<u>A Questionnaire to Investigate UK Osteopaths' Perceptions of and Willingness to Use</u> <u>Telehealth in the Covid-19 Pandemic</u>

European School of Osteopathy Sophie Clinch supervised by Dr Phil Bright osteo.sophieclinch@gmail.com @osteo.sophie

Telehealth is the delivery of healthcare services using ICT to diagnose, treat, and prevent disease and injuries (WHO 2022).

- Telehealth/Telemedicine/Telerehabilitation
- Unknowingly used back as far back as 500BC
- Lessen burden on the primary healthcare system
- COVID-19 pandemic 683% rise in Telehealth visits
- Lack of ongoing check ups leading to research for validation
- Profession-specific limitations

Design: A cross-sectional questionnaire.

Procedure: The questionnaire was adapted and produced on google forms and distributed via email.

Ethical approval: 09/05/2022

Pilot study: Conducted amongst ESO staff (UK registered osteopaths).

Participants: UK registered Osteopaths (Contactable Osteopaths).

Data Collection Period: 20/09/22 to 18/10/22.

Databases: Google Scholar, PubMed, Science Direct (Boolean logic).

Outcome measures: 5-point Likert scale. 1-5 scale (Never- Always or Strongly Disagree- Strongly Agree).

Inclusion criteria	Exclusion criteria
-UK Registered osteopaths -Practising prior to the Covid- 19 pandemic -Practising through the Covid- 19 pandemic	 Non-GOsC registered osteopaths Late submission to the survey Incomplete questionnaires

Disscussion Points

- NHS Consistent with other research.
- Private: public ratio (Are 4 participants representative?)
- Response Rate.
- The question whether increased technological comfortability has an effect on willingness to use telehealth remains inconclusive within the profession and beyond.
- Exploring patients' perception of modesty using video-calls
- Telehealth in Osteopathy vs Physiotherapy

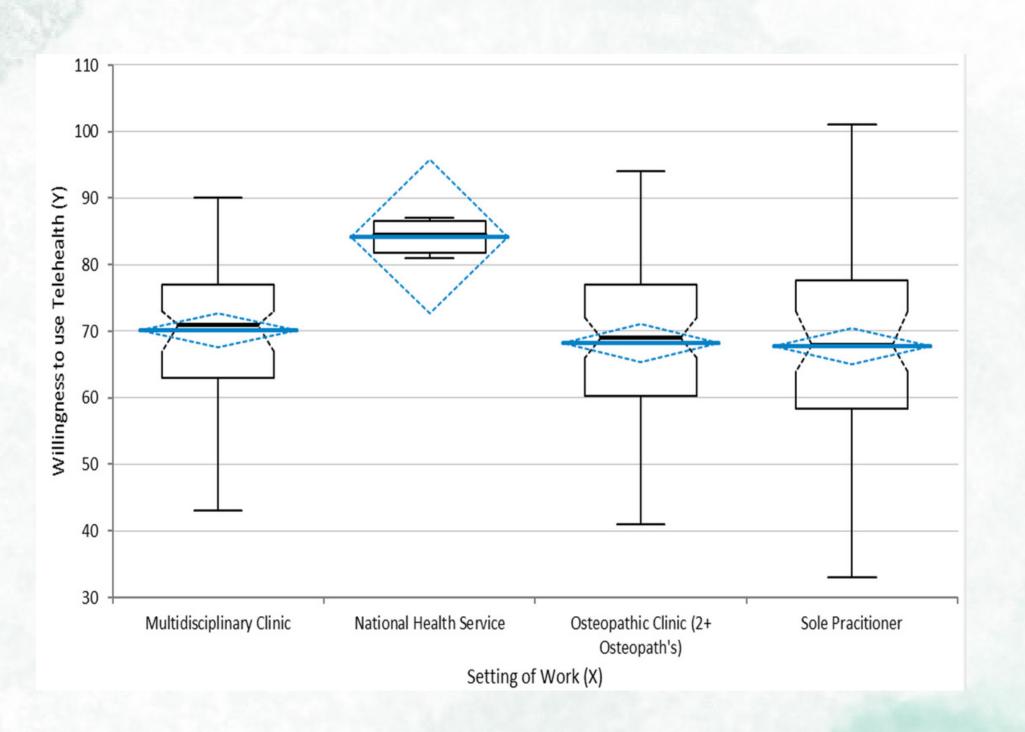
	Demographic	Statistical Tests
	Age	Normality (Shapiro-Wilk Test) Dispersion (Levene Test) Location (ANOVA Test)
	Gender	Normality (Shapiro-Wilk Test) Dispersion (Levene Test) Location (Willcoxon-Mann-Whitney Test)
	Nationality	Normality (Shapiro-Wilk Test) Dispersion (Levene Test) Location (Student T-Test)
	Clinical Setting	Normality (Shapiro-Wilk Test) Dispersion (Levene Test) Location (Kruskal Wallis Test) Multiple Comparions (Steel-Dwass-Critchlow-Fligner Test)
	Years of experience	Normality (Shapiro-Wilk Test) Dispersion (Levene Test) Location (ANOVA Test) Multiple Comparisons (Turkey Kramer Test)

