



Chiropractic, Contemporary Culture, and Patient Education

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ABSTRACT

Objective: This paper suggests that, because of the baby boomers' different perspective on health, chiropractors look at how patient education programs acknowledge and accommodate the differences and the demands of this generation.

Discussion: Looking at this requires setting aside differences in opinion about why people should come to the chiropractor, and focusing on what experts in marketing, business, and culture trends are writing about; establishing relevant, thoughtful, meaningful connections with patients that strengthen meaning and deepen the chiropractic experience.

Conclusion: As a profession, we may not have an agreed-upon identity or a large marketing budget, but, as individual chiropractors and educators, we have the strength of our intentions and the ability to review, revise, create and change quickly. We can learn about contemporary culture, anticipate the future, hear what our patients are saying and develop more meaningful ways to engage them.

Key Indexing Terms: Patient Education; Marketing; Chiropractic; Professional-Patient Relations. (J Chiropr Humanit 2006;13:30-6)

INTRODUCTION

Chiropractors and chiropractic educators may wish to review social and cultural issues in contemporary culture that can affect patient education programs. Incorporating a new perspective may deepen relevance and meaning for a sizeable group of patients and potential patients.

A generation of people has challenged every cultural institution and influenced almost every aspect of society as it has matured.¹

This group has espoused new political priorities, advocated for environmental change, challenged traditional institutions, and made new demands on products and services. These people, 78 million in number, are the baby boomers, and much has been written about their unstoppable, sweeping influence on how we do just about everything; especially how we buy and sell. They have defined consumerism.

This paper suggests that the baby boomers have a different perspective and a different frame of reference for health than previous generations, and that chiropractors might look at how patient education programs acknowledge these differences. As these people have become older, their views of health and healthcare have shifted to

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incorporate their self-determination and insistence upon vitality of life, quality of life, and the continuation of a lifestyle that allows self-expression and the pursuit of happiness.² They are not going quietly into retirement or old age, and they insist on doing something previous generations did not - live longer and better.³

Business research reveals that the boomers say they want life satisfaction and that the goal of life satisfaction is their most powerful motivator in seeking products, services and healthcare. They consistently choose offerings that appeal to a desire for healing: emotional, psychological, spiritual and physical. A picture emerges of people who want a continuum of life satisfaction⁴ and, when queried, state no particular age at which the feeling of well-being should decrease because of age.

Keeping in mind the impact of this demographic group, and working within the framework of the chiropractic profession, individual doctors and educators can look at how patients are educated. Marketing and patient education are not at odds; in fact, they are synonymous. Educating patients in a model of empathy, compassion, communication and social grace may ultimately result in a perception of chiropractic care being essential for enhanced health and wellness, and quality of life.

DISCUSSION

Chiropractors and chiropractic colleges who understand the new marketplace and the new boomer health paradigm may wish to take appropriate steps to examine their individual practices and educational programs, and possibly adopt new approaches and attitudes for teaching students and talking to patients.

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This process requires setting aside the differences in opinion about why people should come to the chiropractor, and focusing on what experts in marketing, business, and culture trends are researching and writing about; establishing individual connections with patients to improve their quality of life and their relationships, rewarding self-determination, understanding self-awareness, and offering authentic improvement and relevance in patient outcomes. People visit a chiropractor for a variety of reasons; when they do, we need to communicate in a way that strengthens the meaning and deepens their experience of chiropractic.

A New Vision of Patient Education

The Institute for Alternative Futures, in its examination of possibilities for the chiropractic profession in the next 10 years, recognizes that consumer-directed health care will shape the future of health care, and moving toward this could be beneficial to chiropractors. Becoming “Healthy Life Doctors” will allow chiropractors to lead the way in responding to what the market demands.⁵

Marketing and a new vision of patient education are congruent. If individual chiropractors examine their own intentions, become clear about who their patients are, inquire about what they want and need, and speak to them in a relevant, culturally aware manner, there may be increased opportunity

Table 1. Patient expectations of a patient-doctor encounter.

