five doesn't know what conditions chiropractors deal with. Additionally, over one in five mistakenly thought chiropractors deal with one or more conditions that are not covered by the profession (22%) and one in five thought they *only* deal with those conditions not covered by chiropractic (5%), such as foot problems, broken bones, digestive problems or blood disorders.

Londoners, those living in the North East and West Midlands are more likely to mistakenly associate chiropractors *only* with conditions they do not treat (13%, 9% and 7% respectively).

Awareness of Chiropractic

Q Which, if any, of the following types of conditions on this card do you think chiropractors deal with?



* Foot problems, Broken bones, digestive problems, blood disorders

Base: 2,037 GB Adults aged 15+

Source: MORI

When presented with the correct descriptions of what chiropractors do, around three in five say they were aware of it before (62%), and over one in three say they were not (35%). Those living in the South West and the South East are more likely to say they were aware of it (81% and 70% respectively), while Londoners are least likely to say so (46%).

Understanding of the profession

Understanding of the professional qualifications and regulation of chiropractors is mixed. Half are correct in thinking that chiropractors must be qualified, whilst 13% think chiropractors do not need to be qualified.

To put these results in context, research carried out by MORI for the Royal College of Anaesthetists (2002) shows that the professional qualifications of chiropractors are a little less widely recognised than for anaesthetists. MORI's recent research for the Royal College of Anaesthetists found that 58% thought – correctly – that anaesthetists are medically qualified doctors.¹

There is low awareness of the regulation of chiropractic. Only three in ten (28%) believe that chiropractors are regulated like doctors and dentists.

People are twice as likely to think chiropractors work in the private sector than in the NHS (62%, compared with 31% respectively).

¹ Results are based on interviews with 1,987 adults aged 15+, in 193 sample points across Great Britain. Interviews were carried out between 7th and 11th March 2002. Data have been weighted to the known population profile.

People aged 45+ appear to be *less informed* about the chiropractic profession itself, despite *higher levels* of experience of chiropractic among this group. Those aged 45+ were *less* likely to say chiropractors must have professional qualifications, that the profession is regulated, and that chiropractors work in the NHS.

Those in Scotland and the South West and are more likely to think chiropractors must be qualified (59% and 56% respectively), while Londoners are less likely to think that (40%). Londoners are also less likely to think the profession is regulated (27%), together with people living in the South East region (25%) and East Midlands (25%). Those living in the North East and South West are more likely to think chiropractic is a regulated profession (45% and 40% respectively).

Visiting a Chiropractor

Most people (85%) have never visited a chiropractor for treatment; only 14% have done so. Those who have visited a chiropractor – and visited more often – are more likely to be:

- Working in professional or senior managerial occupations (15% of ABs have visited a chiropractor more than 3 times, compared with 8% overall);
- Aged 45-54 years (14% of those aged 45-54 years have visited more than three times, compared with 6% for those aged 15-44 years).

There are marked regional differences in people's experience of chiropractic. Nine in ten people in the North East and North West have *never* visited a chiropractor, compared with 79% in London and 72% in the South West).

Conclusions

There is broad awareness and understanding of chiropractic, despite the low levels of personal experience of chiropractic among the general public.

However, there are marked sub-group differences in awareness and understanding of chiropractic, and this reflects variation in experience of treatment. More affluent groups (ABs) are more likely to have personal experience of chiropractic, and tend to show higher awareness of the types of treatment covered by it. Conversely, less affluent groups (DEs) and younger people aged 15-24 are less well informed about the types of treatment covered, and this reflects lower levels of personal experience of chiropractic treatment.

Compared with a relatively high awareness of what chiropractors do, people seem to be less informed about the profession itself. There appears to be a greater need to provide information – particularly to older people, who tend to be less well informed about the chiropractic profession – about the qualifications of chiropractors, the mix of NHS and private treatment, and the regulation of the profession.

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Anna Carluccio
Andrew Norton
Dary Vasickova

Technical Details

Sample Design

The sample design is a constituency based quota sample. There are 641 parliamentary constituencies covering Great Britain. From these, we select one in three (210) to be used as the main sampling points on the MORI Omnibus. These points are specially selected to be representative of the whole country by region, social grade, working status, MOSAIC rurality, tenure, ethnicity and car ownership. Within each constituency, one local government ward is chosen which is representative of the constituency.

Within each ward or sampling point, we interview ten respondents whose profile matches the quota. The total sample therefore is around 2,100 (10 interviews multiplied by 210 sampling points).

Gender:	Male; Female
Household Tenure:	Owner occupied; Council Tenant/HAT; Other
Age:	15 to 24; 25 to 44; 45+
Working Status	Full-time; part time/not working

These quotas reflect the socio-demographic makeup of that area, and are devised from an analysis of the 1991 Census combined with more recent ONS (Office of National Statistics) data. Overall, quotas are a cost-effective means of ensuring that the demographic profile of the sample matches the actual profile of GB as a whole, and is representative of all adults in Great Britain aged 15 and over.

Fieldwork

Fieldwork is carried out by MORI using CAPI (Computer Assisted Personal Interviewing). All interviews are conducted face to face, in the home - one interview per household. No incentives are offered to respondents.

Weighting and Data Processing

Data entry and analysis are carried out by an approved and quality-assured data processing company. The data are weighted using 6 sets of simple and interlocking rim weights for social grade, standard region, unemployment within region, cars in household, and age and working status within gender. This is to adjust for any variance in the quotas or coverage of individual sampling points so that the sample is representative of the GB adult population.

Statistical Reliability

Because a sample, rather than the entire population, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in a (weighted) sample of 2,037 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than two percentage points, plus or minus, from the result that would have been obtained from a census of the entire population (using the same procedures). The tolerances that may apply in this report are given in the table below.

Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)			
	10% or 90% ±	30% or 70% ±	50% ±
Size of sample or sub-group on which survey result is based			
2,037 Adults aged 15+	1	2	2
1,097 Females	2	3	3
412 ABs	3	4	5
<i>Source: MORI</i>			

Tolerances are also involved in the comparison of results between different elements of the sample. A difference must be of at least a certain size to be statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons between sub-groups.

Differences required for significance at the 95% confidence level at or near these percentages			
	10% or 90% ±	30% or 70% ±	50% ±
Size of sample on which survey result is based			
Males (940) vs Females (1,097)	3	4	4
ABs (412) vs DEs (629)	4	6	6
15-24s (267) vs 55+s (804)	4	6	7
<i>Source: MORI</i>			

Definition of Social Grades

The grades detailed below are the social class definitions as used by the Institute of Practitioners in Advertising, and are standard on all surveys carried out by MORI (Market & Opinion Research International Limited).

Social Grades			
	Social Class	Occupation of Chief Income Earner	Percentage of Population
A	Upper Middle Class	Higher managerial, administrative or professional	2.9
B	Middle Class	Intermediate managerial, administrative or professional	18.9
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional	27.0
C2	Skilled Working Class	Skilled manual workers	22.6
D	Working Class	Semi and unskilled manual workers	16.9
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings	11.7