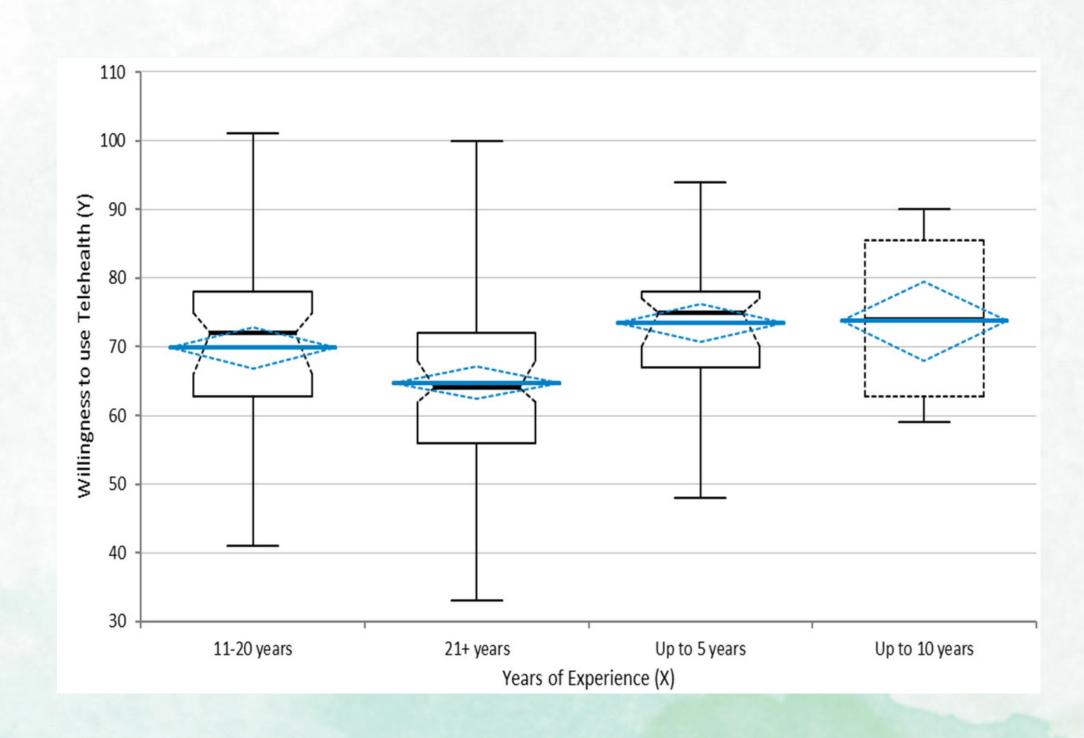
Sample size 227 registered UK Osteopaths – 7.66% response rate (4.25% of total GOSC registered practitioners (GOSC 2019))

- 21.6% <35, 33% 35-50, 30% 51-60 and 15.4% 60+.
- 52.4% Male and 47.6% Female.
 - 84.6% British and 15.5% Non-British.
- 31.7% Sole Practitioner, 37% Multidisciplinary Clinic, 1.8% National Health Service and 29.5%
- Osteopathic Clinic (2+ Osteopaths). 28.6% Up to 5 years, 6.6% 10 years, 23.8% 11-20 years and 41% 21+ years.
 - 20.070 Op to 5 years, 0.070 10 years, 25.070 11 20 years and 4170 21° years

As of March 2020 29.9% happy to use telehealth to deliver osteopathy.

Based on current conditions 13.7% happy to use telehealth to deliver osteopathy.





Willingness to use telehealth score range: 33-101 (/105).

Significant associations were found between willingness to use telehealth score and:

Setting of work – NHS – (SDCF p>0.0411) Years of Experience – 21+ years – (TK p>0.046)

In conclusion, the research concludes that if a practitioner works for the NHS they are **more likely** to utilise telehealth and if the practitioner has 21+ years of experience in osteopathic practice they are **less likely** to utilise telehealth

In the future, additional features and barriers specific to utilisation of telehealth within osteopathy can be identified, as well as solutions that could be implemented to overcome them.