Features	Expectations
1. Treat me as if I matter	Caring, compassionate, attentive, respectful, courteous
2. Competence counts	In all areas of the office
3. First priority	Take time, listen, communicate
4. Information	Answer questions thoroughly and respectfully
5. Efficiency	Same provider, coordinate care, simple office procedures

for professional growth, and personal satisfaction.

Why do we “educate” patients? One author says,⁶ “The principles of care that our profession is based on do not belong to us, they belong to humanity.” This is an excellent reason for developing programs and processes that tell patients who we are and what we do. However, chiropractic patient education programs may not necessarily be based on patient need; they may be shaped by the needs and objectives of the doctor. We must take into account our patients’ reality and references when considering patient education, especially incorporating the idea that personal experience always holds the evidential high ground.⁷ In the current cultural context, this means reviewing what patients say they want, crafting an approach that addresses their needs, and delivering the message in a way that offers the many-faceted idea of the “healing”⁸ they want: personal enrichment, meaningful relationship, and continued well-being.

Patient Expectations and Effective Materials

A recent study of patient satisfaction lists expectations of patient – doctor encounters (Table 1).⁹ In a study of practicing chiropractors,¹⁰ respondents said

interpersonal skills play a major role in determining practice success, defining these skills as creating rapport, communicating, listening, and “people” skills.

Materials used in some patient education programs are widely produced and distributed, designed to fit into the doctor’s busy office schedule, and rely on scripts, videos, computer generations, and brochures. Many of these methods are informative, interesting, and productive. The use of brochures has been reviewed and found to be effective, as long as the format is thoughtful and focuses on self-assessment, health promotion, and provides personal monitoring.¹¹ However, these mass-produced programs cannot always capture what patients say they want: personal interaction, effective communication, acknowledgement of need, and outcomes related to quality of life improvement. Established patient education programs may be “hit or miss,” out of step with current trends, or perhaps not thoughtfully designed to embody the personality of the doctor and mesh with the needs of the new consumer.

Envisioning new possibilities for patient education does not necessarily mean simply revising and reprinting the four-color brochure in the “patient ed room”; it means inventing new definitions of success in

prevention, wellness and quality of life and experience for patients.

It is suggested that chiropractors are members of the “creative class”,¹² with characteristics of culturally aware creativity, learning, and the development of experiential encounters. When discussing new approaches to educating patients, these qualities are essential to developing new ways of nurturing and enhancing the patient’s encounter at the chiropractic office.

Patient Education: Innovations and Creativity

Some chiropractors are innovative. In a “Nature Wellness Connection” program, a Canadian doctor asks his patients to sign up for outdoor activity trips, taking groups of about 15 people at a time.¹³ While this could be viewed as a pleasant reward, or a nice diversion, it is actually a very personal and intense form of patient education. The organizing chiropractor says it creates relationships, gets patients out of their stresses, and refreshes their souls and spirits. If the doctor is talking authentically with his patients, and framing the benefits of chiropractic care as contributing to their increased well-being, this is a very effective “marketing model” within a contemporary paradigm.

Another doctor defines marketing as,¹⁴ “sharing and transferring enthusiasm, knowledge and experience...building relationships, helping and serving”. This doctor states that the entire office team must master communication skills and be dedicated to outstanding care and service. Mentioning the office team is a practical observation, as a doctor’s lack of available time can impede a well-intentioned change in patient education approaches. If it is critical to work in a new context of cultural

and market awareness, how does the chiropractor take the necessary time?

A patient communications specialist, health connections coordinator, or similar title may be utilized as the contact person. Patients could have scheduled time with this representative and discuss issues and questions. The patient communications specialist would be skilled in the benefits of chiropractic care, well versed in contemporary culture awareness, interested in the relevance of quality of life issues, and skilled in communication and listening. The patient communications specialist would have available thoughtful, practical patient outcome assessment tools, specific and personal notes regarding previous patient conversations, and the ability to coordinate the information to form a meaningful, satisfying, continuing relationship between the patient and the chiropractic office.

The development of a new patient-doctor relationship, in a new marketing model, within a new paradigm, is not without barriers and challenges. However, some health care providers are confronting the barriers and challenges because of a perceived need for change.

A New Approach for the Medical Community

A business journal from the north San Francisco Bay area reports that wellness is creeping into conventional medicine and insurance platforms, with countless health centers dedicated to wellness “springing up” throughout the area.¹⁵ Combining business and marketing sense with an awareness of the baby boomer’s insistence on communication, need for self-empowerment and the defiance of aging, these wellness programs employ, not doctors, but “wellness coaches” who work with the patient and the

doctor to give each other more information. The founder and medical director of the preventive Medical Center of Marin, Elson Haas, says,¹⁵ "It is common sense, and that is why people are turning to this. Not holistic or alternative, but common sense. A good doctor connects with people where they are and helps them take the next steps to improve their health."

Recent articles within the allopathic system discuss how effective communication, patient relationships, good interpersonal skills, and patient-centered care are related to clinical outcomes and patient satisfaction.^{16,17} Teutsch says,¹⁷ "Improvements in provider-patient communication can have beneficial effects on health outcomes." This author goes on to describe a successful, humanistic encounter at the office as one that has addressed the patient's key concerns directly and specifically. The medical community may not have been "doing patient education" before, but this article seems to promote that concept.

Medical colleges are recognizing the need for student doctors to have patient-centered communication skills¹⁸ and learn how to do more than receive and deliver data; they must develop abilities to use open-ended inquiry, empathy, and engagement. Medical schools may have, historically, lagged behind in acknowledging the importance of the patient-centered relationship, but they are now incorporating this idea into curricula.¹⁹

Adaptation by Medical Providers

A notable example of the medical community realizing the impact of the baby boomer generation and then changing its approach to patient education and wellness is health care management organization

Kaiser Permanente. Founded in 1945 as a non-profit organization based in California, it is the largest health maintenance organization in the United States, operating in 9 states and the District of Columbia. Kaiser Permanente has 8.2 million plan members, 136,500 employees, 11,725 physicians, 30 hospitals, 431 medical centers, and annual revenues of \$25.3 billion dollars (www.kaiserpermanente.org).

In a presentation called "Kaiser Permanente Brand Positioning Discussion", Kaiser puts forth these points as rationale for its new marketing campaign:²⁰

- There is a striking change in the health paradigm; people want life balance and care for physical, emotional and spiritual growth, and the acknowledgement of the need for personal empowerment and partnership, going far beyond simply treating illness
- Best prospects for new marketing: health seekers who want relationship, health education, wellness, prevention and self-care
- This is more than the announcement of a new ad campaign, the goal is to build awareness, connectedness, and ownership of the new brand: this invites a culture change
- We must demonstrate our commitment to total health by caring for and respecting the physical, emotional, and spiritual well-being of our constituents, people who we want to thrive

The first part of the new campaign, called "Thrive", featured engaging ads in all media venues; the ads focused on wellness. The second part of the campaign, launched in the summer of 2005,²¹ adds as its theme the Bob Dylan song "The Times They Are A-Changin'." A July 2005 membership

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mailing received by the author offers, “... personal support, someone to talk to, [and] a health coach who will listen.” A print advertisement in *Atlanta Magazine* (August 2005) stated, “Health. It’s much more than trying not to get sick-and getting care when you do. It’s an attitude. A philosophy. A way of life.”

The Kaiser marketing campaigns are an \$80 million dollar investment. This is a company that has announced it has agreed on a new image, researched the culture trend and current market, listened to the results, and changed its paradigm and patient care model to meet the future.

As a profession, chiropractic may not have an agreed-upon identity or an \$80 million dollar marketing budget. To the profession, the urgency of change may not be a priority. But, as individual chiropractors and educators, we have the strength of our personal intentions and the ability to create and change quickly.

CONCLUSION

We each have the resources to learn about contemporary culture, use current technology, anticipate the future, hear what our patients are saying and develop ways to engage them. We have the personal motivation to stay current in the world, and use that motivation to enhance and strengthen our patient relationships. As educators, we can understand the necessity to teach our students how to succeed in a

changing culture. The baby boomers, 78 million of them, seem to be insistent upon having what chiropractic has, and has had for over 100 years. As individual chiropractors and educators, we can consider taking current patient education and adding a personal, contemporary, thoughtful, savvy and healing communication style that addresses the needs of a modern culture.

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